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Corrigendum

Corrigendum to “Antibody-based immunotherapy of acyclovir resistant ocular herpes simplex virus infection” [Virology 512 (2017) 194–200]

Dirk Bauer[a], Jessica Keller[b], Mira Alt[b], Axel Schubert[c], Ulrich Wilhelm Aufderhorst[b], Vivien Palapys[b], Maren Kasper[a], Christiane Silke Heilingloh[d], Ulf Dittmer[b], Björn Laffer[a], Anna Maria Eis-Hübinger[e], Georges M. Verjans[f], Arnd Heiligenhaus[a,g], Michael Roggendorf[b,h], Adalbert Krawczyk[b,*]

[a] Ophtha-Lab, Department of Ophthalmology at St. Franziskus Hospital, Muenster, Germany
[b] Institute for Virology, University Hospital Essen, University of Duisburg-Essen, Essen, Germany
[c] University Hospital of Ulm, Institute of Virology, Ulm, Germany
[d] Department of Immune Modulation, University Hospital Erlangen, Erlangen, Germany
[e] University of Bonn Medical Center, Institute of Virology, Bonn, Germany
[f] Department of Viroscience, Erasmus MC, Rotterdam, the Netherlands
[g] University Hospital of Essen, Department of Ophthalmology, Essen, Germany
[h] Technical University of Munich, Institute of Virology, Munich, Germany

The authors regret that the Fig. 2A, which was published in *Virology* (Bauer et al., 2017b), is identical to Figure 1A of a manuscript published in *Frontiers in Microbiology* (Bauer et al., 2017a). Fig. 2A of the *Virology* manuscript, which represents the clinical and histological

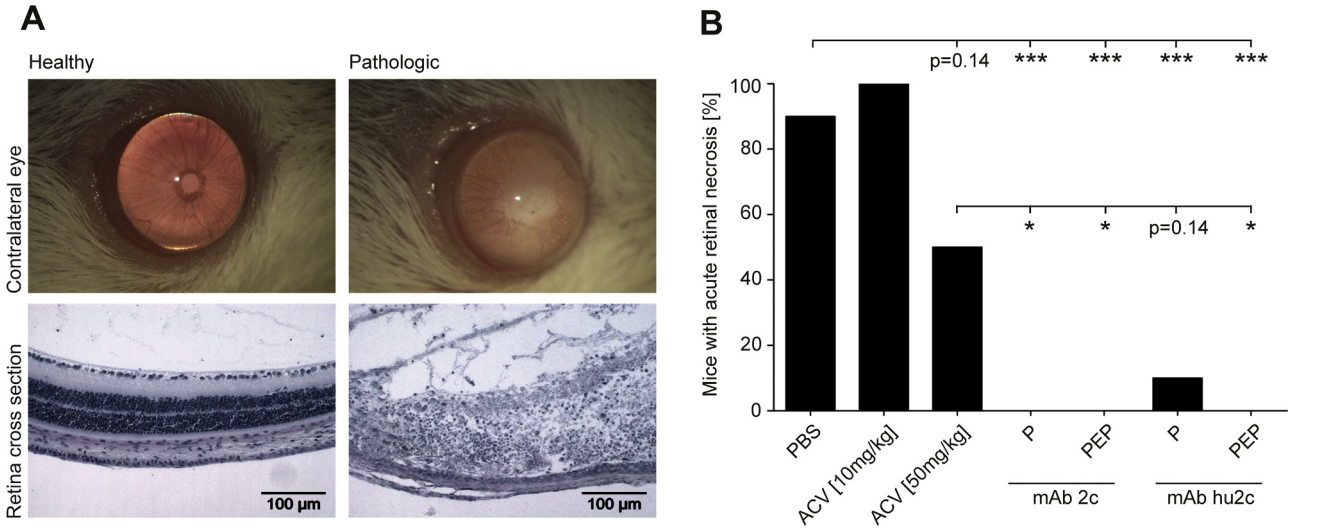

Fig. 2. Efficacy of mAbs 2c and hu2c in the prevention of ACV-resistant HSV-1 infection of the retina. (A) The ipsilateral eyes were infected with the clinical isolate HSV-1 ACVr 1 (previously described by van Velzen et al. among a number of isolates derived from patients unsuccessfully treated with ACV (van Velzen et al., 2013). At day 12 post infection, the contralateral eyes were examined for retinal disease by light microscopy and histological staining and classified as pathologic or healthy. Healthy eyes were characterized by a normal clinical appearance and intact retina, whereas pathologic eyes were impaired and showed extensive damage of the retinal tissue. (B) Percentages of mice (n = 10) with pronounced retinal necrosis. Impacts of antibody treatment at 24 h before infection (P) or 24, 40 and 56 h after infection (PEP) were compared with mock (PBS) or high-dose ACV (50 mg/mg) treated mice and statistical significances were determined using the Fisher´s exact test. Comparisons were considered significant at *P < 0.05; **P < 0.01; and ***P < 0.001.

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* Corresponding author.
E-mail address: Adalbert.Krawczyk@uk-essen.de (A. Krawczyk).

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appearance of healthy eyes or pathologic eyes after infection with the clinical isolate HSV-1 ACVr1, has now been replaced by the correct picture. The authors would like to apologize for any inconvenience caused.

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