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## 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 weeks<sup>7</sup>**
- 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 weeks<sup>13</sup>**

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.

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NEONATAL ABSTINENCE SCORING SYSTEM

SYSTEM	SIGNS AND SYMPTOMS	SCORE	AM				PM				COMMENTS	
CENTRAL NERVOUS SYSTEM DISTURBANCES (9 domains)	Continuous High Pitched (or other) Cry	2										
	Continuous High Pitched (or other) Cry	3										
	Sleeps <1 Hour After Feeding	3										
	Sleeps <2 Hours After Feeding	2										
	Sleeps <3 Hours After Feeding	1										
	Hyperactive Moro Reflex	2										
	Markedly Hyperactive Moro Reflex	3										
	Mild Tremors Disturbed	1										
	Moderate-Severe Tremors Disturbed	2										
	Mild Tremors Undisturbed	3										
	Moderate-Severe Tremors Undisturbed	4										
	Increased Muscle Tone	2										
	Excoriation (Specific Area)	1										
Myoclonic Jerks	3											
Generalized Convulsions	5											
METABOLIC/VASOMOTOR/RESPIRATORY DISTURBANCES (8 domains)	Sweating	1										
	Fever 100.4°-101°F (38°-38.3°C)	1										
	Fever > 101°F (38.3°C)	2										
	Frequent Yawning (>3-4 times/interval)	1										
	Mottling	1										
	Nasal Stuffiness	1										
	Sneezing (>3-4 times/interval)	1										
	Nasal Flaring	2										
	Respiratory Rate >60/min	1										
	Respiratory Rate > 60/min with Retractions	2										
	GASTROINTESTINAL DISTURBANCES (4 domains)	Excessive Sucking	1									
Poor Feeding		2										
Regurgitation		2										
Projectile Vomiting		3										
Loose Stools		2										
Watery Stools		3										
TOTAL SCORE												
INITIALS OF SCORER												

Adapted from: Nelson, Nicholas. Current Therapy in Neonatal-Perinatal Medicine. 2nd ed. Toronto: BC Decker, 1990<sup>101</sup>

**Hwang et al. Discharge Timing, Outpatient Follow-up, and Home Care of Late-Preterm and Early-Term Infants,” *Pediatrics*. 2013;132(1):101–108**

An error occurred in the article by Hwang et al, “Discharge Timing, Outpatient Follow-up, and Home Care of Late-Preterm and Early-Term Infants,” published in the July 2013 issue of *Pediatrics* (2013;132[1]:101–108; doi:10.1542/peds.2012-3892). On page 101, in the Abstract, on line 3 of the Results section, this reads: “(odds ratio [OR; 95% confidence interval (CI)]: 0.65 [0.54–0.79]; 0.95 [0.88–1.02]).” This should have read: “(risk ratio [RR; 95% confidence interval (CI)]: 0.65 [0.54–0.79]; 0.95 [0.88–1.02]).”

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

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The online version of this article, along with updated information and services, is located on the World Wide Web at:

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