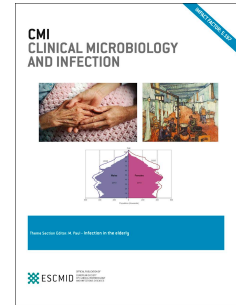


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P. Koehler, M. Bassetti, M. Kochanek, A. Shimabukuro-Vornhagen, O.A. Cornely



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Erratum

Erratum to 'Intensive care management of influenza-associated pulmonary aspergillosis'

[Clinical Microbiology and Infection, Volume 25, Issue 12, (December 2019), Pages 1501-1509]

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The publisher regrets that during the copyediting process quaque die (QD), once a day was miss-edited to quater in die (QID), four times a day in the second paragraph of the Management bundle section. The originally submitted, correct statements are given below.

[...] When invasive aspergillosis is diagnosed, isavuconazole (loading dose 200mg three times a day, intravenously for two days (six administrations), from day 3 200mg once a day, intravenously (12 to 24 hours after last loading dose administered) or voriconazole (loading dose 6mg/kg BW twice a day, intravenously on day one, from day two 4mg/kg BW twice a day, intravenously), currently represent the first-line recommended options.⁴² [...]

[...] Liposomal amphotericin B (3mg/kg BW once a day, intravenously), posaconazole (loading dose 300mg twice a day, intravenously on day one, from day two 300mg once a day, intravenously) and echinocandins are considered second-line options in refractory cases or when voriconazole or isavuconazole are contraindicated.⁴² [...]

[...] In case of disease progression after therapy initiation (refractory disease) a switch to another drug class e.g. to liposomal amphotericin B (3mg/kg once a day, intravenously) or an echinocandin is recommended.⁴² [...]

The publisher would like to apologise for any inconvenience caused.

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