INTISARI

FAKTOR-FAKTOR DETERMINAN KELENGKAPAN DAN KETEPATAN IMUNISASI PADA ANAK USIA 6-23 BULAN DI RAWAT INAP RSUP DR. SARDJITO

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Latar belakang: Status imunisasi anak yang sering rawat inap cenderung terlambat dan tidak lengkap. Kelengkapan dan ketepatan imunisasi penting untuk menimbulkan kekebalan yang optimal. Rawat inap anak usia 6-23 bulan di RSUP Dr. Sardjito cukup tinggi namun belum ada laporan status imunisasi dan skrining faktor yang menentukan kelengkapan dan ketepatan imunisasi selama perawatan.

Metode penelitian: Observasional analitik desain cross sectional pada bulan Desember 2022 sampai April 2023, melibatkan 180 anak usia 6-23 bulan di rawat inap RSUP Dr. Sardjito. Data primer dari wawancara ibu responden, dilengkapi data sekunder rekam medik dan buku kesehatan ibu dan anak, untuk menilai faktor sosiodemografi (tempat tinggal, kemampuan akses fasilitas kesehatan, sosial ekonomi/adanya jaminan kesehatan), faktor anak (usia, jenis kelamin, usia, riwayat usia gestasi lahir dan berat badan lahir, riwayat terdiagnosis dengan risiko khusus, dan ada/tidaknya saudara kandung), serta faktor ibu (usia, pendidikan, status marital, dan agama). Analisis bivariat dengan uji *chi-square* dan multivariat dengan analisis regresi logistik berganda. *Outcome* kelengkapan dan ketepatan dinilai berdasarkan program pemerintah Indonesia menurut permenkes no 12 tahun 2017.

Hasil: Cakupan imunisasi anak usia 6-23 bulan di rawat inap sebesar 57,2%, dengan cakupan imunisasi dasar 47,3% (tertinggi hepatitis B 0 sebesar 96,2%, terendah MR 84,4%), dan lanjutan 67,4%. Antigen yang paling tidak tepat adalah DPT-HB-Hib 3 dan IPV 3, dan yang paling tepat adalah hepatitis B 0. Usia anak menentukan kelengkapan imunisasi dengan OR 0,416 (CI 95% 0,244-0,770), sedangkan faktor tempat tinggal menentukan ketepatan PCV 1 (OR 3,760, 95%CI 1,061-13,328) dan ketepatan MR (OR 0,354, 95%CI 0,130-0,965), serta faktor kelompok risiko khusus (OR 4,939, 95%CI 1,186-20,569) terhadap PCV 2. Kelompok risiko khusus dijumpai sebanyak 23,2% dengan riwayat prematur (90,5%) dan terdiagnosis *acute lymphoblastic leukemia* (9,5%). Alasan umum tidak lengkap imunisasi karena anak sering sakit dan harus rawat inap (41,8%) serta sebagian lagi harus rawat jalan (34,8%) sedangkan yang tidak tepat waktu juga berkaitan dengan kebutuhan berobat jalan (45,9%) dan rawat inap (37,08%).

Kesimpulan: Semakin muda usia anak maka semakin tidak lengkap 0,416 kali imunisasinya, anak yang tinggal di desa berisiko 0,354 kali menurunkan ketepatan MR, namun 3,76 kali meningkatkan ketepatan PCV 1, dan kelompok risiko khusus meningkatkan 4,939 kali ketepatan PCV 2.

kata kunci: kelengkapan, ketepatan, imunisasi, rawat inap, determinan

ABSTRACT

DETERMINANT FACTORS OF FULL-IMMUNIZATION AND TIMELY IMMUNIZATION COMPLETION IN INPATIENT CHILDREN AGED 6-23 MONTHS DR. SARDJITO HOSPITAL

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Background: The immunization status of children who are frequently hospitalized is typically late and incomplete. Immunization must be complete and accurate in order to produce maximum immunity. Children aged 6-23 months are frequently admitted to Dr. Sardjito Hospital and there are no records of immunization status and screening criteria that determine timely vaccine completion during treatment.
Method: From December 2022 to April 2023, 180 children aged 6-23 months who were inpatients at Dr. Sardjito hospital participated in the cross-sectional observational analytic design. In order to evaluate sociodemographic factors (place of residence, ability to access health facilities, socioeconomic status/availability of health insurance), child factors (age, sex, history of gestational age at birth and birth weight, history of being diagnosed with special risk, and presence/absence of siblings), as well as maternal factors (age, sex, history of gestational age at birth and birth weight, history of being diagnosed with special risk, and presence/absence of siblings), primary data from interviews with the respondent. Chi-square analysis for bivariate data and multiple logistic regression for multivariate data. According to Permenkes No. 12 of 2017, the Indonesian government's program, the findings' completeness and correctness are evaluated.
Result: Children aged 6-23 months who were hospitalized had a vaccination rate of 57.2%, with basic immunization coverage at 47.3% (the highest hepatitis B 0 rate was 96.2%, the lowest MR rate was 84.4%), and advanced immunization coverage at 67.4%. Hepatitis B 0 was the most suitable antigen, whereas DPT-HB- Hib-Hib 3 and IPV 3 were the most incongruent. The factor of residence determined the accuracy of PCV 1 (OR 3.760, 95%CI 1.061-13.328), MR accuracy (OR 0.354, 95%CI 0.130-0.965), and specific risk group factors (OR 4.939, 95%CI 1.186-20.569) for PCV 2. The child's age determined the completeness of immunization with OR 0.416 (95% CI 0.244-0.770). Acute lymphoblastic leukemia (9.5%) and a history of prematurity (90.5%) were found in 23.2% of those in special risk categories, respectively. Children were often ill and required hospitalization (41.8%), as well as some outpatient care (34.8%); those vaccines that were not completed on time were also associated with the need for outpatient treatment (45.9%) and hospitalization (37.08%).
Conclucion: Children living in villages are at risk of 0.354 times reducing the timely completion of MR immunization, but 3.76 times increasing the timely completion of PCV 1, and special risk groups increasing 4.939 times the timely completion of PCV 2 immunization. The earlier the child is immunized, the more incomplete 0.416 times the immunization is.
Keywords: full-immunization, timely immunization completion, inpatient, determinant