

## CORRECTION

# Correction: Enrollment in HIV Care Two Years after HIV Diagnosis in the Kingdom of Swaziland: An Evaluation of a National Program of New Linkage Procedures

The *PLOS ONE* Staff

The caption for [Table 1](#), “Clisssent and referral facility characteristics, by study-gender group,” should be “Client and referral facility characteristics, by study-gender group.” The publisher apologizes for the error. Please see [Table 1](#) with the correct caption here.

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**Citation:** The *PLOS ONE* Staff (2016) Correction: Enrollment in HIV Care Two Years after HIV Diagnosis in the Kingdom of Swaziland: An Evaluation of a National Program of New Linkage Procedures. *PLoS ONE* 11(3): e0152108. doi:10.1371/journal.pone.0152108

**Published:** March 17, 2016

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**Table 1. Client and referral facility characteristics, by study-gender group.**

Characteristic	SHIMS Female (N = 494)	SHIMS Male (N = 294)	SOKA Male (N = 317)	All Clients (N = 1105)
Age at diagnosis, median (Q1-Q3)	26 (22–33)	32 (27–38)	29 (25–35)	29 (24–35)
Age at diagnosis (years)				
<25	204 (41.3%)	37 (12.6%)	58 (18.3%)	299 (27.1%)
25–29	122 (24.7%)	72 (24.5%)	105 (33.1%)	299 (27.1%)
30–35	81 (16.4%)	84 (28.6%)	87 (27.4%)	252 (22.8%)
>35	87 (17.6%)	101 (34.4%)	67 (21.1%)	255 (23.1%)
Region of referral facility				
Hhohho	148 (30.0%)	101 (34.4%)	102 (32.2%)	351 (31.8%)
Lubombo	83 (16.8%)	51 (17.3%)	38 (12.0%)	172 (15.6%)
Manzini	135 (27.3%)	81 (27.6%)	126 (39.7%)	342 (31.0%)
Shiselweni	128 (25.9%)	61 (20.7%)	51 (16.1%)	240 (21.7%)
Type of referral facility				
Government (non-military)	369 (74.7%)	231 (78.6%)	189 (59.6%)	789 (71.4%)
Faith-based	91 (18.4%)	39 (13.3%)	23 (7.3%)	153 (13.8%)
Private	24 (4.9%)	15 (5.1%)	46 (14.5%)	85 (7.7%)
Non-governmental Organization	8 (1.6%)	4 (1.4%)	46 (14.5%)	58 (5.2%)
Military	2 (0.4%)	5 (1.7%)	13 (4.1%)	20 (1.8%)
Class of referral facility				
Hospital	166 (33.6%)	109 (37.1%)	105 (33.1%)	380 (34.4%)
Health Center	92 (18.6%)	43 (14.6%)	36 (11.4%)	171 (15.5%)
Clinic	227 (46.0%)	137 (46.6%)	160 (50.5%)	524 (47.4%)
Public Health Unit	9 (1.8%)	5 (1.7%)	16 (5.0%)	30 (2.7%)
Location of referral facility				
Urban	176 (35.6%)	110 (37.4%)	188 (59.3%)	474 (42.9%)
Peri-urban	66 (13.4%)	56 (19.0%)	45 (14.2%)	167 (15.1%)
Rural	252 (51.0%)	128 (43.5%)	84 (26.5%)	464 (42.0%)
Referral facility on a paved road	370 (74.9%)	217 (73.8%)	292 (92.1%)	879 (79.5%)
Days per week HIV services provided				
Monday–Friday	353 (71.5%)	217 (73.8%)	232 (73.2%)	802 (72.6%)
Monday–Saturday	90 (18.2%)	45 (15.3%)	61 (19.2%)	196 (17.7%)
Monday–Sunday	51 (10.3%)	32 (10.9%)	24 (7.6%)	107 (9.7%)
Change in days per week facility is open since March 2011				
Increase	137 (27.7%)	96 (32.7%)	119 (37.5%)	352 (31.9%)
Decrease	31 (6.3%)	28 (9.5%)	26 (8.2%)	85 (7.7%)
No change	326 (66.0%)	170 (57.8%)	172 (54.3%)	668 (60.5%)
Providers per HIV-clinic day, median(Q1–Q3)				
Doctors	1 (1–2)	1 (1–2)	1 (1–2)	1 (1–2)
Nurses	4 (2–6)	5 (2–6)	6 (4–8)	5 (2–6)
Counselors	0 (0–1)	0 (0–1)	0 (0–1)	0 (0–1)
Lay Counselors	0 (0–1)	0 (0–1)	0 (0–1)	0 (0–1)
Expert Clients	2 (2–3)	2 (2–3)	2 (1–3)	2 (2–3)
All cadres combined	8 (6–13)	9 (6–13)	10 (6–13)	9 (6–13)
ART initiated at referral facility <sup>a</sup>	487 (98.6%)	289 (98.3%)	314 (99.1%)	1090 (98.6%)
ART refills provided at referral facility	494 (100%)	294 (100%)	317 (100%)	1105 (100%)
Providers who initiate ART				
Doctor only	57 (11.5%)	29 (9.9%)	25 (7.9%)	111 (10.0%)

(Continued)

Table 1. (Continued)

Characteristic	SHIMS Female (N = 494)	SHIMS Male (N = 294)	SOKA Male (N = 317)	All Clients (N = 1105)
Nurse only	153 (31.0%)	97 (33.0%)	94 (29.7%)	344 (31.1%)
Doctor and Nurse	277 (56.1%)	163 (55.4%)	195 (61.5%)	635 (57.5%)
N/A	7 (1.4%)	5 (1.7%)	3 (0.9%)	15 (1.4%)
Phone available to implement Linkage SOP <sup>b</sup>	465 (94.1%)	279 (94.9%)	312 (98.4%)	1056 (95.6%)
Monthly credit available to implement Linkage SOP, median (Q1-Q3)	SZL 150 (150–200)	SZL 150 (150–200)	SZL 150 (150–300)	SZL 150 (150–200)
Staff responsible for calling defaulters <sup>c</sup>				
Doctors	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Nurses	239 (48.4%)	141 (48.0%)	200 (63.1%)	580 (52.5%)
Counselors	8 (1.6%)	12 (4.1%)	13 (4.1%)	33 (3.0%)
Lay Counselor/EC	321 (65.0%)	194 (66.0%)	188 (59.3%)	703 (63.6%)

<sup>a</sup>At the time of this study, Swaziland national treatment guidelines recommended ART initiation at CD4 < 350 cells/μl.

<sup>b</sup>Patient linkage, retention, and follow-up in HIV care standard operating procedures, Swaziland National AIDS Programme, 2012.

<sup>c</sup>More than one cadre could be responsible for calling clients who defaulted from their first or subsequent appointment to the HIV facility, in accordance with the Linkage SOP.

doi:10.1371/journal.pone.0152108.t001

## Reference

1. MacKellar DA, Williams D, Storer N, Okello V, Azih C, Drummond J, et al. (2016) Enrollment in HIV Care Two Years after HIV Diagnosis in the Kingdom of Swaziland: An Evaluation of a National Program of New Linkage Procedures. PLoS ONE 11(2): e0150086. doi:[10.1371/journal.pone.0150086](https://doi.org/10.1371/journal.pone.0150086) PMID: [26910847](https://pubmed.ncbi.nlm.nih.gov/26910847/)