



Correction for Vasireddy et al., *Mycobacterium arupense*, *Mycobacterium heraklionense*, and a Newly Proposed Species, "*Mycobacterium virginense*" sp. nov., but Not *Mycobacterium nonchromogenicum*, as Species of the *Mycobacterium terrae* Complex Causing Tenosynovitis and Osteomyelitis

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Page 1349, column 1: The last three paragraphs preceding the Acknowledgments section should be replaced with the following.

Description of *Mycobacterium virginense* sp. nov.

Mycobacterium virginense (vir.gi.ni.en'se. N.L. neut. adj. *virginense*, of or belonging to the state of Virginia, USA, where the type strain was originally isolated).

Cells are typically acid-fast, slowly growing, and nonpigmented on Middlebrook 7H10 agar. The isolates grew in >7 days. They did not grow at 42°C, and their optimal growth temperature was 35°C. By the Clinical and Laboratory Standards Institute (CLSI) guidelines, the isolates were susceptible to clarithromycin, ethambutol, rifabutin, and trimethoprim-sulfamethoxazole (TMP-SMX) and resistant to rifampin, amikacin, the quinolones, including moxifloxacin and ciprofloxacin, and the tetracycline analogues doxycycline and minocycline (48).

The proposed type strain MO-233^T produced tenosynovitis in a 58-year-old woman from Virginia (case 1 in the paper by Ridderhof et al. [3]). The isolate was negative for the following biochemical properties: niacin, 3- and 14-day arylsulfatase, urease, and tellurite reduction. The isolate was positive (5+) for nitrate, semiquantitative catalase >45 mm, and Tween hydrolysis (3). The complete 16S rRNA gene, the *hsp65* gene sequence of the Telenti fragment, and regions III and V of the *rpoB* gene are closely related to but unique from other members of the *M. terrae* complex.

The type strain is MO-233^T (= DSM 100883^T = CIP110918^T).

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