Corrigendum

The impact of coronavirus disease 2019 (COVID-19) on healthcare-associated infections in 2020: A summary of data reported to the National Healthcare Safety Network – CORRIGENDUM

Lindsey M. Weiner-Lastinger, Vaishnavi Pattabiraman, Rebecca Y. Konnor, Prachi R. Patel, Emily Wong, Sunny Y. Xu, Brittany Smith, Jonathan R. Edwards and Margaret A. Dudeck

doi: https://doi.org/10.1017/ice.2022.10, Published online by Cambridge University Press 19 January 2022.

In the above article[1], the authors wish to address the following edits:
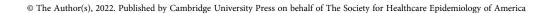
1. Table 2 should read as follows:

Table 2: Algorithm performance (% (95%-confidence interval), unless specified other)

	Classification model					Regression model					Modified classification model				
	Sens	Spec	PPV	NPV	% red.	Sens	Spec	PPV	NPV	% red.	Sens	Spec	PPV	NPV	% red.
Hospital A	100 (59.0-100.0)	90.4 (85.4-94.1)	26.9 (11.6-47.8)	100 (97.9-100.0)	87.4	100 (39.8-100.0)	78.1 (71.4-83.9)	9.0 (2.5-21.8)	100 (97.5-100.0)	76.5	100 (59.0-100.0)	77.8 (71.3-83.4)	13.7 (5.7-26.3)	100 (97.6-100.0)	75.2
Hospital B	100 (29.2-100.0)	89.3 (82.3-100.0)	18.8 (4.0-45.6)	100 (96.6-100.0)	87.2	100 (29.2-100.0)	78.9 (70.1-85.9)	11.1 (2.3-29.2)	100 (95.9-100.0)	76.8	100 (29.2-100.0)	80.1 (71.9-86.9)	11.1 (2.3-29.2)	100 (96.3-100.0)	78.3
Hospital C	85.7 (42.1-99.6)	92.2 (87.6-95.5)	27.3 (10.7-50.2)	99.5 (97.1-99.9)	89.7	100 (59.0-100.0)	80.0 (73.8-85.3)	14.9 (6.2-28.3)	100 (97.7-100.0)	77.3	100 (59.0-100.0)	77.6 (71.2-83.1)	13.2 (5.4-25.3)	100 (97.7-100.0)	75.0
Hospital D	72.7 (39.0-93.9)	97.5 (92.9-99.5)	72.7 (39.0-93.9)	97.5 (92.9-99.5)	91.6	NA	NA	NA	NA	NA	100 (71.5-100.0)	89.2 (82.2-94.1)	45.8 (25.6-67.2)	100 (96.6-100.0)	81.7

Abbreviations: Sens=sensitivity; Spec=specificity; PPV=Positive predictive value; NPV= negative predictive value; % red=percentage of workload reduction in number of medical records to review.

2. The footnotes to Table 1 should read as follows:

Footnotes (Table 1):

[a] Calculated as follows: [(hospitals reporting in 2020 − hospitals reporting in 2019) ÷ hospitals reporting in 2019] × 100.

[b] VAE data are not included in the requirements for the CMS Hospital-Acquired Conditions Reduction Program.

[C] SSI hospital counts represent those hospitals that reported procedure-level data eligible for inclusion in the Adult Complex A/R models used for SSI SIR calculations. Hospitals that performed zero procedures, or had zero procedures included in the SIR calculation, were excluded from these counts.[11]

3. The results in the first paragraph should read as follows:

"The majority of ACHs reporting 2019 HAI surveillance data continued to report data throughout 2020 (Table 1). Between 86 – 88% of hospitals that conducted surveillance for CLABSI, CAUTI, MRSA bacteremia, or CDI during 2019Q1 or 2019Q2 also reported surveillance data for 2020Q1 or 2020Q2. Larger declines in the number of reporting hospitals were seen for VAE (22 – 25% drop) and SSI (15 – 22% drop) surveillance."

Reference

1. Weiner-Lastinger, L., Pattabiraman, V., Konnor, R., Patel, P., Wong, E., Xu, S., . . . Dudeck, M. (2022). The impact of coronavirus disease 2019 (COVID-19) on healthcare-associated infections in 2020: A summary of data reported to the National Healthcare Safety Network. *Infection Control & Hospital Epidemiology*, 43(1), 12–25. doi: 10.1017/ice.2021.362