

of publications and websites that promulgate misinformation and foster fears about immunization, this is the one resource that physicians can use to help parents learn about and understand the value and safety of vaccines. In an era in which the public is all too willing to believe misinformation about immunization, a resource like this is absolutely needed.

Although the book is written at a high level of literacy, its purpose is to allow physicians to interpret the information for parents to help them decide about their children's vaccines. In fact, most of the criticisms of immunization come from highly literate parents who are well able to understand the lay language that is used for publication. I find, therefore, Dr Langille's criticisms unjustified. I would be very concerned if physicians across Canada neglected to recommend this one resource to parents because of the criticisms that Dr Langille has leveled.

Immunization remains one of the fundamentals of our children's health and is one of the most cost-effective ways of preventing infectious diseases. Immunization is threatened by a plethora of misinformation. *Your Child's Best Shot* can make a difference and should be on the shelves of every primary care physician's office and every library in Canada.

—Ian MacDonald Gemmill
Medical Officer of Health
Kingston, Ont

Reference

1. Langille DB. Your child's best shot [Book Reviews]. *Can Fam Physician* 2008;54:1289-90.

Say it again

Dr Langille missed the most important point in his review of *Your Child's Best Shot*.¹ It's published by the Canadian Paediatric Society, which represents more than 2000 pediatricians. Its credibility is therefore very high, making it an extremely valuable resource for practitioners and parents. This cannot be understated in the current age of Internet misinformation.

Parents concerned about vaccines, most of whom are educated, are looking for credible sources of information.

Your Child's Best Shot should be on every family physician's bookshelf and recommended to any parent who questions the value of immunization.

—Mary Appleton
Canadian Center for Vaccinology
Halifax, NS

Reference

1. Langille DB. Your child's best shot [Book Reviews]. *Can Fam Physician* 2008;54:1289-90.

Corrections

The Minor Surgery Video Series article, which appeared in the September issue of *Canadian Family Physician*,¹ was incorrectly titled. The title of the article should have been "Skin tag removal." *Canadian Family Physician* apologizes for this error and any confusion it might have caused. The error was corrected on the website ahead of print.

Reference

1. Czarnowski C, Ponka D, Rughani R, Geoffrion P. Lipoma removal. Minor surgery video series. *Can Fam Physician* 2008;54:1245.

In the letter to the editor introducing the Veteran Health Files series, which appeared in the November issue of *Canadian Family Physician*,¹ Veterans Affairs Canada was incorrectly identified as being located in Ottawa, Ont. Veterans Affairs Canada is located in Charlottetown, PEI. *Canadian Family Physician* apologizes for this error.

Reference

1. Thompson JM, Chiasson R, Pedlar D. Launch of the Veteran Health Files. *Can Fam Physician* 2008; 54:1523.

Dans la lettre à la rédaction qui présente les Dossiers santé sur les anciens combattants, publiée dans le numéro de novembre du *Médecin de famille canadien*,¹ on a indiqué par erreur qu'Anciens Combattants Canada était situé à Ottawa en Ontario. Le ministère se trouve plutôt à Charlottetown, à l'Île-du-Prince-Édouard. *Le Médecin de famille canadien* s'excuse de cette erreur.

Référence

1. Thompson JM, Chiasson R, Pedlar D. Lancement de la série d'articles sur la santé des anciens combattants. *Can Fam Physician* 2008; 54:1523-1524.

Corrections

In the article "Approach to outpatient management of adult sleep apnea," which appeared in the October issue of *Canadian Family Physician*,¹ an error was introduced in **Figure 1**. The corrected figure appears below. *Canadian Family Physician* apologizes for this error.

Figure 1. Adjusted neck circumference calculation for probability of sleep apnea: Evidence is level II.

MEASURE	+	ADD	=	ADJUSTED NECK CIRCUMFERENCE
Neck circumference in cm		3 cm for history of snoring 3 cm for history of witnessed apneas 4 cm for history of hypertension		<43 cm is low risk* 43–47.9 cm is intermediate risk ≥48 cm is high risk [†]

*Pretest probability is 17%.
†Pretest probability is 81%.
Adapted from Flemons et al.¹⁴

Reference

1. Skjoldt N. Approach to outpatient management of adult sleep apnea. *Can Fam Physician* 2008;54:1408-12.