

## AUTHOR'S CORRECTION

### Detection of Immune Complexes Is Not Independent of Detection of Antibodies in Lyme Disease Patients and Does Not Confirm Active Infection with *Borrelia burgdorferi*

Adriana R. Marques, Ronald L. Hornung, Len Dally, and Mario T. Philipp

*Laboratory of Clinical Infectious Diseases, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland; Clinical Services Program, SAIC-Frederick, Inc., NCI-Frederick, Frederick, Maryland 21702; The EMMES Corporation, Rockville, Maryland; and Tulane National Primate Research Center, Tulane University Health Sciences Center, Covington, Louisiana*

Volume 12, no. 9, p. 1036–1040, 2005. In reviewing the data, we realized that the concentrations of immunoglobulin G (IgG) and IgM in immune complexes were erroneously multiplied by a factor of 6, and we consequently overreported by this factor.

Page 1039, column 1, line 2: “111.69 mg/dl” should read “18.6 mg/dl.”

Page 1039, column 1, line 3: “103.82 mg/dl” should read “17.3 mg/dl.”

Page 1039, column 1, lines 9 and 10: “558.5 mg/dl” should read “93 mg/dl,” and “519 mg/dl” should read “86.5 mg/dl.”

Page 1039, column 1: Lines 10–12 should read as follows. “Therefore, the IgM values in the PEG-ICs were decreased by a factor of almost 2 while the IgG values were diminished 11-fold from the respective serum values.”

Page 1039, column 2: Lines 4–11 should read as follows. “This possibility could explain the cases where positive PEG-IC test results occur in the face of a negative serum ELISA result.”