

Erratum



Erratum: Carbapenem-Resistant *Enterobacteriaceae*: Prevalence and Risk Factors in a Single Community-Based Hospital in Korea

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► This corrects the article “Carbapenem-resistant *Enterobacteriaceae*: Prevalence and Risk Factors in a Single Community-Based Hospital in Korea” in volume 48 on page 166.

We found errors in our published article.

Title should be corrected as the following:

Before

Carbapenem-resistant *Enterobacteriaceae*: Prevalence and Risk Factors in a Single Community-Based Hospital in Korea

After

Carbapenem-Resistant *Enterobacteriaceae*: **Epidemiology** and Risk Factors in a Single Community-Based Hospital in Korea

Short title should be corrected as the following:

Before

Prevalence and risk factors of CNSE

After

Epidemiology and risk factors of CNSE

Abstracts should be corrected as the following:

Before

Background: Carbapenemase-producing *Enterobacteriaceae* (CPE) are Gram-negative bacteria with increasing prevalence of infection worldwide. In Korea, 25 cases of CPE isolates were reported by the Korea Centers for Disease Control and Prevention in 2011. Most CPE cases

were detected mainly at tertiary referral hospitals. We analyzed the prevalence and risk factors for carbapenem-resistant *Enterobacteriaceae* (CRE) in a mid-sized community-based hospital in Korea.

Conclusion: In conclusion, the prevalence of CRE was higher than expected in a mid-sized community-based hospital in Korea. CRE should be considered when patients have a vascular catheter, high comorbidity score, and regular visits to the outpatient clinic. This study suggests the need for appropriate prevention efforts and constant attention to CRE infection control in a mid-sized community-based hospital.

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Conclusion: In conclusion, the **rate** of CRE was higher than expected in a mid-sized community-based hospital in Korea. CRE should be considered when patients have a vascular catheter, high comorbidity score, and regular visits to the outpatient clinic. This study suggests the need for appropriate prevention efforts and constant attention to CRE infection control in a mid-sized community-based hospital.

Key words should be corrected as the following:

Before

Carbapenems; *Enterobacteriaceae*; Risk factors; Prevalence; Drug resistance

After

Carbapenems; *Enterobacteriaceae*; Risk factors; Drug resistance

Materials and Methods should be corrected as the following:

Before

1. Study design and subjects

We retrospectively reviewed the medical records of all consecutive episodes of *Enterobacteriaceae* from hospitalized patients at Bucheon St. Mary's Hospital, a 607-bed, university-affiliated, community-based general hospital from January 2013 to February 2014. During the study period, surveillance cultures were not performed. The microbial data were obtained from the clinical microbiology laboratory for the purpose of analyzing the prevalence of CRE and comparing antimicrobial resistance profiles with carbapenem-susceptible *Enterobacteriaceae* (CSE).

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2014. During the study period, surveillance cultures were not performed. The microbial data were obtained from the clinical microbiology laboratory for the purpose of analyzing the **rate** of CRE and comparing antimicrobial resistance profiles with carbapenem-susceptible *Enterobacteriaceae* (CSE).

Discussion should be corrected as the following:

Before

This case-control study showed the high prevalence of CRE isolates in a mid-sized community-based hospital in Korea. To our knowledge, this is the first study on the prevalence and risk factors of CRE acquisition in the mid-sized community-based hospital in Korea.

The incidence and prevalence of CRE is influenced by geographical characteristics. Mexico and Uganda reported about 10% CRE prevalence [18, 19]. Asia had a lower rate of CRE (0.6%) [4]. The incidence of CRE in surveillance programs of the general population of the U.S.A. was 2.93 per 100,000 [20]. Previous studies of CRE in Korea showed diverse prevalence. A prospective bacteremia surveillance study of 13 hospitals in Korea showed 3.2% of imipenem-resistant *Enterobacter* spp., 0.8% of *K. pneumoniae* and 0.1% of *E. coli* [21]. From 2005–2008, CRE prevalence was 0.17% at a newly opened intensive care unit (ICU) of a tertiary university-affiliated hospital [22]. In 2012, CRE prevalence of rectal culture surveillance was reported as 0.3% in the ICU of a tertiary university-affiliated referral hospital [13]. However, Kim et al. reported a 7.5% CRE prevalence of stool culture in the ICU of a tertiary university-affiliated referral hospital in 2013 [23]. In our study, the prevalence of CRE in hospitalized patients was higher than expected (1.6%). Our study was conducted at a mid-sized community-based hospital, including not only ICU but also general ward patients. It seems that high transfer rate of longterm care facility patients and greater use of carbapenem in the community-based hospitals may influence the higher prevalence of CRE. Carbapenemase-producing *Enterobacteriaceae* was only one case by combined disc test in our cohort.

In conclusion, the incidence of CRE was higher than expected in a mid-sized community-based hospital in Korea. CRE should be considered when a patient has a vascular catheter, high comorbidity score, and regular visits to the outpatient clinic. This study suggests the need for appropriate prevention efforts and constant attention to CRE infection control. A nationwide investigation pertaining to CRE is needed in community-based healthcare institutes.

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In conclusion, the **rates** of CRE was higher than expected in a mid-sized community-based hospital in Korea. CRE should be considered when a patient has a vascular catheter, high comorbidity score, and regular visits to the outpatient clinic. This study suggests the need for appropriate prevention efforts and constant attention to CRE infection control. A nationwide investigation pertaining to CRE is needed in community-based healthcare institutes.