



Corrigendum

Corrigendum to “One of the Immune Activation Profiles Observed in HIV-1-Infected Adults with Suppressed Viremia is Linked to Metabolic Syndrome: The ACTIVIH Study” [EBioMedicine 8 (2016) 265–276]



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The authors wish to republish high-resolution Figures in this article here. (See Figs. 1–5.)

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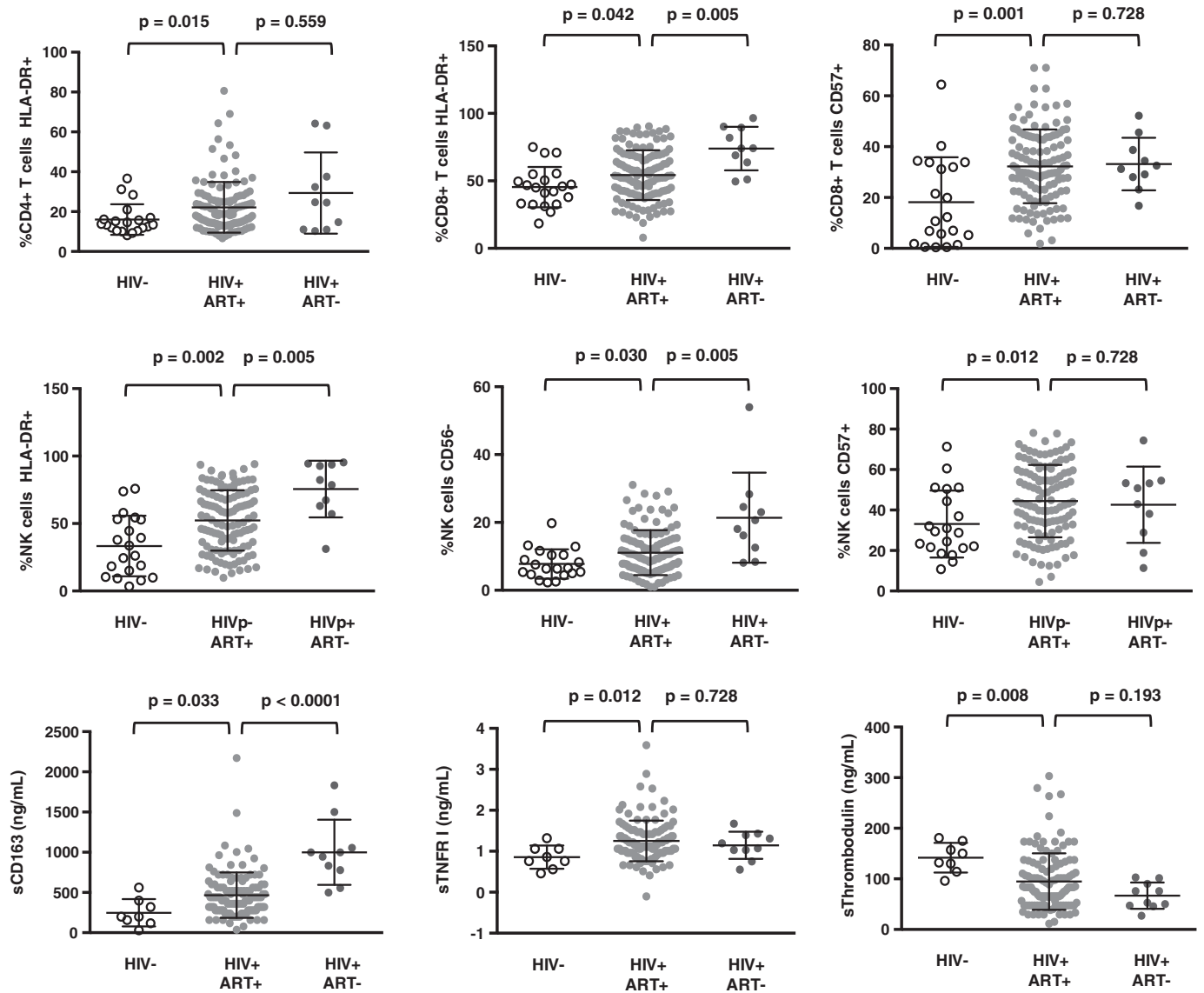


Fig. 1. Immune activation in virologic responders. Percentages of various cell populations and plasma levels of soluble markers in healthy donors (HIV-), treated (HIV + ART+), and untreated (HIV + ART-) HIV patients. Data are presented as mean values and 95% confidence intervals; p-values are shown.

