

Pencegahan HIV/AIDS

Situasi di Indonesia

Samsuridjal Djauzi

Pokdisus AIDS FKUI/RSCM

**Divisi Alergi dan Imunologi Klinik Departemen Ilmu Penyakit Dalam
FKUI/RSCM**

Pencegahan Melalui Perubahan Perilaku

- ▶ Biaya murah
- ▶ Semula diharapkan bisa berjalan dengan berhasil
- ▶ Slogan Abstinent, Be faithful, Condom, and Drugs



Survei Perubahan Perilaku di Indonesia (2008)

Belum terjadi perubahan perilaku yang nyata di kalangan risiko tinggi

HIV Infection In Indonesian Family

- ❖ A husband admitted to hospital due to cryptococcal meningitis, he is a worker in electronic manufacture
- ❖ His wife was pregnant and acquired HIV
- ❖ Could they enjoy universal access program



Upaya Pencegahan

- ▶ **Perubahan Perilaku**
- ▶ **Intervensi Biomedik: kondom, jarum suntik steril, Sirkumsisi, Obat Antiretroviral**
- ▶ **Pemberdayaan : pendidikan, penanggulangan kemiskinan, kelompok marginal**



Perubahan Perilaku

- ▶ Berhenti melakukan hubungan seksual tak aman
- ▶ Berhenti menggunakan narkoba
- ▶ Menggunakan kondom 100% konsisten
- ▶ Menggunakan jarum steril untuk satu orang
- ▶ Mudahkah?



Kelompok Risiko Tinggi dan Umum

- ▶ Pengguna narkoba (suntikan)
- ▶ Pasangan seksualnya dan teman menyuntiknya
- ▶ Pekerja seks komersial
- ▶ Pelanggannya
- ▶ Pasangan seksual pelanggan (istri)



Penyuluhan dan Pencegahan Terutama Ditujukan Kepada Riski

- ▶ Apa dampaknya bagi populasi umum
- ▶ Kurangnya upaya penyuluhan secara umum
- ▶ Persepsi hanya yang tertular HIV kelompok tertentu
- ▶ Populasi umum tak merasa berisiko tertular



Harm Reduction

- ▶ Sosialisasi lebih berhasil dibandingkan kondom
- ▶ Refleksi untuk mencari strategi baru dalam mensosialisasikan kondom
- ▶ Kenapa viagra boleh kondom tidak?
- ▶ Dimana dibagikan jarum suntik?

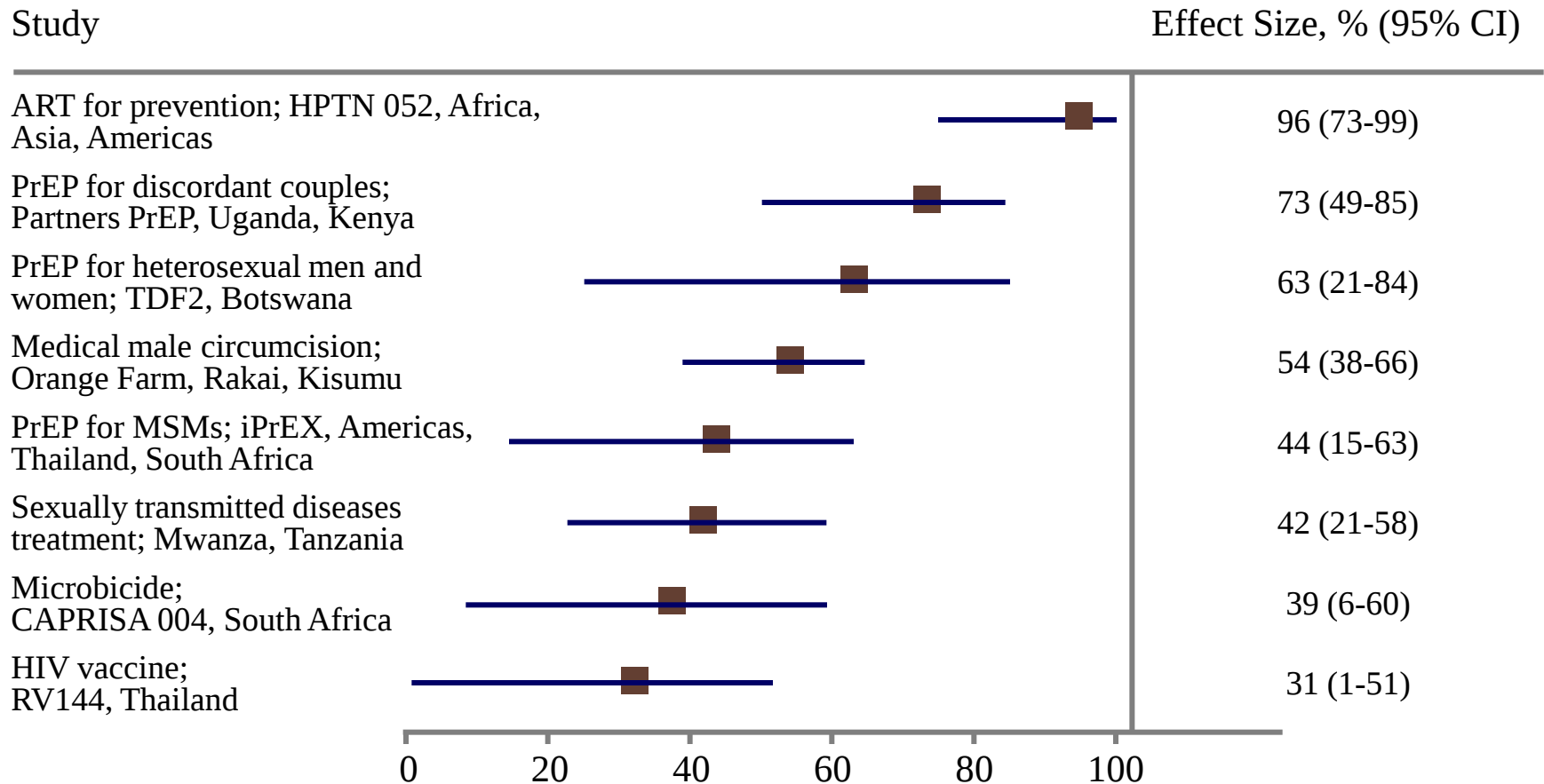


Kesamaan Persepsi

- ▶ Kondom: masyarakat, petugas kesehatan, kalangan agama
- ▶ Jarum suntik: masyarakat, petugas kesehatan, penegak hukum



