

CORRIGENDUM

Risk factors for sporadic *Vibrio parahaemolyticus* gastroenteritis in east China: a matched case-control study – CORRIGENDUM

W. X. YAN, Y. DAI, Y. J. ZHOU, H. LIU, S.G. DUAN, H.H. HAN AND Y. CHEN

doi: 10.1017/S0950268814001599, Published online by Cambridge University Press, 3 July 2014; first published online 27 October 2014.

In the above mentioned article by Yan et al. [1], the authors would like to apply the following corrections regarding word-by-word citations. The corrections and locations are stated below.

SUMMARY

The following sentences

From the multivariable analysis, *V. parahaemolyticus* infections were associated with antibiotics taken during the 4 weeks prior to illness [odds ratio (OR) 8·1, 95% confidence interval (CI) 1·2–56·4)], frequent eating out (OR 3·3, 95% CI 1·1–10·1), and shellfish consumption (OR 3·2, 95% CI 1·0–9·9), with population-attributable fractions of 0·09, 0·25, and 0·14, respectively. Protective factors included keeping the aquatic products refrigerated (OR 0·4, 95% CI 0·1–0·9) and pork consumption (OR 0·2, 95% CI 0·1–0·8).

should be replaced by

From the multivariable analysis, V. parahaemolyticus infections were associated with antibiotics taken during the 4 weeks prior to illness [odds ratio (OR) 7·6, 95% confidence interval (CI) 1·1–54·4)], frequent eating out (OR 3·3, 95% CI 1·0–10·4), and shellfish consumption (OR 3·4, 95% CI 1·0–11·1), with population-attributable fractions of 0·09, 0·24, and 0·14, respectively. Protective factors included keeping the aquatic products refrigerated (OR 0·4, 95% CI 0·2–1·0) and pork consumption (OR 0·2, 95% CI 0·1–0·9).

Page 3, in the left column, line 30.

Data collected included demographics; pre-existing illness; previous medication use; travel history (travel to other city/province); animal contact; refrigeration of certain aquatic products (i.e. fish, shrimp, crab and shellfish, whether of freshwater or saltwater origin) at home; other family kitchen practices; food consumption; meals eaten outside of home; and drinking water source.

should be replaced by

Data collected included demographics; pre-existing illness; previous medication use; travel history (travel to other city/province); animal contact; regular handling of raw meat; refrigeration of certain aquatic products (i.e. fish, shrimp, crab and shellfish, whether of freshwater or saltwater origin) at home; other family kitchen practices; food consumption; meals eaten outside of home; and drinking water source.

Page 3, in the right column, line 31.

In multivariable analysis, to determine the variables in the model we used forward elimination method.

should be replaced by

Multivariable analysis was carried out using forced entry method.

Page 5, in the left column, line 19.

In August, case-patients were four times more likely to eat shellfish compared to controls (OR 4·0, 95% CI 1·2–13·3). However, no association was observed between illness and shellfish consumption in other months (OR 2·0, 95% CI 0·4–9·9).

1030 Corrigendum

should be replaced by

In August, case-patients were five times more likely to eat shellfish compared to controls (OR 5·3, 95% CI 1·4–20·1). However, no association was observed between illness and shellfish consumption in other months (OR 1·5, 95% CI 0·3–6·7).

Page 5, in the left column, line 27.

Factors associated with decreased risk were keeping the aquatic products refrigerated; and consumption of poultry other than chicken, pasteurized milk, pork, eggs, and nuts.

should be replaced by

Factors associated with decreased risk were keeping the aquatic products refrigerated; regular handling of raw meat; and consumption of poultry other than chicken, pasteurized milk, pork, eggs, and nuts.

Page 5, in the right column, line 9.

We found that cleaning kitchen counters with dishwashing liquid or detergent was more frequently reported by controls than by cases, although it did not reach statistical significance (64·8% vs. 56·3%; OR 0·6, 95% CI 0·3–1·1).

should be replaced by

We found that cleaning kitchen counters with dishwashing liquid or detergent was more frequently reported by controls than by cases, although it did not reach statistical significance (64·8% vs. 56·3%; OR 0·6, 95% CI 0·3–1·2).

Page 5, in the right column, line 24.

In the final multivariable model, antibiotics taken in the 4 weeks prior to illness (OR $8\cdot1$, 95% CI $1\cdot2-56\cdot4$), eating out ≥ 3 times (OR $3\cdot3$, 95% CI $1\cdot1-10\cdot1$), and shellfish consumption (OR $3\cdot2$, 95% CI $1\cdot0-9\cdot9$) were independent factors associated with an increased risk for illness (Table 4). Keeping the aquatic products refrigerated (OR $0\cdot4$, 95% CI $0\cdot1-0\cdot9$) and pork consumption (OR $0\cdot2$, 95% CI $0\cdot1-0\cdot8$) were independent factors associated with a reduced risk for infection. There was no association between eating poultry other than chicken in the 5 days before illness or interview and V. parahaemolyticus infection (OR $0\cdot5$, 95% CI $0\cdot2-1\cdot0$) after adjusting for other risk factors.

