

respectively.³ Hospital admissions during the same time period totalled approximately 350 and 530 for varicella and zoster, respectively; hospitalisation was most common for those aged <4 years old.³

Of the mothers interviewed, just over 30% (61/200) were aware of the availability of an effective vaccine. Women of childbearing age are an at-risk population and should be a target group for immunisation. Also, the vaccine is available in Ireland upon request and parents may choose to administer to their child. This information needs to be disseminated to parents principally via public health clinics and general practitioner practices.

Mothers interviewed were from a cross-section of Irish society (table 1). Education level varied, the majority agreeing to partake had completed at least secondary level education, 70% had completed some form of third-level education. Willingness to comply with vaccination policies varied according to social grouping. It is generally accepted that women of a higher educational background are more questioning of vaccination policies while those of lower income tend to be more trusting of health-care providers.⁴ The majority of mothers (91%) would have agreed to have their child vaccinated were universal recommendations in place despite socioeconomic or educational grouping, with most willing to pay independently of insurance status.

The most useful information obtained from this study was that if the varicella vaccine were introduced, according to the figures obtained from this study, 91% of mothers interviewed would vaccinate their child, with the possibility of another 4% (table 3). Despite the small numbers interviewed, there was a cross-section of society sampled, and if given the option, the majority would have been happy for their child to be immunised with this safe and effective vaccine.

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CORRECTION

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Pijpers MAM, Tabbers M, Benninga MA, *et al.* Currently recommended treatments of childhood constipation are not evidence based. A systematic literature review on the effect of laxative treatment and dietary measures. *Arch Dis Child* 2009;**94**: 117–31.

Two errors were noticed by the authors in their systematic review of the literature on treatment of childhood constipation. These errors did not affect the study's conclusions. Here is the corrected data. Corrections are in *italics*.

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Table 4b PEG compared to lactulose

| Study (quality) | Intervention | Controle intervention | Outcome measure | Results | Efficacy |
|---|------------------------------------|-------------------------|---------------------------------------|--|----------------|
| Gremse <i>et al</i> ²³ , 2002 (LQ) | PEG 3350, 10 g/m ² /day | Lactulose, 1.3 g/kg/day | Mean defecation frequency/2 weeks | I: 14.8 ± 1.4 C: 13.5 ± 1.5 (p<0.05) | More effective |
| | | | Global assessment of treatment succes | I: 31/37 (84%) C: 17/37 (45.9%) (p = 0.002) | More effective |

Table 4i Laxatives investigated in one single study

| Study (quality) | Intervention | Controle intervention | Outcome measure | Results | Efficacy |
|--|---|-------------------------------|------------------------------------|--|-----------------|
| Bongers <i>et al</i> ¹⁵ , 2007 (HQ) | New formula with high concentration of sn-2 palmitic acid, a mixture of prebiotic oligosaccharides and partially hydrolysed whey protein (Nutrilon Omneo) | Standard formula (Nutrilon 1) | Mean defecation frequency/week | I: 5.6 ± 2.8 C: 9 ± 2.5 (p = 0.36) | Not significant |
| | | | Improvement of hard to soft stools | I: 9/10(90%) C: 5/10 (50%) (p = 0.14) | Not significant |