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Rockville Food and Drug Administration MD 20857 Dennis Brydges Executive Officer Food and Agriculture Organization 1001 22nd Street, N.W. Washington, D.C. 20437 Dear Mr. Bridges: On behalf of the Food and Drug Administration, I am pleased to acknowledge your invitation to Mr. Sidney H. Rogers, Director, Research Branch to review the National Export Certification Program of Agrifood Organizations and their application in the field of export practices. The trip will take place in Rome, Italy from 10 to 27 July 2002. According to its letter dated May 12, 2002, we understand that your organization will reimburse the costs of air fare, accommodation, meals and various expenses. When Mr Rogers has returned and filed his claim, he will be notified to our Accounting Office to collect from the amount to be refunded. Checks must be made to pay to the Food and Drug Administration. Closed for reference is general information about guidelines for FDA employees who speak or participate in external seminars and conferences. Honestly, Malcolm Frazier Director, Office of Resource Management EnclosureFMD 13 Distribution: Regional Directors of Food and Medicines and District Managers FDA Central Offices Issued by: ORA/ORO/Field Research Division (HFC-130) Publication date: November 2002 By learning this simple imagery, students will be able to more easily identify the difference between lowercase b and lowercase to use them correctly. Simply draw or imagine the word bed in lowercase letters like a real bed. A bed requires two end posts and a place to put a mattress. The post of the b at the beginning of the word and the place of the d at the end of the word act as those bed sticks and the body of the word creates a surface on which to place a mattress. Since the word bed contains the two letters in question, it is easy to compare them and immediately see which one is which. See the simple image included. Young children can benefit from imagining someone sleeping on the mattress. When one of my children gets confused with b and d, I say, make your bed to remind the child of this imagery and he or she find out immediately. These kinds of images allow children to learn and remember on their own instead of simply giving them an answer they can easily forget. In this section: What is hepatitis D? Hepatitis D is a viral infection that causes liver inflammation and damage. Inflammation is the inflammation that occurs when the body's tissues become injured or infected. Inflammation can damage the organs. Viruses invade normal cells in your body. Many viruses cause infections that can spread from person to person. Hepatitis D virus is unusual because only In this way, hepatitis D is a double infection. You can protect hepatitis D protecting against hepatitis B by obtaining the hepatitis B vaccine. The hepatitis D virus can cause an acute or chronic infection, or both. Acute hepatitis D hepatitis D is a short-term infection. Symptoms of acute hepatitis D are the same as symptoms of any type of hepatitis and are often more severe.19 Sometimes your body is able to fight infection and the virus disappears. Chronic hepatitis D is a lasting infection. Chronic hepatitis D occurs when your body is unable to fight off the virus and the virus does not go away. People who have hepatitis B and chronic D develop complications more often and faster than people who have chronic hepatitis B alone.20 How do hepatitis D and hepatitis B infections occur together? Hepatitis D and hepatitis B infections can occur together as a coinfection or superinfection. People can only become infected with hepatitis D when they also have hepatitis B. Coinfection A coinfection occurs when both hepatitis D and hepatitis B infections are obtained at the same time. Coinfections usually cause acute infections, or in the short term, hepatitis D and B. Coinfections can cause severe acute hepatitis. In most cases, people are able to recover and fight acute hepatitis D and B infections and viruses disappear. However, in less than 5 percent of people with coinfection, Both infections become chronic and do not go.21 Superinfection A superinfection occurs if you already have chronic hepatitis B and then become infected with hepatitis D. When you get a superinfection, you may have severe symptoms of acute hepatitis.19 Up to 90 percent of people with superinfection are not able to fight the hepatitis virus , and develop chronic hepatitis D.20 As a result, these people will have both chronic hepatitis D and chronic hepatitis B. How common is hepatitis D? Hepatitis D is not common in the United States. Hepatitis D is most common in other parts of the world, including eastern and southern Europe; the Mediterranean region and the Middle East; parts of Asia, including Mongolia; Central Africa; and the Amazon River basin in South America.22,23 Who is most likely to have hepatitis D? Hepatitis D infection occurs only in people who have hepatitis B. Are people more likely to have hepatitis D in addition to hepatitis B if they are what are the complications of acute hepatitis D? In rare cases, acute hepatitis D can lead to acute liver failure, a condition in which the liver suddenly fails. Still Acute liver failure is rare, hepatitis D and B infections are more likely to lead to acute liver failure than hepatitis B infection alone.24 What are the complications of chronic hepatitis D? Chronic hepatitis D can cirrhosis, liver failure and liver cancer. People who have chronic hepatitis B and D are more likely to develop these complications than people who have chronic hepatitis B alone.20 Early diagnosis and treatment of chronic hepatitis B and D may reduce their chances of developing serious health problems. Cirrhosis Cirrhosis is a condition in which the liver decomposes slowly and is unable to work normally. Scar tissue replaces healthy liver tissue, partly blocking the flow of blood through the liver. In the early stages of cirrhosis, the liver continues to work. As cirrhosis worsens, the