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Rockville Food and Drug Administration MD 20857 Dennis Brydges CEO of 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, Investigation Branch to review the National Export Certification Program of the Food and Agriculture Organization and its application in the field of export practices. The journey will take place in Rome, Italy from 10-27 July 2002. In accordance with your letter on 12 May 2002, we understand that your organization will reimburse the cost of air fares, accommodation, food, and various expenses. When Mr. Rogers has returned and presented his claim, you will be notified by our Account Branch which will be refunded. Inspections should be made to the Food and Drug Administration. Included for your reference are some common information about guidelines for FDA employees who speak or participate in external seminars and conferences. Ikhlās, Director of Frazier Malcolm, Office of Resource Management Enclosure 13 Distribution: Regional Food and Drug Director and District Director of FDA Headquarters Issued by: ORA/ORO/Field Investigation Division (HFC-130) Publishing Date: November 2002 By learning this simple imagery, Students will be able to identify more easily the difference between lower cases b and lower cases d to use them more correctly Just draw or imagine the word bed in capital letters as real beds. Bed requires two final posts and a place to put a mattress. Post b at the beginning of the word and post d at the end of the word act as a bed post and the word body creates a surface in which to place the mattress. Since the word bed contains both the letters in question, it is easy to compare them and immediately see which ones. See the simple images included. Young children can benefit from imagining someone sleeping on a mattress. When one of my kids was confused by b and d, I said, made your bed to remind the children of this image and he thought of it immediately. This type of imaging empowers children to learn and remember themselves rather than simply giving them the answers they can easily forget. In this section: What is hepatitis D? Hepatitis D is a viral infection that causes liver inflammation and damage. Swelling inflammation occurs when the body tissue becomes injured or infected. Inflammation can damage the organ. Virus encroaches on common cells in your body. Many viruses cause infections that can spread from person to person. Hepatitis D virus is unusual because it is can infect you when you also have hepatitis B virus infection in this way, hepatitis D is a double infection. You can protect protect your of hepatitis D by protecting yourself from hepatitis B by getting the hepatitis B vaccine. Hepatitis D spreads in the same way that hepatitis B spreads, through contact with the blood of an infected person or other body fluid. Hepatitis D virus can cause acute or chronic infections, or both. Acute Hepatitis D acute hepatitis D is a short-term infection. The symptoms of acute hepatitis D are the same as the symptoms of any type of hepatitis and often worse.19 Sometimes your body can fight infection and the virus disappears. Chronic Hepatitis D Chronic Hepatitis D is a heated infection. Chronic hepatitis D occurs when your body is unable to fight the virus and the virus does not disappear. People with chronic hepatitis B and D develop complications more often and faster than those with chronic hepatitis B alone.20 How does hepatitis D infection and hepatitis B occur together? Hepatitis D and hepatitis B infections may occur together as infections or superinfection. People can only be infected with hepatitis D when they also have hepatitis B. Coinfection A coinfection occurs when you get both hepatitis D infection and hepatitis B at the same time. Infections of germs usually cause acute, or short-term infections, hepatitis D and B. Infections can cause severe acute hepatitis. In most cases, people can recover from and fight against acute hepatitis D and B infections and the virus disappears. However, in less than 5 percent of people with infection, both infections become chronic and do not go. 21 Superinfection A superinfection occur if you already have chronic hepatitis B and then infected with hepatitis D. When you get superinfection, you may have severe acute hepatitis symptoms.19 Up to 90 percent of people with superinfection cannot fight the hepatitis D virus, and develop chronic hepatitis D.20 As a result, will these people have both chronic hepatitis D and Chronic hepatitis B. How common is hepatitis D? Hepatitis D is not uncommon in the United States. Hepatitis D is more common in other parts of the world, including Eastern and Southern Europe; the Mediterranean and Middle Eastern regions; parts of Asia, including Mongolia; Central Africa; and amazon River Basin in South America.22,23 Who is more likely to have hepatitis D? Hepatitis D infection only occurs in people with hepatitis B. People are 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 cause acute liver failure, a condition in which the liver fails suddenly. Although acute liver failure is unusual, hepatitis D and B are more likely to lead to acute liver failure than hepatitis B infection only.24 What are the complications of Chronic hepatitis D? Chronic hepatitis D can be cirrhosis, liver failure, and liver cancer. People with chronic hepatitis B and D are more likely to develop these complications than those with chronic hepatitis B alone.20 Early diagnosis and treatment of chronic hepatitis B and D can lower your chances of suffering from serious health problems. Cirrhosis Cirrhosis is a condition in which the liver is slowly damaged and unable to 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 work. As the cirrhosis gets worse, the liver begins to fail. Liver failure