

educational efforts to promote the registry among private providers.

The present study has several limitations. Analyses were limited because of the small sample size. Although studies with larger sample sizes are needed, this pilot study was specific to Kansas, where improvements in vaccination coverage in urban areas are needed. The sample did not include private clinics that did not provide immunizations; thus, the views expressed may not be representative of diverse clinics. Nonetheless, because the study clinics were already involved in immunization delivery, exploring what could be done to improve their efforts was considered important. The information obtained may assist researchers, practitioners, policy makers, and others in their endeavors to improve immunization coverage, and have implications for education initiatives for private providers.

### References

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### Errata

In: Edwards JR, Peterson KD, Andrus ML, Dudeck MA, Pollock DA, Horan TC: National Healthcare Safety Network (NHSN) Report, data summary for 2006 through 2007, issued November 2008. Am J Infect Control 2008; 36:609-26. Two minor errata that do not affect the conclusions appeared in the published version are correct as follows:

1. In Table 3, the footnotes should read

$$* = \frac{\text{Number of CLABSI}}{\text{Number of central-line-days}} \times 1000$$

$$\dagger = \frac{\text{Number of central-line-days}}{\text{Number of patient days}}$$

2. In Table 10, the pooled mean umbilical catheter-associated BSI rates for level II/III NICUs by Birth-weight category should read

Birth-weight category	No. of locations	No. of UCAB	Umbilical catheter - days	Pooled mean
<=750 grams	36	56	9,418	5.9
751-1000 grams	37	17	8,696	2.0
1001-1500 grams	38	12	8,957	1.3
1501-2500 grams	38	6	8,806	0.7
>2500 grams	40	9	13,055	0.7

The authors wish to thank readers who notified CDC of these corrections.