liver begins to fail. Liver failure Also called end stage liver disease, liver failure progresses for months or years. With end stage liver disease, the liver can no longer perform important functions or replace damaged cells. Liver cancer Have chronic hepatitis B and chronic hepatitis D increases the chance of developing liver cancer. Your doctor may suggest blood tests and an ultrasound or other type of imaging test to check for liver cancer. Finding cancer at an early stage improves the likelihood of curing cancer. What are the symptoms of hepatitis D? Most people with acute hepatitis D have symptoms, that may include feeling tired nausea and vomiting bad appetite pain on the liver, on top of the abdomen darkening of urine color relief faeces color yellowish dye whites and skin, called jaundice Instead, most people with chronic hepatitis D have few symptoms until complications develop , which could be several years after being infected. Some symptoms of cirrhosis include weakness and feeling of swelling of tired weight loss from inflammation of the abdomen of the ankles, called itchy jaundice of the skin edema What causes hepatitis D? Hepatitis D virus causes hepatitis D. Hepatitis D virus spreads through contact with the blood of an infected person or other bodily fluids. Contact can occur by sharing drug needles or other drug materials with an infected person having unprotected sex with an infected person getting an accidental stick with a needle that was used on an infected person The hepatitis D virus rarely spreads from mother to child during birth. You can not get hepatitis D to be coughed or sneezed by an infected person drinking water or eating food by hugging an infected person shaking hands or holding hands with an infected person sharing spoons, forks and other food utensils sitting next to an infected person How to hepatitis D doctors? Doctors diagnose hepatitis D based on their medical history, a physical examination and blood tests. If you have hepatitis D, your doctor may perform tests to check your liver. Medical history Your doctor will ask about your symptoms and about the factors that may make you more likely to get hepatitis D. Physical examination During a physical examination, your doctor check for signs of liver damage, such as changes in skin color swelling in the lower legs, feet or ankles tenderness or swelling in the abdomen What tests do doctors use to diagnose hepatitis D? Doctors use blood tests to diagnose hepatitis D. Your doctor may order tests to check for liver damage, find out how much liver damage you have, or rule out other causes of liver disease. Blood tests Your doctor may order one or more blood tests to diagnose hepatitis D. A health professional will take a blood sample from you and send the sample to a laboratory. Your doctor may order one or more blood tests to diagnose hepatitis D. Additional tests If you have chronic hepatitis D and hepatitis B, you could have liver damage. Your doctor may recommend tests to find out if you have liver damage or how much liver damage you have - or to rule out other causes of liver disease. These tests may include blood tests, elastography, a special ultrasound that measures the stiffness of the liver, a liver biopsy, in which a doctor uses a needle to take a small piece of tissue from his liver. A pathologist will examine the tissue under a microscope to look for signs of damage or disease. Doctors typically use liver biopsy only if other tests do not provide enough information about liver damage or disease. Talk to your doctor about which tests are best for you. How do doctors treat hepatitis D? Doctors can treat chronic hepatitis D with drugs called interferons, such as peginterferon alpha-2a (Pegasys). Researchers are studying new treatments for hepatitis D. In addition, hepatitis B drugs may be needed. How do doctors treat hepatitis D complications? If chronic hepatitis D leads to cirrhosis, you should see a doctor who specializes in liver diseases. Doctors can treat health problems related to cirrhosis with medication, surgery, and other medical procedures. If you have cirrhosis, you have a higher chance of developing liver cancer. Your doctor may request an ultrasound or other type of imaging test to check for liver cancer. If acute hepatitis D leads to acute liver failure, or if chronic hepatitis D leads to liver failure or liver cancer, you may need a liver transplant. How can I protect myself from hepatitis D infection? If you don't have hepatitis B, you can prevent hepatitis D infection by taking steps to prevent hepatitis B infection, such as getting the hepatitis B vaccine. take steps to prevent hepatitis D infection by not sharing drug needles or other drug materials that wear gloves if you have to touch someone else's blood or open sores not to share personal items such as toothbrushes, razors, or nail clippers How can I prevent the spread of hepatitis D to others? If you have D, follow the steps above to prevent the spread of infection. Your sexual partners should get a hepatitis B test and, if they are not infected, get the hepatitis B vaccine. Do not give blood or blood products, semen, organs or tissues. Is there a hepatitis D vaccine? There is currently no hepatitis D vaccine available. The hepatitis B vaccine can prevent hepatitis D by preventing hepatitis B. Food, diet and nutrition for hepatitis D If you have hepatitis D, you should eat a balanced and healthy diet. Talk to your doctor about healthy eating. Alcohol should also be avoided because it can cause more liver damage. References [19] Farci P, Niro GA. Clinical characteristics of the Hepatitis D. Seminars on Liver Disease. 2012;32(3):228[u2012]236. [20] Ahn J, Gish RG. Hepatitis D virus: a call for screening. Gastroenterology and Hepatology. 2014;10(10):647[u2012]686. [21] Roy PK. Hepatitis D. Medscape website. . Updated March 16, 2017. It was accessed on 5 June 2017. [22] Rizzetto M. Hepatitis D virus: introduction and epidemiology. 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