

Correspondence re: *Ebola ça Suffit* trial: the urgent need for vaccine development for children

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We welcome results from the *Ebola ça Suffit* trial, highlighting the potential importance of a vaccine in controlling Ebola virus disease (EVD). However, parallel development in children/adolescents is lacking. More than 3000 confirmed cases in children younger than 14 years have been reported, including cases documented in the published trial, that might have been prevented if children had been vaccinated¹⁻³.

Phase I/II safety data in children are urgently needed for candidate vaccines, and could be incorporated into ongoing trials. Only one paediatric trial is registered and is only in the recruiting stage⁴. Although the first Ebola vaccines in human beings were appropriately done in adults, subsequent over-cautious paediatric development plans risk vaccine-protection being denied to more than 40% of the population in affected regions. Experience with adenovirus and modified vaccinia Ankara virus vectors in children is extensive with no significant safety concerns. In view of the high fatality rates for EVD in young children, the potential benefit of vaccination and lack of previous safety signals, active development is appropriate and necessary^{1,5}.

The speed of Ebola vaccine testing since late 2014 is unprecedented. However this trial's success underlines the plight of children in settings of ongoing transmission. The trial shows both the potential efficacy of one Ebola vaccine, and the failure of adult vaccination to protect children in the same communities. Whereas the authors discuss further immediate vaccination of new clusters, there is no mention of plans to include children. The index case in the current outbreak is believed to have been a 2 year old child. We must not allow the final cases to also be children. (259/250 words)

References

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