satisfactory 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, Universitats-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 Sairaal, 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 Sairaal, Helsinki, Finland; and Amaia Hervas Zuniga, Hospital Mutua de Terrassa, Barcelona, Spain.”
**ERRATA**

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