

CORRECTION

Open Access



Correction: Development, implementation, and feasibility of site-specific hepatitis C virus treatment workflows for treating vulnerable, high-risk populations: protocol of the Erase Hep C study — a prospective single-arm intervention trial

Anmol Desai¹, Lauren O'Neal², Kia Reinis¹, Patrick Chang¹, Cristal Brown^{3,4}, Michael Stefanowicz^{1,4}, Audrey Kuang^{1,3,4}, Deepak Agrawal³, Darlene Bhavnani¹ and Tim Mercer^{1,3,4*}

Correction: Pilot Feasibility Stud 9, 78 (2023)
<https://doi.org/10.1186/s40814-023-01311-4>

Following publication of the original article [1], the authors identified an error in Table 2. The correct table is given below.

The original article [1] has been updated.

Reference

1. Desai A, O'Neal L, Reinis K, et al. Development, implementation, and feasibility of site-specific hepatitis C virus treatment workflows for treating vulnerable, high-risk populations: protocol of the Erase Hep C study — a prospective single-arm intervention trial. *Pilot Feasibility Stud.* 2023;9:78. <https://doi.org/10.1186/s40814-023-01311-4>.

Published online: 30 June 2023

The original article can be found online at <https://doi.org/10.1186/s40814-023-01311-4>.

*Correspondence:

Tim Mercer

tim.mercer@austin.utexas.edu

¹ Department of Population Health, The University of Texas at Austin Dell Medical School, Austin, USA

² The University of Texas at Austin Dell Medical School, Austin, USA

³ Department of Internal Medicine, The University of Texas at Austin Dell Medical School, Austin, USA

⁴ CommUnityCare Health Centers, Austin, USA



© The Author(s) 2023. **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.

Table 2 Erase Hep C study SPIRIT figure

TIMEPOINT	Screen	Enrollment	Treatment				
			Start	End (Glecaprevir / Pibrentasvir)	End (Sofosbuvir / Velpatasvir)	SVR12 (Glecaprevir / Pibrentasvir)	SVR12 (Sofosbuvir / Velpatasvir)
	T ₋₁	T ₀	T ₁ = up to 90 days after T ₀	T ₂ = T ₁ + 60 days	T ₃ = T ₁ + 90 days	T ₄ = T ₂ + (90–120 days)	T ₅ = T ₃ + (90–120 days)
ENROLLMENT:							
Eligibility Screen	X						
Informed Consent		X					
Interview		X		X	X		
Obtain EMR Data	X	X	X	X	X	X	X
INTERVENTION:							
Implement Site-Specific HCV Treatment Workflows		X	X	X	X	X	X
ASSESSMENTS:							
Demographic Variables		X		X	X		
Socioeconomic Variables		X		X	X		
Substance Use Variables		X		X	X		
Sexual Behavior Variables				X	X		
Medical History		X		X	X		
Labs	X	X		X	X		
SVR12						X	X
2° Clinical Outcomes			X	X	X	X	X
2° Implementation Outcomes			X	X	X	X	X