Efficacy of HIV Prevention Strategies From Randomized Clinical Trials



Treatment as Prevention

- ▶ Meningkatkan tes HIV
- ▶ Memberikan ARV secara dini
- ▶ Mempertahankan adherens
- ▶ Mencapai VL tidak terdeteksi secara terus menerus



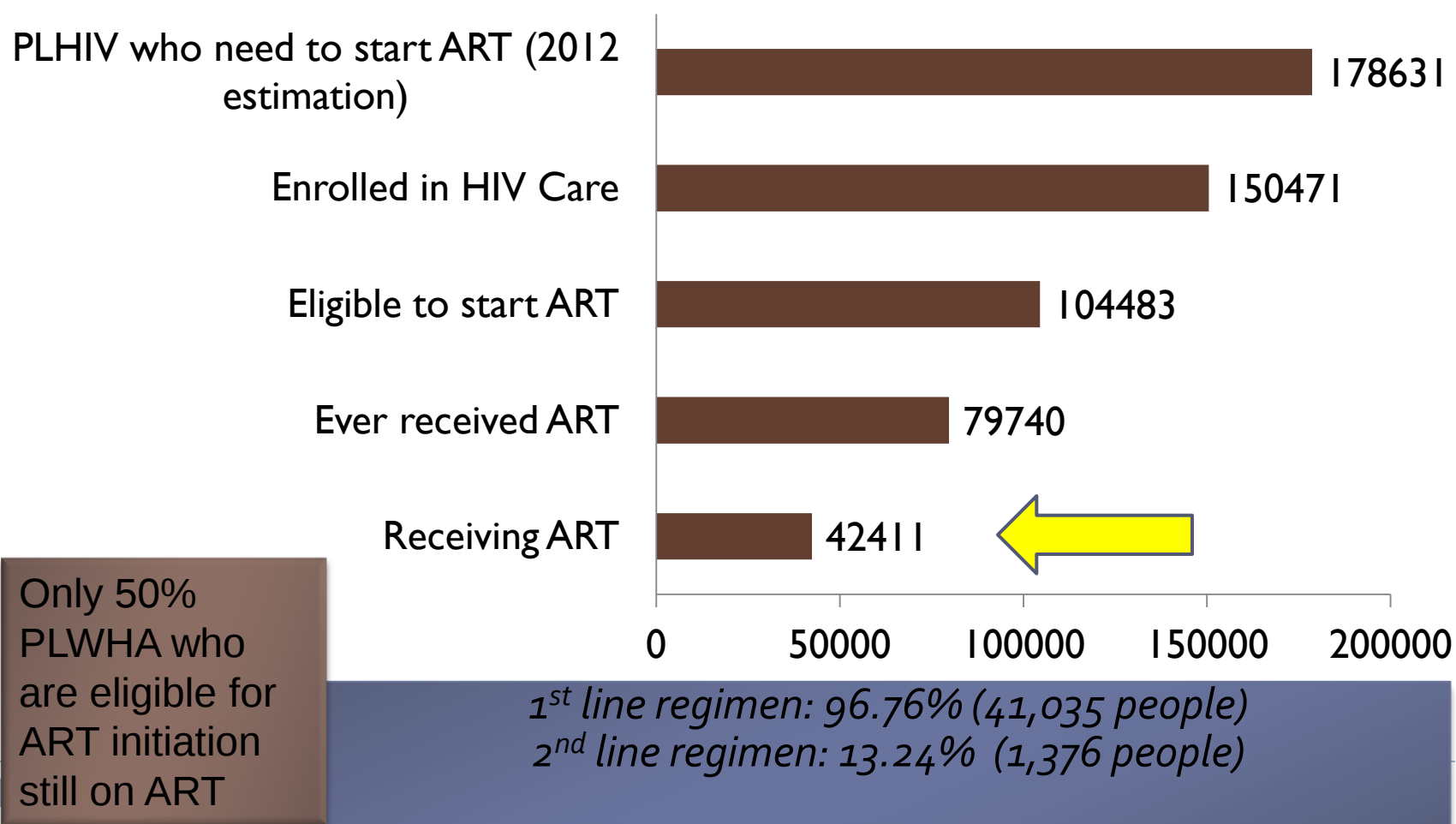
Gap Between Estimation and Reported Cases on ART

- ▶ HIV Estimation 2013 : 600.000
- ▶ Reported : 120.000
- ▶ Start ART : >70.000
- ▶ On ART : 43.000

