

Introduction

Viral hepatitis is a major health problem in developing and developed countries. Hepatotropic viruses are designated hepatitis A, B, C, D, E and G viruses. The six hepatotropic viruses are heterogeneous group that cause similar acute clinical illness, except for HGV, which appears to cause no or mild disease. HBV is a DNA virus, whereas HAV, HCV, HDV, HEV and HGV are RNA viruses representing four different families, HAV and HEV are not known to cause chronic illness, whereas HBV, HCV and HDV viruses can cause serious morbidity and mortality through chronic infection. HGV can cause chronic infection but with little morbidity or mortality yet reported (**Behrman et al, 2004**).

The most common type found in children is hepatitis A which is transmitted by the fecal-oral route. The incidence in children increases in those living in crowded housing. The disorder is usually self limiting with resolution within 2 to 3 months. Symptomology varies with severity of the disease (**Luxner, 2005**).

Exposure to hepatitis viruses is extensive among the rural population of Egypt. Antibodies to hepatitis A virus (HAV) are detected in nearly 100% of both children and adults and antibodies to hepatitis B virus (HBV) are present in 40% - 65% in most

community-based studies (**Habib et al, 2001; Meky et al, 2006**). The population-based HCV prevalence is about 18%. Community-based data suggest that some 17.5% of HCV-infected Egyptians are children. Two studies from upper and lower Egypt revealed that the prevalence of HCV antibody (anti-HCV) in children is 3 and 9% respectively (**Medhat et al, 2002**). Little data are available about disease morbidity. Although the prevalence of HCV infection is lower in children than in adults. The paediatric hepatologist only deals with the beginning of a chronic illness that might take a more sinister progressive course in the long run (**Hardikar, 2002; El-Raziky et al, 2004**). The community-wide prevalence of antibodies to hepatitis E virus (HEV) in rural communities ranges from 60% to 75% (**Fix et al, 2000**).

Child health maintenance is ultimately the responsibility of the parents; however, the public schools and health departments have contributed to the improvement of child health by providing a healthful school environment, health services, and health education that emphasizes sound health practices. Most of these functions constitute major components of community health services and involve large amounts of public funds and large numbers of health professionals, including nurses. Health education of school children is directed towards providing knowledge of health and

influencing habits, attitudes and conduct in relation to health and injury prevention (**Hockenberry, 2005**).

Traditionally, school nurses were viewed as the individuals who detected diseases in the school, and the people who applied bandages and cared for students who were ill or injured. Although these functions remain important parts of the school nurse's job, the role of the school nurse has expanded considerably in recent years. Today, school nurses manage and coordinate all the care required by regular students and students with special health care needs. In many settings, school health services have enlarged into family health centers that meet the needs of not only school age children, but also their families and the community (**American Academy of Pediatrics, 2001; Hockenberry, 2005**).

One role of the nurse in school health program is serving a consultant to the administrator, parents, teacher, and assist the administrator in planning for coordination with community. The responsibilities directly related to pupil health, to protect pupil health by participating in formulating policies to assure education of pupils and parents regarding communicable disease control. Working cooperatively with classroom teachers to ensure effective daily health supervision of pupils, participating in periodic survey

to identify the presence of factors detrimental of the health and safety of pupils and staff (**Khalil, 2005**).

School nurses often spend 30% to 40% of their time providing health education in topics such as prevention of diseases and basic hygiene. Promoting and encouraging positive health practice through health education is a central component of school health. Additionally, the school nurse should be available to perform health counseling for students, parents, staff, and others (**McEwen, 2002**).