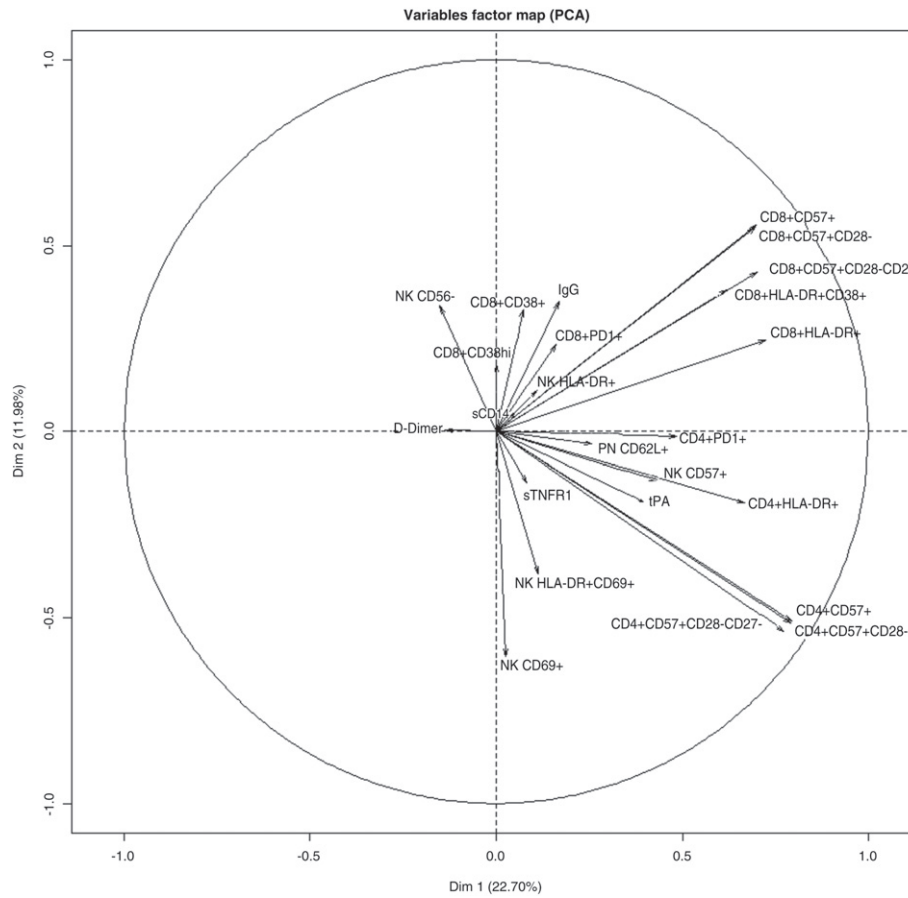


Fig. 2. Variables factor map resulting from Principal Component Analysis. The variables are represented by arrows. The elbow test was carried out in order to select the number of components to consider. This was done by plotting the components' eigenvalues according to their size and analyzing the point in the graph where the slope goes from "steep" to "flat" in order to keep only the components that are placed before the elbow, which were 2 in our case. The length of each of these arrows depends on the correlation of the variable with the component. Highly positively correlated variables are represented by arrows close to each other. Strongly negatively correlated variables are represented by arrows diametrically opposed.

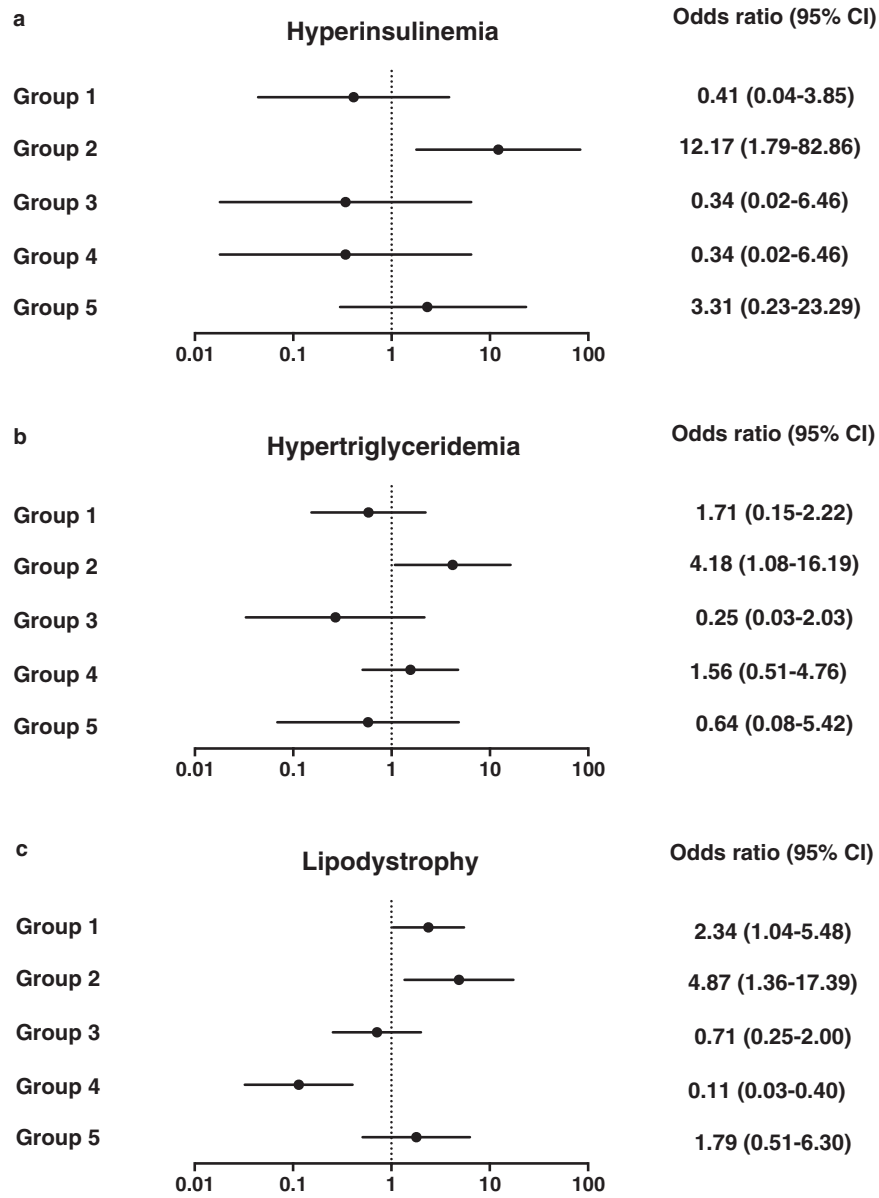


Fig. 5. Link between immune activation profile 2 and marks of metabolic syndrome. Odd ratios relating each profile of immune activation to risk of hyperinsulinemia (a), hypertriglyceridemia (b), and lipodystrophy (c). Data are presented as OR and 95% confidence intervals.