

An error appeared in the 1 February 2022 issue of the journal [Masso-Silva JA, Moshensky A, Lam MTY, et al. Increased Peripheral Blood Neutrophil Activation Phenotypes and Neutrophil Extracellular Trap Formation in Critically Ill Coronavirus Disease 2019 (COVID-19) Patients: A Case Series and Review of the Literature. *Clin Infect Dis* 2022; 74(3): 479-489. <https://doi.org/10.1093/cid/ciab437>].

Currently the Financial support section states “This work was supported by the Department of Veterans Affairs (VA Merit Award number 1I01BX004767 to L. C. A.) and the National Institutes of Health National Heart, Lung, and Blood Institute (grant number R01HL147326 to L. C. A.)”.

The correct Financial support information should be as follows: “This work was supported by the Department of

Veterans Affairs (VA Merit Award number 1I01BX004767 to L. C. A.), the National Institutes of Health National Heart, Lung, and Blood Institute (grant number R01HL147326 to L. C. A., NIH K99 AI145762 to R.K.A., and administrative supplement 3R01HL13705204S1 to L. C. A.), the National Institute of Health National Institute of Allergy and Infectious Diseases Cooperative Centers on Human Immunology (grant number U19 AI142742 to S.C.), and the Altman Clinical & Translational Research Institute (ACTRI) at the University of California, San Diego (grant number KL-2: 1KL2TR001444 to A. Me.). The ACTRI is funded from awards issued by the National Center for Advancing Translational Sciences (NIH UL1TR0001442).”

The author regrets this error.

<https://doi.org/10.1093/cid/ciac216>

Correction to: If, When, and How to Use Rifampin in Acute Staphylococcal Periprosthetic Joint Infections, a Multicentre Observational Study

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In the original publication of this article [Beldman M, Löwik C, Soriano A et al. If, When, and How to Use Rifampin in Acute Staphylococcal Periprosthetic Joint Infections, a Multicentre Observational Study. *Clin Infect Dis*. Volume 3 Issue 9; November 1 2021, 1634-1641. <https://doi.org/10.1093/cid/ciab426>], legends for Figures 1 and 2 were erroneously switched,

and in-text references to Figures 1 and 2 were citing the wrong figure. In addition, percentages for the line “Co-antibiotic other than a fluoroquinolone or clindamycin” in Table 3 were incorrect. The correct percentages for this line are 30.4% (84/276) for non-failures and 78.6% (103/131) for failures. These errors have been fixed in the version currently available online.

<https://doi.org/10.1093/cid/ciac149>