

safe method, accessed misoprostol from local pharmacies or the black market, or visited local underground providers. But accurate data on these choices are difficult to obtain.⁵ Thus, our data provide a window on how concern about Zika virus infection may have affected the lives of pregnant women in Latin America.

Models that were developed by the World Health Organization predict that 3 million to 4 million persons across the Americas (including North America, Central America, South America, and the Caribbean) will contract Zika virus infection through early 2017, and the virus will inevitably spread to other countries where access to safe abortion is restricted. Official information and advice about potential exposure to the Zika virus should be accompanied by efforts to ensure that all reproductive choices are safe, legal, and accessible.

Abigail R.A. Aiken, M.D., Ph.D.

James G. Scott, Ph.D.

University of Texas at Austin
Austin, TX
araa2@utexas.edu

Catherine E. Aiken, M.D., Ph.D.

University of Cambridge
Cambridge, United Kingdom

and Others

A complete list of authors is available with the full text of this letter at NEJM.org.

Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

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1. Pan American Health Organization, World Health Organization Regional Office for the Americas. Epidemiological alert: increase of microcephaly in the northeast of Brazil. November 17, 2015 (http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&itemid=270&gid=32285).
2. Fact sheet: abortion in Latin America and the Caribbean. New York: Guttmacher Institute, 2015 (https://www.guttmacher.org/pubs/IB_AWW-Latin-America.pdf).
3. Gomperts RJ, Jelinska K, Davies S, Gemzell-Danielsson K, Kleiverda G. Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services. *BJOG* 2008;115:1171-5.
4. Post C. Northern Peru braces for mosquito-borne Zika virus. *Peru Reports*. January 25, 2016 (<http://perureports.com/2016/01/25/northern-peru-braces-for-mosquito-borne-zika-virus/>).
5. Gerdtz C, Vohra D, Ahern J. Measuring unsafe abortion-related mortality: a systematic review of the existing methods. *PLoS ONE* 2013;8(1):e53346.

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CORRECTIONS

Case 18-2016: A 52-Year-Old Woman with a Pleural Effusion (June 16, 2016;374:2378-87). In the second paragraph of the Pleural Effusion and a Pelvic Mass section (page 2384), the fifth sentence, beginning “These factors . . .,” should have ended, “. . . ovarian fibromas, and fibrothecomas¹⁰” rather than “. . . ovarian fibromas, fibrothecomas, and granulosa-cell tumors.¹⁰” The article is correct at NEJM.org.

Paclitaxel-Eluting versus Everolimus-Eluting Coronary Stents in Diabetes (October 29, 2015;373:1709-32). In the list of authors (page 1709), the surname Abhaychand should have been Abhaichand. The article is correct at NEJM.org.

Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy (February 26, 2015;372:803-13). In the legend for Figure 3 (page 810), the final sentence should have begun, “The log₁₀ of the ratio of peanut-specific IgG4:IgE was calculated after the peanut-specific IgG4 levels were converted from micrograms per liter,” rather than “. . . from milligrams per liter,” and should have ended, “with the use of the formula IgG4 ÷ (IgE × 2.4),” rather than “with the use of the formula (IgG4 × 1000) ÷ (IgE × 2.4).” In the bottom graph in Figure 3B, the values on the y axis were incorrect. The article is correct at NEJM.org.