Should be replaced by

In the final multivariable model, antibiotics taken in the 4 weeks prior to illness (OR 7.6, 95% CI 1.1-54.4), eating out ≥ 3 times (OR 3.3, 95% CI 1.0-10.4), and shellfish consumption (OR 3.4, 95% CI 1.0-11.1) were independent factors associated with an increased risk for illness (Table 4). Keeping the aquatic products refrigerated (OR 0.4, 95% CI 0.2-1.0) and pork consumption (OR 0.2, 95% CI 0.1-0.9) were independent factors associated with a reduced risk for infection. There was no association between eating poultry other than chicken in the 5 days before illness or interview (OR 0.5, 95% CI 0.2-1.1) and regular handling of raw meat (OR 0.2, 95% CI 0.0-1.2) and *V. parahaemolyticus* infection after adjusting for other risk factors.

Page 6, in the left column, line 16.

The percentage of cases attributable to each of these risk factors was as follows: antibiotics taken in the 4 weeks prior to illness, 9%; frequent eating out, 25%; and shellfish consumption, 14% (Table 3).

should be replaced by

The percentage of cases attributable to each of these risk factors was as follows: antibiotics taken in the 4 weeks prior to illness, 9%; frequent eating out, 24%; and shellfish consumption, 14% (Table 4).

Table 1. should be replaced by

Table 1. Socioeconomical characteristics of case-patients and controls enrolled in a population-based case-control study to identify risk factors for V. parahaemolyticus gastroenteritis, China, July 2010–June 2011

Socioeconomical characteristics	Cases (<i>n</i> = 71) No. (%)	Controls (<i>n</i> = 142) No. (%)	P value
Education			0.430
Primary school and lower	7 (9.9)	12 (8.5)	
Secondary school	16 (22.5)	29 (20·4)	
High school and above	48 (67.6)	101 (71·1)	
Total family income per year	, ,	, ,	0.821
0– 29 999 yuan*	8 (11·3)	20 (14·1)	
30 000– 79 999 yuan	42 (59.2)	80 (56·3)	
≥ 80 000 yuan	17 (23.9)	40 (28·2)	
Refused to answer	4 (5.6)	2 (1·4)	

^{* 10} yuan = 0.95 British pound sterling.

Table 3. should be replaced by

Table 3. Univariable analysis of risk factors associated with V. parahaemolyticus gastroenteritis, China, July 2010–June 2011

Risk factor	Cases $(n = 71)$ No. (%)	Controls (<i>n</i> = 142) No. (%)	OR (95% CI)
Took antibiotics in the 4 weeks prior to illness	7 (9.9)	2 (1·4)	7.0 (1.5–33.7)
Frequency of eating out in the past 5 days			, , , , ,
1–2 times	25 (35·2)	37 (26·1)	2.4 (1.2–4.9)
≥3 times	25 (35·2)	36 (25·4)	3.7 (1.4–9.6)
Ate shellfish in the past 5 days	14 (19.7)	13 (9·2)	3.1 (1.2–8.1)
Keep aquatic products refrigerated in the past 5 days	25 (35·2)	73 (51·4)	0.3 (0.2-0.8)
Regular handling of raw meat	2 (2.8)	13 (9·2)	0.3 (0.1-1.2)
Ate poultry other than chicken in the past 5 days	20 (28·2)	62 (43.7)	0.4 (0.2–0.8)
Consumed pasteurized milk in the past 5 days	23 (32·4)	69 (48.6)	0.4 (0.2-0.8)
Ate pork in the past 5 days	63 (88.7)	135 (95·1)	0.3(0.1-1.1)
At eeggs in the past 5 days	47 (66.2)	131 (92·3)	0.1 (0.0–0.3)
Ate nuts in the past 5 days	10 (14·1)	65 (45.8)	0.1 (0.0–0.2)

OR, Odds ratio; CI, Confidence interval.

1032 Corrigendum

Table 4.

should be replaced by

Table 4. Multivariable analysis of risk factors associated with V. parahaemolyticus gastroenteritis, China, July 2010–June 2011

Risk factor	OR (95% CI)	PAF (%)
Took antibiotics in the 4 weeks prior to illness	7.6 (1.1–54.4)	8.6
Frequency of eating out in the past 5 days		
1–2 times	1.7 (0.7-4.0)	
≥3 times	3·3 (1·0–10·4)	24.4
Ate shellfish in the past 5 days	3.4 (1.0–11.1)	13.9
Ate poultry other than chicken in the past 5 days	0.5 (0.2-1.1)	
Keep aquatic products refrigerated in the past 5 days	0.4 (0.2–1.0)	
Ate pork in the past 5 days	0.2 (0.1-0.9)	
Regular handling of raw meat	0.2 (0.0–1.2)	

OR, Odds ratio; CI, Confidence interval; PAF, Population-attributable fraction.

REFERENCE

1. Yan WX, et al. Risk factors for sporadic Vibrio parahaemolyticus gastroenteritis in east China: a matched case-control study. Epidemiology and Infection, Published by Cambridge University Press 3 July 2014, doi:10.1017/S0950268814001599