prone positioning (n = 139) occurred a median of 2.5 (IQR, 1-4) days after randomization. Although this asymmetry in the distribution of awake prone positioning could be used to argue that lack of prone positioning led to more intubations in both study groups, awake prone positioning could also have been used more frequently in patients who remained without invasive mechanical ventilation for a longer duration because of their allocation to high-flow oxygen therapy. Again, lack of random allocation for awake prone positioning makes the inference of causality difficult.

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Conflict of Interest Disclosures: None reported.


CORRECTION

Addition of Nonauthor Collaborator Names for the HiFiLo-Covid Investigators: The Original Investigation titled “Effect of High-Flow Oxygen Therapy vs Conventional Oxygen Therapy on Invasive Mechanical Ventilation and Clinical Recovery in Patients With Severe COVID-19: A Randomized Clinical Trial,” published in the December 7, 2021, issue of JAMA, has been updated to include the nonauthor collaborator (group) names in a supplement. This article was corrected online.


Incorrect Symbol in a Table: In the Original Investigation titled “Prevalence and Treatment of Diabetes in China, 2013-2018,” published in the December 28, 2021, issue of JAMA, the symbol in the overweight and obesity row of Table 5 was incorrect and the 2 rows below should have been presented as its subcategories. This article was corrected online.


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