Correction to: Medication Errors: A Characterisation of Spontaneously Reported Cases in EudraVigilance

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original Fig. 4 (Fig. 1) and the correct Fig. 4 (Fig. 2) are published.

In the original publication of the article, the trend line for non-EEA cases in Fig. 4 is incorrect. In this correction, the

Fig. 1 Original version of Fig. 4 as published on 11 July 2017

The original article can be found online at <https://doi.org/10.1007/s40264-017-0569-3>.

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Fig. 2 Corrected version of Fig. 4

Discussion, 1st paragraph: To reflect the correct trend line for non-EEA cases in Fig. 4, the sentences “Secondly, stakeholder awareness of the need to code medication errors in ADR reports for pharmacovigilance purposes has increased, which appears to be substantiated by the 2005 peak in reporting of both narrow and broad SMQ terms (Fig. 3). However, the 2005 peak is not seen for non-EEA cases (Fig. 4), and it is also known that EEA reporting trends generally peaked in 2005 after the EU enlargement and after mandatory electronic ADR reporting to EudraVigilance coming into effect. Another reporting peak in 2012 (Fig. 4), for EEA cases only, may be explained by the ADR definition of the 2012

pharmacovigilance legislation explicitly including medication errors” should read as “Secondly, stakeholder awareness of the need to code medication errors in ADR reports for pharmacovigilance purposes has increased, which appears to be substantiated by the 2005 peak in reporting of both narrow and broad SMQ terms (Fig. 3). It is also known that EEA reporting trends generally peaked in 2005 after the EU enlargement and after mandatory electronic ADR reporting to EudraVigilance coming into effect. Another reporting peak in 2012 (Fig. 4), for EEA cases only, may be explained by the ADR definition of the 2012 pharmacovigilance legislation explicitly including medication errors”.