



Hepatitis A, B, C

Hepatitis is a general term referring to inflammation of the liver. The usual cause is viral, either Hepatitis A, B, or C. However, toxins and drugs may also induce a hepatitis. The onset of hepatitis may be gradual or sudden. Symptoms can include: loss of appetite, nausea, fatigue, fever, vague abdominal discomfort, jaundice (yellowing of the skin), muscle aches and dark urine. Because the symptoms can be mild, some people are not aware that they have had a bout of hepatitis.

The liver enzymes (especially AST/SGOT and ALT/SGPT) tend to rise significantly. The serum bilirubin level also rises and is what causes the yellowing of the skin often associated with hepatitis. Blood tests are available for the determination of Hepatitis A, B, and C as the cause of the liver abnormality.

Hepatitis A is usually transmitted through a food or water source. The disease is quite contagious and there have been several large outbreaks, particularly in restaurants and day care centers. The incubation period (time from exposure to actual illness) is 3 - 5 weeks. Most cases of Hepatitis A are self limited and resolve spontaneously. Hepatitis A does not progress to chronic liver disease.

Hepatitis B is transmitted sexually, through IV needles, or from mother to infant. The incubation period is 2 - 4 months. There are approximately 300,000 new infections of Hepatitis B per year in the United States. The Hepatitis B surface antigen appears early in the course of the disease and may persist for several months. If this surface antigen remains positive after 6 months from the onset of disease, it will likely persist indefinitely and the individual will become a chronic carrier of Hepatitis B. Up to 10% of patients with acute Hepatitis B will develop chronic hepatitis, which can result in cirrhosis (scarring of the liver) or liver cancer. Interferon and anti-viral drugs are used in the treatment of chronic Hepatitis B.

Hepatitis C is transmitted primarily through IV needles, although likely it may be transmitted through other pathways as well. It was formerly called non A/non B Hepatitis and accounts for at least 90% of hepatitis from blood transfusions. The Hepatitis C antibody appears anywhere from 6 weeks to 9 months after infection and individuals positive for the Hepatitis C antibody should be presumed to be carrying the infection. Many infected with Hepatitis C have no symptoms, however the majority will progress to chronic liver disease. Most with Hepatitis C antibody, if undergoing a liver biopsy, will have an abnormal liver showing chronic hepatitis even if the liver enzymes were normal. 60% or more of patients infected with Hepatitis C progress to chronic hepatitis and at least 20% progress to cirrhosis. There is also a high risk for developing liver cancer. Treatment with interferon or anti-viral drugs may be given, but in many patients, treatment is not successful in curing Hepatitis C infection.

Underwriting action will depend upon which type of hepatitis the applicant has. A history of Hepatitis A, once completely resolved, will not be rated. Likewise, a history of Hepatitis B, if completely resolved and no evidence of being a chronic carrier of Hepatitis B, will be non-rated. If the Hepatitis B surface antigen remains positive but all liver enzymes are normal, the rating will be Table B. Cases of cirrhosis or chronic Hepatitis B or C will usually be declined for individual coverage. If "cured" of the viremic state by interferon or anti-viral treatment, documented by at least 2 test results, the most recent being at least 1 year out from treatment, then a Table B rating will apply.

To get an idea of how a client with a history of Hepatitis A, B, or C would be viewed in the underwriting process, feel free to use the attached *Ask "Rx" perts* for an informal quote.

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Rx018 IFS-A005234 Ed. 11/04 Exp. 05/06

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Hepatitis - Ask "Rx" perts (ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has had hepatitis, please answer the following:

- ① Please list date of diagnosis: _____
- ② Was the hepatitis due to:
 - hepatitis A
 - hepatitis B, resolved
 - hepatitis B, carrier or chronic infection
 - hepatitis C (non-A/non-B)
 - other, please specify _____
- ③ Please give the date and results of the most recent liver enzyme tests:
 - a) AST/SGOT _____
 - b) ALT/SGPT _____
 - c) GGTP _____
- ④ Is your client on any medications?
 - yes, please give details _____
 - no
- ⑤ Does your client drink alcohol?
 - yes, please note amount and frequency _____
 - no
- ⑥ Please check if any of the following studies have been completed:
 - a) liver ultrasound or CT scan normal abnormal
 - b) liver biopsy normal abnormal
 - c) no further evaluation
- ⑦ Has your client been diagnosed with any of the following:
 - chronic hepatitis
 - cirrhosis
- ⑧ Has your client been treated with interferon or anti-viral drugs?
 - yes, please give details _____
 - no
- ⑨ Does your client have any other major health problems (ex: cancer, etc.)?
 - yes, please give details _____
 - no

Please submit a copy of the hepatitis studies and liver biopsy report if completed.
After reading the *Rx for Success* on Hepatitis, please feel free to use this *Ask "Rx" perts* for an informal quote.

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