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CORRECTION

Correction: The Rationale for Using Rifabutin in the Treatment of MDR and XDR Tuberculosis Outbreaks

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There is an error in Table 1. An AspTyr mutation is wrongly abbreviated as D516T (1). It should be listed as D516Y (1). Please see the corrected Table 1 here.

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Table 1. MICs and relative resistance of rifampicin and rifabutin in *M. tuberculosis*.

Genotype	*rpoB*	Rifampicin		Rifabutin	
	Mutants (n)	MIC μg/ml	[b]RR	MIC μg/ml	RR
Atypical Beijing	D516Y (1)	5.0	10	0.125	2
	D516S (4)	5.0–15	10–30	0.125–0.25	2–4
	D516V (29)	10–15	20–30	0.125–0.25	2–4
Undetermined	[a]Wild-type (26)	≤0.5	-	≤0.06	-
Typical Beijing	S531L (1)	>10	>20	>1.0	>16
Atypical Beijing	Q510P (1)	>10	>20	>1.0	>16

[a]Twenty-five clinical isolates with unknown genotype plus one H37Rv strain were included as controls.

[b]RR indicates relative resistance: Mutant MIC/Wild-type MIC.

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Reference

1. Sirgel FA, Warren RM, Böttger EC, Klopper M, Victor TC, van Helden PD (2013) The Rationale for Using Rifabutin in the Treatment of MDR and XDR Tuberculosis Outbreaks. PLoS ONE 8(3): e59414. doi:10.1371/journal.pone.0059414 PMID: 23527189