



ERRATUM

“Community-acquired pneumonia in younger patients is an entity on its own.” Benjamin Klapdor, Santiago Ewig, Mathias W. Pletz, Gernot Rohde, Hartwig Schütte, Tom Schaberg and Tobias Welte for the CAPNETZ study group. *Eur Respir J* 2012; 39: 1156–1161.

We regret that throughout the above manuscript, the term “CURB-65” was incorrectly used instead of the correct term “CRB-65”. All affected sentences are corrected as follows.

Page 1156; abstract, third paragraph:

Most younger patients presented with mild CAP (74.0% had a CRB-65 score of 0 (confusion of new onset, respiratory rate of ≥ 30 breaths·min⁻¹, blood pressure <90 mmHg or diastolic blood pressure ≤ 60 mmHg, age ≥ 65 yrs)).

Page 1157; Methods section, fourth subsection:

CRB-65 score and mortality

The CRB-65 score (confusion of new onset, respiratory rate of ≥ 30 breaths·min⁻¹, systolic blood pressure <90 mmHg or diastolic blood pressure ≤ 60 mmHg, age ≥ 65 yrs) was determined in all patients. One point is given for each parameter present, which results in CRB-65 scores of 0–4. For each patient, the CRB-65 score was calculated with patient data assessed at first presentation.

Page 1157; Results section, second paragraph:

The distribution of CRB-65 risk classes (in patients with complete data sets) was as follows: CRB-65 score of 0 in 34.3% (n=2,677), 1–2 in 50.6% (n=3,945) and 3–4 in 4.2% (n=328) of patients.

Page 1158; first column, fourth paragraph:

CRB-65 risk class distribution was very similar across all younger decades (72–75% risk class 1, 24–28% risk class 2 and <1% risk class 3).

Page 1158; second column, final paragraph:

CRB-65 score was determined as 0 in three, as 1–2 in four and as 3–4 in one of them.

Page 1160; second column, third paragraph:

First, younger patients were hospitalised in nearly 50% of cases, despite the fact that around 75% of patients had a CRB-65 score of 0.

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AUTHOR CORRECTION

“Reproducibility of 6-minute walking test in patients with COPD”. N.A. Hernandez, E.F.M. Wouters, K. Meijer, J. Annegarn, F. Pitta and M.A. Spruit. *Eur Respir J* 2011; 38: 261–267.

Unfortunately, a confidence interval was published incorrectly in the above manuscript. The corrected version is as follows: “The distance walked in the second test increased on average by 27 m (95% CI 24–29 m).”

The authors apologise for this error.

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