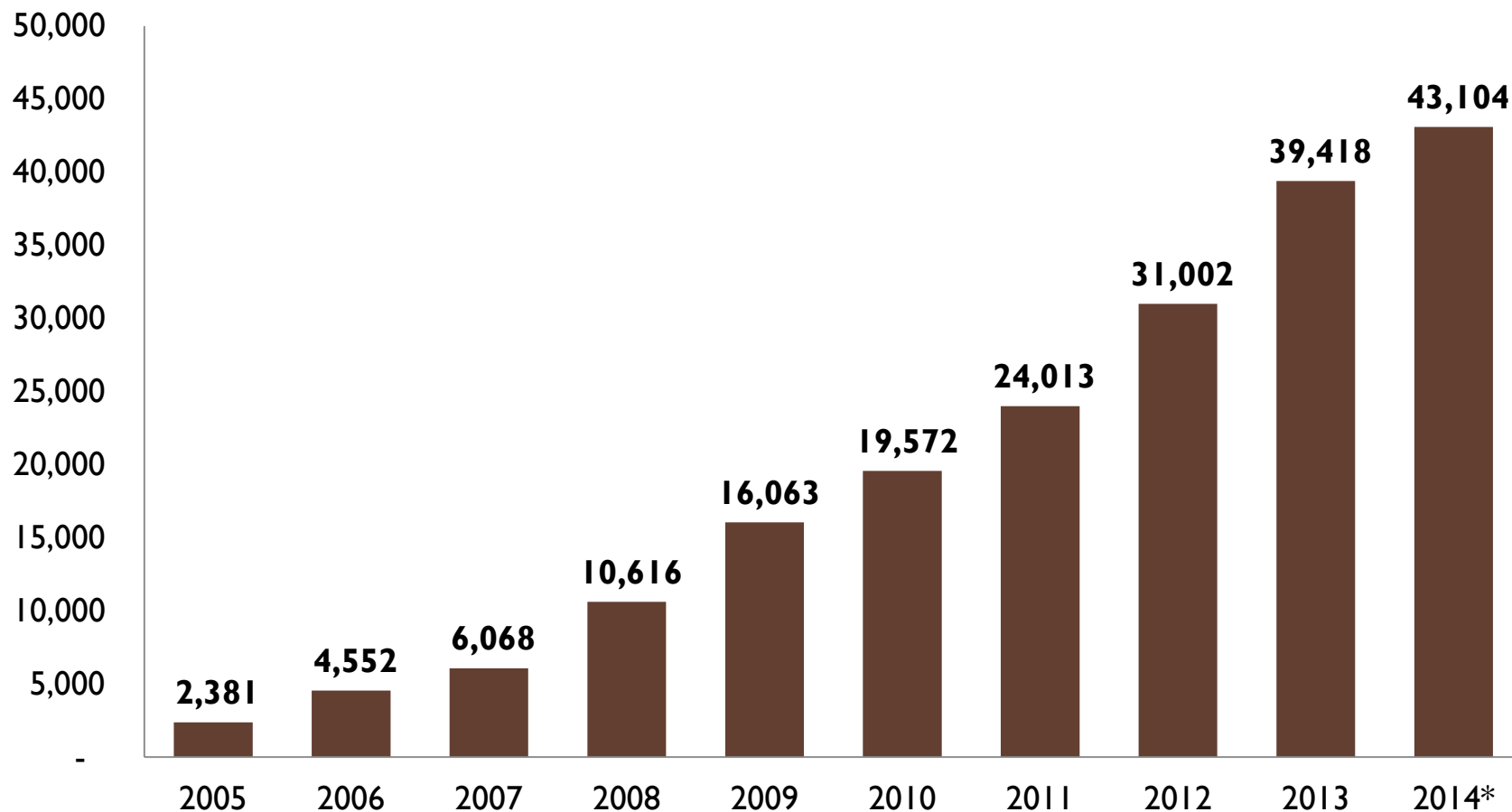
- ▶ How to decrease the gap ?



Cascade of Treatment (March 2014)



PLHIV Remain on ART 2005 until June 2014



▶ 1st line regimen: 96.76%; 2nd line regimen: 13.24%

Tantangan Dalam Pemberian Obat ARV

- ▶ Infeksi Oportunistik
- ▶ Adherens
- ▶ Ketersediaan obat ARV
- ▶ Distyribusi layanan obat ARV
- ▶ transportasi
- ▶ Kehadiran dalam tempat kerja
- ▶ Mobilisasi
- ▶ Iklan obat alternatif/herbal yang menjanjikan



Retensi Terhadap Obat ARV

► Dharmais:

- 6 bulan = 80%

► RSCM:

- 1 tahun = 70%



Adiksi

- ▶ Akibat fisiologis dari penggunaan narkoba
- ▶ Tak mudah diatasi; perlu perjuangan panjang dan melelahkan
- ▶ Rehabilitasi dapat mengurangi adiksi namun mudah relaps kembali
- ▶ Obat substitusi untuk mengurangi adiksi narkoba suntikan



Limitation and Continuation to The Methadone Service

(N of Methadone clinics in Jakarta = 18 clinics)

Program factors

- **MMT** has been adopted as national program since 2006 (scaled up to 17 provinces)
- Provision of methadone HCl is fully supported by **Gol**
- Administration cost paid by patients except for particular sites (supported by local government). Most clinics ask patients to pay at min. cost (0.5 USD at primary health care (PHC); 1.2 USD at hospital)
- Non-supportive client-therapist relationship

Social factors

- Lack of support from the family (most of them are abstinence-oriented)
- Lots of stigma and discrimination
- **MAT** is not favorable treatment for law enforcement sector

