Pediatrics (2015;135(3):469–474; doi:10.1542/peds.2014-2329). On page 473, under Discussion, the decrease in the readmission rate from 18.4 to 15.7 per 1000 among those who had an early well-child visit should be described as a 15% relative risk reduction (2.7/18.4), not a 15% absolute risk reduction. The absolute risk reduction was 18.4 minus 15.7, or 2.7 per 1000 readmissions. The calculation of the number of early well-child visits associated with a reduction of a single readmission should have been calculated based on the absolute risk reduction (1000/2.7) and was 371 rather than 7 as stated in the article. The authors thank medical student Wade Harrison from the Geisel School of Medicine, Hanover, NH, for pointing out these errors. The corrections have been made to the online edition of the published article.

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An error occurred in the article by Rana et al, titled “Hydroxyurea and Growth in Young Children With Sickle Cell Disease” published in the September 2014 issue of Pediatrics (2014;134(3):465–472; doi:10.1542/peds.2014-0917). On page 467, under the heading Results, on line 2, this reads: “See Table 1 for demographic information.” This should have read: “See Table 1 in the main BABY HUG paper.”

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Errors occurred in the article by Mitchell et al, titled “Weapon Involvement in the Victimization of Children” published in the July 2015 issue of Pediatrics (2015;136(1):10–17; doi:10.1542/peds.2014-3966). On page 13, under the heading ‘Experiencing Victimization With a Weapon: Lifetime Prevalence and Youth Characteristics,’ this reads: “More than 1 in 4 youth (26.5%) reported at least 1 victimization that involved a weapon in their lifetime, such as a knife, gun, stick, or rock; 12.5% reported at least 1 direct victimization with a weapon, and 13.1% at least 1 indirect (or witnessed) victimization with a weapon.” This should have read: “More than 1 in 4 school-age youth (ages 6–17, 26%) reported at least 1 victimization that involved a weapon in their lifetime; more than 1 in 5 youth when including younger children (ages 2–17 years, 21.2%). Among 2–17 year olds, 12.5% reported at least 1 direct victimization with a weapon, and 13.1% at least 1 indirect (or witnessed) victimization with a weapon.”

This change also impacts the Abstract and Discussion as follows:

On page 10, in the Abstract, it reads: “Results: Estimates from the Second National Survey of Children’s Exposure to Violence indicate that >17.5 million youth in the United States have been exposed to violence involving a weapon in their lifetime as witnesses or victims, or >1 in 4 children.” This should have read: “Results: Estimates from the Second National Survey of Children’s Exposure to Violence indicate that almost 14 million youth, ages 2–17, in the United States have been exposed to violence involving a weapon in their lifetimes as witnesses or victims, or >1 in 5 children in this age group.”

On page 13, in the Discussion section, it reads: “NatSCEV II estimates that >17.5 million youth in the United States have been exposed to violence involving
a weapon in their lifetime as witnesses or victims, or \( > 1 \) in 4 children.” This should have read: “NatSCEV II estimates indicate that almost 14 million youth, ages 2–17, in the United States have been exposed to violence involving a weapon in their lifetimes, as witnesses or direct victims, or \( > 1 \) in 5 children in this age group.”

On page 16, in the Conclusions section, it reads: “These data indicate that children are exposed to weapon-involved victimization at disturbingly high rates, affecting 1 in 4 children when a full range of weapons is included.” This should have read: “These data indicate that children are exposed to weapon-involved victimization at disturbingly high rates, affecting 1 in 4 school-age children (ages 6–17) and 1 in 5 children, ages 2–17, when a full range of weapons is included.”

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