



Tuberculosis (TB)

Tuberculosis (TB) is a major health problem worldwide with millions of new cases and millions of deaths each year. In the U.S., TB incidence declined in the first part of the 20th century with improved living conditions and with the advent of antibiotics. Unfortunately, there has been an increase since 1984 due to AIDS infection and an increase in homelessness.

TB is caused by an organism called *Mycobacterium tuberculosis*. It is contagious and is spread by inhaling airborne droplets coughed by infected patients. There is a long latency between infection and clinical illness. The organism invades the lung and multiplies there, frequently causing few symptoms. One organism can multiply into a million organisms in 3 weeks, which then spread by the blood stream to all parts of the body. TB prefers a high oxygen environment and grows best in areas with a good blood supply like the top of the lung, the outer kidney, the spine, and the ends of the long bones. When the primary lung lesion heals, the chest x-ray may be normal or show focal calcification. Most patients have complete healing of the primary infection. However, a few organisms may lie dormant for many years, and when the patient is immunosuppressed or ill, the infection flares. The organism can cause miliary TB (diffuse lung involvement), or it can infect the liver, heart, kidneys, lining of the brain, and lymph nodes. Indeed, any organ can be involved.

The treatment requires multiple antibiotics (to prevent the emergence of drug resistant organisms) and a long course of treatment (generally 6 to 9 months depending on the drugs required). Patient compliance in taking their drugs daily and for the full course is mandatory for cure. Recurrence may occur years later, due to inadequate treatment or non-compliance. Drug resistant organisms have become more prevalent in the 1990's and are very difficult to treat.

Underwriting Considerations:

A positive skin test only, receiving prophylactic treatment, would be viewed as a standard risk.

Pulmonary Tuberculosis:

- ▶ single attack, presently undergoing treatment or recovered, no progression, not currently disabled – would require a temporary extra for 2 years from diagnosis and thereafter non-rated.
- ▶ if history of relapse or extrapulmonary involvement with recovery/treatment completed - a temporary extra for 4 years from end of treatment would be required and thereafter non-rated.
- ▶ relapsed or extrapulmonary involvement still under treatment would be a decline.
- ▶ others with lung damage would require individual consideration.

Tuberculosis caused by a drug resistant strain would be a decline.

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

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Tuberculosis - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Tuberculosis, please answer the following:

1. Please list date of first diagnosis : _____

Relapse date, if any _____

2. Please note the site of tuberculosis present:

lung

nervous system

bone

kidney

liver

other (state site) _____

3. What treatment was given? _____

4. Is your client on any medications?

yes, please give details _____

no

5. Please check if your client has had:

hospitalizations for this disorder (list date(s)) _____

surgery for this disorder (list date(s)) _____

7. Has there been any evidence of recurrence?

yes, please give details _____

no

6. Have pulmonary function tests (a breathing test) ever been done?

yes, please give most recent test results _____

no

7. Has your client smoked cigarettes in the last 12 months?

yes

no

9. Does your client have any other major health problems (ex: heart disease, etc.)?

yes, please give details _____

no

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