ERRATUM

Erratum to: HIV-Associate Cryptococcal Meningitis: Bridging the Gap Between Developed and Resource-Limited Settings

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The original version of this article contained errors in Table 2. The column to the far right contained the incorrect reference numbers. The correct reference numbers are shown below:

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Table 2 Recent studies with early mortality estimates for cryptococcal meningitis in resource-limited settings

Country	Induction regimen ^a	Mortality, % (n/N)	Clinical trial	Notes	Year	Ref
Botswana	AmB 0.7 mg/kg daily	26% (7/27) at 24 weeks	Yes	Lower mortality in group that delayed ART for 28 days post-randomization (15% [2/13]) versus group that initiated ART within 7 days of randomization (36% [5/14]) ^b	2013	[42]
Cameroon	Regimen not specified	52% (39/75) died in hospital	No		2013	[32]
Ethiopia	Mixture of AmB (<i>n</i> = 45) and FLU (<i>n</i> = 33)	48% (37/77) died in hospital	No		2012	[33]
Malawi	FLU 1200 mg daily	55% (26/47) at 10 weeks	Yes		2014	[21]
Malawi	FLU 800 mg daily	58% (35/60) at 10 weeks	Yes		2013	[20]
Malawi	AmB 1 mg/kg daily for 7 days + FLU 1200 mg daily; AmB 1 mg/kg daily for 7 days +5FC 100 mg/kg daily + FLU 1200 mg daily	33% (13/39) at 10 weeks ^b	Yes	Greater early fungicidal activity with 3-drug regimen	2012	[28]
Malawi	FLU 1200 mg daily; FLU 1200 mg daily +5FC 100 mg/kg daily	50% (20/40) at 10 weeks ^b	Yes	Greater early fungicidal activity in combination regimen	2010	[23]
South Africa	Pooled patient population from clinical trials using AmB-based regimen	41% (108/263) at 1 year	Yes		2014	[31]
South Africa and Uganda	AmB 0.7–1 mg/kg daily + FLU 800 mg daily	38% (67/177) at 26 weeks	Yes	Lower mortality in group that delayed ART for 5 weeks (30% [27/89]) versus group that started ART 1–2 weeks after diagnosis (45% [40/88])	2014	[43]
South Africa	AmB 0.7–1 mg/kg daily +5FC 100 mg/kg daily; AmB 0.7–1 mg/kg daily + FLU 800 mg daily; AmB 0.7–1 mg/kg daily + FLU 600 mg daily; AmB 0.7–1 mg/kg daily + voriconazole 300 mg twice daily	29% (22/75) at 10 weeks ^b	Yes	No difference in early fungicidal activity between treatment groups	2012	[26]
South Africa	Regimen not specified	89% (66/74) at 2 years	No		2011	[35]
South Africa	AmB 0.7 mg/kg daily +5FC 100 mg/kg daily; AmB 1 mg/kg daily +5FC 100 mg/kg daily	24% (15/63) at 10 weeks ^b	Yes	Greater early fungicidal activity in group receiving higher dose of AmB	2008	[74]
South Africa	AmB 1 mg/kg daily for 7 days followed by FLU 400 mg daily	33% (16/48) at 10 weeks	No		2007	[25]
Thailand	AmB 0.7 mg/kg daily; AmB 0.7 mg/kg daily +5FC 100 mg/kg daily; AmB 0.7 mg/kg daily + FLU 400 mg daily; AmB 0.7 mg/kg daily +5FC 100 mg/kg daily + FLU 400 mg daily	22% (14/63) at 10 weeks ^b	Yes	Greater early fungicidal activity with combination AmB + 5FC than other groups	2004	[24]
Uganda	AmB 1 mg/kg daily for 5 days + FLU 1200 mg daily	28% (8/29) at 10 weeks	Yes		2012	[27]
Uganda	AmB 0.7–1 mg/kg daily	54% (102/182) at 1 year	No		2012	[30]
Uganda	FLU 800 mg daily; FLU 1200 mg daily	54% (31/57) at 10 weeks ^b	Yes	Greater early fungicidal activity in group receiving higher dose of FLU	2008	[22]
Uganda	AmB 0.7 mg/kg daily	59% (26/44) at 6 months	No		2008	[34]
Vietnam	AmB 1 mg/kg daily for 4 weeks; AmB 1 mg/kg daily for 2 weeks +5FC 100 mg/kg daily; AmB 1 mg/kg daily for 2 weeks + fluconazole 400 mg daily	36% (107/298) at 10 weeks	Yes	Mortality lower in combined AmB + 5FC group (30% [30/100]) compared to AmB alone (44% [44/99])	2013	[29]
Zimbabwe	Fluconazole 800 mg daily	73% (35/48) at 3 years	Yes	Lower mortality in group that delayed ART for 10 weeks after diagnosis (54% [12/22]) versus group that started ART within 72 h of diagnosis (88% [23/26])	2010	[92]

5FC flucytosine, AmB amphotericin B deoxycholate, ART antiretroviral therapy, FLU fluconazole

^a Induction therapy for 14 days unless otherwise noted

^b No statistically significant difference between groups