

## Hepatitis A (HAV), Hepatitis B (HBV), Hepatitis C (HCV)

Hepatitis is a general term referring to inflammation of the liver. The usual cause is a viral infection. Toxins and drugs may also induce liver inflammation. Symptoms of acute hepatitis may include loss of appetite, nausea, fatigue, fever, vague abdominal discomfort, jaundice, muscle aches, and dark urine. Because the symptoms can be very mild, some people are not aware that they have had a bout of hepatitis. In others, liver inflammation is completely silent, only to be discovered upon routine blood testing. Liver enzymes (especially AST/SGOT and ALT/SGPT) tend to rise significantly. Serum bilirubin level often (but not always) rises as well. This causes yellowing (jaundice) of the skin.

Viral forms of hepatitis include Hepatitis A (HAV), Hepatitis B (HBV), and Hepatitis C (HCV). There are additional forms of hepatitis, but they will not be discussed here.

- **HAV** is typically spread via contaminated food or water. It is contagious with an incubation period (time from exposure to actual illness) of 3 to 5 weeks. Most cases of HAV are self-limited and resolve spontaneously. HAV does not progress to chronic liver disease, and would not be rated in underwriting upon full recovery.
- **HBV** is very common worldwide. In the Unites States, prevalence of HBV is relatively low at 1 to 2 million cases. HBV is spread through blood transmission and sexual contact. It can also be passed from mother to child during birth. Occasionally, acute HBV is a severe illness leading to death, but most often people infected as adults tend to recover spontaneously and become immune. Persons infected before five years of age are at great risk of persistent infection. With widespread vaccination against HBV, incidence of new cases of HBV is falling. Typical blood tests that detect the presence HBV in the blood are HBsAg, HBeAg, and HBV DNA. HBsAb is an antibody test and, if positive, signals immunity through spontaneous recovery or through vaccination.
- **HCV** affects 3 to 4 million people in the United States. Prior to the development of tests in 1989, which could identify the virus, HCV was called *non-A non-B hepatitis*. About 25% of HCV cases resolve spontaneously. The remainder have chronic hepatitis. HCV infection is spread mainly by blood transmission. Many cases of HCV are due to intravenous drug use. Body piercing, tattooing, occupational needle sticks, hemodialysis, transfusion prior to 1992, and intranasal cocaine (small amount of blood on coke straw) are other blood borne risks. Sexual and perinatal transmission have been documented. The route of transmission is often unknown or not admitted. Acute HCV can be a severe illness, but most often it is a mild disease and clinically unrecognized. The blood test to detect the presence of HCV in the blood is HCV RNA. Anti-HCV (the antibody to HCV) screens for exposure to HCV. Unlike HBV antibody, anti-HCV does not signal immunity or recovery.

HBV and HCV infection persisting more than six months is chronic hepatitis. Liver enzymes (ALT and AST) fluctuate over time in the same individual and can be within normal range. Imaging (MRI, CT, US) of the liver is commonly done to check the size and shape of the liver. It is important to screen for liver cancer. A liver biopsy is frequently done as well in order to examine liver cells for inflammation and scarring (fibrosis).

After decades of chronic infection, cirrhosis (end stage liver disease) and liver cancer develop in a small but substantial proportion. For these reasons, chronic HBV and HCV are frequently declined for life insurance. Any alcohol intake increases the risk of progressive liver disease.

Recently developed antiviral drugs are available to cure HCV. A cure for HBV, however, is unlikely and antiviral therapy, if offered, is used to suppress viral replication.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion.

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To be considered for life insurance a client must be 1) recovered spontaneously, 2) cured by antiviral therapy, or 3) have only a mild form of hepatitis. Persons with chronic viral hepatitis plus another liver impairment are not usually insurable. Alcohol intake will be carefully reviewed.

## **Underwriting Action**

- Spontaneously resolved HBV and HCV (with no evidence of virus present in the blood) will not be rated.
- HCV cured by antiviral therapy (that is, if RNA is negative more than six months from the end of treatment) will not be rated.
- If hepatitis B surface antigen remains positive but all liver enzymes are persistently normal, the rating will be Table B at younger ages and not rated at older ages.
  - Many other cases of chronic hepatitis will be rated Table B to Table H, depending on age, liver enzyme elevation, and liver biopsy results (if done). All cases of cirrhosis will be declined for individual coverage.

| Ask "Rx"pert Underwriter (Ask Our Expert)  |                             |  |
|--|-----------------------------|--|
| After reading the Rx for Success on Hepatitis, use this form to Ask "Rx" pert Underwriter for an informal quote. |                             |  |
| Producer   |                             |  |
| If your client has had hepatitis B or C, please answer   | the following:              |  |
| 1. Please list date of diagnosis.  |                             |  |
| 2. Please give the date and results of the most rece   | nt liver enzyme tests.      |  |
| a) AST/SGOT b) ALT/SGPT c) GGTP  |                             |  |
| 3. Is your client on any medications?  |                             |  |
| ☐ Yes. Please give details<br>☐ No   |                             |  |
| 4. Does your client drink alcohol?   |                             |  |
| ☐ Yes. Please note amount and frequency  |                             |  |
| 5. Please provide test results for:  |                             |  |
| a) Liver scan report b) Liver biopsy report c) Viral load for HBV-DNA or HCV-RNA                                 |                             |  |
| 6. Has your client been diagnosed with any of the f  | ollowing?                   |  |
| ☐ Chronic hepatitis ☐ Cirrhosis  |                             |  |
| 7. Has your client been treated with interferon or of  | her anti-viral drugs?       |  |
| ☐ Yes. Please give details   |                             |  |
| 8. Does your client have any other major health pro  | blems (e.g., cancer, etc.)? |  |
| ☐ Yes. Please give details   |                             |  |