In the article “Similarities and Differences between COVID-19-Associated Nephropathy and HIV-Associated Nephropathy” [Kidney Dis. 2022;8:1–12. DOI: 10.1159/000520235] by Chen et al., in Table 1, the first two entries in the column "Virus" have been interchanged. The corrected Table 1 is shown here.

### Table 1. Comparison between COVID-19- and HIV-associated kidney diseases

|                          | COVID-19-associated kidney disease                                                                 | HIV-associated kidney disease                                                                 |
|--------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| **Virus**                | Coronaviruses, enveloped, positive single-stranded RNA viruses                                     | Lentivirus, enveloped, positive single-stranded RNA viruses                                     |
| **Incidences**           | 2–46% COVID-19 patients                                                                         | 6–48.5% HIV-infected patients                                                                  |
| **Clinical presentations** | AKI, proteinuria, hematuria                                                                      | AKI, proteinuria, enlarged kidney                                                              |
| **Pathology**            | ATI, cFSGS, MCD, MN, lupus nephritis, and TMA                                                    | cFSGS, HIVCK, ATN, tubulointerstitial disease                                                  |
| **Infection of kidney cells** | Unknown, likely via ACE2                                                                       | Yes, via cell-cell transmission (lymphocytes-kidney cells)                                    |
| **APOL1 risk alleles**   | Yes for cFSGS                                                                                   | Yes for cFSGS                                                                                  |
| **Systemic effects**     | Yes with cytokine storm                                                                         | Yes with sepsis                                                                                |
| **Drug toxicity**        | Yes, but not well-determined                                                                    | Yes with tenofovir and others                                                                  |
| **CKD**                  | AKI to CKD or AKI on CKD                                                                         | Affect CKD progression                                                                          |
| **Treatment**            | No effective antiviral drugs, transient infection with development of neutralizing antibodies, vaccine available | Effective viral suppressive drugs, persistent and not curable, kidney is viral reservoir, no vaccine |

AKI, acute kidney injury; CKD, chronic kidney disease; APOL1, apolipoprotein L1; cFSGS, collapsing focal segmental glomerulosclerosis; HIVCK, HIV-associated immune complex kidney disease; ATN, acute tubular necrosis; MN, membranous nephropathy; TMA, thrombotic microangiopathy; MCD, minimal change disease; ATI, acute tubular injury; HIV, human immunodeficiency virus.