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Erratum

In the article "A comparison of the efficacy of 70% (v/v) isopropyl alcohol with either 0.5% (w/v) or 2% (w/v) chlorhexidine gluconate for skin preparation prior to harvest of the long saphenous vein used in coronary artery bypass grafting." by Casey et al. in the August issue of the *American Journal of Infection Control* (2015;43:816-20) the incorrect alcohol contained within the 0.5% chlorhexidine solution was stated in error. Rather than 70% isopropyl alcohol, the solution contained 70% ethanol, however the product and manufacturer name was correct.

The 0.5% chlorhexidine in 70% ethanol comparator was selected as it was the standard of practice within the institution at that time.

The comparative bactericidal activity of isopropyl alcohol and ethanol is the subject of much debate and is by no means conclusive. Indeed, in an article by Reichel et al (2009)[1] little difference was reported between the activity of ethanol and isopropyl alcohol.

Whilst both solutions under test contained 70% alcohol and we consider there to be little evidence of any difference in bactericidal activity between these types of alcohol we acknowledge that it is possible that the difference in type of alcohol (as well as applicator) could have played a role in any differences observed during the study.

Reference

1. Reichel M, Heisig P, Kohlmann T, Kampf G. Alcohols for skin antisepsis at clinically relevant skin sites. Antimicrob Agents Chemother 2009;53:4778-82.

Erratum

Since the publication of Casey ML, Hawley B, Edwards N, Cox-Ganser JM, Cummings KJ. Health problems and disinfectant product exposure among staff at a large multispecialty hospital. *Am J Infect Control* 2017;45(10):1133-1138, the authors were notified of a reporting error by the contract laboratory affecting the acetic acid values reported in the manuscript. The published acetic acid values were biased by a factor of 1.66 and the authors were provided corrected values. In addition, the authors noted that the concentrations of some air samples were below their respective limits of detection (LOD). Nine hydrogen peroxide, 11 peracetic acid, and 5 acetic acid samples were below their respective LODs. The method described by Ganser and Hewett was used to impute values for samples below their associated LODs (Ganser GH, Hewett P. An Accurate Substitution Method for Analyzing Censored Data. *J Occup Environ Hyg* 2010;7:233-44). The authors were provided the corrected air sampling values in February 2018.

These changes did not affect the overall conclusions, associations or major findings of the original article. However, the following corrections should be noted:

On page 1136 the average air measurements for the labor and delivery department should read:

The labor and delivery department had the highest average measurements of hydrogen peroxide (165.63 ppb) and peracetic acid (25.13 ppb) and the second highest average of acetic acid (142.85 ppb).

Also on page 1136, the American Conference of Governmental Industrial Hygienists' (ACGIH) additive mixture formula results should read:

ACGIH mixture categories were comprised of the following departments: low (outpatient clinic at 0.053, medical-surgical unit at 0.061, and postpartum-antepartum unit at 0.075), medium (intensive care unit at 0.145, oncology unit at 0.148, and postpartum unit at 0.185), and high (neonatal intensive care unit at 0.190, a medical-surgical unit at 0.235, and labor and delivery unit at 0.306).

The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the National Institute for Occupational Safety and Health. Mention of product names does not imply endorsement by NIOSH /CDC.

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