Priorities for Ebola virus disease response in west Africa

In their Viewpoint,1 Annette Rid and Ezekiel Emanuel urge to “focus on strengthening of health systems and basic infrastructure, rather than experimental treatments and vaccines”. Although we agree that dysfunctional health systems have contributed to the continuing amplification of Ebola virus disease in west Africa,2 we disagree that resources to address these gaps should be prioritised in the midst of an outbreak. Instead, efforts to improve patient outcomes should be the highest priority, and should target both optimisation of supportive care of patients and assessment of the added benefit of promising investigational therapeutics.

As clinicians working in Ebola virus disease outbreaks in Guinea, Sierra Leone, and the Democratic Republic of Congo, we saw how the absence of health personnel to provide supportive treatment resulted in suboptimum clinical care and the devastating loss of human lives. If the tools, expertise, and human power to improve supportive clinical care were made available by governmental and non-governmental relief agencies, however, these poor outcomes would undoubtedly change.

Moreover, although the minimum experience we have with therapeutics like Z-Mapp provides reason for optimism,1 small-scale, methodologically sound studies in west Africa are crucial for determination of the incremental benefit of such therapeutics above optimised supportive care. We think that currently implementable solutions, such as convalescent plasma transfusions from survivors, should be reinvestigated.4 Provision of optimised Ebola virus disease treatment is essential to obtain the confidence and collaboration of the affected communities, which are necessary to control this epidemic. We think that the focus now should be on interventions that show positive effects, after which, the health system can be salvaged.

We declare no competing interests.

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Compassionate use of experimental drugs in the Ebola outbreak

Annette Rid and Ezekiel Emanuel’s Viewpoint1 provides a comprehensive overview of ethical considerations in the Ebola outbreak. Their evidence supports randomised allocation and rigorous data collection of any experimental intervention while emphasising health systems strengthening to contain the epidemic. However, they argued against compassionate use of experimental interventions outside clinical trials, an act that could have health benefit.

Individuals accessing experimental drugs receive hope for survival despite the fact that the efficacy and adverse effects of the drug are unknown. On the ground, they are also likely to get more aggressive supportive care with the experimental drugs, a key factor in surviving Ebola infection.2 At the public health level, distributing the experimental drug through a transparent and equitable process can help to rebuild trust in health systems. This is very important in the present Ebola crisis because some quarantine measures have deprived people of access to care and freedom of movement.3 The prospect of potentially lifesaving treatment might help to address the fear that leads people to use force to take over treatment facilities and steal drugs, as well as break quarantine.4 Transparent and equitable access to experimental drugs presently in short supply can be assured through adherence to the inclusion criteria defined by the research protocol. Drugs should be given on a first-come, first-served basis. Prioritising access of experimental drugs to certain populations or countries legitimises inequitable access to resources, especially in settings where human rights violations routinely occur.5 This would negate the principles of distributive and social justice.

We declare no competing interests.

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