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## D

Food and Drug Administration Rockville MD 20857
Dennis Brydges Executive Officer
Food and Agriculture Organization at 1001 22nd Street, N.W. Washington, D.C. 20437
Dear Mr. Bridges:
On behalf of the Food and Drug Administration, we are pleased to acknowledge the invitation from Mr. Sidney H. Rogers, Director, Investigation Branch, to review the Food and Agriculture Organizations National Export Certification Program and its application in the field of export practices. The trip will take place in Rome, Italy from July 10-27, 2002. When Mr. Rogers returns and submits his claim, our accounting claims department will notify you of the amount to be refunded. The checks shall be paid to the Food and Drug Administration. Attached to the reference are some general information guidelines for FDA employees who speak or attend outside seminars and conferences.
Yours sincerely,
Malcolm Frazier, Director of Office of Resource Management
Enclosure
FMD 13 Distribution: Regional Food and Drug Directors and District Directors of FDA Head Offices:
ORA/ORO/Department of Field Studies (HFC-130)
Publication Date: November 2002
Learning this with simple images, students will be able to more easily identify the difference between lowercase b and lowercase d in order to use them correctly. Simply draw or imagine the bed in lowercase letters as an actual bed. The bed requires two terminuses and a mattress. The post a b at the beginning of the word and post a d at the end of the word acts as the bed columns and the body of the word creates a surface on which to place a mattress. Since the word bed contains both letters in question, it is easy to compare them and immediately see which is which. See also the simple picture. Young children can benefit from imagining someone sleeping on the mattress. When one of my children gets mixed up with b and d, I say make your bed to remind the child of this picture and he or she will figure it out right away. This kind of pict image empowers children to learn and remember their own rather than simply giving them answers that are easy to forget.
In this section:
What is hepatitis D?
Hepatitis D is a viral infection that causes hepatitis and damage. Inflammation is a swelling that occurs when the tissues of the body are damaged or infected. Inflammation can damage organs. Viruses penetrate into the normal cells of the body. Many viruses cause infections that can spread from person to person. The hepatitis D virus is unusual because it can only infect you if you have a hepatitis B virus infection. In this way, hepatitis D is a double infection. You can protect your hepatitis D by protecting yourself from the hepatitis B vaccine by receiving the hepatitis B vaccine. Hepatitis D spreads in the same way that hepatitis B spreads, contacting an infected person with blood or other bodily saps. Hepatitis D virus can cause acute or chronic infection, or both. Acute hepatitis D
Acute hepatitis D is a short-term infection. Symptoms of acute hepatitis D are the same as those of any type of hepatitis and are often more severe.
19 Sometimes the body can fight the infection and the virus goes away.
Chronic hepatitis D
Chronic hepatitis D is a prolonged infection. Chronic hepatitis D occurs when the body is unable to fight off the virus and the virus does not go away. People who have chronic hepatitis B and 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 may occur together, such as coinfection or overinfection. People can only become infected with hepatitis D if they have hepatitis B infection. Coinfects usually cause acute or short-term hepatitis D and B infections. Coinfection can cause severe acute hepatitis. In most cases, people are able to recover and fight off acute hepatitis D and B infections and viruses will pass. However, in less than 5 percent of coinfection sufferers, both infections become chronic and do not go away.
21 Overinfection occurs when they already have chronic hepatitis B and then are then infected with hepatitis D. If you get superinfected, you may have symptoms of severe acute hepatitis.
19 90 percent of those with over-infection are unable to fight the hepatitis D virus and develop chronic hepatitis D.
20 As a result, these people suffer from chronic hepatitis D and chronic hepatitis B infections.
How common is hepatitis D?
Hepatitis D is uncommon in the United States. Hepatitis D is more common in other parts of the world, including Eastern and Southern Europe; the Mediterranean and the Middle East; Parts of Asia, including Mongolia; Central Africa; and the Amazon Basin in South America.
22,23 Who is more likely to have hepatitis D?
Hepatitis D infection occurs only in people with hepatitis B. People are more likely to have hepatitis D in addition to hepatitis B, if what are the complications of chronic hepatitis D?
Chronic hepatitis D 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 the chances of developing serious health problems.