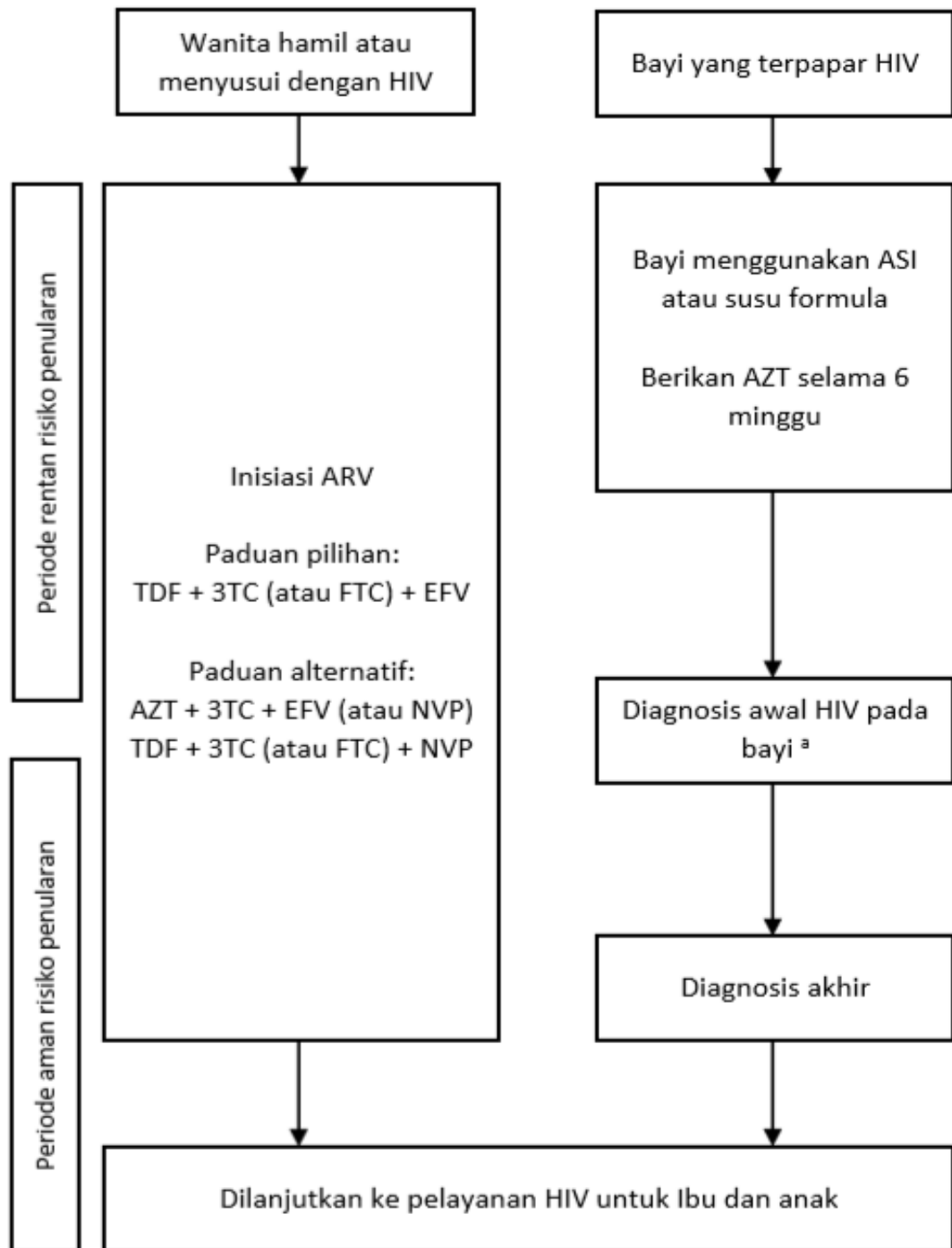
Individual factors

- Faulty belief system that they can be abstinent whenever they need
- **Myths of MAT** (difficult to get off methadone; severe withdrawal symptoms)
- Limited proper knowledge on recovery (highly demand on **THD** regardless continuing mixing with depressant substances)

PMTCT until June 2014

	2011	2012	2013	2014
Σ Pregnant women went for HIV test	21,103	43,624	100,926	137,000
Σ HIV-infected pregnant women	534	1,329	3,135	1,182
% positive	2.5%	3%	3.1%	0.9%
Σ Pregnant women on ART	601	1,070	1,544	1,456

PPIA dan Profilaksis Bayi



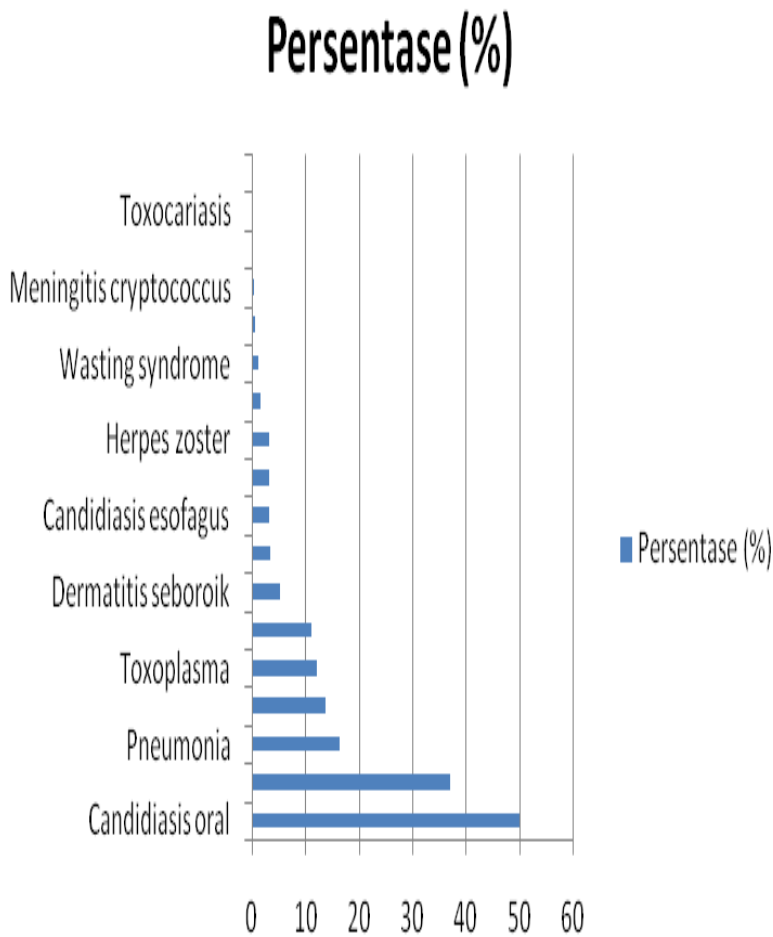
^a lihat algoritma diagnosis pada bayi

Pencegahan Pasca Paparan (PPP)

- ▶ Pemberian ARV dalam waktu singkat untuk mengurangi kemungkinan didapatnya infeksi HIV setelah terpapar ketika bekerja atau setelah kekerasan seksual.
- ▶ Ditawarkan pada kedua kelompok paparan tersebut dan diberikan sesegera mungkin dalam waktu 72 jam setelah paparan.

Orang yang terpapar	Paduan ARV	
Remaja dan dewasa	Pilihan	TDF + 3TC + LPV/r TDF + 3TC + EFV
	Alternatif	AZT + 3TC + LPV/r AZT + 3TC + EFV
Anak (≤ 10 tahun)	Pilihan	AZT + 3TC + LPV/r AZT + 3TC + EFV
	Alternatif	TDF + 3TC + LPV/r TDF + 3TC + EFV

