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Food and Drug Administration Rockville MD 20857 Dennis Brydges Executive Director of Food and Agriculture Organization 1001 22. 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, Department of Investigation to review the National Export Certification Program for Food and Agriculture Organizations and its application in the field of export practices. The trip will take place in Rome, Italy from July 10-27, 2002. In accordance with your letter dated October 12, 2015, When Mr Rogers returns and makes his claim, our accounting claims department will inform you of the amount to be reimbursed. The checks will be payable to the Food and Drug Administration. For your reference is some general information about guidelines for FDA employees who speak or participate in external seminars and conferences. Respectfully, Malcolm Frazier Director, Office of Resource Management EnclosureFMD 13 Distribution: Regional Food and Drug Directors and County Directors of FDA Headquarters Issued by: ORA/ORO/Division of Field Investigations (HFC-130) Publication Date: November 2002 By learning this simple picture, students will be able to more readily identify the difference between a lower case b and a lower case d to use them correctly. Simply draw or imagine the word bed in lower letters as an actual bed. The bed requires two end positions and a place to put the mattress. Post b at the beginning of the word and post d at the end of the word act as these pillars of the bed and the body of the word creates the surface on which the mattress is placed. Since the word bed contains both letters in question, it is easy to compare them and immediately see which one is which. Look at the simple picture. Young children can benefit from imagining someone sleeping on a mattress. When one of my children mixes with b and d, I say, make your bed to remind the child of this picture and he or she immediately realizes it. This kind of image empowers children to learn and remember for themselves, rather than 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 swelling that occurs when the tissues of the body become injured or infected. Inflammation can damage organs. Viruses attack normal cells in your body. Many viruses cause infections that can spread from person to person. Hepatitis D virus is unusual because it can only infect you when you have hepatitis B virus infection. You can protect hepatitis D by protecting against hepatitis B by obtaining hepatitis B vaccine. Hepatitis D spreads in the same way that hepatitis B spreads, by contact with the blood of an infected person 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 symptoms of any type of hepatitis and are often more severe.19 Sometimes your body can fight infection and the virus disappears. Chronic hepatitis D Chronic hepatitis D is a long-term infection. Chronic hepatitis D occurs when your body cannot fight the virus and the virus does not disappear. People who have chronic hepatitis B and D develop complications more often and faster than people who only have chronic hepatitis B.20 How do hepatitis D and hepatitis B infections occur together? Hepatitis D and hepatitis B infections can occur together as a coin or superinfection. People can only become infected with hepatitis D when they have hepatitis B. Coinfection A coinfection occurs when you get both hepatitis D and hepatitis B infections at the same time. Coinfections typically cause acute or short-term hepatitis D and B. Coinfections infections can cause severe acute hepatitis. In most cases, people can recover and fight acute hepatitis D and B infections and viruses disappear. However, in less than 5 percent of people with a coin, both infections become chronic and do not go away.21 Superinfection Superinfection occurs if you already have chronic hepatitis B. And then you become infected with hepatitis D. When you get superinfection, you can have severe acute symptoms of hepatitis.19 To 90 percent of people with superinfection are unable to fight the hepatitis D 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 more common in other parts of the world, including Eastern and Southern Europe; 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 more likely to have hepatitis D? Hepatitis D infection occurs only in people who have hepatitis B. People are more likely to have hepatitis D with hepatitis B if complications are acute hepatitis D? In rare cases, acute hepatitis D can lead to acute liver failure, a condition in which the liver suddenly failure. Although acute liver failure is uncommon, hepatitis D and B infections are more likely to lead to acute liver failure than just hepatitis B.24 infection What are the complications of chronic hepatitis D? Chronic hepatitis D

may cause 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 your chances of developing serious health problems.

