

The Threat of emerging and re-emerging infections in Indonesia

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Abstrak

ABSTRACT

Human immunodeficiency virus (HIV) is one example of an emerging infection with total of 386 district of all province in Indonesia reported having such infection; with cumulative number of HIV infected patient from the year 1987 to 2014 is 150,296 while AIDS is 55,799 patients. The access to care only available for 153,887 patients among all HIV/AIDS patients of whom 70% are eligible for anti-retroviral (ARV) treatment and of these only half adhered to ARV treatment. In addition to that, there is an increased risk of other emerging diseases such as Zika virus, Monkey pox or Hanta pulmonary syndrome since a sporadic cases were reported around the region. Beside new diseases, tuberculosis, dengue virus, malaria and diphteria are continuously reported in Indonesia and classified as re-emerging illnesses. On this edition data on diphteria epidemiology in Indonesia will be shown by Karyanti et al.⁶ A recent outbreak of diphteria in Indonesia which involved almost all province in the country has led to a response named ORI (outbreak response of Immunization). Regardless of immunization, proper treatment including the distribution of anti-toxin and antibiotics are needed to stop the spread of this particular bacteria, further decreasing the mortality rate. In conclusion, the author of this paper mentioned that immunization gap needs to be handle systematically. Immunization data released on 2017 showed that complete immunization was given only to 20% of targeted group, while almost 75% were either unvaccinated or unknown. During the outbreak of diphteria in Indonesia, the WHO also reported several countries with similar problem such as Bangladesh, Haiti and Yamen. It was shown that a coordination between doctors in clinic/hospital with public health officer to conduct an epidemiological investigation, in conjunction with giving prophylaxis and assuring the logistics of anti-diphteria toxin and antibiotics were accessible were the key of success in eliminating diphteria like it was in Bangladesh.

Adherence to treatment are multifactorial for all illnesses. First, is the duration of treatment and the potential adverse event due to the medication. The Ministry of Health of the Republic of Indonesia has support the early diagnosis of HIV and delivering treatment as soon as possible, in order to avoid transmission of the disease. Second, looking at another side of the story for HIV infected patients, receiving ARV treatment as a long life treatment could possibly cause an adverse event somewhere along the line. Budiman et.al reported factors that might contribute to liver injury. His study shows that measuring baseline liver function test AST routinely might minimize the toxicity of ARV to patients particularly with a low body mass index. Last, despite the adherence to treatment and procedures in minimizing the risk of adverse event to medication, we are now facing the primary resistance virus that transmitted in the community as mentioned by Megasari et al.⁸ on her report regarding the transmission of drug resistance HIV virus to naïve patients in Bali.

The Indonesian government through the Indonesian Ministry of Health has established a collaboration and one health approaches to tackle the threat of diseases in the country, particularly in infectious diseases.