



Correction to: Factors associated with SARS-CoV-2 antibody titers and prognosis of breakthrough infection in hemodialysis patients

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Published online: 9 March 2022

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Correction to: Clinical and Experimental Nephrology
<https://doi.org/10.1007/s10157-022-02188-y>

In the original publication, the author has found errors as below:

1. The co-author Masayoshi Koinuma was inadvertently missed to include in the submitted manuscript. However, the co-author Masayoshi Koinuma has been updated in the online version.

2. The Fig. 1A and Fig. 1B are interchanged and scale (vertical axis) in Fig. 1c (25,000) is different with Fig. 1A, 1B and 1D (these are 60,000)-the scale of Fig. 1C has changed to 60,000. The corrected figures have been provided below (Fig. 1).

The original article has been corrected.

The original article can be found online at <https://doi.org/10.1007/s10157-022-02188-y>.

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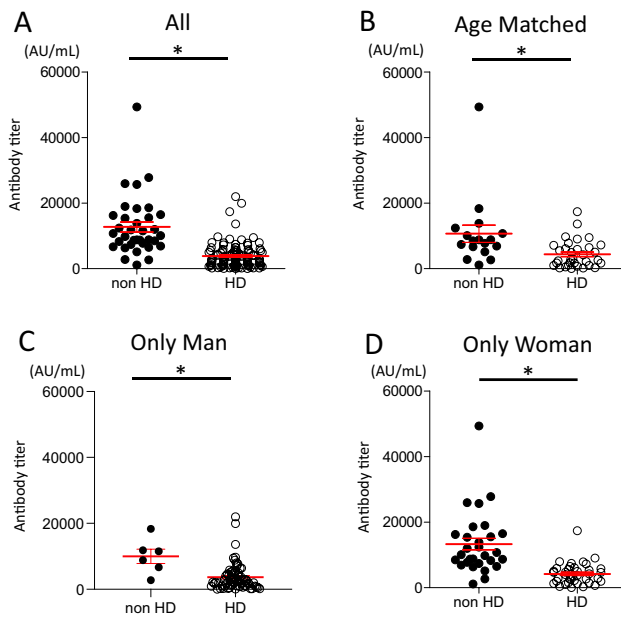
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Fig. 1 SARS-CoV-2 antibody titer in HD and control group after full vaccination. The antibody titers were significantly lower in the HD group ($n=104$) than in the healthy control group ($n=35$) after full vaccination (control: 12,722.2 vs HD: 3848.8 AU/mL, $p<0.001$) (**A**). When we conducted age-matched analysis (control: 8193.3 vs HD: 4295.8 AU/mL, $p=0.005$) (**B**) and sex-matched analysis (only males; control: 9998.0 vs HD: 3650.2 AU/mL, $p<0.001$) (**C**), only females; control: 13,285.8 vs HD: 4193.8 AU/mL, $p<0.001$) (**D**), the antibody titers were still significantly lower in HD group in every analysis. *HD* hemodialysis