OIs Distribution among HIV Patients at Pokdisus RSCM

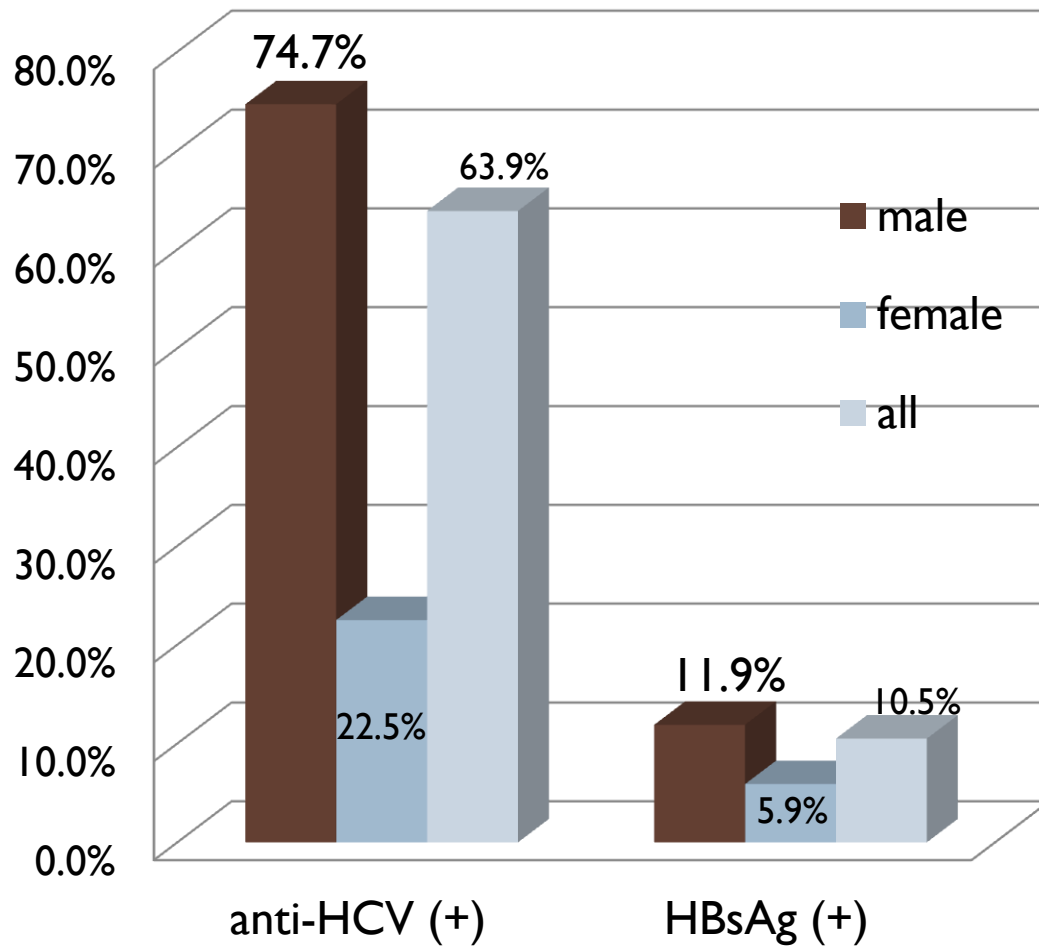


Opportunistic Infection	Percentage (%)
Candidiasis oral	50
Pulmonary TB	37
Pneumonia	16.5
Extra pulmonary TB	13.8
Toxoplasmosis	12.1
Chronic Diarrhea	11.2
Seborrheic dermatitis.	5.3
CMV retinitis	3.4
Candidiasis esophageal	3.3
Persistent Fever	3.2
Herpes zoster	3.2
EPP	1.6
Wasting syndrome	1.2
Herpes simplex	0.6
Cryptococcal Meningitis	0.4
ITP	0.2
Toxocariasis	0.1
PCP	0

Usia	Kriteria inisiasi	Dosis	Kriteria pemberhentian ^a	Monitoring
Bayi terpajan HIV	Semua bayi, dimulai usia 6 minggu setelah lahir	Dosis trimetoprim 8-10 mg/kgBB sekali sehari	Sampai risiko transmisi HIV berakhir atau infeksi HIV sudah tereksklusi	Dilihat klinis dengan interval tiap 3 bulan
Bayi HIV <1 tahun	Semua bayi ^b	Dosis trimetoprim 5 mg/kg BB sekali sehari	Sampai usia 1 tahun tanpa melihat % CD4 atau gejala klinis ^c	Dilihat klinis dengan interval tiap 3 bulan
Anak HIV 1-5 tahun	Stadium klinis WHO 2,3 dan 4 tanpa melihat % CD4 atau Stadium klinis WHO berapapun dan CD4 <25% Atau semuanya ^b		Bila CD4 mencapai > 25%	
> 5 tahun-dewasa	Stadium klinis WHO berapapun dan CD4 <200 sel/mm ^{3 d} Atau stadium klinis WHO 3 atau 4 atau semuanya ^b	Anak: trimetoprim 5 mg/kgBB sekali sehari Dewasa: 960 mg sekali sehari	Tidak diberhentikan atau ketika setelah 6 bulan ARV atau CD4 ≥ 200 sel/mm ³ selama 6 bulan ^d	Dilihat klinis dengan interval tiap 3 bulan
	Tuberkulosis aktif		Sampai pengobatan TB selesai apabila CD4 > 200 sel/mm ^{3 d}	

HIV and Hepatitis Co-infection

Data from Pokdisus HIV Clinic, Jakarta, 2004-2011 (N=5544)



- HIV and hepatitis B: access to free TDF based ART
- HIV and hepatitis C: most HCV untreated

