A POSSIBLE 'FLU' SYNDROME ON ONCE-MONTHLY RIFAMPICIN

Sir,

Recently, changes have occurred in the management of leprosy with rifampicin becoming the mainstay of modern treatment, alongside the traditional dapsone.

In countries which can afford daily rifampicin, this is seen to produce few side-effects, except occasional gastrointestinal or cutaneous complaints and, in a few cases, drug-induced hepatitis, especially when given in combination with ethionamide or prothionamide (Pattijn 1983, personal communication).[2]

In the WHO recommendation for leprosy control, once-monthly rifampicin is advised. From tuberculosis treatment it was known that intermittent rifampicin administration given once or twice weekly could lead to a potentially dangerous reaction called the 'flu' syndrome.[1] It was considered unlikely that such reaction could occur when rifampicin was given only once monthly.

We would like to report a patient who presented with features of 'flu' syndrome on the once-monthly rifampicin regimen.

The patient, a 55-year-old caucasian woman with subpolar lepromatous leprosy, had started mutiple drug treatment (MDT) 9 months previously (rifampicin 600 mg once monthly, clofazimine 300 mg once monthly, clofazimine 50 mg daily and dapsone 100 mg daily). She took her monthly dose of rifampicin in the morning and a little over half-an-hour later she felt a sharp pain from her midthorax extending downwards into her lower limbs. She found it very difficult to stand and walk. One hour after taking the drug she felt cold, nauseous and developed a headache. After 2 h she was shivering severely, which was extremely painful due to muscle-ache. Five hours after taking the tablets, the shivering subsided but she felt pyrexic and started sweating. During the afternoon she started feeling better. The next morning the fever and pain had abated but she remained slightly nauseous and exhausted. She recovered completely later that day. There was no evidence of malaria or erythema nodosum leprosum which could have produced similar symptoms. The patient reported that on previous occasions she had experienced slight discomfort after taking rifampicin and this had gradually become worse but not severe enough to report.

Although the diagnosis of 'flu' syndrome was not definite (provocation was considered unethical under local circumstances) her treatment was changed to ethionamide, isoniazid, dapsone and clofazimine, in daily dosage and a similar 'reaction' has not occurred again.

Over 3000 patients are taking or have been taking rifampicin once-monthly within our programme and until now we have not encountered any serious side-effects. If our patient was indeed suffering from the 'flu' syndrome, which we think very likely, it indicates that this reaction with its unknown mechanism can also occur when rifampicin 600 mg is given once monthly.

B NAAFS & B O MATEMERA

Ministry of Health, PO Box 8204
Causeway, Harare, Zimbabwe

References

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[2] Ji B, Chen J, Wang C, Xia G. Hepatotoxicity of combined therapy with rifampicin and daily prothionamide for leprosy. *Lepr Rev*, 1984; **55:** 283–289.