
ERRATA

Committee on Infectious Diseases. Recommended Childhood and Adolescent Immunization Schedule—United States, 2014. *Pediatrics* 2014;133(2):357–363

Several corrections have been made in the online version of the American Academy of Pediatrics' "Recommended Childhood and Adolescent Immunization Schedule—United States, 2014" (*Pediatrics* 2014;133[2]:357–363; doi: 10.1542/peds.2013-3965). Please note that the following corrections have been made to the electronic version available at <http://pediatrics.aappublications.org/content/133/2/357.full?sid=a26ca8bf-796e-47a4-82e8-35775f90c3a5> and that these corrections should be made to the version that appeared in the printed journal.

- In Fig 1 (0–18 yrs schedule), in the first box for Tetanus, diphtheria, & acellular pertussis, the parentheses should read: **(Tdap ≥7 yrs)**
- In Fig 1 (0–18 yrs schedule), in the first box for Meningococcal, the parentheses should read: **(Hib-MenCY: ≥6 weeks; MenACWY: ≥9 mos; MenACWY-CRM ≥2 mos)**
- Under Fig 1 (0–18 yrs schedule), the first URL should be **<http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>**
- In Fig 2 (catch-up schedule), under Persons aged 4 months to 6 years, the entry for Inactivated poliovirus, Dose 2 to dose 3, should include footnote 7, so it should read: **4 weeks⁷**
- In Fig 2 (catch-up schedule), under Persons aged 7 through 18 years, the entry for Meningococcal, Dose 1 to dose 2, the parenthetical phrase should be deleted, so it should read: **8 weeks¹³**

doi:10.1542/peds.2014-0267

Hudak ML, Tan RC, The Committee on Drugs and the Committee on Fetus and Newborn. Neonatal Drug Withdrawal. *Pediatrics*. 2012;129:e540.

An error occurred in the Guidance for the Clinician by Hudak ML et al, titled "Neonatal Drug Withdrawal," published in the February 2012 issue of *Pediatrics* (2012;129(2):e540–e560; originally published online January 30, 2012; doi:10.1542/2012-3212). On page e547, the formatting of Fig 1 (Modified Finnegan's Neonatal Abstinence Scoring Tool) could be misinterpreted to indicate that 19 rather than 21 independent signs should be scored to assess the clinical severity of neonatal abstinence syndrome. The formatting has been changed (see Table) to differentiate clearly the 21 independent signs.

doi:10.1542/peds.2014-0557

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Pediatrics 2014;133;937

DOI: 10.1542/peds.2014-0267

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