

Letter to the Editor

ERRATUM

Information in two Tables of our article “Incorporating Rapid HIV Testing into Partner Counseling and Referral Services” (Public Health Rep 2008;123[Suppl 3]:S126-35) was incorrectly presented. The correct information is as follows:

In Table 1, the number of partners elicited and assigned for notification for San Francisco was erroneously reported as five. The number was actually 27. In addition, the percentage of partners notified should therefore be 19% instead of 100%.

In Table 3, the presentation of partners resulting from index clients interviewed within three months of their diagnosis in Los Angeles and San Francisco caused confusion for some readers. To make the Table consistent so that data for all sites include partners identified by all index clients (and not just those interviewed within three months of human immunodeficiency virus [HIV] diagnosis), the numbers in Table 3 for Los Angeles should reflect that 163 partners were tested for HIV, of whom 12 (7%) had a reactive initial test and accepted confirmatory testing; 11 (7%) partners were newly diagnosed with HIV infection, all of whom received their confirmatory test results. The number of index clients interviewed in Los Angeles to identify one partner with newly diagnosed HIV infection was 137 (95% confidence interval [CI] 76, 256). Footnote *a* should therefore read, “When partners are limited to those referred by index clients interviewed within three months of their HIV diagnosis, 30 partners were tested, three had a reactive initial test, and three accepted a confirmatory test; three (10% of all partners tested) were newly diagnosed with HIV infection, all of whom received their confirmatory test results. Limiting the time frame to three months, the number of index clients interviewed to identify one partner with newly diagnosed HIV infection was 26 (95% CI 9, 114).”

In addition, the numbers in Table 3 for San Francisco should reflect that five partners were tested, of whom one (20%) had a reactive initial test and

accepted confirmatory testing; this partner was newly diagnosed with HIV infection and received confirmatory test results. The number of index clients interviewed to identify one partner with newly diagnosed HIV infection was 11 (95% CI 3, 10,000). Thus, the total number of index clients interviewed at all sites to identify one partner with newly diagnosed HIV infection was 63 (95% CI 46, 88). Footnote *b* should therefore read, “When partners are limited to those referred by index clients interviewed within three months of their HIV diagnosis, three partners were tested, one had a reactive initial test, and this partner was newly diagnosed with HIV infection and received confirmatory test results. Limiting the time frame to three months, the number of index clients interviewed to identify one partner with newly diagnosed HIV infection was three (95% CI 1, 17).”

Also in Table 3, the number of index clients interviewed to identify one partner with newly diagnosed HIV infection in Colorado should be 89 (95% CI 34, 303) rather than 119 (95% CI 39, 588), as was erroneously reported. As a result of these changes, the penultimate paragraph of the results section should reflect that the mean number of index clients interviewed to identify one partner with newly diagnosed HIV infection was 65. The fifth paragraph of the discussion section should state that in the three sites (Colorado, Louisiana, and Wisconsin) that employed the traditional model of partner counseling and referral services, the number of index clients interviewed to identify one partner with newly diagnosed HIV infection ranged from 10 in Louisiana to 89 in Colorado (rather than 119 in Colorado).

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