



UNDERWRITING 201: HEPATITIS

Hepatitis is a general term referring to inflammation of the liver. The usual cause is viral in Hepatitis A, B or C. However, toxins and drugs may also induce a case of 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 which is often associated with hepatitis. Blood tests are available for the determination of Hepatitis A, B and C as the cause of 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 to 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 inflammation of the liver due to infection with hepatitis B virus (HBV). 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 1980's.

Infection persisting more than 6 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 – HGB 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

Hepatitis C is inflammation of the liver due to a virus infection called hepatitis C (HVC) virus. Prior to the identification of the virus it was called nonA nonB hepatitis. 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 a coke straw*) have been documented as sources of Hepatitis C. Sexual and perinatal transmission has been documented as well. 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-HVC test – antibody test for hepatitis C virus
Polymerase chain reaction (PCR) – measures genetic material of HCV.

Hepatitis B and C Testing

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.

Any alcohol intake increases the rate of progression of fibrosis, cirrhosis or cancer.
Persons with hepatitis B or C plus 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 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 likely be a Table B. Cases of Cirrhosis or chronic Hepatitis B or C will usually be declined for individual coverage. If "cured" of the viremia state by interferon or anti-viral treatment, documented by at least 2 test results, the most recent at least one year out from treatment, then a Table B rating will likely apply.

Examples of Hepatitis B Cases:

- A client older than 40 with a (+) HBsAg, but normal LFTs would not be rated. If viral load testing has been done, it must be negative.
- A client age 41 with (+) HBsAb plus mildly elevated (*that is greater than 2 times 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 in most cases. There can be no ratable alcohol history and no more than two drinks per day.

Examples of Hepatitis C Cases:

- 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 a (+) HCV antibody plus mildly elevated (*that is 2 times normal*) liver tests, viral load no more than 5 million and no more than mild changes on their liver biopsy would be rated Table E in most cases. There can be no ratable alcohol history and no evidence of current consumption.

When you find a client with a history of Hepatitis, please [CLICK HERE](#) and print off our Hepatitis Questionnaire. Ask the client to give you the answers to the questions and forward it to us. We will give you an opinion on the case right away.

Thank you for your business!



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