

INTRODUCTION

Viral hepatitis represents a serious public health problems as most cases of chronic viral hepatitis are caused by hepatitis "C" virus especially in developing countries. Up to 300 million people have chronic hepatitis "C" virus infection mainly worldwide. In Egypt "HCV" is recognized as a serious public health problems with an overall prevalence of 30% (*Ryder, & Beckingham, 2009*).

The World Health Organization has recently published the first global estimated of HCV prevalence, which suggests that up to 3% of the world population has been infected with HCV. There may be more than 170 million chronic carriers at risk of developing liver cirrhosis and liver cancer. It is estimated that about 80% of acutely infected patients progress to chronic hepatitis, that about 20% of these chronic infection develop cirrhosis and 1% to 5% of cirrhotic individuals will develop hepatocellular carcinoma during the next 10 years (*Lavanchy, 2008*).

The over all predicted number of truly infected individuals in Egyptian population is more than 5 million individuals. Chronic liver involvement is expected in more than 3.5 million and more than 350,000 cases (10% of chronic hepatitis) of liver cirrhosis are expected to occur in 20-30 years (*Alter, 2006; and Lavanchy, 2008*).

A significant proportion of causes of viral hepatitis are neither hepatitis A, hepatitis B nor hepatitis D as a result they are defined as Hepatitis "C" (Formerly referred to non-A, non-B hepatitis or "NANB" hepatitis. Blood transfusions and sexual contact used to account for most transmissions of hepatitis "C" (HCV), other parenteral means, such as

sharing contaminated needles and other injuries in health care workers, now account for a significant number of cases (*Russo et al., 2009*).

Prevention of HCV infection must, rely on (a) elimination of risk behaviors that facilitate transmission; (b) screening of blood, solid organs and tissue donors; (c) the use of standard and universal precautions to prevent occupational and nosocomial transmission, and (d) identification of infected persons for counseling and possible treatment (*Wallence, 2009*).

Home health care "care at home". Includes an arrangement of disease prevention, health promotion, and episodic-illness-related services provided to people in their place of residence (*Stanhope, 2009*).

Furthermore, prevention, in narrow sense, means averting the development of disease, while, in a broad sense, it consists of all measures, including definitive therapy, that limit the progression of disease at any point of its course. This concept is taking place anywhere along the continuum of health, during the primary, secondary and tertiary prevention phases, (*Scholits & Smith, 2009*).

As stated by *Norton (2009)* without education for health knowledge and understanding, there can be no informed decisions and actions to promote health. Knowledge is power and without health knowledge people are powerless to change their health themselves, because they do not have the knowledge of alternatives and therefore can not make informed health changes.

Most patients with viral hepatitis will be cared for at home. So, the nurse must assess the patient's knowledge of nutrition and provide the necessary dietary teaching, rest and adequate nutrition are especially

important until studies show that-liver function has returned to normal. The nurse must also teach the patient and family members about preventive measures and how to prevent transmission to other family members (*Lewis et al., 2009*).

Significance of the Study:

Hepatitis C virus infection is a significant nursing problem because of the high percentage of the population affected and the serious consequences of uncontrolled HCV. In Egypt, HCV infection rates(30%) from total population are increasing at an alarming rate leading to a burden disease. Prevalence rates are ten to twenty fold higher than those reported in most countries worldwide. Furthermore, it is the main cause of chronic liver disease in Egypt (*Bahnasy, 2003; and Halim et al., 2005*).

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. Community health nurses must work collaboratively with other public health professionals to establish education programs and immunization to improve community infection policies to develop health care services (*Allender & Spradley, 2010*).

It is a responsibility of the community health nurse (CHN) because of the association of the disease with specific behaviors specially that most of these patients will be cared at home. This can be performed through health promotion and protection for family members and management, treatment, rehabilitation and follow up of infected cases.