performed in March 2009 revealed established cirrhosis with active inflammation.

Until recently, hepatitis E virus was considered to cause acute infection only.¹ Chronic infection with hepatitis E virus, along with progressive liver disease, has now been described in recipients of solid-organ transplants² and a patient with lymphoma³ who is receiving immunosuppressive therapy. Data for our patient show that chronic infection with hepatitis E virus may occur in patients with HIV infection and is associated with active hepatitis.

Coinfection with hepatitis E virus and HIV may be overlooked because drug-induced liver injury is common in patients receiving antiretroviral therapy.<sup>4</sup> Therefore, infection with hepatitis E virus may be misdiagnosed as drug-induced liver injury.<sup>5</sup> Serologic testing may be unreliable in this context; PCR-based detection of hepatitis E viral RNA is essential to make the diagnosis. The prevalence of coinfection with hepatitis E virus and HIV, and the effects of such coinfection on chronic liver disease and prolonged carriage and the excretion of the hepatitis E virus, should be investigated further.

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Supported in part by a grant from the Duchy Healthcare Charity. Dr. Dalton reports receiving lecture fees from GlaxoSmithKline and Beijing Wantai Biological Pharmacy Enterprise. No other potential conflict of interest relevant to this letter was reported.

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#### INSTRUCTIONS FOR LETTERS TO THE EDITOR

Letters to the Editor are considered for publication, subject to editing and abridgment, provided they do not contain material that has been submitted or published elsewhere. Please note the following:

- Letters in reference to a *Journal* article must not exceed 175 words (excluding references) and must be received within 3 weeks after publication of the article.
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- A letter can have no more than five references and one figure or table.
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- Financial associations or other possible conflicts of interest must be disclosed. Disclosures will be published with the letters. (For authors of *Journal* articles who are responding to letters, disclosures appear in the published articles.)
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#### CORRECTIONS

Peginterferon Alfa-2b or Alfa-2a with Ribavirin for Treatment of Hepatitis C Infection (August 6, 2009;361:580-93). In the first sentence of the Study Design subsection in Methods (page 581), the two levels of stratification according to hepatitis C virus (HCV) RNA levels given parenthetically should have been expressed as IU per milliliter, not as IU per cubic millimeter. In the first sentence of the Efficacy Assessments subsection in Methods (page 582), the lower limit of quantitation should have been 27 IU per milliliter, not 27 IU per cubic millimeter. In the Efficacy subsection of Results, the two mentions of HCV RNA levels (pages 583 and 584) should have been expressed as IU per milliliter rather than as IU per cubic millimeter. In the footnotes under Table 1 (page 585), the footnote designated by a double dagger should have expressed HCV RNA as IU per milliliter rather than as IU per cubic millimeter. In the footnotes under Table 2 (page 587), the footnote designated by an asterisk should have expressed HCV RNA as IU per milliliter rather than as IU per cubic millimeter. In the footnotes under Table 3 (page 589), the footnote designated by an asterisk should have expressed the lower limit of detection as 27 IU per milliliter, not 27 IU per cubic millimeter. We regret the errors. The article has been corrected at NEJM.org.

Subthalamic Nucleus Stimulation in Severe Obsessive—Compulsive Disorder (November 13, 2008;359:2121-34). In the Appendix (page 2133), the list of members of the French STOC Study Group from Nice was incorrect: E. Michel was listed twice, and M.N. Magnie-Mauro was omitted. The first instance of "E. Michel" should be replaced by "M.N. Magnie-Mauro." The article has been corrected at NEJM.org.

Glucose Control and Vascular Complications in Veterans with Type 2 Diabetes (January 8, 2009;360:129-39). In the Abstract (page 129), the sentence under Conclusions should end with "with the exception of progression of albuminuria (P=0.01)." In the Results section, in the second paragraph under Microvascular Results (page 135), the P value given at the end of the final sentence should be replaced by "(P=0.01); progression to macroalbuminuria was also significant (P=0.04)." Near the end of the Discussion section, in the paragraph beginning "In our study" (page 138), the final two sentences should have read, "A significant reduction (P=0.01) in any worsening of albumin excretion was observed in the intensive-therapy group; progression to macroalbuminuria was also significant (P=0.04). Overall, the benefit of decreasing the glycated hemoglobin level from 8.4% to 6.9% appeared to be minimal, except in the progression of albuminuria." In the final paragraph of the Discussion (page 138), the second sentence should have read, "In addition, it appears that intensive glucose control had minimal effects on hard microvascular complications (severe renal changes, decreased GFR, laser treatment, cataract extraction, vitrectomy, and new neuropathy) during a period of 5 to 6 years." Additional corrections involving Table 3, Appendix 1, and Appendix 2 are described in the Correspondence section of this issue of the Journal (Veterans Affairs Diabetes Trial - Corrections [September 3, 2009;361:1024-5]). The article has been corrected and the Supplementary Appendix replaced at NEJM.org.

#### NOTICES

Notices submitted for publication should contain a mailing address and telephone number of a contact person or department. We regret that we are unable to publish all notices received. Notices also appear on the Journal's Web site (NEJM.org/meetings). The listings can be viewed in their entirety or searched by location, month, or key word.

