

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, 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.

doi:10.1542/peds.2011-0778

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.

doi:10.1542/peds.2011-0722

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

| Denominator: populations estimates | 2003–2004 Influenza Season | | | | | | 2004–2005 Influenza Season | | | | | | Grand Total | | | | | | | | | |
|--|----------------------------|-------------|-------------|-------------|-------------|--------------------|----------------------------|-------------|-----------------------|-------------|-------------|------------|-------------|-------------|-------------|-------------|--------------------|-------------|-------------|-----------------------|-------------|-------------|
| | CA | | NY | | FL | | MD | | Total | | CA | | | NY | | FL | | MD | | Total | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 19 281 225 | 38 524 905 | 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 without SCD | 1760 | 2121 | 2089 | 1133 | 7102 | 1728 | 2089 | 2121 | 1134 | 7072 | 14 174 | 1760 | 2121 | 2089 | 1133 | 7102 | 1728 | 2089 | 2121 | 1134 | 7072 | 14 174 |
| No. of children with SCD ^a | 1029 | 1210 | 1191 | 643 | 4072 | 1011 | 1192 | 1209 | 643 | 4056 | 8128 | 1029 | 1210 | 1191 | 643 | 4072 | 1011 | 1192 | 1209 | 643 | 4056 | 8128 |
| Children with SCA ^b | | | | | | | | | | | | | | | | | | | | | | |
| 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) | 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) | 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 (0.7) | 32 (1.51) | 34 (1.63) | 24 (21.2) | 107 (1.51) | — ^d (0) | 20 (9.6) | 23 (10.8) | — ^d (7.9) | 52 (7.4) | 159 (1.12) | 17 (0.7) | 32 (1.51) | 34 (1.63) | 24 (21.2) | 107 (1.51) | — ^d (0) | 20 (9.6) | 23 (10.8) | — ^d (7.9) | 52 (7.4) | 159 (1.12) |
| IRH with SCA ^e | 14 (1.36) | 26 (2.15) | 32 (2.69) | 24 (37.4) | 96 (2.36) | — ^d (0) | 18 (1.51) | 22 (1.82) | — ^d (1.24) | 48 (1.18) | 144 (1.77) | 14 (1.36) | 26 (2.15) | 32 (2.69) | 24 (37.4) | 96 (2.36) | — ^d (0) | 18 (1.51) | 22 (1.82) | — ^d (1.24) | 48 (1.18) | 144 (1.77) |
| 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 (34–85) | 57 (37–85) | 43 (22–83) | 61 (46–80) | 56 (48–65) | 41 (26–66) | 50 (35–71) | 49 (35–68) | 56 (38–84) | 54 (44–65) | 0 | 53 (34–85) | 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) | 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 159 127 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) | |
| Metropolitan 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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