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RECEIVED 21 November 2024
ACCEPTED 24 December 2024
PUBLISHED 08 January 2025

CITATION
McGinnis KA, Justice AC, Marconi VC,
Rodriguez-Barradas MC, Hauser RG,
Oursler KK, Brown ST, Bryant KJ and Tate JP
(2025) Corrigendum: Combining Charlson
comorbidity and VACS indices improves
prognostic accuracy for all-cause mortality
for patients with and without HIV in the
Veterans Health Administration.
Front. Med. 11:1532350.
doi: 10.3389/fmed.2024.1532350

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Corrigendum: Combining Charlson comorbidity and VACS indices improves prognostic accuracy for all-cause mortality for patients with and without HIV in the Veterans Health Administration

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KEYWORDS

VACS Index, Charlson Comorbidity Index, HIV, mortality, prediction

A Corrigendum on

[Combining Charlson comorbidity and VACS indices improves prognostic accuracy for all-cause mortality for patients with and without HIV in the Veterans Health Administration](#)

by McGinnis, K. A., Justice, A. C., Marconi, V. C., Rodriguez-Barradas, M. C., Hauser, R. G., Oursler, K. K., Brown, S. T., Bryant, K. J., and Tate, J. P. (2024). *Front. Med.* 10:1342466. doi: 10.3389/fmed.2023.1342466

In the published article, there was an error in the CD4 <200 plot in [Figure 4](#) and the corresponding interpretation. The corrected [Figure 4](#) and its caption appear below.

A correction has been made to **Results**, *VACS-CCI validation in PWH*, Paragraph 2.

This sentence previously stated:

“Observed mortality was generally congruent with predicted mortality among subgroups, except that VACS Index underestimated mortality for PWH with CD4 < 200.”

The corrected sentence appears below:

“Observed mortality was generally congruent with predicted mortality among subgroups, including for PWH with CD4 < 200.”

A correction has been made to **Results**, *VACS-CCI validation in PWH*, Paragraph 3.

This sentence previously stated:

“To better understand the underestimated mortality for PWH CD4 < 200 using VACS Index, we compared conditions included in the CCI by CD4 count groups (<200, 200–499, 500+).”

The corrected sentence appears below:

“To better understand PWH with CD4 < 200, we compared conditions included in the CCI by CD4 count groups (<200, 200–499, 500+).”

The authors apologize for these errors and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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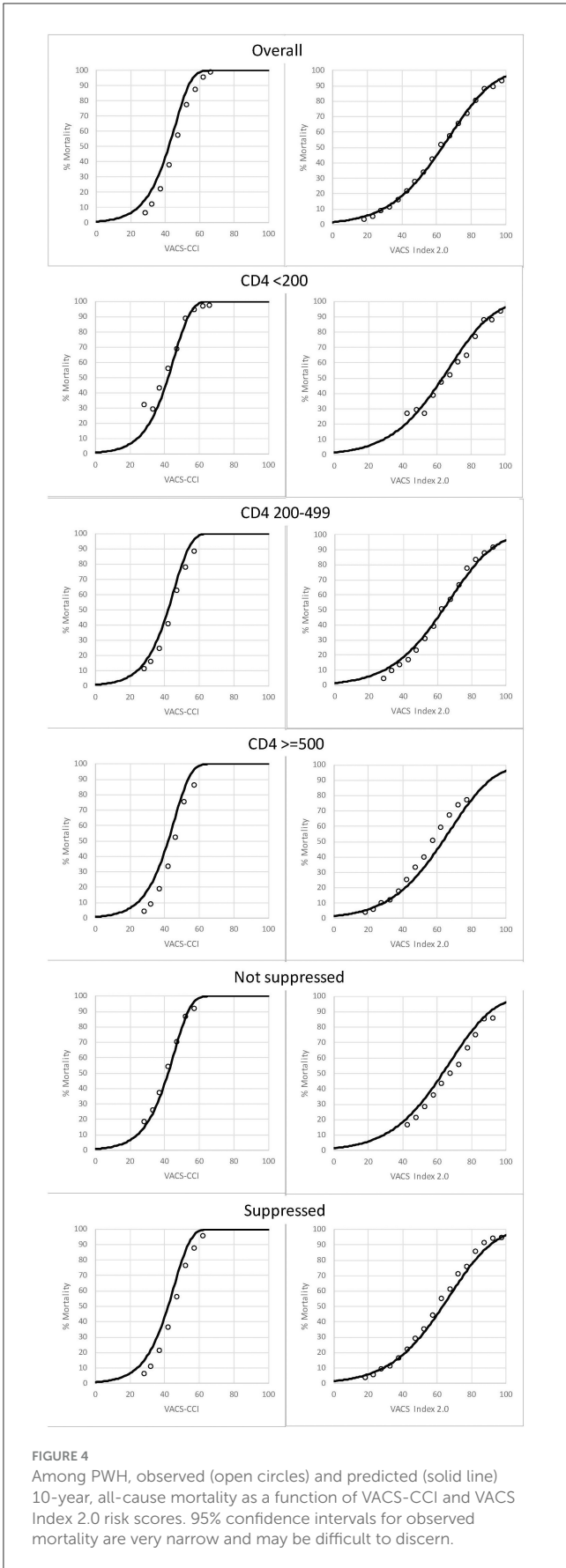


FIGURE 4
Among PWH, observed (open circles) and predicted (solid line) 10-year, all-cause mortality as a function of VACS-CCI and VACS Index 2.0 risk scores. 95% confidence intervals for observed mortality are very narrow and may be difficult to discern.