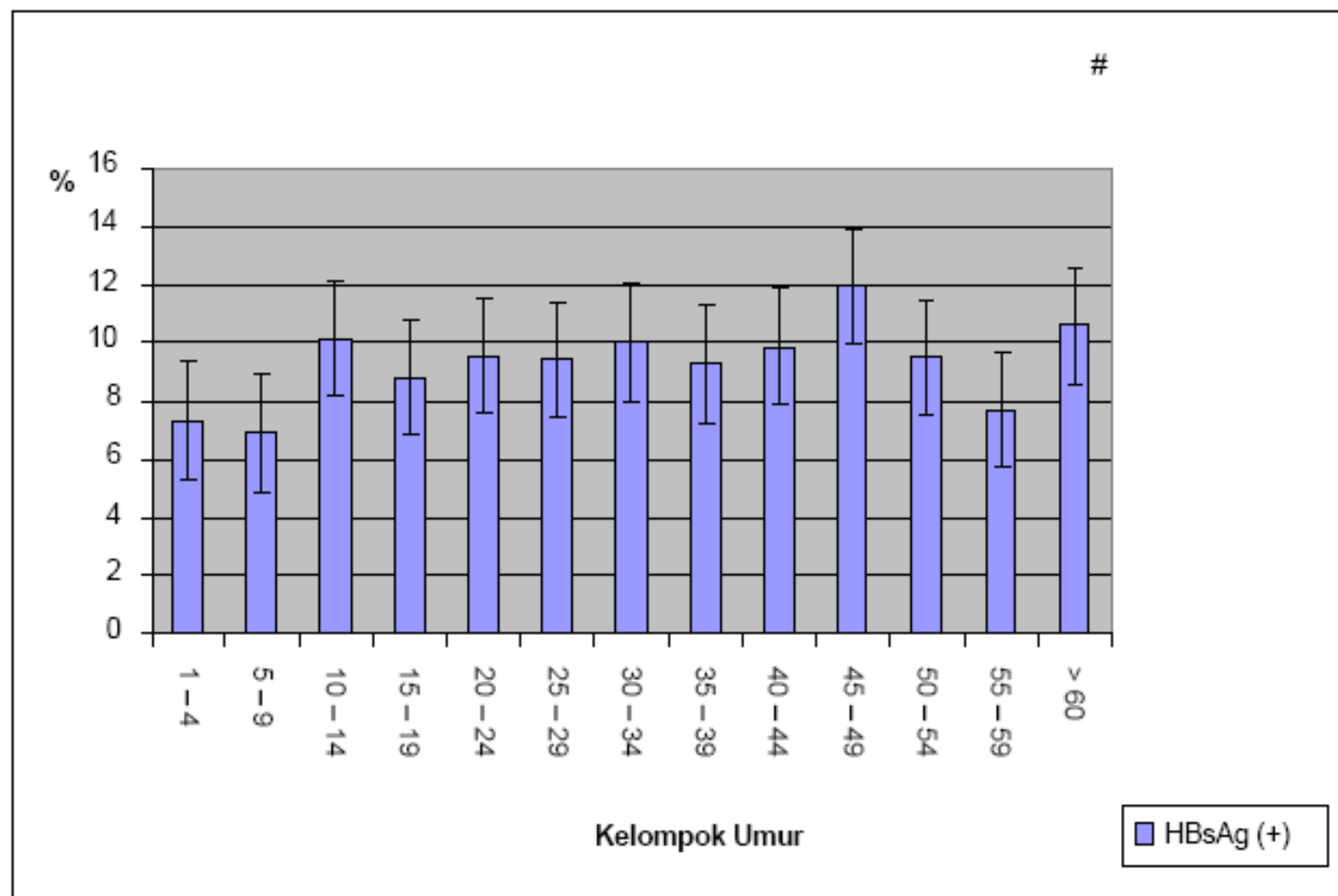
Anti-HCV tested = 46.4%

HBsAg tested = 40.5%



NATIONAL BASIC HEALTH RESEARCH, 2007

HBsAg

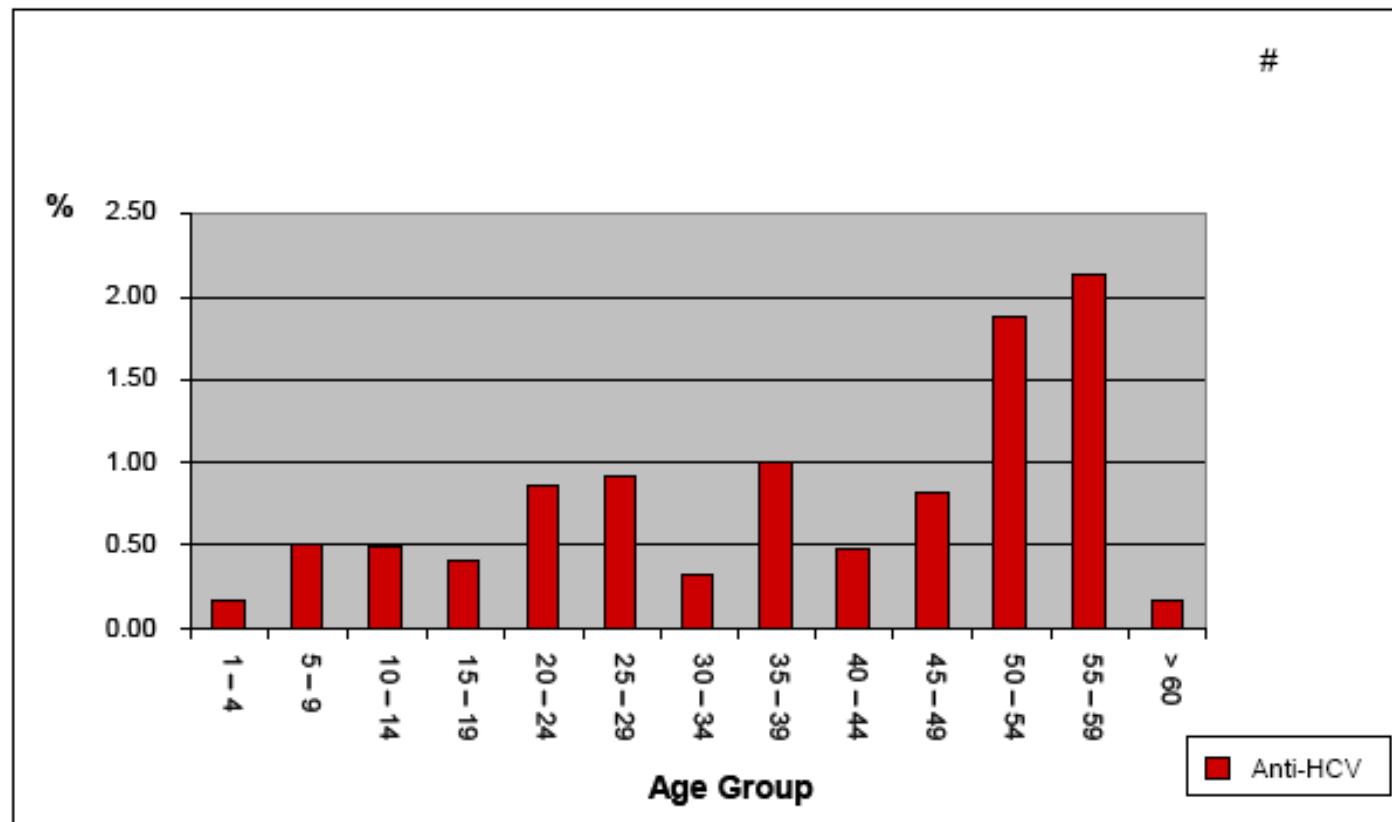


- HBsAg (+): 9.4% (N = 10391); male : female = 9.68 : 9.28
- HBsAg in 1-4 years group : 7.32%

