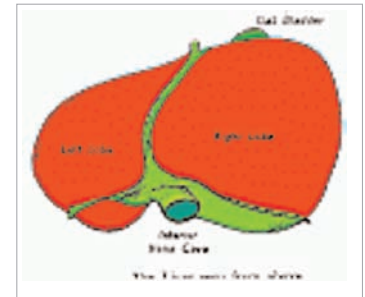




Hepatitis C

Hepatitis C is inflammation of the liver due to a virus infection called hepatitis C (HCV) virus. Prior to the identification of the virus it was called nonA nonB hepatitis. See *Rx for Success #18* (Hepatitis A,B,C). Hepatitis C is a common infection with up to 6% of the United States population affected. Up to 15% of those infected have spontaneous recovery, and have no virus in their blood. The remaining 85% have chronic hepatitis C. Chronic viral hepatitis can lead to cirrhosis (end stage liver disease) in 25 years or can lead to liver cancer in 35 years. For these reasons, chronic hepatitis C is frequently declined for life insurance. To be considered for life insurance a client must be cured or have a "mild case."



HCV infection is spread mainly by blood transmission. Many cases of Hepatitis C 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 hepatitis C is usually a mild disease which is rarely clinically recognized. Infection persisting more than six months or of unknown duration is considered chronic hepatitis C.

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

Other blood tests include:

- ▶ Anti-HCV test – antibody test for hepatitis C virus
- ▶ Polymerase chain reaction (PCR) – measures genetic material of HCV

Non-invasive imaging tests include:

- ▶ CT scans – provide anatomic information such as size and shape
- ▶ Ultrasounds – provide similar information

Invasive testing includes:

- ▶ Liver biopsy – a piece of liver is examined 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 C plus another liver impairment are not usually insurable.

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

Underwriting action will depend on the likelihood of cure and the age of the client. If there is chronic hepatitis, attention is directed to the level of the viral load, the biopsy results, and noninvasive tests such as scans.

For example:

A client with (+) HCV antibody, but with normal LFTs and negative viral loads (minimum: two tests at least 3 months apart with at least one that is 1 year from end of treatment), would not be rated.

A client age 41 with (+) HCV antibody plus mildly elevated (that is, <2x normal) liver tests, viral load no more than 5 million, and no more than mild changes on liver biopsy would be rated Table E. There can be no ratable alcohol history and no evidence of current consumption.

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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