



Hepatitis B

Hepatitis B is inflammation of the liver due to infection with hepatitis B virus (HBV). See Rx for Success #18 (Hepatitis A,B,C). Hepatitis B infection is a common condition with more than half of the population of the world chronically infected. The incidence of chronic infection in the United States is about 2%.

Transmission of HBV is by blood, birth and sex. One-half of new infections are mild unrecognized events. The other one-half are clinically significant illnesses with jaundice and elevated liver function tests. Occasionally acute hepatitis B is a fulminating disease that may terminate in death. Persons infected as adults are likely to recover spontaneously and become immune (90%). Persons infected before five years of age are likely to become carriers (90%). The incidence of new infections is decreasing mainly due to widespread administration of a vaccine that has been available since the early 1980s.



Infection persisting more than six months is chronic hepatitis. Persons with chronic hepatitis B may develop cirrhosis (end stage liver disease) after 25 years of infection and liver cancer after 30 years of infection. For these reasons, chronic hepatitis B is frequently declined for life insurance. To be considered for life insurance a client must be recovered, in a carrier state or have only a mild form of hepatitis.

Blood tests showing elevated transaminases, especially ALT (SGPT), are often the first laboratory sign of hepatitis B infection. These blood liver tests can fluctuate over time in the same individual.

Other blood tests include:

- ▶ HBsAg - HBV present
- ▶ HBsAb - immunity to HBV
- ▶ HBeAg - HBV infection with active viral replication
- ▶ Polymerase chain reaction (PCR) – measures the viral load of genetic material of HBV

Non-invasive imaging tests include:

- ▶ CT scan – provides anatomic information such as size and shape of the liver
- ▶ Ultrasound – provides similar information

Invasive testing includes:

- ▶ Liver biopsy – examines a piece of liver for cell damage and scarring

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Any alcohol intake increases the rate of progression to fibrosis, cirrhosis, or cancer. Persons with hepatitis B plus another liver impairment are not usually insurable.

When antiviral drug treatment is indicated, interferon alfa-2b is the usual choice. Studies suggest a sustained response in many individuals with drug therapy. Relapse is unlikely if the person tests negative for circulating virus beyond one year after treatment.

Underwriting action will depend on the age of the client, the levels of liver function tests and viral load and the results of liver biopsy, CT scan and ultrasound.

For example:

A client > 40 yrs old with (+) HBsAg, but normal LFTs, would not be rated. If viral load testing has been done, it must be negative.

A client age 41 with (+) HBsAg plus mildly elevated (that is, < 2x normal) liver tests, viral load less than 5,000,000 (if done), and no more than mild changes on liver biopsy would be rated Table E. There can be no ratable alcohol history and no more than two drinks per day.

To get an idea of how a client with Hepatitis would be viewed in the underwriting process, feel free to use the Ask "Rx" pert underwriter on the next page for an informal quote.

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