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CORRECTION

Correction to: Severe malaria. Current concepts and practical overview: What every intensivist should know

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Correction to: Intensive Care Med
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The original version of this article unfortunately contained several mistakes.

There was an error in one of the affiliations. The correct affiliation should read Department of Medicine, Divisions of Critical Care and Pulmonology, Charlotte Maxeke Johannesburg Academic Hospital and Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa.

In addition there was an error in Table 4. The corrected table is given below.

There was also an error in the title of Table 5. The correct title should read Antimalarial treatment of severe malaria for adults, pregnant women and children.

The take home message should read: Severe malaria is a life-threatening multi-organ disease and serious global healthcare problem. This review provides the most current concepts, contemporary issues and recent developments in the understanding and management of this potentially fatal disease and offers practical direction for all involved in the care of such patients. What every intensivist should know!

We apologise for the mistakes.

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The original article can be found online at https://doi.org/10.1007/s00134-020-06019-0.

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Table 4 Malaria diagnosis

Component	Comments
Clinical aspects	Malaria is a frequent cause of fever in tropical regions
	History of travel to an endemic area and presentation with an acute febrile illness is an important clue to the diagnosis
	Good clinical acumen can be helpful to assist in differentiating malaria from a variety of other tropical and important diseases and disorders
	Clinical findings should always be confirmed by a diagnostic test for malaria
Microscopy Blood smears peripheral blood	Microscopic examination gold standard Allows species identification and quantification of parasitaemia and parasite asexual stage
Thin and thick films	Thick films have a higher sensitivity for diagnosis Thin films allow more accurate speciation and quantification of parasitaemia
Rapid diagnostic tests (RDTs)	Detect circulating parasite-associated antigens
	Allow for the diagnosis of malaria without a trained microscopist
	Similar sensitivity to microscopy (require the presence of 100 parasites/μL of blood to give a positive result; blood smears require 50 parasites/μL)
	Do not quantify parasitaemia
	Do not usually provide speciation although the PfHRP2 (Plasmodium falciparum-specific histidine-rich protein2) test identifies *P. falciparum*
Molecular techniques	Remain largely a research tool
	Occasionally may be useful when doubt exists in infecting species to help with differentiation
Other clinically relevant investigations	
Blood (full blood count, biochemistry profile, coagulation profile, glucose, blood gas analysis, lactate and blood cultures)	Assist in determining severity, identifying organ dysfunction and help to guide subsequent management
Imaging	Largely used to address specific diagnostic issues and directed by patient's clinical condition

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