

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 Mangunkusomo 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.

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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 existance 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.