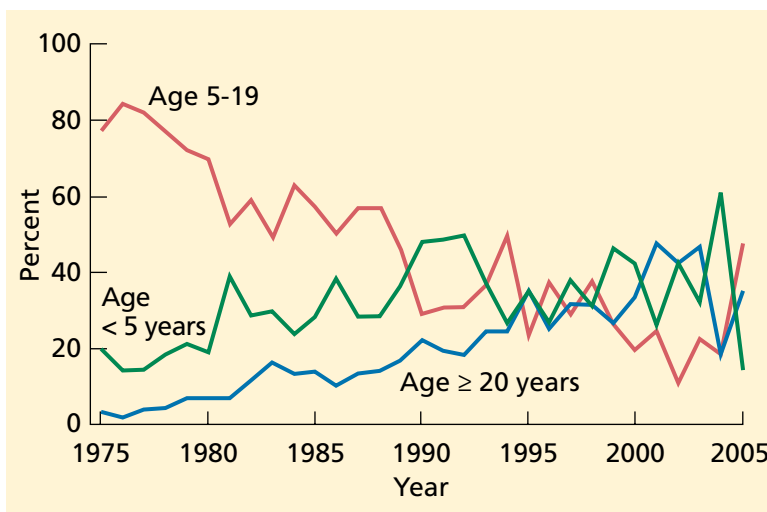


76. Waterer GW, Rello J, Wunderink RG. Management of community-acquired pneumonia in adults. *Am J Respir Crit Care Med* 2011; 183:157–164.
77. Bjerre LM, Verheij TJ, Kochen MM. Antibiotics for community acquired pneumonia in adult outpatients. *Cochrane Database Syst Rev* 2009; (4):CD002109.
78. Frei CR, Labreche MJ, Attridge RT. Fluoroquinolones in community-acquired pneumonia: guide to selection and appropriate use. *Drugs* 2011; 71:757–770.
79. Weiss K, Tilotson GS. The controversy of combination vs monotherapy in the treatment of hospitalized community-acquired pneumonia. *Chest* 2005; 128:940–946.
80. Martínez JA, Horcajada JP, Almela M, et al. Addition of a macrolide to a beta-lactam-based empirical antibiotic regimen is associated with lower in-hospital mortality for patients with bacteremic pneumococcal pneumonia. *Clin Infect Dis* 2003; 36:389–395.
81. Waterer GW, Somes GW, Wunderink RG. Monotherapy may be sub-optimal for severe bacteremic pneumococcal pneumonia. *Arch Intern Med* 2001; 161:1837–1842.
82. Ramírez JA, Bordon J. Early switch from intravenous to oral antibiotics in hospitalized patients with bacteremic community-acquired *Streptococcus pneumoniae* pneumonia. *Arch Intern Med* 2001; 161:848–850.
83. Dunbar LM, Wunderink RG, Habib MP, et al. High-dose, short-course levofloxacin for community-acquired pneumonia: a new treatment paradigm. *Clin Infect Dis* 2003; 37:752–760.
84. el Moussaoui R, de Borgie CA, van den Broek P, et al. Effectiveness of discontinuing antibiotic treatment after three days versus eight days in mild to moderate-severe community acquired pneumonia: randomised, double blind study. *BMJ* 2006; 332:1355.
85. Mundy LM, Leet TL, Darst K, Schnitzler MA, Dunagan WC. Early mobilization of patients hospitalized with community-acquired pneumonia. *Chest* 2003; 124:883–889.
86. Salluh JJ, Póvoa P, Soares M, Castro-Faria-Neto HC, Bozza FA, Bozza PT. The role of corticosteroids in severe community-acquired pneumonia: a systematic review. *Crit Care* 2008; 12:R76.
87. Mikami K, Suzuki M, Kitagawa H, et al. Efficacy of corticosteroids in the treatment of community-acquired pneumonia requiring hospitalization. *Lung* 2007; 185:249–255.
88. Snijders D, Daniels JM, de Graaff CS, van der Werf TS, Boersma WG. Efficacy of corticosteroids in community-acquired pneumonia: a randomized double-blinded clinical trial. *Am J Respir Crit Care Med* 2010; 181:975–982.
89. Chopra V, Flanders SA. Does statin use improve pneumonia outcomes? *Chest* 2009; 136:1381–1388.
90. Yende S, Milbrandt EB, Kellum JA, et al. Understanding the potential role of statins in pneumonia and sepsis. *Crit Care Med* 2011; 39:1871–1878.
91. Halm EA, Fine MJ, Marrie TJ, et al. Time to clinical stability in patients hospitalized with community-acquired pneumonia: implications for practice guidelines. *JAMA* 1998; 279:1452–1457.
92. Marrie TJ, Lau CY, Wheeler SL, Wong CJ, Feagan BG. Predictors of symptom resolution in patients with community-acquired pneumonia. *Clin Infect Dis* 2000; 31:1362–1367.
93. Aliberti S, Peyrani P, Filardo G, et al. Association between time to clinical stability and outcomes after discharge in hospitalized patients with community-acquired pneumonia. *Chest* 2011; 140:482–488.
94. Fiore AE, Uyeki TM, Broder K, et al; Centers for Disease Control and Prevention (CDC). Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR Recomm Rep* 2010; 59:1–62.
95. Nuorti JP, Butler JC, Farley MM, et al. Cigarette smoking and invasive pneumococcal disease. Active Bacterial Core Surveillance Team. *N Engl J Med* 2000; 342:681–689.

ADDRESS: Sarah Haessler, MD, Division of Infectious Diseases, Baystate Medical Center, Tufts University School of Medicine, 3300 Main Street, Suites 3C&D, Springfield, MA 01199; e-mail Sarah.Haessler@baystate-health.org.

CORRECTION



In the article “Measles: Not just a childhood rash” (Sabella C. Measles: Not just a childhood rash. *Cleve Clin J Med* 2010; 77:207–213), **FIGURE 1** contained an error. The red line in the graph represents cases reported for ages 5 to 19, and the green line represents cases reported for ages under 5 years. The corrected figure appears above. This error has been corrected in the online version.

doi:10.3949/ccjm.79c.01001