

CORRECTION

Open Access



Correction: Tuberculosis (TB) Aftermath: study protocol for a hybrid type I effectiveness-implementation non-inferiority randomized trial in India comparing two active case finding (ACF) strategies among individuals treated for TB and their household contacts

Samyra R. Cox^{1,2*}, Abhay Kadam³, Sachin Atre⁴, Akshay N. Gupte², Hojoon Sohn^{1,5}, Nikhil Gupte^{2,3}, Trupti Sawant⁴, Vishal Mhadeshwar³, Ryan Thompson¹, Emily Kendall^{1,2}, Christopher Hofmann^{1,2}, Nishi Suryavanshi^{2,3}, Deanna Kerrigan^{1,6}, Srikanth Tripathy⁴, Arjunlal Kakrani⁴, Madhusudan S. Barthwal⁴, Vidya Mave^{2,3†} and Jonathan E. Golub^{1,2†} on behalf of the TB Aftermath study team

Correction: *Trials* 23, 635 (2022)
<https://doi.org/10.1186/s13063-022-06503-6>

[†]Vidya Mave and Jonathan E. Golub have equal contributions.

The original article can be found online at <https://doi.org/10.1186/s13063-022-06503-6>.

*Correspondence:

Samyra R. Cox
scox26@jh.edu

¹ Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe St, Baltimore, MD 21205, USA

² Johns Hopkins School of Medicine, 600 N Wolfe St, Baltimore, MD 21287, USA

³ Johns Hopkins India, G-4 & G-5, PHOENIX Building, OPP. to Residency Club, Pune, Maharashtra 411001, India

⁴ Dr. D.Y. Patil Medical College, Hospital and Research Centre, Dr. D.Y. Patil Vidyapeeth, Sant Tukaram Nagar, Pimpri Colony, Pimpri-Chinchwad, Maharashtra 411018, India

⁵ Seoul National University College of Medicine, 103 Daehak-Ro, Jongno-Gu, Seoul 03080, Republic of Korea

⁶ George Washington University, 2121 I St NW, Washington, D.C 20052, USA

Following publication of the original article [1], we have been notified that sputum collection has been done at the TU instead of at home, as originally stated in the paper. This change was made due to logistical constraints. The Interventions and Data collection and management sections have been modified to reflect this.

In the Sample size section, second paragraph, the phrase “*Assuming a rate of 12 TB cases per 100 person-years (...) we are powered at 80% to determine that the TACF arm is non-inferior to the HACF arm with a non-inferiority interval of 3 per 100 person-years and a sample size of 1076 index patients and two HHCs per index patient (n=2152)*” was also modified into “*Assuming a rate of 12 TB cases per 100 person-years (...) we are powered at 90% to determine that the TACF arm is non-inferior to the HACF arm with a non-inferiority interval of 1.7 per 100 person-years and a sample size of 1076 index patients and two HHCs per index patient (n=2152)*” (changes marked in bold).

3 was also changed into 1.7 into the Statistical Methods section (“the upper bound of this estimate is less than 1.7 per 100 person-years”). 3 per 100 person-years applied to



© The Author(s) 2024. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

recurrent cases only. The non-inferiority margin for the primary outcome which includes both new and recurrent cases is 1.7 per 100 person-years.

The author contribution section was also modified to include the statement: “SA and TS resigned from the study and were not involved in the discussion related to the manuscript correction.”

The original article has been corrected.

Published online: 11 March 2024

Reference

1. Cox SR, et al. Tuberculosis (TB) Aftermath: study protocol for a hybrid type I effectiveness-implementation non-inferiority randomized trial in India comparing two active case finding (ACF) strategies among individuals treated for TB and their household contacts. *Trials*. 2022;23:635. <https://doi.org/10.1186/s13063-022-06503-6>.