Dr. Almeida Replies

TO THE EDITOR:

I thank Dr. Levy for his interesting comments on an earlier submission ([1]). I believe he is wise to choose daily (not monthly) rifampin for himself. He is right in stating that "persister" *Mycobacterium leprae* occur regardless of the regimen used. However, this will be poor comfort to patients who are on monthly rifampin. It is nonpersister *M. leprae,* rather than "persisters," that are worrisome ([3]). Monthly rifampin is far less effective than daily rifampin against nonpersister *M. leprae.*

In passing, I am sure that Dr. Levy has persuaded himself adequately of the relevance of mouse foot pad findings to human therapy ([6]). Particular mouse foot pad findings may be inconvenient, but that is surely no reason to selectively discard them.

Dr. Levy seems to draw comfort from the record of WHO-MDT, based largely on self-healing patients and those already smear-negative after previous treatment. Even placebos might have a fair measure of success under those circumstances. It is more meaningful to analyze results among previously untreated, smear-positive lepromatous patients, when a less comforting picture might emerge ([7, 8]).

Let us consider rifampin and cost-effectiveness. Daily rifampin is effective and the single initial dose of rifampin gives a surprisingly high initial kill ([2, 4, 5]). However, monthly rifampin appears no more effective than daily dapsone or clofazimine ([2, 4, 5]). If rifampin is continued beyond a single initial dose, it should be given daily or not at all. Monthly rifampin appears superfluous.

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