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Erratum to: Background paper to the recommendation for the preferential use of live-attenuated influenza vaccine in children aged 2–6 years in Germany

The original publication unfortunately contains mistakes in **Tab. 2** and **Tab. 3**.

Instead of "Lower respiratory tract illness (LRTI, any cause)" in **Tab. 2**, left column, and "Lower respiratory tract disease" in **Tab. 3**, the correct description of the outcome is "Lower respiratory tract illness with laboratory-confirmed influenza".

Additionally, in **Tab. 3** the footnote "From study [14], only data on hospitalizations in children aged ≥12 months were extracted" should be added to the outcome "Hospitalizations (follow-up median 7 months)".

Here we display the corrected versions of the tables.

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Tab. 2 Outcomes evaluated for grading the evidence for efficacy and safety of LAIV in children and adolescents aged 2–17 years

EFFICACY	SAFETY
Critical	**Critical**
Laboratory-confirmed influenza	Hospitalization
Lower respiratory tract illness with laboratory-confirmed influenza	Medically significant wheezing (MSW)
Hospitalization (any cause)	Lower respiratory tract illness (LRTI any cause)
	Unscheduled health care visit
Important	**Important**
Influenza-like illness (ILI)	Wheezing
Outpatient attendance (any cause)	Fever >39.5°C
Death (any cause)	Myalgia/arthralgia

Tab. 3 GRADE evidence profile for randomized comparative trials of trivalent live-attenuated influenza vaccine (LAIV) and inactivated influenza vaccine (TIV). Children aged ≤6 years

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Vaccination with LAIV	Vaccination with TIV	Relative (95% CI)	Absolute		
Laboratory-confirmed influenza (all strains) (follow-up median 7 months; assessed with: culture/PCR)												
2	Randomized trial	No serious risk of bias	No serious inconsistency	No serious indirectness[a]	No serious imprecision	None	185/4966 (3.7%)	398/4971 (8.0%)	RR 0.47 (0.39 to 0.55)	42 fewer per 1000 (from 36 fewer to 49 fewer)	++++ HIGH	CRITICAL
Lower respiratory tract illness with laboratory-confirmed influenza (follow-up 7 months)												
1	Randomized trial	No serious risk of bias	No serious inconsistency	No serious indirectness	No serious imprecision	None	18/3916 (0.46%)	33/3936 (0.84%)	RR 0.55 (0.31 to 0.97)	4 fewer per 1000 (from 0 fewer to 6 fewer)	++++ HIGH	CRITICAL
Hospitalizations (follow-up median 7 months) [b]												
2	Randomized trial	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[c]	None	100/4543 (2.2%)	112/4524 (2.5%)	RR 0.89 (0.68 to 1.16)	3 fewer per 1000 (from 8 fewer to 4 more)	+++ MODERATE	CRITICAL
Outpatient attendances/health care visits (follow-up 7 months)												
1	Randomized trial	No serious risk of bias	No serious inconsistency	No serious indirectness	No serious imprecision	None	878/72476 (1.2%)[d]	949/71337 (1.3%)[d]	RR 0.91 (0.83 to 1)	1 fewer per 1000 (from 2 fewer to 0 more)	++++ HIGH	IMPORTANT
AE[e]: Medically significant wheezing (follow-up 180 days)												
1	Randomized trial	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[f]	None	272/3495 (7.8%)[g]	255/3490 (7.3%)[g]	RR 1.06 (0.9 to 1.25)	4 more per 1000 (from 7 fewer to 18 more)	+++ MODERATE	CRITICAL
AE: Wheezing (follow-up 11 days)												
1	Randomized trial	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[f]	None	96/1032 (9.3%)	101/1020 (9.9%)	RR 0.94 (0.72 to 1.22)	6 fewer per 1000 (from 28 fewer to 22 more)	+++ MODERATE	IMPORTANT
AE: Fever (>39.5°C) (follow-up 11 days) [h]												
1	Randomized trial	No serious risk of bias	No serious inconsistency	Serious[h]	Serious[f]	None	49/961 (5.1%)	62/954 (6.5%)	RR 0.78 (0.54 to 1.13)	14 fewer per 1000 (from 30 fewer to 8 more)	++ LOW	IMPORTANT
AE: Myalgia (follow-up 11 days)												
1	Randomized trial	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[f]	None	36/632 (5.7%)	50/685 (7.3%)	RR 0.78 (0.52 to 1.18)	16 fewer per 1000 (from 35 fewer to 13 more)	+++ MODERATE	IMPORTANT
Influenza-like illness												
0	No evidence available						–	–	–	–		IMPORTANT
Death												
0	No evidence available						–	–	–	–		IMPORTANT
AE: Unscheduled health care visit												
0	No evidence available						–	–	–	–		CRITICAL

[a]In both studies, children <2 years of age are included, but subgroup analyses revealed no major impact on overall VE: pooled RR excluding children <2 years was 0.47 (95%CI: 0.38–0.58) [12]. [b]From study [14], only data on hospitalizations in children aged >=12 months were extracted. [c]Pooled RR has wide CI including benefit and harm. [d]Data are based on surveillance days. [e]*AE* adverse event. [f]RR has wide CI including benefit and harm. [g]Data are for children aged 12–59 months. [h]A different definition of fever (>=38.6°C) was used in [13].