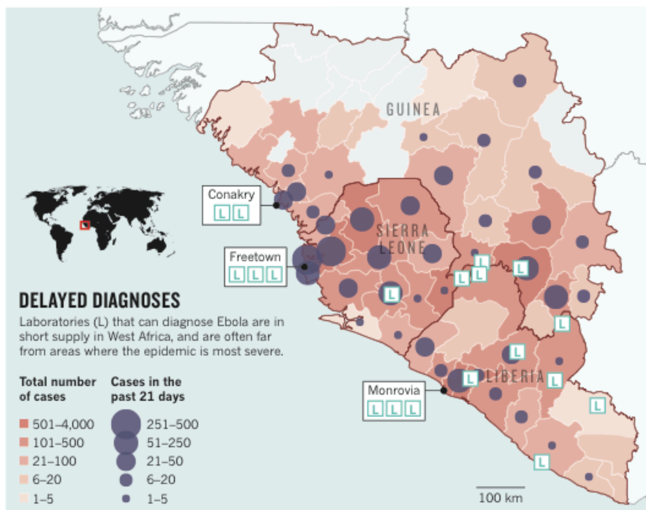

A few weeks ago, villagers near Tambiama fought off quarantine officers with machetes. Early on, there were problems guaranteeing that quarantined families in many areas had enough to eat. Such conditions make opposition to quarantine understandable, says Catherine Bolten, an anthropologist at the University of Notre Dame in Indiana. "You might or might not get Ebola, but you'd definitely know if you're starving to death."

There's little doubt what Erica Ollmann Saphire would do if she had Ebola or knew she had been exposed. Knowing the staggering case fatality rate of this hemorrhagic fever, Ollmann Saphire says she would take the antibodies—never mind that they haven't been tested for safety. "Believe me, I'd run for the freezer and ask for forgiveness instead of permission," she says.

As the outbreak in West Africa worsened, debates intensified among scientists, government officials, and company executives about bringing some of these unapproved products to Africa on a so-called compassionate use basis—after all, "something is better than nothing," Ollman Saphire says.

But the organizations fighting Ebola on the ground say they simply can't bring an untested, unlicensed drug to a population that's already distrustful of the teams trying to stamp out the outbreak. "Some people are throwing stones at us," says Armand Sprecher, a public health specialist at the Brussels office of Doctors Without Borders. "There are rumors that we are spreading disease, harvesting organs, and other horrible things. Bringing in unlicensed things to experiment on people could be very counter- productive."

Still, an exception was once made for compassionate use of an Ebola therapy. In 2009, when a German researcher pricked her finger with a syringe containing Ebola, the VSV vaccine was rushed from Winnipeg to Hamburg, where she received it 48 hours after the accident and remained healthy. Whether the vaccine helped can't be determined. But that was a single case in an intensive care unit in a Western hospital where the patient could be monitored closely for side effects and treated if needed, says PHAC virologist Gary Kobinger.

Doing the same for hundreds of people in Africa is virtually impossible, he says. Getting informed consent would be a huge challenge. And no drug or vaccine is going to work once patients are very ill, says Ebola researcher Thomas Geisbert of the University of Texas Medical Branch in Galveston; if patients seek care too late, that could create the mistaken impression that the interventions are useless.

Before the current one, all known outbreaks had caused fewer than 2400 cases, across a dozen African countries over 3 decades. Add the poverty of those countries, and the market for drugs and vaccines looks unpromising.