

Author's reply

Sir,

The action plan to halt transmission of *Mycobacterium leprae* infection, which has been described in page 3 of the review, definitely mentions the single-dose rifampicin administration to contacts of index cases which has been adopted by the Government of India as one of the procedures to curtail transmission, but has not discussed in depth its pros and cons in suitability in curtailing *M. leprae* transmission. However, the issue of drug resistance has been discussed and it has been cautioned in the last line under *The protection of contacts of index cases from getting M. leprae infection in page 3*: "Considering the above, especially when secondary rifampicin resistance is being reported from various endemic regions of leprosy whether single-dose rifampicin for chemoprophylaxis will be a wise proposition for reduction in transmission of infection will be revealed only from the future survey of contacts of index cases who will be subjected to chemoprophylaxis under the control program."

I fully agree with the views and concern of Dr. Bhushan Kumar regarding its implementation in the National Leprosy Eradication Program. In addition to the points raised by the correspondent, it is to be mentioned that considering the average half-life of rifampicin to be 3.35 (± 0.66) hours¹, the antibacterial activity will remain for too short a time! If the primary focus of infection remains in peripheral nerves, the drug will be cleared before its penetration in nerve.

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Conflicts of interest

There are no conflicts of interest.

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Reference

1. Available on <https://www.rxlist.com/rifadin-drug.htm>. [Last accessed on 2018 Apr 15].

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