

Tenofovir disoproxil fumarate can cut HBV transmission

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versus 7 percent; $P = 0.01$). The TDF and [control](#) groups had similar maternal and infant safety profiles, including rates of birth defects; an increase in the creatine kinase level was seen for more mothers in the TDF group.

"The rate of mother-to-child transmission was lower among those who received TDF [therapy](#) than among those who received usual care without [antiviral therapy](#)," the authors write.

The study was funded by Gilead Sciences, the manufacturer of tenofovir disoproxil fumarate.

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(HealthDay)—Use of tenofovir disoproxil fumarate (TDF) during pregnancy can reduce the rate of mother-to-child transmission of hepatitis B virus (HBV), according to a study published in the June 16 issue of the *New England Journal of Medicine*.

Calvin Q. Pan, M.D., from New York University in New York City, and colleagues randomized 200 mothers who were positive for hepatitis B e antigen and had an HBV DNA level above 200,000 IU/mL to receive usual care without antiviral therapy or to receive TDF from 30 to 32 weeks of gestation until postpartum week four. Follow-up was until postpartum week 28.

The researchers found that 68 and 2 percent of mothers in the TDF and control groups, respectively, had an HBV DNA level of less than 200,000 IU/mL (P transmission was significantly lower in the TDF versus control group at postpartum week 28, in both the intention-to-treat analysis (transmission to 5 versus 18 percent of infants; $P = 0.007$) and the per-protocol analysis (0

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