
ERRATA

Xu A, Ganapathy V, Morain SR. Delay in State Adoption of Newborn Screening Tests. *Pediatrics*. 2018;141(1):e20170300

An error occurred in the article by Xu et al, titled “Delay in State Adoption of Newborn Screening Tests” published in the January 2018 issue of *Pediatrics* (2018;141[1]:e20170300; doi:10.1542/peds.2017-0300).

On page 3, the third paragraph of “Why Delayed Uptake is Problematic” reads: “On the basis of the cost-effectiveness studies available, we believe delays in implementation may increase health care costs. At the state level, California’s newborn screening program saves the state \$9.32 in health care costs for every dollar spent.⁵ Researchers conducting studies of recent additions to the RUSP have also shown them to be cost-saving. In a Washington state analysis, researchers found that every dollar spent on SCID newborn screening saved 4 dollars.⁶”

This should have read: “On the basis of the cost-effectiveness studies available, we believe delays in implementation may increase health care costs. At the state level, the introduction of tandem mass spectrometry in California’s newborn screening program was estimated to save the state \$0.27 in health care costs for every dollar spent.⁵ Researchers conducting studies of recent additions to the RUSP have also shown some to offset a fraction of the cost of screening. In a Washington state analysis, researchers found that every dollar spent on SCID newborn screening on average saved \$0.43 in treatment costs.⁶ Including the value of lives saved through these newborn screening tests leads to highly favorable benefit-cost ratios,^{5,6} further highlighting the significant societal benefit of newborn screening and the harm from unnecessary delay in adoption of these recommended tests into state newborn screening panels.”

The above correction has been made to the online article.

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