TRIALS ON THREE DIFFERENT EBOLA TREATMENTS WILL BEGIN IN WEST AFRICA IN DECEMBER, INCLUDING TWO ANTI-VIRAL DRUGS, CHOSEN DUE TO PROMISING DATA & NON-PROHIBITIVE COSTS. FOR ETHICAL REASONS, NO CONTROL GROUP WILL BE USED IN TRIALS, AND THEY WILL END AHEAD OF SCHEDULE IF IMPROVEMENT TO 40% MORTALITY IS OBSERVED.

**The Ebola Virus**

70% WEST AFRICAN DEATH RATE
5000+ DEATHS SINCE OUTBREAK

**Effects of the Virus**

NAUSEA VOMITING DIARRHOEA RED EYES
RASH CHEST PAINS STOMACH PAINS
SEVERE WEIGHT LOSS BLEEDING & BRUISING
LOSS OF BLOOD FROM ORIFICES DEATH

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**Brincidofovir**

Anti-viral originally developed to treat smallpox, adenovirus, and cytomegalovirus.

Tests on cells in a lab have suggested Brincidofovir could help treat ebola virus.

The first US patient given it at a late stage died, but another patient was subsequently passed ebola-free.

Mechanism unclear - not usually effective against RNA-based viruses like ebola.

Safety tested in 1000+ human subjects. In phase III clinical trials for other viruses in US.

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**Favipiravir**

Anti-viral, active against a range of RNA viruses including influenza & yellow fever.

Appears effective in a mouse model of the ebola virus.

Reported that its administration aided the recovery of a French nurse in Liberia, but its efficacy in human cases is still unclear.

Works by blocking replication of the virus by inhibiting an enzyme.