What is already known on this topic

Road traffic crashes are a leading cause of death and disablement, and pedestrians are particularly vulnerable road users

Several organisations strongly recommend road safety education

As resources are limited, a key question concerns the relative effectiveness of different prevention strategies, including road safety education of pedestrians

What this study adds

This systematic review showed safety education for pedestrians could improve children's knowledge and change their observed road crossing behaviour

However, effects on pedestrian injury were unknown

There is a lack of good evidence of effectiveness of safety education for adult pedestrians, especially elderly people, and in low and middle income countries

Our review indicates that there is no reliable evidence supporting the effectiveness of pedestrian education for preventing injuries in children and inconsistent evidence that it might improve their behaviour, attitudes, and knowledge. While the value of safety education of pedestrians remains in doubt, environmental modification and the enforcement of appropriate speed limits may be more effective strategies to protect children from road traffic.

Conclusions

Pedestrian safety education can improve children's knowledge of the road crossing task and can change observed road crossing behaviour, but whether this reduces the risk of pedestrian-motor vehicle collision is unknown. No trial focused on the other vulnerable road users, elderly pedestrians. None of the trials was conducted in low and middle income countries.

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Contributors: see bmj.com.

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Corrections and clarifications

Synergism between allergens and viruses and risk of hospital admission with asthma: case-control study
The wrong table 3 was published in the print version of this paper by Rosalind Green and colleagues (30 March, pp 763-6). The correct table shows the univariate analysis of potential risk factors for admission to hospital in two groups of patients with asthma. It can be accessed in the full version of the paper as table 5 on bmj.com/cgi/content/full/324/7340/763. We apologise for this error.

Was it a heart attack?
In this editorial by Charles J McKenna and J Colin Forfar (16 February, pp 377-8) we mistakenly referred to the enzyme creatine kinase as creatinine kinase. The existence of an enzyme called creatinine kinase has not been reported yet.

Influence of direct to consumer pharmaceutical advertising and patients' requests on prescribing decisions: two site cross sectional survey
A wrong value slipped through in the table in this paper by Barbara Mintzes and colleagues (2 February, pp 278-9). Among patients who had not requested drugs before, the number who requested at least one drug that had been advertised direct to consumers was in fact 42 [not 52], and the percentage was 3.9% [not 4.8%].

France's birth rate matches high Irish levels
We should have said in this News article by Alexander Dorozynski (16 February, p 385) that it was women's total fertility [not birth rate] that reached 1.89 children in 2000. The fertility value refers to the number of children per woman during childbearing age.