Provisional data

NATIONAL BASIC HEALTH RESEARCH, 2007

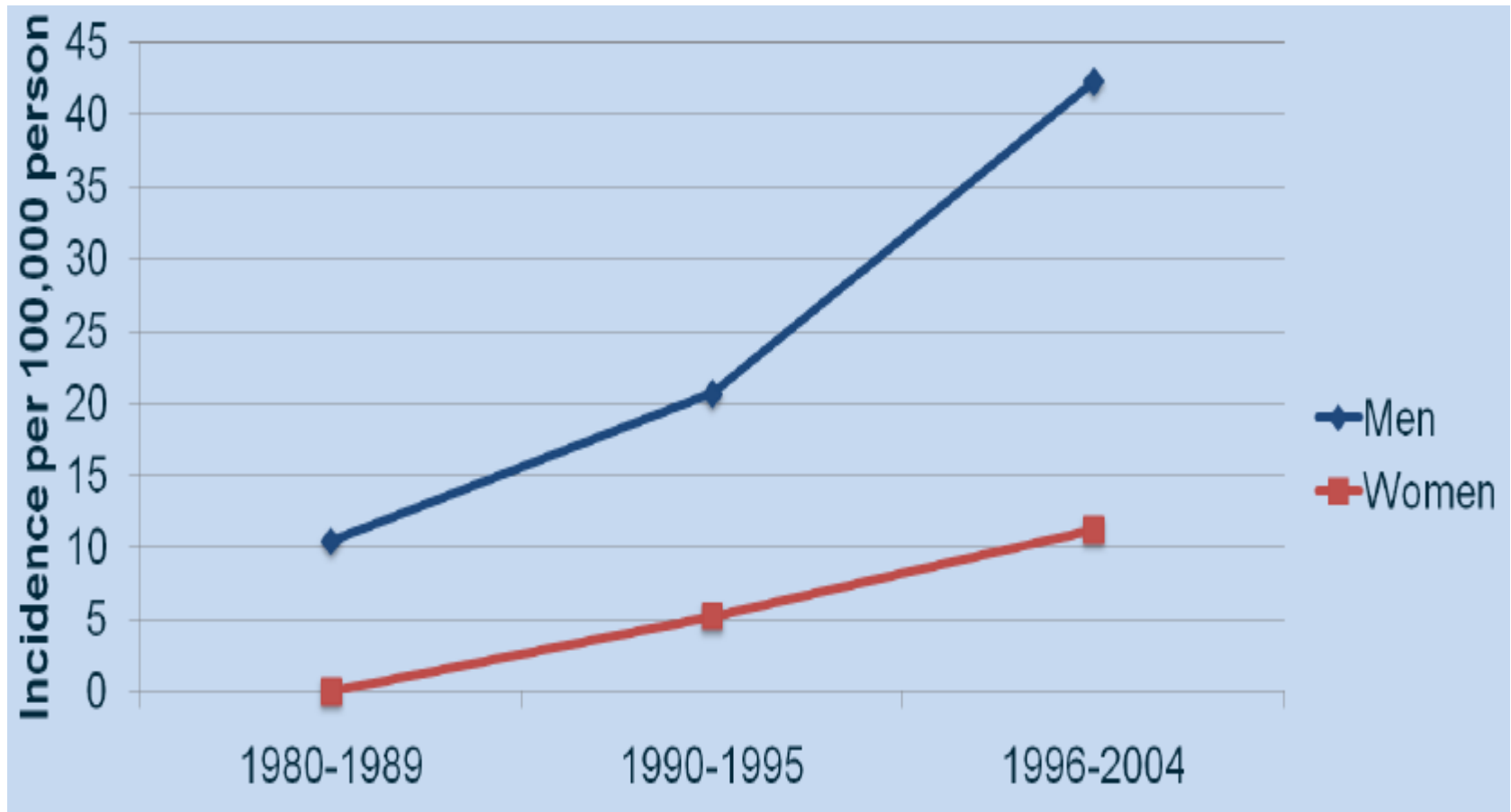
Anti-HCV



- Anti-HCV (+): 0.82% (N = 11762); male = female

Provisional data

Anal Cancer in HIV-infected Persons



Immunization in PLWHA

- ▶ Hepatitis B
- ▶ Hepatitis A
- ▶ HPV
- ▶ Influenza
- ▶ Pneumococcal
- ▶ *Varicella*

