

**Correction, Vol. 8, No. 1**

In the article "Antimicrobial Sensitivity in Enterobacteria from AIDS Patients, Zambia," by James Mwansa et al., errors were made in calculations for the table on page 93. The corrected table appears below and online at <http://www.cdc.gov/ncidod/eid/vol8no1/01-0018.htm>. We regret any confusion these errors may have caused.

Table. Antibiotic sensitivity patterns for three enterobacteria isolated from patients with HIV-related persistent diarrhea in Zambia

Antimicrobial agent <sup>a</sup>	Nontyphoidal salmonellae	<i>Shigella flexneri</i>	<i>Shigella dysenteriae</i>
	No. sensitive (%)	No. sensitive (%)	No. sensitive (%)
Tetracycline	37 (23)	2 (6)	3 (16)
Chloramphenicol	36 (23)	7 (23)	8 (42)
Gentamicin	119 (75)	24 (77)	18 (95)
Sulphamethoxazole-trimethoprim	25 (16)	3 (10)	0 (0)
Amoxicillin	74 (47)	9 (29)	7 (37)
Amoxicillin-clavulanic acid	95 (60)	27 (87)	12 (63)
Cephalexin	105 (66)	23 (74)	17 (89)
Cefuroxime	93 (59)	11 (35)	16 (84)
Cefotaxime	149 (94)	28 (90)	19 (100)
Nalidixic acid	107 (68)	31 (100)	19 (100)
Ciprofloxacin	157 (99)	30 (97)	18 (95)
Erythromycin	22 (14)	0 (0)	4 (21)
Azithromycin	64 (93)	9 (100)	19 (100)

<sup>a</sup>One hundred fifty-eight isolates of nontyphoidal salmonellae, 31 of *S. flexneri*, and 19 of *S. dysenteriae* were tested against all these antimicrobial agents, except for azithromycin, against which 69, 9, and 19 isolates were tested, respectively.

**Correction, Vol. 8, No. 4**

In "Antimicrobial Use and Antimicrobial Resistance: A Population Perspective," by M. Lipsitch and M.H. Samore, the following references appeared out of order: nos. 10, 14, and 19. The corrected version appears online at <http://www.cdc.gov/ncidod/EID/vol8no4/01-0312.htm>. We regret any confusion this error may have caused.

**Correction, Vol. 8, No. 4**

In the Letter to the Editor "O157:H7 Shiga Toxin-Producing *Escherichia coli* Strains Associated with Sporadic Cases of Diarrhea in São Paulo, Brazil," by Kinue Irino et al., reference no. 1 was inadvertently omitted. That reference is

Griffin P, Tauxe RV. The epidemiology of infections caused by *Escherichia coli* O157:H7, other enterohemorrhagic *E. coli*, and the associated hemolytic uremic syndrome. *Epidemiol Rev* 1991;13:60-98.

References in the text should be renumbered accordingly. The corrected version appears online at <http://www.cdc.gov/ncidod/EID/vol8no4/01-0490.htm>. We regret any confusion this error may have caused.

**Correction, Vol. 8, No. 2**

In the article "Epidemiology of *Burkholderia cepacia* Complex in Patients with Cystic Fibrosis, Canada" by David P. Speert et al., an error was made in calculations for Table 2 on page 184. The corrected table appears below and online at <http://www.cdc.gov/ncidod/eid/vol8no2/01-0163.htm>.

In addition, the corrected percentages appear in two sentences from the results section on page 183, as follows: Most isolates (82.5%) were from genomovar III and included all strains that clustered in individual centers and appeared to be transmitted from patient to patient. Approximately 10% of infected patients were infected with *B. multivorans* (genomovar II), but there was little evidence among these isolates of genotypic clustering as determined by RAPD and PFGE.

We regret any confusion this error may have caused.

Table 2. Genomovar or species of *Burkholderia cepacia* complex or phenotypically similar isolates from cystic fibrosis patients in Canada

Species or genomovar	No. of patients infected with species or genomovar <sup>a</sup>	Percentage of patients (%)
Genomovar I	1	0.2
<i>Burkholderia multivorans</i> (genomovar II)	43	9.6
Genomovar III	369	82.5
<i>Burkholderia stabilis</i> (genomovar IV)	17	3.8
<i>Burkholderia vietnamiensis</i> (genomovar V)	7	1.6
<i>Burkholderia cepacia</i> complex (not genomovar I-VII)	8	1.8
<i>Burkholderia fungorum</i>	1	0.2
<i>Burkholderia gladioli</i>	5	1.1
<i>Ralstonia pickettii</i>	5	1.1
<i>Pandoraea</i> spp.	5	1.1
Total	461 <sup>a</sup>	

<sup>a</sup>Some patients were counted twice if two or more different strains were recovered; therefore, the percentage of patients is based on a denominator of 447.

### Emerging Infectious Diseases Policy on Corrections

The Emerging Infectious Diseases journal wishes error-free articles. To that end, we

1) Make corrections as quickly as we become aware of errors

2) Publish corrections online and in print. Online, we correct the error in the article it occurred with a note that the article was corrected and the date of correction. In print, we prominently publish a full correction, printing all needed information, and provide the URL of the corrected online article for reprints.

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