The β value and 95% CI for tests at 60 months given as (β, −0.06; 95% CI, −0.13 to −0.02) should have been (β, −0.08; 95% CI, −0.13 to −0.02). In addition, 5 other 95% CIs as presented in the Figure were adjusted by single digits. The Statistical Analysis section added a sentence to clarify use of the statistical model. These changes do not affect the conclusion. This article was corrected online.


Error in Byline: In the Special Communication titled “Chemotherapy and Supportive Care Agents as Essential Medicines for Children With Cancer,” the name of author Liza-Marie Johnson was written incorrectly in the byline, with the hyphen in the author’s dual first name erroneously placed between her first name and surname and the dual name Marie-Johnson identified as her surname. The hyphen has been moved to the correct location and the name Johnson correctly identified as her sole surname.


Error in Results: The Original Investigation “Epidemiology of Invasive Early-Onset and Late-Onset Group B Streptococcal Disease in the United States, 2006 to 2015: Multistate Laboratory and Population-Based Surveillance,” published January 14, 2019, was corrected to remove an error in the Results section. In the Missed Opportunities for Prevention of EOD Under Current IAP-Based Prevention Guidelines subsection, at the end of the first paragraph, the phrase “Among 322 cases of EOD with adequate data to evaluate duration of antibiotic exposure, 196 mothers (60.9%) had received IAP for 4 or more hours before delivery” was updated to read “less than 4 hours before delivery.”


Incorrect Affiliations, Typo in Abstract, and Missing Units in Abstract and Results: In the Original Investigation titled “Cost-effectiveness of Antenatal Corticosteroid Therapy vs No Therapy in Women at Risk of Late Preterm Delivery: A Secondary Analysis of a Randomized Clinical Trial” by Gyamfi-Bannerman et al,1 published online March 11, 2019, the affiliation for John A. F. Zapancic, MD, ScD, was changed to Department of Neonatology, and the department was removed for Grecio Sandoval, MA. Also, in the Abstract Results section, in the third sentence, “deceased” was changed to “decreased.” The units were missing for the incremental cost-effectiveness ratio in the Abstract Results and main Results sections; the value should be −$23 986 per case of respiratory morbidity averted. This article has been corrected online.