Chloroquine resistant falciparum malaria has rapidly spread over central and west Africa (Wernsdorfer & Payne, 1991). In southern Cameroon chloroquine resistance was first reported by Sansonetti et al. (1985). We measured chloroquine sensitivity in vivo of *Plasmodium falciparum* in May 1989 and 1991 in schoolchildren in the town of Edea, southern Cameroon, and observed considerable increase over 2 years (Gazin et al., 1990; Mulder et al., 1992). Parallel studies in vivo in Edea stated that they had taken quinine at home, often at insufficient doses (B. Mulder, unpublished data). Our findings indicate that chloroquine remains useful for home medication, while for first line treatment amodiaquine at a dose of 35 mg/kg over 3 d was found to be efficient (Louis et al., 1992b). Although encouraging, stabilization of resistance in vivo might be temporary, emphasizing the need for constant monitoring in central African countries in order to adapt therapeutic schemes.

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