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PUBLISHER CORRECTION

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Publisher Correction: Lessons learned and implications of early therapies for coronavirus disease in a territorial service centre in the Calabria region: a retrospective study

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In the original publication of this article [1] the footnotes of Figure 1 were accidentally omitted during the publication process. In this correction article: Fig. 1 with the footnotes is published. The original article has been updated to rectify this error. The publisher apologizes to the authors and readers for the inconvenience caused.

The original article can be found online at https://doi.org/10.1186/s12879-022-07774-9.

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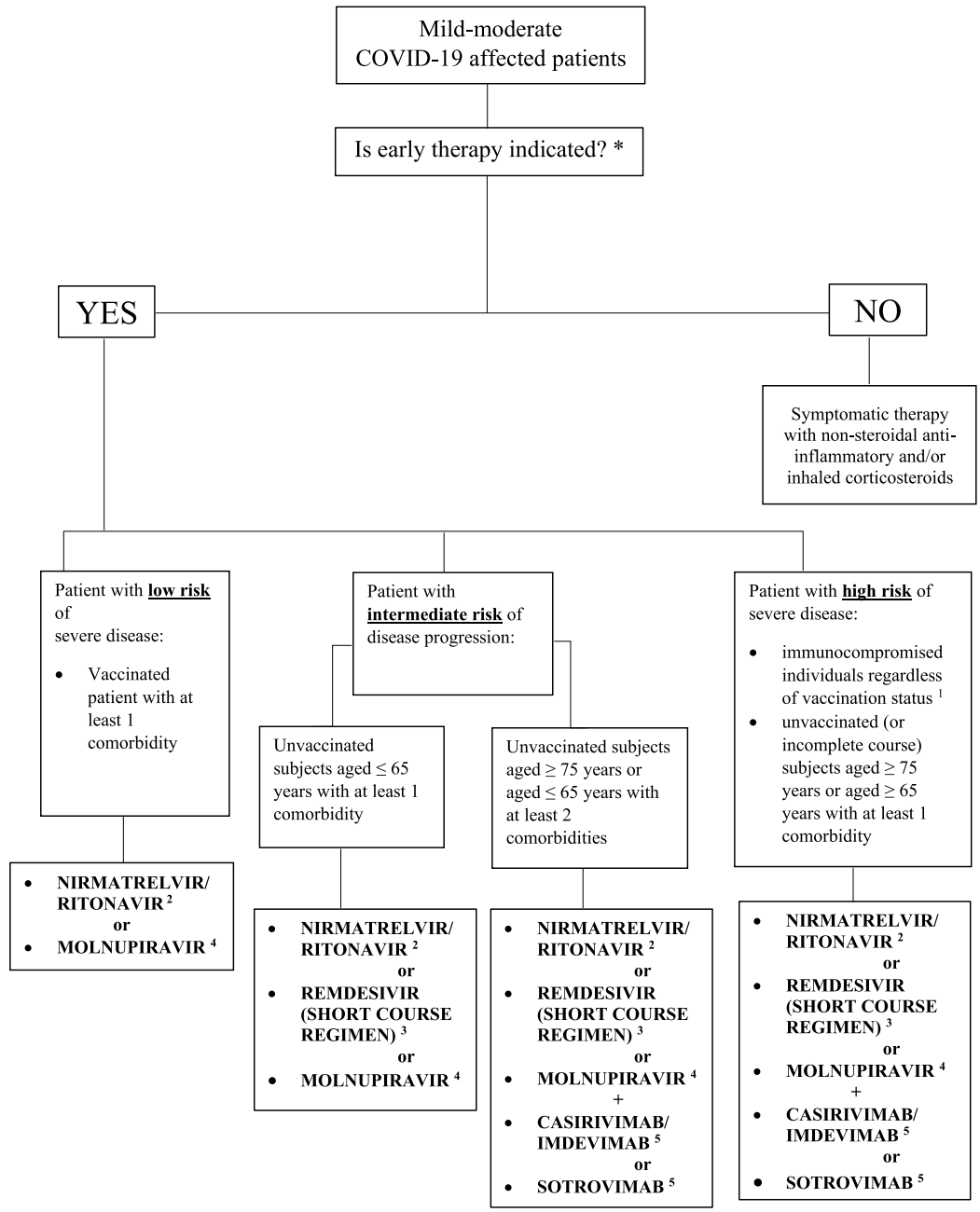

Fig. 1 Flow chart of drugs prescription choices according to risk of progression of COVID-19. *Presence of at least one of the following factors: age > 65 years, BMI ≥ 30, patients chronically subjected to peritoneal dialysis or haemodialysis, uncontrolled diabetes mellitus or with chronic complications, primitive or secondary immunodeficiency (particularly concerning patients being treated with immunosuppressive drugs or less than 6 months from suspension of treatment), cardiocerebrovascular disease (including arterial hypertension with organ damage), COPD and/or other chronic respiratory diseases (lung fibrosis or patient needing O_2-therapy for reasons different from SARS-CoV-2 infection), active oncological or oncohematological disease, chronic hepatopathy, hemoglobinopathies, neurodegenerative disorders. [1]Patients affected by haematological malignancies/autoimmune diseases or treated with immunosuppressive drugs or transplant receivers; [2]First choice in patients with eGFR > 30 ml/min and no major drug interactions; [3]Useful in patients with eGFR > 30 ml/min if major drug interactions contraindicate nirmatrelvir/ritonavir or in patients with dysphagia; [4]For use in patients with severe renal insufficiency and/or partially immunised (*i.e.*, previous SARS-CoV-2 infection, vaccination course incomplete or completed more than 6 months before); [5]mAbs therapy was chosen considering local epidemiology of variants of concern

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