

INTISARI

Human Immunodeficiency Virus (HIV) menjadi tantangan global yang hingga saat ini belum ditemukan obat yang dapat menyembuhkannya. Namun, perlu dilakukan pengobatan dengan antiretroviral (ARV) untuk menekan jumlah virus. Penelitian ini bertujuan untuk mengetahui respon terapi regimen kombinasi ARV pada pasien HIV anak usia 3-10 tahun ditinjau dari jumlah CD4 dan *viral load*.

Data penelitian deskriptif dengan pendekatan *cross sectional* ini diambil secara retrospektif dari rekam medis pasien. Data yang diambil adalah pasien rawat jalan berusia 3-10 tahun terkonfirmasi positif HIV yang menerima terapi ARV di RSUP Dr. Sardjito Yogyakarta periode Januari 2019 – Desember 2023. Sebanyak 57 sampel yang memenuhi kriteria inklusi dianalisis secara deskriptif dan statistik menggunakan uji statistik *Chi-square* pada taraf kepercayaan 95% ($p < 0,05$).

Regimen kombinasi ARV yang terbanyak digunakan, yaitu AZT+3TC+NVP (36,84%). Regimen kombinasi ARV dengan persentase respon terapi tertinggi berdasarkan perbaikan CD4 adalah ABC+3TC+LPV/r (100%), sedangkan *viral load* adalah AZT+3TC+EFV (66,67%). Dipilih dua regimen kombinasi ARV terbanyak digunakan untuk dianalisis perbandingan respon terapinya, yaitu AZT+3TC+EFV ($n=17$) dan AZT+3TC+NVP ($n=21$). Regimen kombinasi AZT+3TC+NVP (71,43%) lebih efektif dibandingkan AZT+3TC+EFV (58,82%) ditinjau dari jumlah subjek yang mengalami perbaikan CD4, tetapi hasil uji analisis tidak berbeda signifikan ($p=0,638$). Regimen AZT+3TC+NVP (38,10%) lebih efektif dibandingkan AZT+3TC+EFV (29,41%) ditinjau dari jumlah subjek yang mengalami perbaikan *viral load*, tetapi hasil uji analisis tidak berbeda signifikan ($p=0,828$).

Kata Kunci: HIV, anak, antiretroviral, respon terapi, CD4, *viral load*

ABSTRACT

Human Immunodeficiency Virus (HIV) is a global challenge that until now has not found a drug that can cure it. However, treatment with antiretrovirals (ARV) is necessary to reduce the number of viruses. This study aims to determine the response to ARV combination regimen therapy in pediatric HIV patients aged 3-10 years in terms of CD4 count and viral load.

This descriptive research data with a cross-sectional approach was taken retrospectively from patient medical records. Data taken were from outpatients aged 3-10 years and who were confirmed positive for HIV who received ARV therapy at RSUP Dr. Sardjito Yogyakarta for the period January 2019 – December 2023. A total of 57 samples that met the inclusion criteria were analyzed descriptively and statistically using the Chi-square statistical test at a confidence level of 95% ($p < 0,05$).

The most commonly used ARV combination regimen is AZT+3TC+NVP (36,84%). The ARV combination regimen with the highest percentage of therapeutic response based on CD4 improvement was ABC+3TC+LPV/r (100%), while the viral load was AZT+3TC+EFV (66,67%). The two most commonly used ARV combination regimens were selected for comparative analysis of therapeutic response, namely AZT+3TC+EFV ($n=17$) and AZT+3TC+NVP ($n=21$). The combination regimen AZT+3TC+NVP (71,43%) was more effective than AZT+3TC+EFV (58,82%) in terms of the number of subjects who experienced CD4 improvement, but the results of the analysis test were not significantly different ($p=0,638$). The AZT+3TC+NVP regimen (38,10%) was more effective than AZT+3TC+EFV (29,41%) in terms of the number of subjects who experienced an improvement in viral load, but the analysis test results were not significantly different ($p=0,828$).

Keywords: HIV, children, antiretroviral, therapeutic response, CD4, *viral load*