original paper by Frace et al. The newer codes will be part of a publication that will be authored by Dr Simon Hambidge and colleagues. The authors apologize for any inconvenience this may have caused the readers or Dr Hambidge and his colleagues in the VSD studies.


An error appeared in the article by Trokel et al, titled “Variation in the Diagnosis of Child Abuse in Severely Injured Infants” published in the March 2006 issue of Pediatrics (doi:10.1542/peds.2004-2731). The name of the author Anthony Waddimba was misspelled. The error has been corrected online.


An error appeared in the Policy Statement by Section on Ophthalmology, American Academy of Pediatrics; American Academy of Ophthalmology; and American Association for Pediatric Ophthalmology and Strabismus, titled “Screening Examination of Premature Infants for Retinopathy of Prematurity” that was published in the February 2006 issue of Pediatrics (doi:10.1542/peds.2005-2749). On page 573, Recommendation 1 states: “Infants with a birth weight of less than 1500 g or gestational age of 32 weeks or less (as defined by the attending neonatologist) and selected infants with a birth weight between 1500 and 2000 g or gestational age of more than 32 weeks with an unstable clinical course, including those requiring cardiorespiratory support and who are believed by their attending pediatrician or neonatologist to be at high risk, should have retinal screening examinations performed after pupillary dilation using binocular indirect ophthalmoscopy to detect ROP.” The gestational age criterion should be 30 weeks, rather than 32 weeks, so that the corrected recommendation should read "Infants with a birth weight of less than 1500 g or gestational age of 30 weeks or less (as defined by the attending neonatologist) and selected infants with a birth weight between 1500 and 2000 g or gestational age of more than 30 weeks with an unstable clinical course, including those requiring cardiorespiratory support and who are believed by their attending pediatrician or neonatologist to be at high risk, should have retinal screening examinations performed after pupillary dilation using binocular indirect ophthalmoscopy to detect ROP."

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