Reported Prevalence of Maternal Hepatitis C Virus Infection in the United States: Correction

In “Reported Prevalence of Maternal Hepatitis C Virus Infection in the United States” by Rossi et al.,1 two heat maps of maternal hepatitis C prevalence for 2017 were published showing county rates based on counts below 10. This was an error as well as an inadvertent violation of the original data use agreement with the National Center for Health Statistics (NCHS).

The corrected version of this article, which is available online at http://links.lww.com/AOG/C90, contains the following edits:

- On page 388, the following sentences were deleted: “A heat map of reported maternal HCV infection prevalence for each U.S. county (3,146) of the continental United States was created for each year (2009–2017) of the study period to visually demonstrate geographic trends in HCV infection prevalence and distribution. Maps were generated with R tmap, a framework for data visualization with R 3.6.1. County maternal HCV infection rates were based on maternal residence at time of birth and were presented as a yearly percentage of deliveries reported as HCV infection–positive among deliveries with a recorded HCV infection status.”

- On page 389, the following sentences were deleted: “A county-level heat map of reported maternal HCV infection prevalence within the continental United States for 2017 demonstrates the geographical distribution of HCV infection burden (Fig. 1). A heat map of reported HCV infection prevalence for each individual year in the study period (2009–2017) was also created for visual representation of HCV infection trends (Appendix 4, available online at http://links.lww.com/AOG/B681).”

- On page 389, the citation for Figure 2 changed to Figure 1. The corrected sentence is: “For the contemporary cohort (2014–2017) analyses (Fig. 1), there were numerous demographic differences between women with and without reported HCV infection during pregnancy (Table 2).”

- On page 389, the citations for Appendixes 5 and 6 were changed to Appendix 4 and Appendix 5, respectively. The corrected phrases are: “Appendix 4, available online at http://links.lww.com/AOG/B681)” and “Appendix 5, available online at http://links.lww.com/AOG/B681).”

- On page 390, Figure 1 and the legend were deleted. The legend read, “Figure 1. Heat map of maternal hepatitis C prevalence (per 1,000 live births) at the county level within the continental United States in 2017.”

- On page 390, Figure 2 was changed to Figure 1.

- On page 392 (now page 391), Figure 3 was changed to Figure 2.

REFERENCE


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Executive Summary of the Early-Onset Breast Cancer Evidence Review Conference: Correction

In “Executive Summary of the Early-Onset Breast Cancer Evidence Review Conference” by Chelmow et al.,1 there is an error on page 1463 in the last paragraph of the “Family History of Early-Onset Breast Cancer” section. In the fourth sentence, the National Comprehensive Cancer Network’s recommendation for women with an estimated lifetime risk of breast cancer of 20% or higher incorrectly reads “[…] should be offered annual mammography screening starting at age 30 years and annual breast screening by MRI starting at age 25 years” and should instead read “[…] should be offered annual mammography screening 10 years before the youngest family member with breast cancer but not before age 30 years, and annual breast screening by MRI starting 10 years before the youngest family member with breast cancer but not before age 25 years.” The full, corrected sentence is as follows: “Currently, the National Comprehensive Cancer Network recommends that women with an estimated lifetime risk of breast cancer of 20% or higher, determined by models largely based on family history (eg, Breast and Ovarian Analysis of Disease Incidence and Carrier