INTRODUCTION

Viral hepatitis represents a serious public health problem as most cases of chronic viral hepatitis are caused by hepatitis “B” and “C” virus especially in developing countries. Hepatitis “B” virus infection (HBV) is endemic in many developing countries including Egypt with about 170 million people chronically infected world wide ***(Ryder and Beckingham, 2001)***. Up to 300 million people have chronic hepatitis “C” virus infection mainly world wide. In Egypt “HCV” is recognized as a serious public health problem with an overall prevalence of 10-15% and reaching 25% in rural communities ***(Samiha, 2002)***.

(HBV) and (HCV) hepatitis “B” and “C” a blood borne pathogen have certain characteristics that facilitate its continued transmission in the community setting. High-risk health care workers having significant contact with blood, blood products or body secretion ***(Ngoyen & Keeffe, 2003)***.

In developed countries, high rates of “HBV” and “HCV” Transmission were first associated with transfusions of blood and blood products. In developing countries nosocomal transmission (occurring in a hospital setting) has become negligible. In countries with less sophisticated health care services it is likely that a relatively high proportion of “HBV” and “HCV” infection is currently being transmitted in health care settings, especially associated with unsafe injection use, due to a shortage of resources for equipment, training and supervision ***(Simon son et al., 1999)***.

More than one third of the world population are estimated to have been infected with hepatitis "B" virus most have recovered, but there are around 350 million carriers of the hepatitis "B" virus, about 5% of the world's population. The world health organization recommended in May 1992 that all countries should integrate hepatitis "B" vaccination into their national immunization programs ***(Farkkila, 2003)***.

El-Zayed, (2004) reported that the of anti-HCV among Egyptian population (12%) from total population i.e 8 million individual in Egypt.

Health promotion programs are designed to improve the health and well being of individuals and communities by providing people with information, skills, services and support they need to under take and maintain positive life style changes ***(Hafez and Bagechi, 1994; Thyompson, 1998 and Nies &McEwen, 2001)***.

Health education program is a vital component of community health nursing because the promotion, maintenance, and restoration of health rely on client's understanding of health care requirements and increase in the nurses opportunities to develop their role ***(Stanhope and Lancaster, 1996)***.

Community health nurses concerned with hepatitis disease prevention must recognize who is at risk, where the potential reservoirs and sources of hepatitis disease agents are located, what environmental factors promote their spread and what are the characteristics of vulnerability of community members and

groups and community health nurses must work collaboratively with other public health professionals to establish education programs and immunization to improve community infection control policies to develop health care services ***(Allender and Spradley, 2001)***. Community health nurses working at rural health units are greater risk for contracting blood borne pathogens as HBV & HCV and a lack of awareness of blood borne infection is also a problem so that community health nurses must be knowledgeable to prevent transmission accruing in any health care setting and protecting their self from infection ***(Smith and Maurer , 1995)***.

The main goal of this study is to develop an education health promotion program to help nurses working in rural health units to improve their knowledge about HBV and HCV and improve their performance to prevent infection by HBV & HCV.