Cirrhosis cirrhosis is a condition in which the liver slowly breaks down 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 is also called end-stage liver disease, liver failure progresses over months or years. With end-stage liver disease, the liver can no longer perform important functions or replace damaged cells. Liver cancer Chronic hepatitis B and chronic hepatitis D increase your chances of developing liver cancer. Your doctor may suggest blood tests and ultrasound or another type 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, which can include feeling tired nausea and vomiting weak appetite pain over the liver, in the upper abdomen darkening the color of urine lightening the color of the stool yellowish shade on the whites of the eyes and skin, called jaundice In contrast, most people with chronic hepatitis D have few symptoms until complications develop. , which could be a few years after they became infected. Some symptoms of cirrhosis include weakness and feeling tired of losing weight swelling of the abdomen swelling of the ankles, called edemic itchy skin jaundice What causes hepatitis D? Hepatitis D virus causes hepatitis D. Hepatitis D virus is spread through contact with the blood of an infected person or other bodily fluids. Contact can occur by sharing needles of drugs or other drug materials with an infected person who has unprotected sex with an infected person who gets a random stick with a needle used on an infected person The hepatitis D virus rarely spreads from mother to child during birth. You can't get hepatitis D from coughing or sneezing an infected person drinking water or eating food by hugging an infected person shaking hands or holding hands with an infected person handing out spoons, forks and other cutlery 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 factors that may make you more likely to get hepatitis D. Physical examination During physical examination, your doctor Check for signs of liver damage such as changes in skin colour swelling in the lower legs, feet or tenderness of the ankles or abdominal swelling What tests do doctors use to diagnose hepatitis D? Doctors use blood tests to diagnose hepatitis D. Your doctor can order 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. A healthcare 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 to rule out other causes of liver disease. These tests may include blood tests. elastography, a special ultrasound that measures liver stiffness. a liver biopsy, in which your doctor uses a needle to take a small piece of tissue from your liver. The pathologist will examine the tissue under a microscope to look for signs of damage or disease. Doctors typically use a liver biopsy only if other tests do not provide enough information about liver damage or illness. 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, drugs for hepatitis B may be needed. These are usually drugs taken once a day by mouth. 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 associated with cirrhosis with medications, surgery and other medical procedures. If you have cirrhosis, you have a better 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 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, you can prevent hepatitis D infection by taking steps to prevent hepatitis B infection, such as getting hepatitis B vaccine. If you do not get hepatitis B, you cannot get hepatitis D. If you already have hepatitis B, you can take steps to prevent hepatitis D infection by not handing out needles for drugs or other medicines that carry gloves if you have to touch another person's blood or Wounds by not handing out personal items such as toothbrushes, razor blades or nail scissors How can I prevent hepatitis D from spreading to others? If you have D, follow the steps above to avoid the spread of infection. Your sexual partners should get a hepatitis B test and, if they are not infected, get a hepatitis B vaccine. Preventing hepatitis B will also prevent hepatitis D. You can protect others from infection by telling your doctor, dentist and other healthcare professionals that you have hepatitis D. Do not donate blood or blood products, semen, organs or tissue. Is hepatitis D vaccine available? There is currently no hepatitis D vaccine available. Hepatitis B vaccine can prevent hepatitis D by preventing hepatitis B. Nutrition, nutrition and nutrition 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. References [19] Farci P, Niro GA. Clinical features of hepatitis D. Seminars in liver disease. 2012;32(3):228u2012236. Ahn J, Gish RG. Hepatitis D virus: call for screening. Gastroenterology and hepatology. 2014;10(10):647u2012686. [21] Roy PK. Hepatitis D. Medscape website. . Last Updated Mar 16, 2017 Approach 5 June 2017 [22] Hepatitis D virus Rizzetto M.: introduction and epidemiology. Cold Spring Harbor perspectives in medicine. 2015,5(7):a021576. [23] Hoofnagle JH. Hepatitis type D (Delta). Journal of the American Medical Association. 1989;261(9):1321–1325. [24] Black F, Lok ASF. Pathogenesis, epidemiology, natural history and clinical manifestations of hepatitis D virus infection. UpToDate website. . Last Updated Mar 20, 2016 Accessed 5 June 2017 2017

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