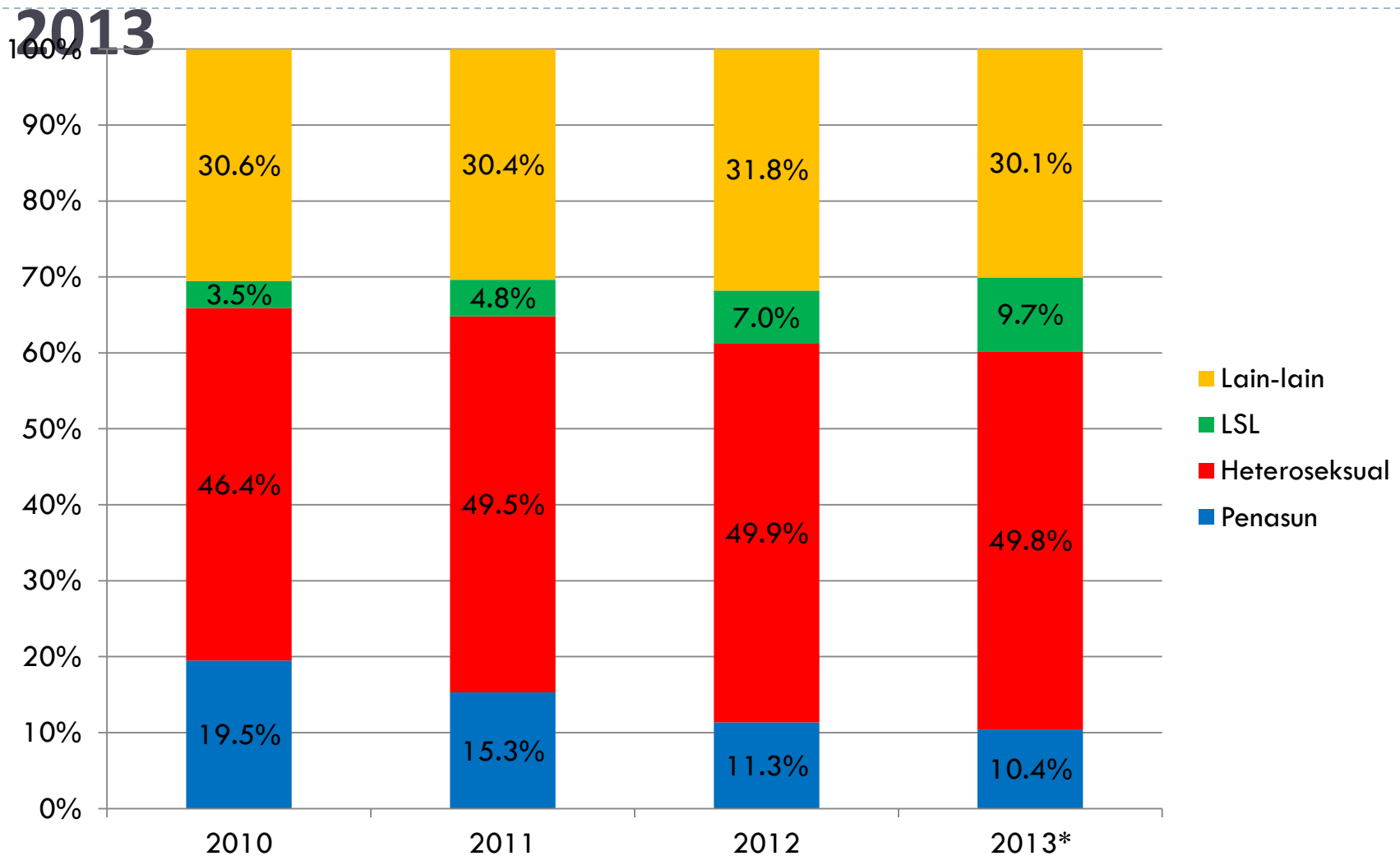


Concern about HIV in MSM

- ▶ Increasing prevalence of HIV among MSM
- ▶ MSM-friendly service is needed

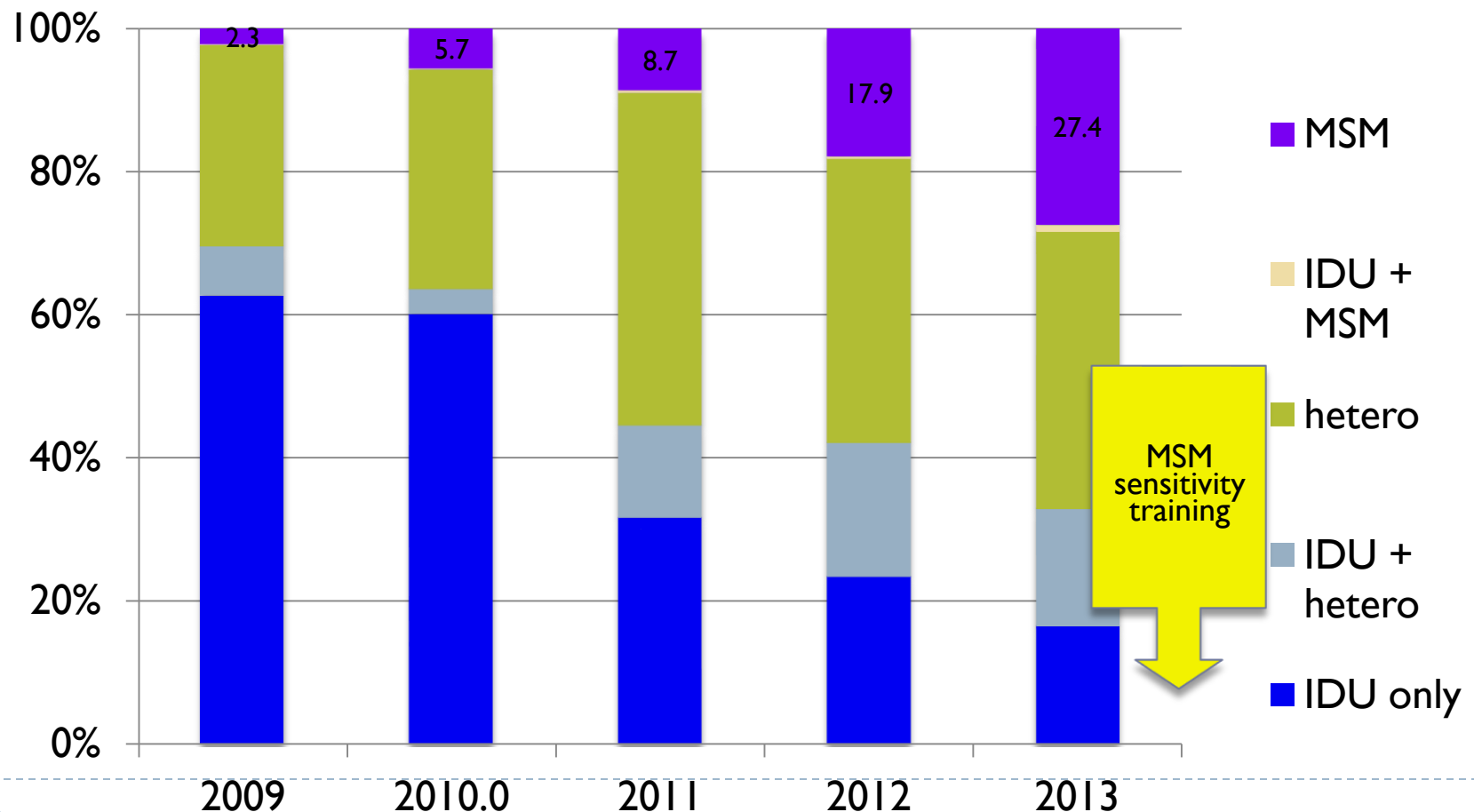


Persentase Infeksi HIV yang Dilaporkan Menurut Faktor Risiko Tahun 2010- September 2013



HIV risk factor among newly diagnosed HIV-infected male in RSCM

UPT HIV RSCM/Pokdisus AIDS
FKUI



Empowerment

Continuing the case earlier...

- ❖ **Fortunately the husband could survive with high dose fluconazole treatment. However he lost his job**
- ❖ **Family income should be part of Care Support and Treatment**



Family Income



Conclusion

- ▶ Biomedical intervention becomes prominent
- ▶ The coverage of ART provision needs scaling up
- ▶ Adherence
- ▶ PMTCT
- ▶ Post-Exposure Prophylaxis
- ▶ Prevention of Hepatitis B, Hepatitis A, HPV
- ▶ Psychological support towards PWID
- ▶ Concern on HIV transmission among MSM
- ▶ The need of empowerment





Thank You