Cirrhosis
Cirrhosis is a condition in which the liver is slowly deconsuning and can not work normally. Scar tissue replaces healthy liver tissue, partially blocking blood flow through the liver. In the early stages of cirrhosis, the liver continues to function. Acirrhosis worsens, the liver begins to do. Liver failure is also known as end-stage liver disease, liver failure progresses for months or years. With terminal liver disease, the liver is no longer able to perform important functions or replace damaged cells. Liver cancer
After chronic hepatitis B and chronic hepatitis D increases the chance of liver cancer. Your doctor may recommend blood tests and ultrasound or other types of imaging to check for liver cancer. Finding cancer in the early stages improves your chances of curing cancer. What are the symptoms of hepatitis D?
Most people have acute hepatitis D symptoms, which can include a feeling of fatigue from nausea and vomiting to poor appetite pain above the liver, the upper part of the abdomen darkening color of urine color lightning the color of feces yellowish tint of the eyes and skin, called jaundice
In contrast, most people with chronic hepatitis D have few symptoms until complications develop , which can happen several years after infection. Some of the symptoms of cirrhosis include weakness and feeling tired weight loss swelling in the abdomen swelling of the ankle, called edema itching skin jaundice
What causes hepatitis D?
The hepatitis D virus causes hepatitis D. The hepatitis D virus spreads through contact with an infected person's blood or other bodily mounds. Contact can occur by sharing drug needles or other drug substances with an infected person having unprotected sex with an infected person getting an accidental stick from a needle that was used by an infected person with hepatitis D virus rarely spreads from mother to child during birth. Can't get hepatitis D from coughing or sneezing at an infected person's drinking water or eating food by hugging an infected person's hand or holding hands with an infected person sharing spoons, forks, and other eating tools while sitting with an infected person
How do doctors diagnose hepatitis D?
Doctors diagnose hepatitis D based on his medical history, physical examination and blood test. If you have hepatitis D, your doctor may carry out tests to check your liver. Medical history
The doctor will ask about the symptoms and factors that make you more likely to get hepatitis D. During physical examination, the doctor check for signs of liver damage, such as swelling of the skin color in the lower legs, legs or ankles sensitivity or swelling in the abdomen
What tests are used by doctors to diagnose hepatitis D?
Doctors can diagnose hepatitis D by blood tests. Blood tests
Your doctor may order one or more blood tests to diagnose hepatitis D. A health care professional will take a blood sample from you and send the sample to a lab. Your doctor may order one or more blood tests to diagnose hepatitis D. Further tests
If you have chronic hepatitis D and hepaitis B, you may have liver damage. Your doctor may recommend tests to find out whether there is liver damage or how much liver damage you have, or 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 the doctor uses a needle to remove a small piece of tissue from the liver. The pathologist examines the tissue under a microscope to look for signs of damage or disease. Doctors usually use liver biopsies 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 treat chronic hepatitis D with drugs such as peginterferon alpha-2a (Pegasys). Researchers are studying new treatments for hepatitis D. In addition, drugs against hepatitis B may be necessary. These are usually medicines taken orally daily. How do doctors treat complications of hepatitis D?
If chronic hepatitis D leads to cirrhosis, it should appear to a doctor who specializes in liver diseases. Doctors treat health problems with cirrhosis medications, surgery, and other medical procedures. If you suffer from cirrhosis, there is a higher chance of developing liver cancer. Your doctor may order an ultrasound or other type of imaging examination 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 do not have hepatitis B infection, you can prevent hepatitis D infection by steps taken to prevent hepatitis B infection, for example by obtaining a hepatitis B vaccine. If you don't get hepatitis B, you can't get hepatitis D. If you already have hepatitis B, then take steps to prevent hepatitis D infection by not sharing drug needles or other drug substances wearing gloves if you need to touch another person's blood or open wounds without sharing personal items, toothbrushes, razors, or nail trimmers
How can I prevent the spread of hepatitis D to others?
If you have D, follow the steps above to avoid spreading the infection. Your sexual partners should get a hepatitis B test, and if they are not infected, they will receive the hepatitis B vaccine. Preventing hepatitis B also prevents hepatitis D. You can protect others from getting infected by telling your doctor, dentist, and other health care professionals that you have hepatitis D. Don't donate blood or blood products, sperm, organs, or tissue. Is a hepatitis D vaccine available?
No vaccine against hepatitis D is currently available. A hepatitis B vaccine can prevent hepatitis D. Eating, diet, and nutrition of hepatitis D
If you have hepatitis D, you need to eat a balanced, healthy diet. Talk to your doctor about a healthy diet. You should also avoid alcohol because it can cause more liver damage.
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