

# Profil pelaksanaan profilaksis pascapajanan terhadap hepatitis B, hepatitis C dan human immunodeficiency virus pada petugas kesehatan di Rumah Sakit Cipto Mangunkusumo periode 2014-2016 = Profil of implementation of post exposure prophylaxis of hepatitis B, hepatitis C and human immunodeficiency virus to health care worker in Cipto Mangunkusumo Hospital 2014-2016

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## Abstrak

Latar Belakang: Petugas kesehatan memiliki risiko terpajan darah atau jaringan tubuh saat bekerja. World Health Organization WHO memperkirakan adanya 3 juta pajanan setiap tahunnya pada 35 juta petugas kesehatan. Adanya profilaksis pascapajanan dapat menurunkan risiko penularan. Tujuan: Mengetahui pelaksanaan profilaksis pascapajanan terhadap terhadap HIV, hepatitis B dan hepatitis C pada petugas kesehatan di RSUPN Cipto Mangunkusumo RSCM. Metode: Penelitian potong lintang dilakukan pada petugas terpajan yang terdata melalui laporan IGD, poli pegawai dan UPT HIV pada tahun 2014-2016. Data dikumpulkan dan diolah melalui SPSS versi 20. Hasil Penelitian: Dari 196 pekerja yang melaporkan pajanan, sebagian besar merupakan perempuan 69,9, bekerja sebagai perawat 38,3 dan dokter 38,3, serta terpajan secara perkutan 93,4. Anti-HIV reaktif ditemui pada 25 13 sumber pajanan, HBsAg reaktif pada 13 8 dan anti-HCV reaktif pada 12 6 sumber. Petugas dengan anti-HBs protektif adalah 55 28,1 petugas. Dari 183 pajanan berisiko, 45,9 81 petugas direkomendasikan pemberian ARV, 81,5 66 petugas melakukan profilaksis dengan ARV, 60 petugas minum ARV secara lengkap 28 hari. Follow-up anti-HIV bulan ke-3 dan 6 dilakukan oleh 44 24 dan 41 22,4 petugas. Terdapat 37 pekerja yang direkomendasikan menerima vaksinasi Hepatitis B dan/atau immunoglobulin HBIG. Dari 22 59 yang direkomendasikan vaksinasi hepatitis B, hanya 1 2,7 yang melakukan. Dari 15 41 yang direkomendasikan vaksinasi hepatitis B dan HBIG, hanya 2 5,4 yang melakukannya. Follow-up 3 dan 6 bulan HBsAg serta anti-HBs dilakukan oleh 41 31,1, 38 28,8 dan 2 1,5 petugas. Dari 182 petugas yang melakukan follow-up anti-HCV bulan ke 3 dan ke 6 adalah 39 21,4 dan 37 20,3 petugas. Kesimpulan: Pelaksanaan profilaksis pasca pajanan terhadap HIV, hepatitis B dan hepatitis C masih rendah. Oleh karena itu, penanganan profilaksis secara komprehensif penting dilakukan termasuk peningkatan pengetahuan dan kesadaran pekerja, peninjauan kembali SOP, dan komunikasi yang efektif.

Introduction Health care workers HCW have exposure risk of blood or body tissue at work. World Health Organization WHO estimates there is 3 millions exposure to 35 millions workers annually. The existence of post exposure prophylaxis could reduce the transmission risk. Goal To identify the implementation of post exposure prophylaxis of HIV, Hepatitis B, and Hepatitis C among HCW in RSUPN Cipto Mangunkusumo RSCM. Method A cross sectional study was conducted to exposed workers who had been recorded in emergency ward, employee ward, and UPT HIV on 2014 2016. Data was collected and analyzed with SPSS 20. Result Among 196 HCW who reported the exposure, most of them were female 69.9, worked as nurse 38.3 and doctor 38.3, and exposed percutaneously 93.4. Positive anti HIV was found in 25 13 people of exposure sources, positive HBsAg in 13 8 people and positive HCV in 12 6 people. Workers with protective anti HBs were 55 28.1 people. In 183 reports, 81 45.9 workers were recommended to receive ARV, 66 81.5 workers did receive it, and 40 60 workers took complete ARV 28

days . Follow up 3 and 6 months was done by 44 24 and 41 22,4 workers. There were 37 workers recommended to receive Hepatitis B vaccination and or immunoglobulin HBIG . In 22 59 recommended to receive Hepatitis B vaccination, only 1 2,7 who took that. In 15 41 recommended to receive both Hepatitis B vaccination and immunoglobulin, only 2 5,4 who took both. Follow up of HBsAg and anti HBs on 3rd and 6th months were done by 41 31,1 , 38 28,8 and 2 1,5 workers who were recommended to receive prophylaxis. In 182 workers recommended to do follow up of anti HCV, 39 21,4 and 37 20,3 workers did the follow up on 3rd and 6th month. Conclusion The implementation of post exposure prophylaxis of HIV, Hepatitis B, and Hepatitis C was still low. Thus, it was important to do the management of prophylaxis comprehensively. It was also included the increasing of worker s knowledge and awareness, reconsidering the operational standard, and communicating effectively.