

2. treatment should have begun before travel and should have been continued after leaving the malarious area.

3. the dosage for the children was too low: children of > 12 years should receive the adult dose, children of 6 to 12 years 3/4 of the adult dose.

With the increase in worldwide travel and ignorance of the malaria problem (5) there is an increasing danger that tourists to malarious areas take insufficient prophylaxis measures as demonstrated here, and are thus at high risk of contracting malaria.

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Erratum

C. Chichino et al.: Rapid Microscopy Technique for Detection of *Pneumocystis carinii* in Fresh Clinical Specimens, Volume 9, Number 8, 1990, pages 601–604

The last paragraph of the article was duplicated and the duplication should therefore be ignored.