

Liberian doctors to get experimental Ebola drug as toll hits 1,000

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USPA News - Two Liberian doctors who are suffering from the deadly Ebola virus will receive an experimental drug from the United States in the hopes that it will help them recover, Liberian officials said Tuesday as the World Health Organization (WHO) decided that it is not unethical to use experimental drugs. Jerolimiek Piah, a spokesman for the Liberian presidency, said the U.S. Food and Drug Administration (FDA) had approved Liberia's request to use an experimental Ebola serum in two Liberian doctors who are struggling for their lives after contracting the deadly virus while treating Ebola patients.

"Doctors Zukunis Ireland and Abraham Borbor, who contracted the disease while attending to patients, including a late colleague, gave written consent for the drug to be administered to them," Piah said. "The consent was given to the United States Food and Drug Administration and the drug maker by the affected doctors through the Ministry of Health and Social Welfare." FDA approval was required to ship the experimental drug to Liberia, and Liberian authorities expect the serum to arrive by Thursday. Tuesday's news came as a World Health Organization panel unanimously decided that, considering the extraordinary circumstances of the ongoing outbreak, offering unproven treatments to Ebola patients is not unethical. They urged that, when such treatments are used, there is "a moral obligation" to collect and share all information about their efficacy and adverse effects. "In the past 10 years, research efforts into Ebola treatments and vaccines means that for the first time, we have a range of potential treatments and vaccines that could be potent assets supporting our efforts to control Ebola," said Dr. Marie-Paule Kieny. "However, while several of these treatments have been proven to be very effective in non-human primates, none have undergone the tests in humans necessary for licensing as proven safe and effective treatments." But while using the experimental treatments may provide valuable information about their effectiveness, it will not help to stop the current outbreak because of the low number of doses available. The number of doses available is believed to be less than a dozen and it would take months to start producing more. "There are several experimental interventions for Ebola we are following right now: blood-derived treatment, antivirals, and vaccine," said Dr. Kieny, who is the WHO Assistant Director-General for Health Systems and Innovation. "We do not know the exact number of doses available. Some said 10. Fair distribution is not possible with such a small number." Dr. Kieny said some panelists suggested providing the experimental treatments to health care workers because they risked their lives by treating Ebola patients, but other panelists disagreed. She said the World Health Organization would not get involved in who should get what drug, but emphasized on the importance of informed consent by patients. "The fact that there is no drug for Ebola is a market failure. Ebola is typically a disease of poor people so there is no market," Dr. Kieny added. "In fact, one of the panelists pointed out that this is an opportunity to right a wrong of history. That it is only relatively recently, in the last decade, that researchers have begun investigating interventions for Ebola. Now is the time to catch up and use good science to find good answers." Doctors Without Borders (Médecins Sans Frontières/MSF), which is one of the few international aid organizations that is treating Ebola patients, welcomed Tuesday's announcement. "MSF welcomes the steps the WHO is taking to adopt exceptional regulatory procedures in the face of an exceptionally grave Ebola epidemic," said MSF Deputy General Director Stephan Goetghebuer. Goetghebuer added: "The use of unregistered interventions for Ebola viral disease will not alone be the answer to combating the outbreak - that requires a massive scaling up of all the known measures such as community mobilization, education, effective contact tracing, early presentation of suspected Ebola patients at appropriately equipped treatment centers, training and equipping health workers, and effective coordination of the response." Goetghebuer said the organization is looking forward for its patients to benefit from any treatment that shows promise, and said MSF will work with relevant organizations to support the process. "We fully support the acceleration of actions to select a promising treatment, to scale up production, and to organize a fast-track trial on the ground - all within a medical ethical framework that has been debated by WHO ethical specialists," he said. But the announcement of approval for experimental treatments came with disappointing news from Spain, where Spanish missionary priest Miguel Pajares died Tuesday after contracting Ebola in Liberia. Spanish authorities had said on Monday that Pajares, 75, would be treated with experimental Ebola drug ZMapp, but it is unclear if he had already received the drug at the time of his death and, if so, if it worsened his condition. The flurry of developments came hours after the World Health Organization said the death toll from the Ebola outbreak in West Africa has now reached 1,013 after 52 deaths were reported in the 3-day period ending on Saturday. A total of 69 new cases were reported during the same time period, putting the total number of suspected and confirmed cases at 1,848. The Ebola outbreak in West Africa is believed to have started in December 2013 in Guinea, but it was not detected until March, after which it spread to Liberia, Sierra Leone and, more recently, Nigeria. The current outbreak features the Zaire strain of the Ebola virus, which is considered the most aggressive and deadly strain, having killed up to 9 out of 10 infected in previous outbreaks. Ebola is a highly infectious disease and kills its victims in a very short time. The ongoing outbreak is the worst ever of its kind. Signs and symptoms include high grade fever, vomiting, diarrhea, abdominal pain, headache, measles-like rash, red eyes, and in some cases bleeding from

body openings. The virus, for which there is no cure or vaccine, can spread through direct contact with body fluids such as saliva, blood, stool, vomit, urine, and sweat but also through soiled linen used by an infected person. It can also spread by using skin piercing instruments previously used by an infected person or by touching the body of a person who died of Ebola. It is not airborne. The first outbreak of Ebola in 1976 in Zaire - which is now the Democratic Republic of Congo - had been the deadliest until the current outbreak, killing at least 280 people and sickening 38 others, putting the fatality rate at 88 percent. The Ebola outbreak in Uganda in 2000 had long been the largest ever recorded, killing 224 people and sickening at least 201 others.

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