

CORRIGENDUM

In the article "Advantages of short-term antimicrobial treatment for pneumonia and aspiration pneumonia in older patients aged over 65: A nationwide inpatient database study" (*Global Health & Medicine*, 2025; 7(1):28-38. DOI: 10.35772/ghm.2024.01087), the authors identified errors in the Abstract (page 28) and Results (page 35) sections. The correct values and statements are provided below.

Abstract:

- Incorrect: The hazard ratio for the primary outcome was 1.04 (95% confidence interval: 0.99-1.10). The mean length of hospital stay was shortened to 9.74 days (range, 9.34-10.1) in the short-term treatment group.
- Correct: The hazard ratio for the primary outcome was 0.99 (95% confidence interval: 0.95-1.04). The mean length of hospital stay was shortened to 9.65 days (95% confidence interval: 9.25-10.1) in the short-term treatment group.

Results:

- Incorrect: In our subgroup analysis, the primary outcome was slightly more common in the long-term treatment group for patients who initially received anti-anaerobic antimicrobials. No significant difference was observed in the prevalence of AP between the groups.
- Correct: No significant differences were observed between the groups across all prespecified subgroups, including the prevalence of AP status.

The authors confirm that these corrections do not affect the conclusions of the article. They apologize for any inconvenience this may have caused.