

Bell et al. Adolescent and Young Adult Male Health: A Review. *Pediatrics*. 2013;132(3):535–546

A production error occurred in the article by Bell et al, titled “Adolescent and Young Adult Male Health: A Review” published in the September 2013 issue of *Pediatrics* (2013;132[3]:535–546; originally published online August 12, 2013; doi: 10.1542/peds.2012-3414). On page 535, the series note read “This is the 10th article in our series, “Transitions to Adult Care.” This should have read “This is the first article in our series on Adolescent Health.” It has been corrected online.

doi:10.1542/peds.2013-3063

Chen et al. Cost-effectiveness of Augmenting Universal Hepatitis B Vaccination with Immunoglobulin Treatment. *Pediatrics*. 2013;131(4):e1135–e1143

An error occurred in the article by Chen et al, titled “Cost-effectiveness of Augmenting Universal Hepatitis B Vaccination with Immunoglobulin Treatment” published in the April 2013 issue of *Pediatrics* (2013;131[4]:e1135–e1143; originally published online March 25, 2013; doi:10.1542/peds.2012-1262). On page e1142, under Acknowledgments, this reads: “This project was conducted while Drs Chen and Toy were fellows of the Takemi Program in International Health at Harvard School of Public Health.” This should have read: “This project was conducted when Drs Chen and Toy were fellows of the Takemi Program in International Health at Harvard School of Public Health. Dr Yeh was supported by the National Institutes of Health’s National Cancer Institute (K07-CA143044).”

doi:10.1542/peds.2013-3728

Eng et al. Bisphenol A and Chronic Disease Risk Factors in US Children. *Pediatrics*. 2013;132(3):e637–e645

An error occurred in the article by Eng et al, titled “Bisphenol A and Chronic Disease Risk Factors in US Children” published in the September 2013 issue of *Pediatrics* (2013;132[3]:e637–e645; originally published online August 19, 2013; doi:10.1542/peds.2013-0106). On page e637, the author order for this publication was incorrectly listed as follows: “Donna S. Eng, MD,^a Achamyelah Gebremariam, MS,^b John D. Meeker, ScD,^c Karen Peterson, DSc, MD, MPH,^c Vasantha Padmanabhan, PhD,^{a,c} and Joyce M. Lee, MD, MPH.^{a,b}” This should have read: “Donna S. Eng, MD,^a Joyce M. Lee, MD, MPH,^{a,b} Achamyelah Gebremariam, MS,^b John D. Meeker, ScD,^c Karen Peterson, DSc, MD, MPH,^c and Vasantha Padmanabhan, PhD.^{a,c}”

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Lieberthal AS, Carroll AE, Chonmaitree T, et al. Clinical Practice Guideline: The Diagnosis and Management of Acute Otitis Media. *Pediatrics*. 2013;131(3):e964–e999

An error occurred in the following publication: Lieberthal AS, Carroll AE, Chonmaitree T, et al. Clinical Practice Guideline: The Diagnosis and Management of Acute Otitis Media. *Pediatrics*. 2013;131(3):e964–e999. The dosing for ceftriaxone in Table 5 was incorrect. The corrected Table 5 follows.

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TABLE 5 Recommended Antibiotics for (Initial or Delayed) Treatment and for Patients Who Have Failed Initial Antibiotic Treatment

Initial Antibiotic Treatment at AOM Diagnosis or After Observation		Antibiotic Treatment After 48–72 Hours of Initial Antibiotic Treatment Failure	
Recommended First-Line Treatment	Alternative Treatment	Recommended First-Line Treatment	Alternative Treatment
Amoxicillin (80–90 mg/kg per day)	Cefdinir (14 mg/kg per day in 1 or 2 doses), Cefuroxime (30 mg/kg per day in 2 divided doses), Cefpodoxime (10 mg/kg per day in 2 divided doses), or Ceftriaxone (50 mg/kg per day IM or IV for 1 to 3 d)	Amoxicillin–clavulanate (90 mg/kg per day of amoxicillin, with 6.4 mg/kg per day of clavulanate)	Ceftriaxone, 3 d, or Clindamycin (30–40 mg/kg per day in 3 divided doses), with or without second- or third-generation cephalosporin
OR		OR	
Amoxicillin–clavulanate ^a (90 mg/kg per day of amoxicillin, with 6.4 mg/kg per day of clavulanate)		Ceftriaxone (50 mg/kg per day IM or IV for 3 d)	Clindamycin plus second- or third-generation cephalosporin Typanocentesis ^b Consult specialist ^b

^a May be considered in patients who have received amoxicillin in the previous 30 d or who have the otitis–conjunctivitis syndrome.

^b Perform typanocentesis/drainage if skilled in the procedure or seek a consult from an otolaryngologist for typanocentesis/drainage. If the typanocentesis reveals multidrug-resistant bacteria, then seek an infectious disease specialist consultation.

**Lieberthal AS, Carroll AE, Chonmaitree T, et al. Clinical Practice Guideline:
The Diagnosis and Management of Acute Otitis Media. *Pediatrics*.
2013;131(3):e964–e999
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