
An error occurred in the article by AnneLoes Van Staa, titled “A normal life with an unhealthy Body: Self-identity in Adolescents growing up with chronic illness” published in January 2008, volume 121, Supplement 2. On page S103, in affiliations the publisher wrote: “cAgia Sophia Children’s Hospital, Athens, Greece.” This should have read: “cErasmus Medical Centre—Sophia Children’s Hospital, Rotterdam, the Netherlands” On page S103, under the heading “Methods” on line 6, the publisher wrote “Erasmus Medical Centre—Agia Sophia Children’s Hospital.” This should have read: “Erasmus Medical Centre—Sophia Children’s Hospital, Rotterdam, the Netherlands.”

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An error occurred in an article by AnneLoes Van Staa, titled “Using Q-Methodology to explore preferences for care of adolescents with chronic disorders: 4 profiles” published in January 2008, volume 121, Supplement 2. On page S154, in affiliations the publisher wrote: “bAgia Sophia Children’s Hospital, Erasmus Medical Center, Rotterdam, The Netherlands.” This should have read: “cErasmus Medical Center—Sophia Children’s Hospital, Rotterdam, the Netherlands.” On page S154, in affiliations the publisher wrote: “cInstitute of Health Policy and Management.” This should have read: “bInstitute of Health Policy and Management, Erasmus Medical Center, Rotterdam, the Netherlands.” On page S154, under “Methods” the publisher wrote: “cErasmus Medical Centre—Agia Sophia Children’s Hospital.” This should have read: “cErasmus Medical Centre—Sophia Children’s Hospital.”

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An error occurred in the January 2008 issue of Pediatrics (Volume 121, Supplement 2). On page S138, under the section Neonatology, after line 19 the authors should have included the following abstract:

CONTINUOUS-INFUSION VANCOMYCIN THERAPY IN THE NEONATAL POPULATION IMPROVES VANCOMYCIN SERUM CONCENTRATIONS

Submitted by Andrew Kapetanakis
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BACKGROUND: Vancomycin is a valuable antibiotic in neonatal intensive care although the optimal administration regime has not been established. Intermittent drug administration regimens do not produce consistently sat-
isfactory drug levels. The most important pharmacokinetic parameter is the 24-hour area under the serum concentration time concentration curve (24 h AUC) in relation to minimal inhibitory concentration (MIC). Continuous infusion (CI) of Vancomycin would therefore be more appropriate in improving serum drug concentrations and bactericidal activity. To date there is limited experience of CI-Vancomycin therapy in neonates.

**OBJECTIVE:** To evaluate the use of a new CI-Vancomycin therapy regimen in neonates.

**DESIGN & METHODS:** Prospective data collection from infants receiving a loading dose of 15 mg/kg followed by CI-Vancomycin. The starting doses were 15 mg/kg/day - 30 mg/kg/day depending on the initial serum creatinine level. Drug levels were obtained at 24-48 hour intervals and the dose adjusted accordingly. Target steady state concentration was 15-25 mcg/ml.

**RESULTS:** (Mean ± Standard deviation): 111 Vancomycin courses were evaluated between November 2002 and November 2006. Gestational age was 28.5 (±5) weeks and birth weight was 1.24 (±0.88) kg. Corrected age was 34.9 (±8) weeks. The dosing schedule was adjusted 2.4 (±2) times. The duration of the treatment was 12.5 (±5.8) days. 48-hour steady state vancomycin concentration was 16.25 (±8.2) mcg/ml (63% >15 mcg/ml) and was improved further during the treatment course.

**CONCLUSIONS:** CI-Vancomycin administration was well tolerated and resulted in improved drug concentrations in the neonatal population. Drug levels need to be monitored regularly and the dose needs to be adjusted accordingly to achieve optimal results.


An error occurred in the article by Mark Bangs et al, titled “Atomoxetine for the treatment of attention-deficit/hyperactivity disorder and oppositional defiant disorder” published in the February 2008 issue of *Pediatrics* (doi: 10.1542/peds.2006-1880). The authors regret that they failed to include, in the second line of the acknowledgement, the institutions at which the research was performed. The text should have read as follows:

“We thank the investigators and their staff comprising the ADHD/ODD Study Group: Els Van den Ban, Universitair Medisch Centrum Utrecht, Utrecht, Netherlands; Dirk Deboutte, Algemeen Zkhs Middelheim, Antwerpen, Belgium; Daryl Elfon, Royal Childrens Hospital Melbourne, Parkville, Australia; Herman van Engeland, Universitair Medisch Centrum Utrecht, Utrecht, Netherlands; Jorg M. Fegert, Universitäts-Kinderklinik u. Poliklinik-Uni Klinikum Ulm, Ulm, Germany; Rutger Jan van der Gaag, Academisch Centrum voor Kinder-en Jeugdpsychiatrie Oos, Nijmegen, Netherlands; Eija Nikkanen, Hyks Lasten ja Nuorten Sairaala, Helsinki, Finland; Xavier Gasta­minza Pe’rez, Hospital Vall de Hebron, Barcelona, Spain; Martin Schmidt, Zentralinstitut fur Seelische Gesundheit, Mannheim, Germany; Cesar Soutullo, Clinica Universitaria de Navarra, Pamplona, Navarra, Spain; Per Hove Thomsen, Dorne-og Ungdomspsykiatrisk Hospital, Risskov, Denmark; Lennart von Wendt, Hyks Lasten ja Nuorten Sairaala, Helsinki, Finland; and Amaia Hervas Zuniga, Hospital Mutua de Terrassa, Barcelona, Spain.”

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ERRATA

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The online version of this article, along with updated information and services, is located on the World Wide Web at:
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