



Article

Single-Dose Rifampicin Leprosy Chemoprophylaxis for Household Contacts in Kiribati: An Audit of a Combined Retrospective and Prospective Approach

Patrick O. Campbell ^{1,2,*}, Temea Bauro ^{3,†}, Erei Rimon ³, Eretii Timeon ³, Caitlin Bland ⁴, Nabura Ioteba ⁵, Nicholas M. Douglas ^{2,6,7}, Arturo Cunanan ^{8,9} and Stephen T. Chambers ¹

¹ Department of Pathology and Biomedical Science, University of Otago, Christchurch 8011, New Zealand; steve.chambers@otago.ac.nz

² Department of Infectious Diseases, Christchurch Hospital, Te Whatu Ora Waitaha, Canterbury 8011, New Zealand; nick.douglas@otago.ac.nz

³ Government of the Republic of Kiribati Ministry of Health and Medical Services, Tarawa P.O. Box 268, Kiribati; teme.bauro@mhms.gov.ki (T.B.)

⁴ Otago Medical School, University of Otago, Christchurch 8011, New Zealand

⁵ Pasifika Medical Association, Christchurch 8011, New Zealand

⁶ Department of Medicine, University of Otago, Christchurch 8011, New Zealand

⁷ Division of Global and Tropical Health, Menzies School of Health Research, Charles Darwin University, Darwin, NT 0811, Australia

⁸ Department of Health, Culion Sanatorium and General Hospital, Culion 5315, Philippines

⁹ Division of Programmes for Disease Control, Manila 1003, Philippines

* Correspondence: patrick.campbell@cdhb.health.nz

† These authors contributed equally to this work.

Table S1. Single dose rifampicin (SDR) chemoprophylaxis dosing.

Age/Body Weight	Rifampicin Single Dose
>15 years old	600 mg
10–14 years	450 mg
Children 6–9 years (weight ≥ 20 kg)	300 mg
Children 6–9 years (weight < 20 kg)	150 mg
Children < 5 years	10–15 mg/kg

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.