contact with cats at home (*9*). Unusual cryptosporidial infections are not restricted to immunocompromised hosts, and further investigation of the pathogenicity and epidemiology of these infections is necessary to establish their effect on public health and to identify risk factors for exposure and measures for prevention. The identification of species other than *C. hominis* and *C. parvum* that infect humans, and the transmission routes of such agents, has relevance for better understanding of the epidemiologic features of cryptosporidiosis.

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Correction: Vol. 10, No. 5

In "Syndromic Surveillance in Public Health Practice, New York City," by Richard Heffernan et al., errors occurred. On page 861, in Table 2, the numbers of visits indicated in the headings for columns 3, 4, and 5 are incorrect. In the corrected table, column 3, % age 13–39 y, n = 946,478; column 4, % age 40–64 y, n = 604,707; and column 5, % age ≥65, n = 259,615. Additionally, a footnote has been added to the column 2 heading: *Total number includes 7,266 visits for which patients' ages were unavailable.

The corrected table appears in the updated article at http://www.cdc.gov/ncidod/EID/vol10no05/03-0646.htm#table2

We regret any confusion these errors may have caused.

Corrections: Vol. 11, No. 6

In "Methicillin-resistant *Staphylococcus aureus* Hospitalizations," by Matthew J. Kuehnert et al., an error occurred. In Table 3, columns 3 and 5, the rates shown for hospitalization with *S. aureus* and MRSA-related discharge diagnoses were per 10,000 discharges, rather than per 1,000 discharges, as indicated.

The corrected table appears in the updated article at http://www.cdc.gov/ncidod/EID/vol11no06/04-0831.htm#table13

We regret any confusion this error may have caused.