Is also called end-stage liver disease, liver failure runs for months or years. With late-stage liver disease, the liver can no longer perform important functions or replace damaged cells. Liver Cancer Has chronic hepatitis B and chronic hepatitis D increases your chances of developing liver cancer. Your doctor may suggest blood tests and ultrasound imaging tests or other types to check liver cancer. Finding cancer in the early stages increases the chances of curing cancer. What are the symptoms of hepatitis D? Most people with acute D hepatitis have symptoms, which may include tiredness of nausea and vomiting pain a bad appetite over the liver, in the upper part of the dark stomach the color of the urine lightens the yellowish tint color of the stool to the white eyes and the skin, called Different jaundice, most people with chronic hepatitis D have some symptoms up to the complications Some symptoms of cirrhosis include weakness and tiredness of the swelling weight loss of the ankle cleavage, called jaundice skin itchy 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 body fluids. Acquaintances can occur by sharing drug needles or other drug substances with infected people having untested sex with an infected person getting accidental sticks with needles used in people infected with the Hepatitis D virus rarely spread from mother to child at birth. You can't get hepatitis D from coughing or sneeze by an infected person drinking water or eating food hugging an infected person shaking hands or holding hands with a spoonful of infected person sharing, forks, and other appliances sitting next to an infected person How do doctors diagnose hepatitis D? Doctors diagnose hepatitis D based on your medical history, physical exams, and blood tests. If you have hepatitis D, your doctor can perform a test check your heart. Your Doctor's medical history will ask about your symptoms and about factors that might make you more likely to get a hepatitis D. Physical Exam During a physical exam, your doctor Check the signs of liver damage such as swolam skin color changes in your legs, legs, legs, or ankles softness or swelling in your stomach what tests do doctors use to diagnose hepatitis D? Doctors use blood tests to diagnose hepatitis D. Your doctor can book tests to check liver damage, knowing how much liver damage you have, or rejecting other causes of liver disease. Your doctor's blood test can order one or more blood tests to diagnose hepatitis D. Healthcare professionals will take blood samples from you and send samples to the laboratory. Your doctor may order one or more blood tests to diagnose hepatitis D tests. Additionally If you have chronic hepatitis D and hepatitis B, you can suffer liver damage. Your doctor may recommend tests to find out if you have liver damage or how much liver damage you have—or to refuse the cause of other liver disease. These tests may include blood tests, elastic, special ultrasound that measures the pedicallity of your liver, liver biopsies, where a doctor uses a needle to take a small piece of tissue from your liver. Pathologists will examine the tissue under the microscope to find signs of damage or disease. Doctors usually use liver biopsies only if other tests do not provide adequate information about liver damage or disease. Talk to your doctor about which test is best for you. How does doctor treat hepatitis D? Doctors can treat chronic hepatitis D with medications called interferon, 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 medications taken once daily by mouth. How does doctors treat hepatitis D complications? If chronic hepatitis D leads to cirrhosis, you should consult 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 imaging test or other type to check 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 against 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 a hepatitis B vaccine. Getting hepatitis B, you can not get hepatitis D. If you already have hepatitis B, you can take steps to prevent hepatitis D infection by not sharing drug needles or other drug substances that wear gloves if you need to touch someone else's blood or open sores not to share personal items such as toothbrush, cukur, or nail clippers How I can prevent if you have a D, follow the steps above to prevent the spread of infection. Your sex partner should get a hepatitis B test and, if they are not infected, get the hepatitis B vaccine. Prevent hepatitis B will also prevent hepatitis D. You can protect others from getting infected by telling doctors, dentists, and other healthcare professionals that you have hepatitis D. Do not donate blood or blood products, semen, organs, or tissues. Is hepatitis D vaccine available? There is no vaccine for hepatitis D at this time. Hepatitis B vaccine can prevent hepatitis D by preventing hepatitis B. Eating, diet, and nutrition for hepatitis D If you have hepatitis D, you need to 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. Reference [19] Farci P, Niro GA. Clinical characteristics of seminar hepatitis D. In Liver Disease. 2012;32(3):228[u2012]236. [20] Ahn J, Gish RG. Hepatitis D virus: call for screening. Gastroenterology & Hepatology. 2014;10(10):647[u2012]686. [21] Roy PK. Hepatitis D. Medscape website. . Last updated Mar 16, 2017. Accessed June 5, 2017. [22] Rizzetto M. Hepatitis D virus: introduction and epidemiology. Perspective of The Port of Cold Spring in Medicine. 2015;5(7):a021576. [23] Hoofnagle JH. Type D (Delta) hepatitis. Journal of the American Medical Association. 1989;261(9):1321–1325. [24] Negro F, Lok ASF. Pathogenesis, epidemiology, natural history, and clinical manifestations of hepatitis virus infection D. UpToDate website. . Last updated on 20 July 2016. Accessed June 5, 2017. 2017.

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