

Correspondence: Treating Ebola in eastern DRC

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Since the onset of the west Africa Ebola Virus Disease (EVD) outbreak, there has been remarkable progress in efforts to provide patients with improved supportive care and access to experimental treatments. It is reasonable to explore the potential therapeutic value of both pathogen-directed antiviral therapies and host-directed therapies (e.g., monoclonal antibody cocktails). Given unacceptably high mortality rates among EVD patients, treatments demonstrated to be safe and efficacious in clinical trials would likely be welcomed by clinicians and affected communities.

However, against the backdrop of significant process in Ebola treatments trials that have been conducted to international standards,^{1,2} we are concerned to see that the systematic administration of unproven, repurposed drugs to patients with EVD outside of a registered clinical trial is advocated by David Fedson in his recently published correspondence.³ With reference to anecdotal reports about combination treatment using a statin -angiotensin receptor blocker combination, Fedson claims that this treatment led to “remarkable improvement” in survival during the West Africa outbreak. These comments have not been verified by data.

Clinical trial regulations exist to protect patients, wherever they are in the world. We need to have the confidence that medicines are both safe and effective. Irrespective of the need to identify and utilise effective treatments during EVD outbreaks, affected populations deserve the same high standards that would be offered to patients receiving experimental treatments for other diseases. There are no justifications to cut corners when it comes to maintaining scientific rigor or to ignore recognised codes of ethics and Good Clinical Practice. . While clinical observations may stimulate the development of subsequent research, a collection of unverified anecdotes do not represent reliable data. It is clear that such messages can be misinterpreted by the media as scientific evidence, which may mislead the public and generate false hope. Where there are circumstances in which it may be ethically appropriate to provide treatment outside a clinical trial setting, administration of an experimental or repurposed treatment should be done under a World Health Organisation recommendation for Monitored Use of Unregistered and Investigational Interventions⁴

With Ebola outbreak response already complicated by rumours regarding the intentions and practices of clinical trial groups and front line clinical responders, transparency regarding adherence to ethical practices is critical, irrespective of the good intentions of those providing unregistered use of potential treatments.

References

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