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Food and Drug Administration Rockville MD 20857 Dennis Brydges, Executive Director of the Food and Agriculture Organization at 1001 22nd Street, NW Washington, D.C.20437 Dear Mr. Bridges: On behalf of the Food and Drug Administration, I am pleased to acknowledge his invitation to Mr. Sidney H. Rogers, Director, Research Department to review the Food and Agriculture Organization's National Export Certification Program and its application to export practices in the field. Travel takes place in Rome, Italy 10-27 July 2002. In accordance with your 12th day of the European Council, the Commission has Once Mr Rogers has returned and filed his claim, our Accounts receivable branch will inform you of the amount to be repaid. Checks must be carried out for the Food and Drug Administration. Included in your reference are some general information guidelines for FDA employees who speak or attend outside seminars and conferences. Sincerely, Malcolm Frazier Director, Office of Resource Management ManagementFMD 13 Distribution: Regional Food and Drug Directors and District Directors of FDA Headquarters Offices Issued: ORA/ORO/Division of Field Investigations (HFC-130) Release Date: November 2002 By Learning this simple imagery, students can more easily identify small case b and lowercase s in order to use them correctly. Simply draw or imagine the word bed in lowercase than the actual bed. The bed requires two tip posts and a place to put on a mattress. Post b at the beginning of the word and posts d at the end of the word act on these bed posts and the body word creates the surface on which to put the mattress. Since the word bed contains both letters, it is easy to compare them and immediately see which is which. See a simple picture to insert. Young children can get imagined by someone sleeping on a mattress. If one of my children is confused b and d, I say, make your bed to remind the child of this imagery and he will figure it out immediately. This type of imagery gives children to learn and remember their own, rather than just giving them an answer they can easily forget. In this section: What is hepatitis D? hepatitis D is a viral infection that causes inflammation and damage to the liver. Inflammation is swelling that occurs when tissue in the body becomes damaged or infected. Inflammation can damage the organs. Viruses penetrate normal cells in the body. Many viruses cause infections that can spread from person to person. Hepatitis D virus is unusual because it can only infect you if you also have a hepatitis B virus infection. In this way, hepatitis D is a double infection. You can protect hepatitis B by protecting yourself from hepatitis B by receiving a hepatitis B vaccine. Hepatitis D spreads in the same way that hepatitis B spreads, in contact with the infected person's blood or other bodily fluids. 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 your body is able to fight off the infection and the virus disappears. Chronic hepatitis D Chronic hepatitis D is a long-term infection. Chronic hepatitis D occurs when your body is unable to fight off the virus and the virus does not disappear. People with chronic hepatitis B and D develop complications more frequently and faster than people with only chronic hepatitis B.20 How do hepatitis D and hepatitis B infection occur together? Hepatitis D and hepatitis B infections may co-infection or superinfection. People can only become infected with hepatitis D if they also have hepatitis B co-infection Co-infection occurs when you develop both hepatitis D and hepatitis B infections at the same time. Co-infections usually cause acute or short-term hepatitis D and B infections. Co-infections can cause severe acute hepatitis. In most cases, people are able to recover and fight off acute hepatitis D and B infections and go away. However, in less than 5 percent of people with coinfection, both infections become chronic and do not disappear away.21 Superinfection Superinfection occurs when you already have chronic hepatitis B and then become infected with hepatitis D. If you develop a superinfection, you may have severe acute hepatitis symptoms.19 Up to 90 percent of people with a superinfection are unable to fight off the hepatitis D virus, and develop chronic hepatitis D and hepatitis B infections at the same time. These people have both chronic hepatitis D and chronic hepatitis B. How common is hepatitis D? hepatitis D? not spread in the United States. Hepatitis D is more common in other parts of the world, including eastern and southern Europe; mediterranean region and 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 they what are the complications of acute hepatitis D? In rare cases, acute hepatitis D can cause acute liver failure, a condition in which the liver suddenly fails. Although acute hepatic insufficiency is uncommon, hepatitis D and B infections are more likely to cause acute liver failure than hepatitis B infection only.24 What are the complications of chronic hepatitis D? Chronic hepatitis D may liver cirrhosis, liver failure and liver cancer. People with chronic hepatitis B and D are more likely to develop these complications than people with chronic hepatitis B.20 Early diagnosis and treatment of chronic hepatitis B and D may reduce your chances of developing serious health problems. Cirrhosis Cirrhosis is a condition in which the liver slowly breaks down and is unable to function normally. Scar tissue replaces healthy liver tissue, partially blocking blood flow through the liver. In the early stages of cirrhosis, the liver continues to work. As cirrhosis worsens, the liver begins to fail. Hepatic insufficiency is also called end-stage liver disease, liver failure progresses within months or years. In the end-stage of liver disease, the