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**Comments on Rees et al.: safety and feasibility of a strategy of early central venous catheter insertion in a deployed UK military Ebola virus disease treatment unit**

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A response to these comments can be found at: doi:[10.1007/s00134-015-3809-y](https://doi.org/10.1007/s00134-015-3809-y).

Dear Editor,  
We read with great interest the article by Rees et al. published in your journal [1]. First of all, we would like to congratulate Dr. Rees and his team for their valuable work which gives Ebola healthcare workers access to very useful data.

As part of France's contribution, a ten-bed military Ebola virus disease treatment unit has been deployed since January 2015 in Conakry, Guinea, where the epidemic remains

active. The unit comprises a multi-disciplinary team of senior physicians combined with nurses, laboratory technicians, pharmacists, administrative and command elements. Our medical team also discussed the potential advantages of early central venous access with two goals: (1) to allow reliable venous access to facilitate fluid replacement that is a key point in the care of Ebola patients, and (2) to prevent the personnel from risk of contamination by reducing the number of venous punctures. Data published in the article by Rees et al. showed that this strategy may be successful, which is concordant with our local experience.

However, we observed that patients frequently experienced agitation and confusion as a result of encephalopathy. To date, this encephalopathy physiopathology remains to be elucidated, but we can hypothesize that it may be enhanced by direct viral encephalopathy, systemic inflammatory response syndrome and the isolation imposed by the "red zone". Above all, agitation may complicate the central venous catheter insertion, and increase the risk of accident. We would like to know if the authors observed such agitation in their patients, and how they dealt with this concern when central venous access was decided upon. Is it a contraindication to central venous access? Do they perform deep sedation that may be challenging and unsafe in the red zone?

**Conflicts of interest** The authors have no conflict of interest related to the topic of this letter.

**Reference**

1. Rees PS, Lamb LE, Nicholson-Roberts TC, Ardley CN, Bailey MS, Hinsley DE, Fletcher TE, Dickson SJ (2015) Safety and feasibility of a strategy of early central venous catheter insertion in a deployed UK military Ebola virus disease treatment unit. *Intensive Care Med*. doi:[10.1007/s00134-015-3736-y](https://doi.org/10.1007/s00134-015-3736-y)

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