

Comments from Dr. Evan Mayo-Wilson, August 28, 2014

DEVTA is a large trial, but its relative importance differs depending on the statistical model used to compare it with previous studies. Depending on the choice of model, DEVTA could have no impact on the average effect on mortality, or it could reduce the average effect estimate by half ([Mayo-Wilson et al 2013](#)). There are many reasons to doubt that DEVTA and previous trials were estimating the same true effect (e.g. differences in implementation of the intervention, reductions in risk of disease), so the average effect reported by the authors of DEVTA should be interpreted cautiously. In areas with high risk of vitamin A deficiency and high risk of child mortality, supplementation programs might continue to achieve the large effects observed in previous trials.

We believe that vitamin A supplementation is safe and that it is effective in preventing death, reducing illness, and improving vision.

There is sufficient evidence to continue supplementation programs according to WHO guidelines, and further placebo controlled trials would be unethical given the overwhelming evidence of benefit.