ERRATA

Opel et al. The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits. *Pediatrics*. 2013;132(6):1037–1046.

An error occurred in the article by Opel et al, titled "The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits" published in the December 2013 issue of *Pediatrics* (132 [6]:1037–1046; doi:10.1542/peds.2013-2037). On page 1041, under the Results section, on line 8, this reads: "Significantly more providers pursued their original recommendation when parents resisted with an explicit rejection than when parents used a less explicit type of resistance (80% vs 17%; $P < .001$)." This should have read: "Significantly more providers pursued their original recommendation when parents resisted with a less explicit type of resistance than when parents used an explicit rejection (80% vs 17%; $P < .001$)."

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Escobar et al. Stratification of Risk of Early-Onset Sepsis in Newborns ≥34 Weeks' Gestation. *Pediatrics*. 2014;133(1):30–36

An error occurred in the article by Escobar et al, titled "Stratification of Risk of Early-Onset Sepsis in Newborns ≥34 weeks' Gestation" published in the January 2014 issue of *Pediatrics* (133[1]:30–36; doi 10.1542/peds.2013–1689). On page 34, Table 3, several numbers were incorrect. The corrected table appears here.

TABLE 3 Updated Posterior Probability and NNT[a]

Clinical Presentation[b]	Previous Probability (Sepsis Risk at Birth, Based on Maternal Risk Factors[b])Rate per 1000 Live Births		
	<0.65	0.65–1.54	≥1.54
Well appearing			
PP	0.11 (0.08–0.13)	1.08 (0.70–1.65)	6.74 (3.09–16.06)
NNT	9370 (7418–12 073)	923 (605–1428)	148 (62–323)
Equivocal presentation			
PP	1.31 (0.93–1.84)	11.07 (5.04–27.74)	
NNT	763 (543–1076)	90 (36–199)	
Clinical illness			
PP	5.57 (3.73–8.53)	27.10 (11.04–81.56)	
NNT	180 (117–268)	37 (12–91)	

[a] In this table, the columns show 3 sepsis risk at birth ranges calculated based on maternal risk factors (see citation 2), which constitute the initial previous probability for a given neonate. These are then combined with the infant's clinical presentation (rows) to generate an updated PP and the NNT. The updated PPs, with their associated 95% CIs in parentheses, are expressed as the rate of sepsis per 1000 live births. The NNT (total number of newborns one would need to treat to ensure that all cases of sepsis were treated within a given risk group) is estimated by dividing 1000 by the rate per thousand live births. For the entire study population, in which the incidence was 0.58/1000 (350 cases in a population of 608 014), the number NNT is 1737 (95% CI 1562–1.923). See text for details on how we estimated 95% CIs. Some cells were combined because of very small numbers. For example, only 2.9% of all infants (but 42% of all sepsis cases) showed clinical illness; within this group, infants with a sepsis risk at birth of ≥1.54/1000, who constituted 0.2% of all live births (but 8.3% of all sepsis cases), had a PP of 25.4/1000. Detailed breakdowns for all clinical presentations are provided in the Supplemental Information.

[b] See text and Supplemental Information for a description of how sepsis risk at birth ranges were established. The hierarchical, mutually exclusive clinical categorizations are described in Table 1; a description of their development is in the Supplemental Information.

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