follow-up study is designed to provide much-needed safety data on potential late effects of ART in both mothers and children in Africa.

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To the Editor: Davey and colleagues (Oct. 13 issue) are to be commended for completing the ZMapp trial under challenging circumstances. However, in order to determine whether ZMapp represented the only difference across study groups, more detail should have been provided for the between-group comparisons. The ZMapp infusion protocol describes monitoring every 15 to 30 minutes during early dose escalation; however, no description exists for similar monitoring of the patients who received the standard of care. Frequent monitoring of patients receiving ZMapp may have resulted in earlier identification of serious adverse events and improved care delivery, an effect observed in other trials involving severe illness in similar settings. Elevated baseline creatinine levels are associated with Ebola virus disease mortality. In the JIKI trial, the elevated baseline creatinine level was lethal in virtually all enrolled patients (97%) with a low cycle-threshold value for the virus (<20). In the ZMapp trial, patients receiving the standard of care appear to have had slightly higher baseline creatinine levels; it was not reported whether there was a significant between-group difference. It is conceivable that such differences between study groups contributed to the improved survival trend attributed to the ZMapp intervention.

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Since publication of their article, the authors report no further potential conflict of interest.


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Trial of ZMapp for Ebola Virus Infection

No potential conflict of interest relevant to this letter was reported.


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The authors reply: Jacob and Fletcher raise important issues of potential bias in assessments of survival between the study groups, specifically citing differences in monitoring during follow-up and the possibility of chance imbalances in baseline creatinine levels. As acknowledged in the Discussion section of the article, one limitation of the trial was its open-label strategy (rather than a double-blind, placebo-controlled strategy), which may have influenced bedside monitoring during infusions. Accordingly, we cannot say whether the additional bedside monitoring provided some benefit to ZMapp recipients that was independent of any effect of ZMapp itself. If so, however, it did not translate objectively into any different-
to this letter was reported.


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THE AUTHORS REPLY: Mannucci and Franchini suggest that monitoring patients with von Willebrand’s disease during surgery should involve

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