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intravenous therapy of the current 2 weeks in which intravenous therapy has been prolonged by doctors beyond 2 weeks. Indeed, all three patients with antibiotic periods determine the focus of pneumonia and experienced recrudescence or relapse, is a positive blood culture. We believe the continuing changes in doctors' practice with regard to the period of patient intravenous therapy with melioidosis pneumonia at royal Darwin Hospital have contributed to the continued low recrudescence and relapse rates in our region and most importantly the ongoing downward trend in deaths. To reflect darwin infectious disease physicians' best practices, a consensus has been reached among doctors to formally incorporate changes into revised guidelines. The 2020 revision of Darwin melioidosis treatment guidelines now covers a period of at least 3 weeks of intravenous antibiotics for those with simultaneous bacteraemia and pneumonia that only involves single lobe pneumonia and those with multilateral pneumonia and unilateral without bacteraemia. Minimum intravenous therapy is extended to 4 weeks in those with multilateral and unilateral pneumonia that has bacteraemia. (See Table 5). While most of the data was collected prospectively as part of the Prospective Darwin Melioidosis Study, one limitation of this study is that the duration of antibiotic therapy and collected retrospectively. In addition, we do not collect specific data for compliance with oral eradication therapy, but note that advance analysis and ongoing clinical experience show compliance to be poor in patient level [9]. Finally, while the guidelines reviewed reflect consensus clinical experience, we do not have specific data on fever release or other markers of progress to support a more slow clinical response in those whose review now recommends a longer period of antibiotic therapy. In conclusion, Darwin's 2015 melioidosis guidelines [9] have been modified by 2020 to reflect the practice of doctors extending intravenous therapy beyond 2 weeks in patients with concurrent bacteraemia and pneumonia and those with unilateral multilobar or two-lobe pneumonia. However, we acknowledge that there are many endemic areas for melioidosis where admission to hospital is prolonged and intravenous therapy is often impossible or affordable[6, 7]. We would like to thank all of our clinical and laboratory colleagues at the Royal Darwin Hospital and menzies melioidosis team for B. various order types of pseudomallei. 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