

INTRODUCTION

Hepatitis B infection is a major health problem world wide. In the united states there are about 60,000 reported cases yearly. Hepatitis B tend to be relatively milder in infants and children and probably is frequently unrecognized. Although new born infants are rarely symptomatic, About 90 % of those infected become chronic carriers the risk of developing chronic liver disease or hepato cellular carcinoma later in life is increased in these infants (Beharman et al., 1996).

Hepatitis B infection is reported to be the cause in 40% of cases of acute hepatitis in adult seeking medical care in Cairo. (Bassily et al., 1986).

The stratiges by which hepatits B can be diminished or eventually eliminated are, hygienic measurs (London and Blumberg, 1985), Passive immunization (Flower and Tanner, 1984) and active immunization (Krugman, 1992).

As there is not yet available antiviral agent successful in eliminating HBV whether it exists in a replicating or a nonreplicating form, successful immunization remains beneficial and effective procedure in preventing hepatitis B infection (Wiliam and Balisteri, 1988).

Clinical trials have shown the safety and efficacy of hepatits B vaccination. Yeast derived recombinant hepatitis B vaccine have replaced plasma derived vaccine (Hollinger 1989).

Approximately up to 95% achieve protective levels of antibody to hepatitis B surface antigen ($\geq 10 \text{ Iu/L}$) after three doses of yeast derived recombinant vaccine but it is well known that host and immunization factors can affect the response to hepatitis B vaccine (*Greenberg*, 1993).