ERRATA

Marks K, et al. Lowering Developmental Screening Thresholds and Raising Quality Improvement for Preterm Children. *Pediatrics*. 2009;123(6); 1516–1523

Errors occurred in the abstract of this article by Marks et al (doi:10.1542/peds.2008-2051). The corresponding author edited the abstract so that the results section more clearly indicated that early intervention referral rates were originally evaluated at 12 and 24 months of age. Two to three years later, referral rates and developmental-behavioral outcomes were re-evaluated when the participants were 36 to 60 months of age. The abstract should have read:

abstract

OBJECTIVES: To determine: 1) if preterm children were referred, identified and received early intervention (EI)/ early childhood special education (ECSE) services at rates equivalent to term children after implementation of a universal, periodic Ages and Stages Questionnaire (ASQ) surveillance and screening system; 2) if pediatricians sufficiently lowered their screening thresholds with preterm children; and 3) if quality improvement opportunities exist.

PATIENT AND METHODS: Secondary analysis was performed on 64 lower-risk, mostly late-preterm and 1363 term children who originally presented to their 12- or 24-month well- visits. Higher-risk preemies already involved with an EI agency/ identified with a delay were excluded. Board-certified pediatricians ($N = 18$), and nurse practitioners ($N = 2$), blind to the ASQ results, were secondary participants. Differences between preterm and term developmental agency referrals were examined comparing Pediatric Developmental Impression to the ASQ under natural clinic conditions using a combined in-office or mail-back data collection protocol. Medical record and county EI/ECSE follow-up outcomes were conducted at 36 to 60 months.

RESULTS: At 12 and 24 months, preterm (versus term) referral rates were 9.5% (versus 5.6%) with Pediatric Developmental Impression and 26.2% (versus 8.1%) with the ASQ. By 36 to 60 months, 37.5% of preterm (20.8% term) children were referred to EI/ECSE; of which, 50.0% of preterm (42.4% term) children were eligible for services, 54.2% of preterm children were identified with a developmental-behavioral disorder and 29.2% of preterm (20.8% term) children did not follow-up. For ASQ-only preterm referrals, 55.6% were subsequently diagnosed with a developmental delay and/or disorder. Preterm children were ~2 times more likely to be eligible than term children.

CONCLUSIONS: Combined referral, quality improvement and outcome data suggests that clinicians should lower their threshold for administering a psychometrically sound developmental screen when providing surveillance for ex-preemies. Quality improvement opportunities exist with diligent developmental surveillance and a more collaborative, standardized, reliable and interpersonal referral process.

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Bundy DG, et al. Burden of Influenza-Related Hospitalizations Among Children With Sickle Cell Disease. *Pediatrics*. 2010;125(2):234–243

An error occurred in this article by Bundy et al (doi: 10.1542/peds.2009-1465). Tables 1 and 3 each included several cells comprising 10 or fewer hospitalizations. These data should have been suppressed, as shown in the corrected versions of the tables provided here.

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TABLE 1 Influenza-Related Hospitalizations in Children With and Without Sickle Cell Disease

	2003–2004 Influenza Season					2004–2005 Influenza Season					Grand Total
	CA	NY	FL	MD	Total	CA	NY	FL	MD	Total	
Denominator: populations estimates											
No. of children age 0–17 y	9 424 619	4 584 164	3 858 138	1 376 760	19 243 680	9 429 095	4 542 046	3 933 606	1 376 479	1 9 281 225	38 524 905
No. of children without SCD	9 422 859	4 582 043	3 856 049	1 375 627	19 236 578	9 427 366	4 539 957	3 931 485	1 375 345	19 274 153	38 510 731
No. of children with SCD[a]	1760	2121	2089	1133	7102	1728	2089	2121	1134	7072	14 174
Children with SCA[b]	1029	1210	1191	643	4072	1011	1192	1209	643	4056	8128
Numerator: IRH counts (rates)[c]											
Total IRH	2231 (2.4)	1417 (3.1)	1319 (3.4)	541 (3.9)	5508 (2.9)	509 (0.5)	838 (1.8)	777 (2.0)	264 (1.9)	2388 (1.2)	7896 (2.0)
IRH without SCD	2214 (2.3)	1385 (3.0)	1285 (3.3)	517 (3.8)	5401 (2.8)	509 (0.5)	818 (1.8)	754 (1.9)	255 (1.9)	2336 (1.2)	7737 (2.0)
IRH with SCD	17 (97)	32 (151)	34 (163)	24 (212)	107 (151)	—[d] (0)	20 (96)	23 (108)	—[d] (79)	52 (74)	159 (112)
IRH with SCA[e]	14 (136)	26 (215)	32 (269)	24 (374)	96 (236)	—[d] (0)	18 (151)	22 (182)	—[d] (124)	48 (118)	144 (177)
IRH risk ratio, SCD/non-SCD (95% CI)	41 (26–66)	50 (35–71)	49 (35–68)	56 (38–84)	54 (44–65)	0	53 (34–83)	57 (37–85)	43 (22–83)	61 (46–80)	56 (48–65)
IRH risk ratio, SCA/non-SCD	58 (34–98)	71 (48–104)	81 (57–114)	99 (66–148)	84 (69–102)	0	84 (53–133)	95 (62–144)	67 (33–135)	98 (73–130)	88 (75–104)

