Hepatitis D or delta hepatitis is caused by the hepatitis delta virus HDV, a defective RNA virus [2]. Fifty million people are infected by hepatitis-D virus in the world, they are adults, this virus is most common among those people who are injecting and peoples living in countries bordering the Mediterranean sea[3]. When acute hepatitis-D coincident with acute hepatitis B infection, the generally similar in severity to acute hepatitis-B alone[4]. Hepatitis-D is divided into two types (a) coinfection and (b) Super infection coinfection hepatitis-D occurs when a patient is simultaneously infected with HDV and HBV. The majority of those fulminate hepatic failure and death than with HBV infection alone [5]. Super infection hepatitis-D occurs when some patients with an existing chronic HBV infection becomes infected with HDV [6,7]. These patients usually experience a sudden worsening of liver disease patients with hepatitis-B who become chronically infected with HDV experience a very high rate of cirrhosis and end stage liver disease which makes this super infection a very dangerous disease [8]. Hepatitis-D is an important health problem in Sindh Pakistan ratio of patients is increasing day by day due to unavailability of medicine of Hepatitis-D in rural areas patients are suffering. Key factors responsible for hepatitis-D infection include blood transfusion, reuse of syringe and unsafe sexual practices [9].

2. MATERIALS AND METHODS

A descriptive and observational study was conducted for the patients of Hepatitis-D of Taluka Khairpur Nathan Shah District Dadu Sindh Pakistan. Duration Of study was 03 months from September to November 2016. One
hundred patients of Hepatitis-D and 52 doctors were included in this study convenient sampling data of the patients were obtained from Taluka K.N.Shah, out of these 100 hundred patient 80% were male and 20% were female patients. Among the patients of Hepatitis-D questionnaire was distributed, which was constructed to get knowledge about patient, two other parts was constructed to access causes about Hepatitis-D, its modes of transmission, and problems regarding treatment of Hepatitis-D in the nearest government Hospital. Patients were enquired about hepatitis-D they were further enquired about modes of transmission and problems in the treatment of Hepatitis-D infection. Patients were further enquired about the conditions after the infection of Hepatitis-D virus; problems regarding the treatment of Hepatitis-D infection, vaccination and blood screening facility, availability of the concerned doctors of hepatitis-D and getting treatment from private hospital or government centre were also focused in this study. Data was collected by the given questionnaire and collected data was analyzed by help of SPSS version-22, Statistical tools applied frequency distribution tables and Bar Graphs were constructed separately (question wise). Grant total tables and multiple Bar Graphs were also constructed to study the results easily. In this study doctor of Taluka hospital, other medical officers and staff of Hepatitis cure Center K.N.Shah Cooperated very well and were source of information.

3. RESULTS
A total of 100 patients and 52 doctors participated in this study mean age of male patient 27 years (S.D ± 6.7) and age range 15-50 years and mean age of female patients 27.4 years (SD ± 6.36) and range of age 16-46 years the male to female patient ratio was 4:1 (80 male and 20 female). Majority of the patients 91% had basic knowledge Hepatitis-D about 75% ratio of the patient were undecided about the statement that hepatitis-D is caused by Hepatitis-B virus and caused serious liver disease, 73% Patients were unaware that Hepatitis-D is transmitted by sex or un-sterilized instruments and sharing razors and other items of use of infected person. 51% of patients agreed that reuse of syringes is an important mode of transmission of hepatitis-D.

4. DISCUSSION
A large number of patients 90% disagreed that treatment is available in the nearest Taluka Hospital, only 27 patients agreed that concerned doctors were available. 96% patients reject the statement the vaccine of Hepatitis-D is available in the hospital, 86% patients disagreed that they purchase course of injections with their money, 68% patient preferred private treatment is better than Government, 83% patients agreed that Hepatitis-D cause death. Though from the doctor side it was observed that they have sufficient knowledge about Hepatitis-D answer of the statements regarding treatment problems were same like unavailability of medicine of Hepatitis-D and the vaccination of HDV virus in the Taluka level Hospital were main problems. During this study it was observed that a few patients have knowledge about Hepatitis-D regarding causes and modes of transmission 85% patients were undecided, 62% patients had knowledge that reuse of syringes is an important mode of transmission. It was observed that patients were undecided to answer the questions regarding basic knowledge; they were not able to give the correct answers. Regarding the treatment problems patients and doctors point of view was same and disagreed about the availability of medicine and vaccination of hepatitis-D at the nearest Taluka Hospital. 98% patients focused the problem that it is very difficult process to avail the course of Hepatitis-D. Results were not satisfactory on the issues of the availability of concerned doctors and proper blood screening. View point of doctors and patients was same on the issue of to get treatment from private doctors rather than government hepatitis cure centers and cause to death. Patients were unaware about the consequences of Hepatitis-D after infection. In this survey it was observed that high number of correct answers was possible by better education.

5. CONCLUSION
The basic knowledge about Hepatitis-D was lacking among the patients of Hepatitis-D, patients had a few knowledge about transmission and they were miserable about the consequences and treatment problems hepatitis-D infection. All patients of Hepatitis D couldn’t afford medicine expanses and due to difficult process to avail the course poor patients do not fulfill the requirements and died. Concerned doctors are not available at rural level hospitals.

6. RECOMMENDATIONS
- It is necessary to arrange health education programs for all peoples including Hepatitis-D patients in rural Sindh to give awareness about hepatitis-D.
- It is important to provide treatment facility, vaccination, blood screening facility and concerned doctors may be appointed at the Taluka level Hospital in rural areas of Sindh.

7. CONFLICT OF INTEREST
All authors have declared that there is no conflict of interest regarding publication of this article.
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