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Food & Drug Administration Rock MD 20857 Dennis Brydges FAO Executive Officer 1001 22 Nd, Washington, D.C 20437, Dear Mr. Bridges: On behalf of the Food and Drug Administration, I am pleased to express my appreciation for your invitation to Mr. Sidney Rogers, Director of the Investigations Branch of the National Export Certification Program of the Food and Agriculture Organization and its application in export practices. The travel will take place in Rome, Italy, from July 10-27, 2002. According to your letter dated May 12, 2002, we understand that your organization will pay for air fare, accommodation, meals and miscellaneous expenses. When Mr. Rogers returns and makes his claim, you will be notified by our accounting receivables branch of the amount to be refunded. Cheques must be payable to the FDA. Attached for reference is some general information about the guidelines for FDA employees who speak or participate in external seminars and conferences. 20. Sincerely, Malcolm Fraser, Director of THE OFFICE OF RESOURCE MANAGEMENT ENCLOSUREFMD 13 Distribution: Regional Food and Drug Managers, County Directors, AND FDA Headquarters Managers: ORA/ORO/Division of Field Investigations (HFC-130) Publishdate: November 2002 By learning these simple images, students will be able to more easily identify the difference between lower case B and D for proper use. Simply draw or imagine the word bed in the letters less actual bed case. The bed requires two end and place functions to put a mattress. The function of b at the beginning of the word and the last of the d at the end of the floor works as the functions of the bed and body of the floor creates a surface to lay the mattress. Since the word bed contains each of the letters involved, it is easy to compare them and see immediately which. See the simple image included. Young children may benefit from imagining someone sleeping on the bed. When one of my children is confused with B and D, I say, make your bed to remind the child of these pictures and he or she figure out immediately. This type of photo enables children to learn and remember on their own rather than just give them an answer they can easily forget. In this section: What is Hepatitis D? Hepatitis D is a viral infection that causes hepatitis and damages it. Inflammation is the swelling that occurs when body tissues are infected or infected. Inflammation can damage organs. Viruses invade the body's natural cells. Many viruses cause infections that can spread from person to person. Hepatitis D virus is unusual because it can only infect you when you also have an hepatitis B virus infection. You can protect From hepatitis D by protecting yourself from hepatitis B by obtaining a hepatitis B vaccine. Hepatitis D spreads in the same way as hepatitis B, by contacting the blood of the infected person or other body fluids. Hepatitis D virus can cause acute or chronic infections, or both. Acute viral hepatitis D is a short-term infection. Symptoms of acute viral 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 infection and the virus goes away. Chronic hepatitis D chronic hepatitis D is a long-term infection. Chronic hepatitis D occurs when your body is not able to fight the virus and the virus does not go away. People with chronic hepatitis B and D develop more rapid complications than people with chronic hepatitis B alone.²⁰ How does

hepatitis D and Hepatitis B infection occur together? Hepatitis D infection and hepatitis B may occur together as an infection or as a major infection. People can only develop hepatitis D when they also have hepatitis B. Infections usually cause acute or short-term infections of hepatitis D and B. May cause acute acute hepatitis. In most cases, people are able to recover from and control acute hepatitis D and B infections, and viruses disappear. However, in less than 5 percent of people with pagan disease, both infections become chronic and do not go away.21 superinfection occurs a superinfection if you already have chronic hepatitis B and then become infected with hepatitis D. When you have severe fever, you may have symptoms of acute hepatitis.19 Up to 90 percent of people with superfever are unable to fight the hepatitis D virus, and chronic hepatitis D.20 as a result, as a result, you may develop symptoms of acute hepatitis.19 Up to 90 percent of people with superfever are unable to fight the hepatitis D virus, and chronic hepatitis D.20 as a result, as a result, you may develop symptoms of acute hepatitis.19 up to 90 percent of people with superfever are unable to fight the hepatitis D virus, and the chronic hepatitis D.20 as a result, you may develop symptom These people are chronic hepatitis D and chronic hepatitis B. How common is hepatitis D? Hepatitis D is not common 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; (a) Central Africa; and the Amazon Basin in South America.22.23 Who is more susceptible to hepatitis D? Hepatitis D infection occurs only in people with hepatitis B. People are more susceptible to 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. Although acute liver failure is uncommon, hepatitis D and B infections are more likely to develop acute liver failure than hepatitis B infection alone.24 What are the complications of chronic hepatitis D? Chronic hepatitis D may For 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 alone.20 Early diagnosis and treatment of chronic hepatitis B and D can reduce your chances of serious health problems. Cirrhosis is a condition in which the liver slowly collapses and cannot 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. Liver failure also called end-stage liver disease, liver failure progresses over months or years. With end-stage liver disease, the liver is no longer able to perform