

Re the letter “Paracetamol recall: a natural experiment influencing analgesic poisoning”, by Gunnell D, in the 3 June issue of the Journal (*Med J Aust* 2002; 176: 561–562).

A software error in our production system led to incorrect reference citation numbers.

The correct reference numbers are:

Paragraph 1, last sentence: “...availability of paracetamol.²”

Paragraph 2, first sentence: “...investigated by Balit and colleagues.³”

Paragraph 3, first sentence: “...restricted rather than banned.⁴”

Paragraph 4, third sentence: “...less harmful than paracetamol.⁵”

Paragraph 5, first sentence: “...should be monitored carefully.⁴”

Re “MJA Practice Essentials – Infectious diseases 3: Community-acquired pneumonia”, by Johnson PDR, Irving LB and Turnidge JD, in the 1 April issue of the Journal (*Med J Aust* 2002; 176: 341–347). The authors would like to clarify an ambiguity in the text, after discussion with Professor Bart Currie (Director of Clinical Research, Tropical Medicine and International Health Unit, Menzies School of Health Research, Darwin, NT). On page 345, the last paragraph should read:

“Tropical Australia: Patients in tropical Australia, particularly those with more severe pneumonia, may be infected with *B. pseudomallei* (melioidosis) or *A. baumannii* and thus may require different initial empirical therapy. Patients with CAP in risk classes III or IV who also have risk factors for these infections (eg, diabetes, chronic airways disease, high alcohol intake or renal disease) should receive initial therapy with regimens that include intravenous gentamicin plus ceftriaxone (2 g for adults). All patients in risk class V should receive regimens that include intravenous gentamicin plus meropenem, if available. The regimen needs to be further refined if one of these pathogens is identified.²⁶”

In addition, the last footnote to Box 6 on page 345 should be replaced with the following: “¶ In tropical Australia, melioidosis and *Acinetobacter baumannii* infection should be considered in all patients in risk class V and those with risk factors in risk classes III and IV.”

Antibiotic recommendations are under constant review because of emerging resistance and changes in epidemiology, and we remind clinicians to refer to the latest updates of *Australian antibiotic guidelines* when prescribing. □