liver can no longer perform important functions or replace damaged cells. Liver cancer Chronic hepatitis B and chronic hepatitis D increases your chance of developing liver cancer. Your doctor may recommend blood tests and ultrasound or other types of imaging test to check for liver cancer. Finding cancer at an early stage improves the ability to treat cancer. What are the symptoms of hepatitis D? Most people with acute hepatitis D have symptoms that can include fatigue and vomiting with poor appetite pain over the liver, in the upper part of the abdomen darkening the color of the urine to brighten the color of the stool with a yellowish tinge of the eye whites and skin, called jaundice By contrast, most people with chronic hepatitis D have few symptoms until complications occur, which may be several years after infection. Some of the symptoms of cirrhosis include weakness and fatigue for weight loss, swelling of the abdomen in the ankles, called swelling of the skin jaundice What causes hepatitis D? Hepatitis D virus causes hepatitis D. Hepatitis D virus is transmitted by contact with the blood or other bodily fluids of an infected person. Contact may occur by sharing drug needles or other medicinal materials with an infected person who has unprotected sex with an infected person to receive a random stick with a needle that was used by an infected person Hepatitis D virus rarely spread from mother to child at birth. You can't get hepatitis D coughed or sneezed by an infected person's drinking water or eating food hugging an infected person by shaking hands or holding hands with an infected person by handing out spoons, forks and other eating utensils sitting next to an infected person How do doctors diagnose hepatitis D? Doctors diagnose hepatitis D based on your medical history, physical examination, and blood tests. If you have hepatitis D, your doctor may perform liver tests. Medical history Your doctor will ask about your symptoms and about the factors that may make you more likely to get hepatitis D. Physical exam During physical exam, your doctor check for signs of liver damage, such as changes in skin colour in the legs, feet or ankles or swelling in the abdomen What tests are used by doctors 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 test 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 the 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 may have liver damage. Your doctor may recommend tests to find out if you have 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 scan that measures liver stiffness. liver biopsy, where the doctor uses a needle to take a small piece of tissue from the liver. A pathologist examines tissue under a microscope to look for signs of damage or disease. Doctors usually use a liver biopsy only if other tests do not provide sufficient information about liver damage or disease. Talk to your doctor about which tests are best for you. How do doctors treat hepatitis D? Doctors may treat chronic hepatitis D with medicines called interferons such as peginterferon alfa-2a (Pegasys). Researchers are studying new cures for hepatitis D. In addition, hepatitis B drugs may be necessary. These are usually medicines taken once a day orally. How do doctors treat complications of hepatitis D? If chronic hepatitis D leads to cirrhosis, you should see a doctor who specializes in liver disease. Doctors can treat health problems related to cirrhosis medications, surgery, and other medical procedures. If you have cirrhosis, you have a higher chance of developing liver cancer. Your doctor may order an ultrasound or other type of imaging test to check for liver cancer. If acute hepatitis D causes acute liver failure, or if chronic hepatitis D causes liver failure or liver cancer, liver transplantation may be necessary. How can I protect myself from hepatitis D infection? If you do not have hepatitis B, you can prevent hepatitis D infection by taking steps to prevent hepatitis B infection, such as administering a hepatitis B vaccine. If you do not have hepatitis B, you will not be able to get hepatitis D. If you already have hepatitis B, you can take steps to prevent hepatitis D infection by not handing out drug needles or other drug materials that wear gloves if you have to touch another person's blood or open sores by not handing out personal items like 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 a hepatitis B vaccine. Prevention of hepatitis B also prevent hepatitis D. You can protect others from infection by telling your doctor, dentist and other health professionals that you have hepatitis D. Do not donate blood or blood products, sperm, organs or tissues. Is the hepatitis D vaccine available? There is currently no hepatitis D vaccine. Hepatitis B vaccine can prevent hepatitis D by preventing hepatitis B. Eating, eating, eating, and dieting for hepatitis D If you have hepatitis D, you should eat a balanced, healthy diet. Talk to your doctor about a healthy diet. You should also avoid alcohol as it can cause more liver damage. Links [19] Farei P, Niro GA. Clinical signs of hepatitis D. 2012;32(3):228lu2012236. [20] Ahn J, Gish RG. Hepatitis D virus: call for screening. Gastroenterology and hepatology. 2014;10(10):647lu2012686. [21] Roy PK. Hepatitis D. Medscape website. . Updated March 16, 2017. Reviewed June 5, 2017 [22] Rizzetto M. Hepatitis D virus: introduction and epidemiology. Cold Spring Harbor perspectives in medicine. 2015;5(7):a021576. [23] Hoofnagle JH. Type D (Delta) hepatitis. Ajakirja American Medical Association. 1989;261(9):1321-1325. [24] Negro F, Lok ASF. Pathogenesis, epidemiology, natural history, and clinical manifestations of hepatitis D virus infection. upToDate website. . Updated July 20, 2016. Retrieved June 5, 2017.

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