important functions or replace damaged cells. Liver cancer with chronic hepatitis B and chronic hepatitis D increase the chances of liver cancer. Your doctor may suggest blood tests, ultrasound, or any other type of imaging test to check for liver cancer. Finding cancer at an early stage improves the chance of cancer treatment. What are the symptoms of hepatitis D? Most people with acute hepatitis D have symptoms, which may include feeling tired nausea and vomiting double appetite pain on the liver, in the upper abdomen darkening the color of lightning color of color yellow pigment stool to the whites of the eyes and skin, called jaundice in contrast, most people with chronic hepatitis D have few symptoms until complications develop, which can be several years after their injury. Some symptoms of cirrhosis include weakness and fatigue weight loss swelling of the abdominal swelling of the ankles, called itchskin jaundice what causes hepatitis D? Hepatitis D virus causes hepatitis D. Hepatitis D virus spreads by contacting the blood of the infected person or other bodily fluids. Contact can occur by sharing drug needles or other pharmaceuticals with an infected person having unprotected sex with an infected person getting an occasional stick with a needle that was used on an infected person rarely spreading hepatitis D virus from mother to child during childbirth. You can't get hepatitis D from coughing on or sneezing on by an infected person drinking water or eating hugs an infected person shaking hands or holding hands with an infected person sharing spoons, forks and other eating utensils sitting next to an infected person how doctors diagnose hepatitis D? Doctors diagnose hepatitis D based on your medical history, physical examination, and blood tests. If you are a hepatitis D, your doctor may perform liver tests. Your medical history will ask your doctor about your symptoms and factors that may make you more likely to develop hepatitis D. Physical examination during physical examination, your doctor Check for signs of liver damage such as changes in skin color swelling in the lower legs or feet, tenderness of the ankles 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 ask for tests to check for liver damage, find out how much liver damage you have, or rule out other causes of liver disease. Your doctor may order one or more blood tests to diagnose hepatitis D. Your healthcare professional will take a blood sample from you and send the sample to the lab. Your doctor may ask for one or more blood tests to diagnose hepatitis D. If you have chronic hepatitis D and hepatitis B, you may have liver damage. Your doctor may recommend tests to see 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. Tomography, a special ultrasound that measures liver hardness. Liver biopsy, in which the doctor uses a needle to take a small piece of tissue from the liver. A pathologist will examine the tissue under a microscope for signs of damage or disease. Doctors usually use 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 medications called interferons, such as peginterferon alfa-2a (Pegasy). Researchers are studying new treatments for hepatitis D. In addition, medications may be needed to treat hepatitis B. These drugs are usually 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 with medications, surgery and other medical procedures. If you have cirrhosis, you have a greater chance of developing liver cancer. Your doctor may order an ultrasound or any other type of imaging test to check for liver cancer. If acute viral 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 do I protect against hepatitis D infection? If you don't have hepatitis B, you can prevent hepatitis B infection by taking steps to prevent hepatitis B infection, such as getting a hepatitis B vaccine. If you don't get hepatitis B, you can't get hepatitis B. If you already have hepatitis B, you can take steps to prevent hepatitis D infection by not sharing drug needles or other drug substances wear gloves if you have to touch someone else's blood or sores Open does not share personal items such as toothbrush, razors, or nail cane how can I prevent the spread of hepatitis D to others? If you have D, follow the above steps to avoid the spread of infection. Your sex partners should get a hepatitis B test, if they're not infected, get the hepatitis B vaccine. Preventing hepatitis B will also prevent hepatitis D. You can also protect others from infection by telling your doctor, dentist and other health care professionals that you have hepatitis D. Don't donate blood, blood products, semen, organs or tissues. Is the hepatitis D vaccine available? There is currently no vaccine against hepatitis D. Hepatitis B vaccine can prevent hepatitis D by preventing hepatitis B. Eating, diet, nutrition for hepatitis D if you have been sick edited hepatitis D, you should eat a balanced and healthy diet. Talk to your doctor about healthy eating. You should also avoid alcohol because it can cause more liver damage. References [19] P.P., Nero GA. Clinical features of hepatitis D. Seminars in Liver Disease. 2012;32(3):228lu2012236. [20] Ahn Ji, Gish R.J. Viral hepatitis Virus (D): Call for testing. Diseases of the digestive system and liver. 2014;10(10):647u2012686. [21] Roy PK. Hepatitis D. Medscape site. I was neglected was updated on March 16, 2017. Accessed June 5, 2017. [22] Rizito M. hepatitis D virus: introduction and epidemiology. Cool Spring Harbor views in medicine. 2015;5(7):a021576. [23] Hofnagal J. Type D (Delta) hepatitis. Journal of the American Medical Association. 1989;261(9):1321–1325. [24] Negroes F, Luke ASF. Causing diseases, epidemiology, natural history, and clinical manifestations of hepatitis D infection. UpToDate site. 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