

An error appeared in an article published in the 1 November 2006 issue of the journal (Wormser GP, Dattwyler RJ, Shapiro ED, Halperin JJ, Steere AC, Klemperer MS, Krause PJ, Bakken JS, Strle F, Stanek G, Bockenstedt L, Fish D, Dumler JS, Nadelman RB. The clinical assessment, treatment, and prevention

of Lyme disease, human granulocytic anaplasmosis, and babesiosis: clinical practice guidelines by the Infectious Diseases Society of America. *Clin Infect Dis* 2006;43:1089–134). Throughout the article, the PR interval should be given as 300 milliseconds (*not* 30 milliseconds). The authors regret this error.

An error appeared in an article published in the 1 July 2007 issue of the journal (Dube MP, Parker RA, Mulligan K, Tebas P, Robbins GK, Roubenoff R, Grinspoon SK. Effects of potent antiretroviral therapy on free testosterone levels and fat-free mass in men in a prospective, randomized trial: A5005s, a substudy of AIDS Clinical Trials Group Study 384. *Clin Infect Dis* 2007;45:120–6). In the second sentence of the first paragraph of the Results section, the difference between the nelfi-

navir and efavirenz groups with respect to median baseline free testosterone levels was misreported as being statistically insignificant. The median baseline free testosterone levels were actually significantly higher in the group randomized to receive nelfinavir (104.8 pg/mL; interquartile range, 86.2–128.9 pg/mL), compared with the group randomized to receive efavirenz (87.4 pg/mL; interquartile range, 64.2–108.3 pg/mL; $P = .006$). The authors regret this error.