be very challenging to conduct large-scale randomized trials, given the ample evidence supporting the benefit of COVID-19 vaccination.

Finally, our article could not extensively assess the most effective timing and dose of vaccination since only a few studies reported the difference in the maternal or neonatal protective effects among the first, second, and third trimesters. In our original article,1 vaccination during the second or third trimester was associated with lower incidences of preterm birth and small for gestational age. However, it was compared with unvaccinated individuals instead of those vaccinated during the first trimester. Therefore, it is difficult to determine the best time to receive vaccinations to protect children. Nevertheless, even if it were proven that getting vaccinated later in pregnancy compared with earlier was more effective in reducing neonatal outcomes, that would not necessarily dictate the best timing to be vaccinated because unvaccinated individuals would have to remain having higher risks of SARS-CoV-2 infection while waiting for the second or third trimester. Under current consensus, it can be recommended that pregnant individuals or those of reproductive age be vaccinated against COVID-19.

Overall, we agree that our meta-analysis has several limitations to be acknowledged. However, our findings would promote vaccinating pregnant individuals who have not received one yet due to concerns for the safety and efficacy of COVID-19 vaccines. Future investigations on the optimal dose and timing of COVID-19 vaccination, including the ones for the Omicron subvariant, for pregnant individuals, are warranted.

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Conflict of Interest Disclosures: None reported.


CORRECTION

Coding Error and Errors in Estimates: The Original Investigation titled “Five-Year Trends in US Children's Health and Well-being, 2016-2020,”1 published online March 14, 2022, and in the July issue of JAMA Pediatrics, there were errors in the estimates for one of the measures of interest. A coding error produced shifts in the single-year estimates for preventive medical visits; however, the interpretation and findings of the study were not affected. This article was corrected online, following a previous correction.2


Error in Text: In the Original Investigation titled “Telehealth Treatment of Behavioral Problems in Young Children With Developmental Delay: A Randomized Clinical Trial,”1 published online January 9, 2023, the Results section of the Abstract article has been corrected online.


Errors in the Byline and Text: In the Viewpoint titled “Is There Enough Choline for Children in Food Aid?”1, published online January 23, 2023, the second author’s name was misspelled. The correct spelling is Marie Caudill, PhD. In addition, text was updated to reflect minor clarifications. This article was corrected online.


Error in Author Affiliations: In the Research Letter titled “BNT162b2 Vaccine Effectiveness Against the SARS-CoV-2 Omicron Variant in Children Aged 5 to 11 Years,”2 published online January 9, 2023, the author affiliations were attributed incorrectly. This article was corrected online.


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