

Post-HIV exposure treatment among health workers

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Abstrak

HIV exposure among health workers is still quite rare, including in Indonesia. Nevertheless, with the increase in new HIV cases due to intravenous drug abuse, there should be more health workers caring for HIV cases. To avoid exposure, universal precaution has to be implemented. If exposure occurs, the HIV status of the patient, as the source of body fluid should be determined, while the exposed health care worker needs to undergo counseling. Anti retroviral agents should be administered prior to 36 hours following exposure. Sero-conversion monitoring must be performed during exposure, also 3 months, 6 months, and 12 months following exposure- There have been 9 cases of HIV exposure due to accidents among health workers reported to the Working Group on AIDS (Kelompok Studi Khusus - Pokdikus AIDS) Faculty of Medicine of the University of Indonesia - Cipto Mangunkusumo General Central National Hospital. Six of them received AZT prophylactic treatment, while the remaining 3 chose not to use any prophylactic treatment. After six months following exposure, all anti HIV test were negative

The number of HIV cases in the last two years has shown a tremendous increase. At the end of February 2002, the Department of Health recorded 2/50 cases of HIV/AIDS in Indonesia.¹ As new cases increase among intravenous drug abuse, the number of HIV cases is estimated to increase further in the future, bearing in mind that experts have estimated that number of drug abusers in Indonesia have reached 2 million people. Those infected with HIV, especially those already in the AIDS stage, often require hospitalization for treatment of opportunistic infections. Thus, health workers have to prepare themselves to face the increasing problem of HIV infection.

To avoid contagion of HIV, Hepatitis B, and Hepatitis C that may reside in the patient's body fluids to another person, the Center for Disease Control (CDC) recommends universal precaution. This guideline from CDC should be continuously distributed to allow health workers to continue to work with a feeling of security.

Nevertheless, there is still the possibility of accidents among health workers at work in the form of needle prick or direct exposure to body fluids from an HIV-infected individual.