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estimates of vaccine effectiveness in post-licensure settings. Further discussion of this topic by experts is warranted.

A key feature common to all of these approval provisions is that the established standards for the demonstration of safety and effectiveness are maintained. From our perspective, if needed, any of these pathways to licensure could provide an alternative science-based approach to the demonstration of vaccine effectiveness against Ebola virus disease.

The rapid evolution of the Ebola outbreak will need continued regulatory flexibility and adjustment to approaches used for product development and approval. By fostering a high level of communication both together and with our stakeholders, the FDA, EMA, and Health Canada will continue to employ their science-based regulatory approaches to expedite Ebola vaccine licensure and thus facilitate the availability of one or more effective Ebola vaccines.

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We declare no competing interests.

- 1 US Food and Drug Administration. Code of Federal Regulations (CFR) title 21, 2014. <http://www.ecfr.gov/cgi-bin/text-idx?node=pt21.7.601> (accessed April 24, 2015).
- 2 Health Canada. Guidance document—submission and Information requirements for extraordinary use new drugs (EUNDS), 2014. <http://www.hc-sc.gc.ca/dhp-mps/brgtherap/applic-demande/guides/eund-dnue-eng.php> (accessed May 1, 2015).
- 3 European Union. REGULATION (EC) No 507/2006. *Official Journal of the European Union* 2006; **L92**: 6–9.
- 4 European Union. REGULATION (EC) No 726/2004. *Official Journal of the European Union* 2004; **L136**: 1–33.
- 5 Krause PR, Bryant P, Clark T, et al. Immunology of protection from Ebola virus infection. *Sci Transl Med* 2015; **7**: 286ps11.

Corrections

Waight PA, Andrews NJ, Ladhani SN, Sheppard CL, Slack MPE, Miller M. Effect of the 13-valent pneumococcal conjugate vaccine on invasive pneumococcal disease in England and Wales 4 years after its introduction: an observational cohort study. *Lancet Infect Dis* 2015; **15**: 535–43—The article should have been accessible as Gold Open Access (CC BY-NC-ND) since the 19th March 2015. The correction has been made to the online version as of April 24, 2015.

Müller MA, Meyer B, Corman VM, et al. Presence of Middle East respiratory syndrome coronavirus antibodies in Saudi Arabia: a nationwide, cross-sectional, serological study. *Lancet Infect Dis* 2015; **15**: 559–64—In this Article, the affiliation for the authors Malak Al-Masri, Raafat F Alhakeem, Abdullah M Assiri, and Ziad A Memish should have been “Ministry of Health, Riyadh, Saudi Arabia”. Additionally, the affiliation for Abdulhafeez Turkestani should have been “Makkah Regional Health Affairs, Ministry of Health, Makkah, Saudi Arabia” only. These corrections have been made to the online version as of May 19, 2015.

Lauer KB, Faqih L, Blanchard TJ. Ebola: the real lessons from HIV scale-up. *Lancet Infect Dis* 2015; **15**: 506–07—The title of this Correspondence should have been ‘Long-term vaccine strategies for Ebola’. This correction has been made to the online version as of May 19, 2015.

Althaus CL. Ebola: the real lessons from HIV scale-up. *Lancet Infect Dis* 2015; **15**: 507–08—The title of this Correspondence should have been ‘Ebola superspreading’. This correction has been made to the online version as of May 19, 2015.



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