
The prevalence of hcv antibody seropositivity in a sample of healthy egyptian children

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SummerySummeryPrevalence of antibody to hepatitis C virus (anti-HCV) in rural Egypt is among the highest in the world, with rates in many communities in the range of 15% to 30%. Although mass campaigns to control schistosomiasis that took place decades earlier may have been responsible for much of current seroprevalence, it is also high in children too young to have been involved in those campaigns. Among these infected children, the source and route of transmission is generally unknown. Recently, we reported results suggesting one source of infection is from the child's parents, either directly through household contact or indirectly through shared needles or other possible fomites. This study was done on 100 cases of healthy Egyptian children taken from the out patient clinic of banha university hospitals, (54) males ,(46)females. All patients were subjected to:1- Good medical history from the mother with special reference to age, sex, and risk factors of HCV exposure as blood transfusion, circumcision, surgical ٲSummeryinterference, tattoo, IV fluids and jaundice. And also family history of HCV infection.2- Complete clinical examination: General and systemic examination stressing on manifestations of hepatitis (jaundice, hepatomegally ,symptoms and signs of hepatitis).3- Investigations: Urine analysis for detection of any urobilirubin or schistosomiasis, stool analysis for Schistosoma mansoni ova , complete blood count(CBC) for detection of anaemias ,thrombocytopenias and leucopenias and HCV antibodies by Eliza in serum samples ALT (alanine transaminase). Venous blood sample was withdrawn under complete a septic technique by a clean venipuncture and then dispensed into 2 tubes:1) 2ml of blood was delivered into EDTA containing tube(6mg%)for CBC.2) A plain tube in which serum is separated and used for detection of HCV antibodies(Anti-HCV) by using the third generation ELIZA technique and for assessment ALT.83Summery- CBC was measured by automated blood counter.- Urine analysis : for detection ofany urobilirubin or schistosomiasis.- Stool analysis : for Schistosoma mansoni ova .Results:-The prevalence of seropositivity among studied group was 5% where the percentage of presence of risk factors was 20%. and there is no significant difference between sero-positive and sero-negative cases regarding sex ($P>0.05$). The sero-positive cases have a significant higher prevelance of risk factors than sero-negative cases (P