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CORRECTION
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Corrigendum: Can We Optimize Antibiotic Use in Norwegian Neonates? A Prospective Comparison Between a University Hospital and a District Hospital

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A Corrigendum on

Can We Optimize Antibiotic Use in Norwegian Neonates? A Prospective Comparison Between a University Hospital and a District Hospital

by Thaulow, C. M., Berild, D., Blix, H. S., Brigtsen, A. K., Myklebust, T. Å., and Eriksen, B. H. (2019). Front. Pediatr. 7:440. doi: 10.3389/fped.2019.00440

In the original article, in **Figure 2**, the lines related to each mean value showed ±2 standard deviations from the 95% confidence intervals. The corrected **Figure 2** appears below.

In the original article, there was a mistake in **Table 3**, 95% confidence intervals presented on the first line in the section describing treatments for unconfirmed EOS in premature infants were not correct, 91–103 should have been 90–100, 77–107 should have been 76–100 and 100 should have been 81–100. Moreover, 95% confidence intervals presented in the fifth line are not correct; 0–14 should be 0–22 for all, 0–14 should be 0–26 for the University Hospital and 0–14 should be 0–29 for the District Hospital. The corrected **Table 3** appears below.

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.

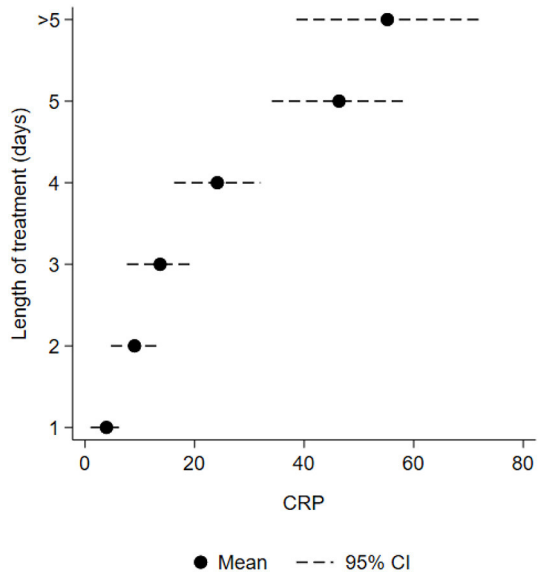

FIGURE 2 | Mean maximum CRP level ($n = 120$) in relation to number of treatment days (GA $\geq$ 28 weeks) among Norwegian hospitalized neonates.

TABLE 3 | Characteristic in treatment of early-onset sepsis (EOS) in two Norwegian neonatal units, gestational age (GA) ≥ 28 weeks.

	All	University Hospital	District Hospital	*P*-value[a]
All				
EOS treatments, *n*	121	48	73	
Confirmed EOS[b], *n* (%, 95% CI)	21 (17, 10–24)	11 (23, 11–35)	10 (14, 6–22)	
Unconfirmed EOS, *n* (%, 95% CI)	99 (82, 75–89)	36 (75, 63–87)	63 (86, 78–94)	
Unknown (%)	1 (0.8)	1 (2)	0 (0)	0.172
Term infants (GA ≥ 37 weeks)				
EOS treatments, *n* (%)	91 (75)	36 (75)	55 (75)	0.966
Confirmed EOS				
Treatments, *n* (%, 95% CI)	21 (23, 14–32)	11 (31, 16–46)	10 (18, 8–28)	0.173
Treatment duration, mean (95% CI)	5.95 (5.4–6.5)	6.1 (5.3–6.9)	5.8 (5.3–6.3)	0.586
Maximum CRP, mean (95% CI)	61.1 (52.4–69.8)	61.0 (48.4–73.6)	61.3 (49.5–73.1)	0.975
Bloodcultures obtained, *n* (%)	21 (100)	11 (100)	10 (100)	n/a
Positive bloodcultures, *n* (%, 95% CI)	2[c] (10, 0–22)	1 (10, 0–26)	1 (10, 0–29)	0.945
Respiratory support, *n* (%)	5 (24)	4 (36)	1 (10)	0.169
Unconfirmed EOS				
Treatments, *n* (% 95% CI)	70 (77, 68–86)	25 (69, 54–84)	45 (82, 72–92)	0.173
Treatment duration, mean (95% CI)	3.01 (2.7–3.3)	3.2 (2.4–3.9)	3.0 (2.7–3.3)	0.709
Maximum CRP, mean (95% CI)	17.3 (12.9–21.5)	18.2 (12.0–24.5)	16.8 (11.6–22.9)	0.751
Bloodcultures obtained, *n* (%)	69 (99)	24 (96)	45 (100)	0.357
Respiratory support, *n* (%)	28 (40)	11 (44)	17 (38)	0.613
Premature infants (28–36 weeks)				
EOS treatments, *n* (%)	30 (25)	12 (25)	18 (25)	0.966
Confirmed EOS				
Treatments, *n* (%)	0 (0)	0 (0)	0 (0)	n/a
Unconfirmed EOS				
Treatments, *n* (%, 95% CI)	29 (97, 90–100)	11 (92, 76–100)	18 (100, 81–100)	0.221
Treatment duration, mean (95% CI)	3.03 (2.6–3.5)	3.4 (2.5–4.2)	2.8 (2.4–3.3)	0.313
Maximum CRP, mean (95% CI)	8.6 (4.1–13.1)	5.9 (−0.65–12.45)	10.2 (3.42–17.02)	0.305
Bloodculture obtained, *n* (%)	28 (97)	11 (100)	17 (94)	0.434
Respiratory support, *n* (%)	20 (69)	8 (73)	12 (67)	0.737
Unknown				
Treatments, *n* (%)	1 (3.3)	1 (8.3)	0 (0)	0.222

[a] *Chi square test was used for proportions and Student's t-test for means. For "all treatments," p-value was based on chi square test for all variables in the section.*

[b] *Positive blood culture or CRP > 30 and minimum five days of treatment (or death before 5 days). Bloodcultures with Coagulase-negative staphylococci (CoNS) were considered positive if CRP > 10 and minimum 5 days of treatment (or death before 5 days).*

[c] *One case of Streptococcus agalacticae (GBS) at the University hospital and one case of Staplylococcus epidermidis at the District hospital.*