individuals already infected with HIV should thus continue vigilant personal protection through safe-sex practices or clean needle use for injection drugs, even if their risk exposures are with other HIV-infected people.

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CORRECTIONS

Incorrect Dosages: In the Original Contribution entitled “Safety and Efficacy of Enoxaparin vs Unfractionated Heparin in Patients With Non–ST-Segment Elevation Acute Coronary Syndromes Who Receive Tirofiban and Aspirin: A Randomized Controlled Trial” published in the July 7, 2004, issue of JAMA (2004;292:55-64), there were 2 incorrect dosages on page 56. At the bottom of column 2, the sentence should read, “The dosing regimen for tirofiban in the A to Z trial was a hybrid between the previously proven ACS and percutaneous coronary intervention dosing regimens: a bolus of 10 µg/kg over 3 minutes, followed by a maintenance infusion of 0.1 µg/kg per minute for a suggested minimum of 48 hours (or a minimum of 12 hours after intervention) and a maximum of 120 hours.”

Funding Source Omitted: In the Original Contribution entitled “Association Between Youth-Focused Firearm Laws and Youth Suicides” published in the August 4, 2004, issue of JAMA (2004;292:594-601), a funding source was omitted. In addition to the sources cited, the study also received support from the David and Lucile Packard Foundation.