### NORTH AMERICAN THROMBOSIS SUMMIT 2009

The third annual summit will be held in Boston on Sept. 26. Contact the North American Thrombosis Forum (NATF), 1620 Tremont St., Suite 3022, Roxbury Crossing, MA 02120; or call (617) 525-8326; or e-mail events@NATFonline.org; or see http://natfonline.org/summit\_2009.php.

#### **UPDATE IN HOSPITAL MEDICINE COURSE**

The course will be held in Boston, Oct. 29–31. It is jointly presented by the Brigham and Women's Hospital Department of Medicine and Harvard Medical School Department of Continuing Education.

Contact the Department of Continuing Education, Harvard Medical School, P.O. Box 825, Boston, MA 02117-0825; or call (617) 384-8600; or see http://www.cme.hms.harvard.edu/courses/hospitalmedicine.

# 13TH ANNUAL MEETING OF THE INFANTILE SEIZURE SOCIETY

The meeting, entitled "International Symposium on Epilepsy in Neurometabolic Diseases," will be held in Taipei, Taiwan, March 26–28. Deadline for submission of abstracts is Oct. 31. Deadline for early registration is Dec. 31. Deadline for online registration is Feb. 28.

Contact the ISENMD Secretariat, c/o K&A International Co., Ltd., 7F, 249 Fu-Xing South Rd., Sec. 1, Taipei, Taiwan 10666; or e-mail isenmd2010@knaintl.com.tw; or see http://www.isenmd2010taipei.org.

#### **CALL FOR APPLICATIONS**

The American Society of Tropical Medicine and Hygiene is accepting applications for its "Postdoctoral Fellowship in Tropical Infectious Diseases," which supports research in tropical infectious diseases. Deadline for submission is Sept. 15.

Contact the American Society of Tropical Medicine and Hygiene, 111 Deer Lake Rd., Suite 100, Deerfield, IL 60015; or call (847) 480-9592; or fax (847) 480-9282; or e-mail info@astmh.org; or see http://www.astmh.org/ASTMH\_Sponsored\_Fellowships/2139.htm.

#### **IAPAC 2009**

The conference will be held in New Orleans, Nov. 29–Dec. 1. It is jointly sponsored by the International Association of Physicians in AIDS Care (IAPAC) and the Foundation for AIDS Research (amfAR).

Contact Shayne Bell, IAPAC, 123 W. Madison St., Suite 1400, Chicago, IL 60602; or call (312) 795-4942; or fax (312) 795-4938; or e-mail sbell@iapac.org; or see http://www.iapac.org/iapac09.

#### ARORA BOARD REVIEW

The following course will be offered: "Recertification Course in Internal Medicine" (Livingston, NJ, Sept. 11–13).

Contact Dr. R.K. Arora, 389 E. Mount Pleasant Ave., Livingston, NJ 07039; or call (973) 994-3203; or see http://www.aroraboardreview.com; or e-mail boardreview@comcast.net.

#### MAYO CLINIC

The following courses will be offered in Rochester, MN, unless otherwise indicated: "Mayo Clinic Gastroenterology and Hepatology Board Review" (Chicago, Sept. 10-13); "6th Annual Mayo Clinic ERCP A-to-Z 2009: A Live Case Course" (Sept. 17 and 18); "9th Annual Mayo Clinic Nutrition and Wellness in Health & Disease" (Minneapolis, Sept. 24 and 25); "Mayo Clinic Pediatric Days" (Chicago, Sept. 24 and 25); "Biological Frontiers of Alcohol Addiction" (Oct. 2); "14th Annual Mayo Cardiovascular Review Course for Boards and Recertification" (Oct. 3-9); "Coronary Artery Disease: Prevention, Detection & Treatment" (Las Vegas, Oct. 19-21); "Mayo Clinic Acute Care Psychiatry Clinical Review" (Chicago, Oct. 22-24); "Current Concepts in Primary Eye Care" (Nov. 5); "Mayo Clinic OB/Gyn Clinical Reviews" (Nov. 12 and 13); "7th Annual Mayo Clinic Hematology 2010 for the Practicing Hematologist-Oncologist" (Scottsdale, AZ, Jan. 13-16); and "4th Annual Mayo Clinic Psychiatric Pharmacogenomics" (Kohala Coast, HI, Feb. 7-9).

Contact Mayo School of CME, 200 First St. SW, Rochester, MN 55905; or call (507) 284-2509 or (800) 323-2688; or fax (507) 284-0532; or see http://www.mayo.edu/cme; or e-mail cme@mayo.edu.

## SOCIETY OF LAPAROENDOSCOPIC SURGEONS

The following conferences will be held: "18th SLS Annual Meeting and Endo Expo 2009" (Boston, Sept. 9–12) and "AsianAmerican MultiSpecialty Summit IV" (Honolulu, Feb. 10–13).

Contact the Society of Laparoendoscopic Surgeons, 7330 SW 62nd Place, Suite 410, Miami, FL 33143; or call (800) 446-2659; or e-mail conferences@sls.org; or see http://www.sls.org.

# PROGRAM IN PALLIATIVE CARE EDUCATION AND PRACTICE

The program will be held in Cambridge, MA, Nov. 11–17. Contact Venus Watson, HMS Center for Palliative Care, Da-

na–Farber Cancer Institute, 44 Binney St., SW 411, Boston, MA 02115; or call (617) 582-8871; or fax (617) 632-6180; or e-mail venus\_watson@dfci.harvard.edu; or see http://www.hms.harvard.edu/cdi/pallcare.