SUMMARY AND CONCLUSION

90 children were the subject of the current study. Children were classified into three groups:

Group I: multitransfused children.

Group II: apparently normal children for +ve HCV mother.

Group III: healthy normal one .

All children were subjected to the following:

- Full history and thorough clinical examination.
- Urine, stool investigations and complete blood picture.
- Serum testing for:
    * Liver function test.
    * HB_sAg.
    * Total HB_cAb (Corzyme test, Abbot laboratories 1989).
    * Anti-HCV (Ortho HCV ELISA test system 2nd generation, Chiron Corporation 1991).

Data were statistical analyzed on computer using (SPSS) programme. Chi-Square and t-tests were also used for correlation analysis.

Prevalence HCV, HB_sAg and HB_cAb in the present study were in gp I 82%, 44%, 34%, in gp II 4.76%, 4.76%, 14.29% and in gp III 5.26%, 5.26%. A high prevalence of HCV, HB_sAg and HB_cAb are shown in group I than II and III. No significant relation found between male and female with the prevalence of HCV among the studied groups.

Also no significance between age of different groups and the prevalence of HCV. Correlation coefficients for all groups based on seropositive anti-HCV (43 Cases positive vs 90 cases negative) revealed that all liver functions except T. P. were significant and hepatitis markers were also significance ($P < 0.05$)

Intrafamilial transmission of HCV infection is suggested from the results of the current study, the high prevalence of anti-HCV in group II was 4.761% in 21 cases and the absence of past history of any parenteral or percutaneous exposure were the basis of this suggestion, also presence of anti-HCV positive cases (5.76%) in 19 healthy cases show that these percent considered carriers for the disease.

So we must extend the work to clarify these modes of transmission.

RECOMMENDATIONS

It is prudent to follow general approaches to reduce the risks of HCV infection in patients undergoing transfusion of blood products, these suggested measures include the following: (Baldwin et al., 1987)

1. Prescribe and administer blood and blood products only when absolutely needed.
2. Use volunteer blood donors only.
3. Avoid use of pooled blood products when possible.
4. Use only blood and blood products that have been appropriately tested for HB_sAg and HIV.
5. Use ALT determinations to screen blood products and eliminate those with high level.
6. Avoid the use of clotting factor concentrates but, if necessary, use only those which have been treated.
7. Limit use of leukocyte transfusion.
8. Use only CMV seronegative blood and blood products of frozen deglycerolized red cells.
9. When a patient is given blood.
   - I. M. Hyperimmuns globulin (not enough proof to support this)
   - An interferon injection at transfusion and another a month later (also no enough data to support this)
10. Hygiene supply of disposable needles for injections and the use of vaccination

(Gun), also eliminate subtle ways of infection such as barbers razors, shared sanitary utensils etc.

11. Sanitation in general suffices to control the enteric forms (clean water supply, sanitary drainage, fly control, testing food handlers etc,...).