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Authors' reply

In his linked Comment[1] about the interim results of the *Ebola* ça *suffit* trial,[2–4] Philip Krause makes several important points. 90 clusters were included in the planned interim analysis of this cluster randomised trial: 48 clusters were assigned to immediate vaccination with the rVSV-ZEBOV Ebola vaccine and 42 clusters were assigned to delayed vaccination with rVSV-ZEBOV. In the immediate vaccination group, no cases of Ebola virus disease were noted with symptom onset at least 10 days after randomisation, whereas in the delayed vaccination group there were 16 cases from seven clusters. The estimated vaccine efficacy was therefore 100% (95% CI 74·7–100·0; p=0·0036). As per the statistical α-spending rules defined a priori, the p value needed to declare success on this reported interim analysis was 0·0027.

The full data for primary and secondary outcomes of efficacy, effectiveness, and safety will be shown in a future report once follow-up is completed for all participants in the trial. We will analyse the final data as described in the protocol,[2] but welcome Krause's suggestions for additional, post-hoc analyses and will explore these analyses and others in the future.

We thank the other correspondents for their interest in our study.[3] We agree with Felicity Fitzgerald and colleagues that vaccination should be extended to children as soon as the safety of the vaccine in this age group has been established. Since Sept 2, 2015, the ring vaccination trial has been amended to include children aged 6 years and older based on preliminary unpublished data from phase 1 trials completed in Gabon (PACTR201411000919191). Sarah Tschudin-Sutter and colleagues emphasise the need for data for the level of long-term protection provided by the rVSV-ZEBOV Ebola vaccine. An ongoing companion study in health workers in Guinea (PACTR201503001057193) and other studies, will contribute valuable data in this context. Tschudin-Sutter also points out that there is evidence of cross-protection between different Ebola virus strains. This point is important and the extent of cross-protection given by the vaccine against other Ebola viruses should be explored in future studies.

ME and WJE have acted as unpaid advisers to WHO on Ebola vaccination and report travel and accommodation paid for by WHO to attend meetings. WJE is a co-investigator on the European Commission Innovative Medicines Initiative-funded EBOVAC trial of the Johnson & Johnson prime-boost Ebola vaccine candidate, for which he has received a grant from the European Commission Innovative Medicines Initiative, and his partner is an epidemiologist at GlaxoSmithKline, in a role unrelated to the company's development of an Ebola vaccine. The other authors declare no competing interests.

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