

Erratum

Epidem. Inf. **102** (1989), 328

J. R. DAVIES AND E. A. GRILLI

Natural or vaccine-induced antibody as a predictor of immunity in the face of natural challenge with influenza viruses

Fig. 1, legend *should read*

Fig. 1. Relationship between antibody status and infection and clinical attack rates in outbreaks. Each column shows the total number of pupils in the group together with the infection (■) and clinical attack (▣) rates for that group. For each antibody category the first column shows these data for influenza virus A H3N2, the second for influenza virus A H1N1 and the third for influenza virus B. Antibody to the outbreak strain is sub-divided by amount: low level, defined by RH zone diameters < 5.5 mm for A H3N2 and B, and < 6.5 mm for A H1N1; intermediate level, defined by RH zone diameters 5.5–6.4 mm for A H3N2 and B, and 6.5–7.4 mm for A H1N1; high level, defined by RH zone diameters ≥ 6.5 mm for A H3N2 and B, and ≥ 7.5 mm for A H1N1.