



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

without acute kidney injury and with an eGFR less than 90 mL/min per 1.73 m<sup>2</sup> at acute phase, the possibility of an eGFR less than 90 mL/min per 1.73 m<sup>2</sup> before COVID-19 cannot be excluded. However, for those patients without acute kidney injury and an eGFR of 90 mL/min per 1.73 m<sup>2</sup> or more at acute phase, an eGFR less than 90 mL/min per 1.73 m<sup>2</sup> should be paid attention to because the possibility of an eGFR less than 90 mL/min per 1.73 m<sup>2</sup> before COVID-19 is quite low. We agree that the criteria of an eGFR less than 90 mL/min per 1.73 m<sup>2</sup> cannot define chronic kidney disease, especially for those with an eGFR between 60 and 90 mL/min per 1.73 m<sup>2</sup> in the absence of proteinuria; although, we do not want to ignore patients with preclinical manifestation of kidney damage as proteinuria was not measured then. We hope these important questions can be further answered in future studies.

Kidney involvement in patients with COVID-19 is critically important and more attention should be paid to renal consequences after COVID-19 because acute kidney injury could result in short and long consequences in adults and children.<sup>3</sup> Patients without acute kidney injury at acute phase are also at a potential risk of kidney function deterioration over time, which needs to be validated in future follow-up studies and further investigated for the potential pathogenesis.

All authors declare funding from the Natural Science Foundation of China (82041011/H0104), the Chinese Academy of Medical Sciences Innovation Fund for Medical Sciences (CIFMS 2018-I2M-1-003 and 2020-I2M-CoV19-005), the National Key Research and Development Program of China (2018YFC1200102), and the Major Projects of National Science and Technology on New Drug Creation and Development of Pulmonary Tuberculosis (2020ZX09201001). This work was also supported by the China Evergrande Group, Jack Ma Foundation, Sino Biopharmaceutical, Ping An Insurance (Group), and the New Sunshine Charity Foundation.

Lixue Huang, Xiaoying Gu,  
Yeming Wang, Chaolin Huang, \*Bin Cao  
caobin\_ben@163.com

Department of Pulmonary and Critical Care Medicine, Capital Medical University, Beijing, China (LH); Department of Pulmonary and Critical Care Medicine, National Center for Respiratory Medicine, Center of Respiratory Medicine, National Clinical Research Center for Respiratory Diseases (LH, XG) and Institute of Clinical Medical Sciences (XG, YW, BC), China-Japan Friendship Hospital, Beijing 100029, China; Jin Yin-tan Hospital, Wuhan, Hubei Province, China (CH); Wuhan Research Center for Communicable Disease Diagnosis and Treatment, Chinese Academy of Medical Sciences, Wuhan, Hubei Province, China (CH); Institute of Respiratory Medicine, Chinese Academy of Medical Science, Beijing, China (BC); Tsinghua University-Peking University Joint Center for Life Sciences, Beijing, China (BC)

- Huang C, Huang L, Wang Y, et al. 6-month consequences of COVID-19 in patients discharged from hospital: a cohort study. *Lancet* 2021; **397**: 220–32.
- Bhatraju PK, Wurfel MM, Himmelfarb J. Trajectory of kidney function: the canary in sepsis. *Am J Respir Crit Care Med* 2020; **202**: 1211–12.
- Heung M, Chawla LS. Acute kidney injury: gateway to chronic kidney disease. *Nephron Clin Pract* 2014; **127**: 30–34.

## Department of Error

*Chauvin L. Peruvian COVID-19 vaccine scandal spreads. Lancet* 2021; **397**: 783—This World Report incorrectly stated that clinical trials had been halted at Cayetano Heredia University. The National Institute of Health suspended the unit at Cayetano Heredia University doing the Sinopharm trial, pending an investigation. It did not suspend other trials. This correction has been made to the online version as of May 13, 2021.

*Greenhalgh T, Jimenez JL, Prather KA, Tufekci Z, Fisman D, Schooley R. Ten scientific reasons in support of airborne transmission of SARS-CoV-2. Lancet* 2021; **397**: 1603–05—In this Comment, the conflict of interest statement for David Fisman has been corrected according to what was declared on his ICMJE form to read: “DF is funded by the Canadian Institutes for Health Research (2019 COVID-19 rapid researching funding OV4-170360), received consulting fees as a legal expert for Elementary Teachers Federation of Ontario in August and September, 2020, related to COVID-19 transmission in schools, including the importance of ventilation and masks for kids as source control, and currently serves as a legal expert for the Ontario Nurses Association on their challenge to Ontario Directive 5, which restricts access to N95 masks for health-care workers except during performance of aerosol generating medical procedures.” This correction has been made to the online version as of May 13, 2021.

*Marson A, Burnside G, Appleton R, et al. The SANAD II study of the effectiveness and cost-effectiveness of valproate versus levetiracetam for newly diagnosed generalised and unclassifiable epilepsy: an open-label, non-inferiority, multicentre, phase 4, randomised controlled trial. Lancet* 2021; **397**: 1375–86—In this Article, N Vora should not have been included in the SANAD II collaborators list. This correction has been made to the online version as of May 13, 2021.

*Marson A, Burnside G, Appleton R, et al. The SANAD II study of the effectiveness and cost-effectiveness of levetiracetam, zonisamide, or lamotrigine for newly diagnosed focal epilepsy: an open-label, non-inferiority, multicentre, phase 4, randomised controlled trial. Lancet* 2021; **397**: 1363–74—In this Article, N Vora should not have been included in the SANAD II collaborators list. This correction has been made to the online version as of May 13, 2021.

*Dalbeth N, Gosling AL, Gaffo A, Abhishek A. Gout. Lancet* 2021; **397**: 1843–55—In this Seminar, the legend of figure 3 has been corrected to clarify that the left panel is perpendicular to the lambda axis, and the right panel is parallel to the lambda axis, both at 40× magnification. This correction has been made to the online version as of May 13, 2021, and the printed version is correct.