SCD indicates sickle cell disease; SCA, sickle cell anemia; IRH, influenza-related hospitalization; CI, confidence interval.

[a] Prevalence of sickle cell disease (SCD) estimated at 1 in 396 non-Latino African Americans + 1 in 122 988 non-Latino whites + 1 in 36 497 Latinos.

[b] Prevalence of sickle cell anemia (SCA) estimated at 1 in 700 non-Latino African Americans + 1 in 158 127 non-Latino whites + 1 in 45 622 Latinos. Children with SCA comprise a subset of children with sickle cell disease.

[c] Rates are IRH per 10 000 children per year.

[d] The AHRQ HCUP Data Use Agreement precludes reporting of cell counts when cells comprise 10 or fewer hospitalizations.

[e] IRH among children with SCA comprise a subset of IRH among children with SCD.

TABLE 3 Influenza-Related Hospitalizations in Children With and Without Sickle Cell Disease

	IRHs Without SCD ($N = 7737$)	IRHs With SCD ($N = 159$)	*P*
Child attributes			
Mean age (SD), y	2.8 (4.3)	5.6 (5.6)	<.0001
<1 y, *n* (%)	3279 (42)	24 (15)	
1 y	1143 (15)	27 (17)	
2 y	1028 (13)	23 (14)	
3–5 y	917 (12)	21 (13)	
>5 y	1370 (18)	64 (40)	<.001
No. of girls (%)	3290 (43)	81 (51)	0.03
Race, *n* (%)			
White	2852 (37)	—[a] (1.9)	
Black	1303 (17)	135 (85)	
Hispanic	2276 (29)	—[a] (5.7)	
Asian/Pacific Islander	296 (3.8)	—[a] (0)	
Native American	25 (0.32)	—[a] (0)	
Other/Missing	985 (13)	12 (7.5)	<.001
Urban/rural residence, *n* (%)			
Large metro (≥1 000 000 residents)	5517 (71)	141 (89)	
Small metro (<1 000 000 residents)	1799 (23)	17 (11)	
Micropolitan area	226 (2.9)	—[a] (0)	
Other/missing	195 (2.5)	—[a] (0.63)	<.001
Hospitalization attributes			
Admission source, *n* (%)			
ED	4718 (61)	120 (75)	
Ambulatory (non-ED)	2435 (31)	36 (23)	
Other hospital	576 (7.4)	—[a] (1.9)	
Missing	—[a] (0.10)	—[a] (0)	.001
Procedures reported (N(%))			
Mechanical ventilation	336 (4.3)	—[a] (0)	.007
Respiratory medication administered by nebulizer	432 (5.6)	—[a] (0.63)	.007
Other oxygen enrichment	205 (2.6)	—[a] (1.3)	.28
Transfusion	143 (1.8)	20 (13)	<.001
Injection of antibiotics	450 (5.8)	—[a] (5.7)	.93
Lumbar puncture	1046 (14)	—[a] (1.3)	<.001
Mean length of stay, d	4.2	3.4	.27
Mean total charges, $	18 779	11 924	.11
Primary expected payer, *n* (%)			
Medicaid	4198 (54)	101 (64)	
Private insurance	2872 (37)	38 (24)	
Other	677 (8.6)	20 (13)	.002
No. of deaths (%)	45 (0.58)	—[a] (0)	.34

IRH indicates influenza-related hospitalization; SCD, sickle cell disease; ED, emergency department.

[a] The AHRQ HCUP Data Use Agreement precludes reporting of cell counts when cells comprise 10 or fewer hospitalizations.

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