

Correction

Correction to “Preventive care recommendations to promote health equity”

CMAJ has been made aware of errors that occurred in the Sept. 25, 2023, issue.¹

The previous reference 94 was incorrect. The correct reference is “HPV testing for primary cervical cancer screening. Ottawa: Canadian Agency For Drugs And Technologies In Health; updated 2019 July 8. Available: <https://www.cadth.ca/hpv-testing-primary-cervical-cancer-screening> (accessed 2023 Feb. 16).”

The previous reference 128 was incorrect. The correct reference is “Pottie K, Medu O, Welch V, et al. Effect of rapid HIV testing on HIV incidence and services in populations at high risk for HIV exposure: an equity-focused systematic review. *BMJ Open*. 2014 Dec 15;4(12):e006859. doi: 10.1136/bmjopen-2014-006859.”

On page E1258, under the Benefits subsection of Diabetes, the relative risk 0.82 should have included the full 95% confidence interval, which is 0.74–0.91.

On page E1260, under the Rationale subheading of Tuberculosis, the text “In people at high risk, the effectiveness of treatment means that the benefits of screening, including the promotion of health equity, clearly outweigh the benefits ...” should have been “In people at high risk, the effectiveness of treatment means that the benefits of screening, including the promotion of health equity, clearly outweigh the harms ...”

On page 1261, the reference to “Both opioid agonist therapy (methadone and buprenorphine) and naltrexone are

associated with decreased risk of relapse (relative risk 0.75, 95% CI 0.59 to 0.82 for opioid agonist therapy; 0.73, 95% CI 0.62 to 0.85 for naltrexone) and increased likelihood of treatment retention (relative risk 2.58, 95% CI 1.78 to 4.59 for opioid agonist therapy; 1.71, 95% CI 1.13 to 2.49 for naltrexone) among people with an opioid use disorder after 4 to 12 months of treatment” was incorrect (previously 94), and has been changed to a new reference 170, with the remaining references renumbered accordingly: “Chou R, Dana T, Blazina I, et al. Interventions for Unhealthy Drug Use—Supplemental Report: A Systematic Review for the U.S. Preventive Services Task Force [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2020 Jun.”

On page E1261, under the Equitable implementation resources subsection, the text “Barriers to accessing treatments out-of-pocket costs should be eliminated ...” should have been “Barriers to accessing treatments including out-of-pocket costs should be eliminated ...”

On page E1263, under the Benefits section of Dental Caries, 2 instances of the word “caries” have been removed, after the sensitivity and specificity statements: “Dental screening performed by a trained primary care clinician is accurate for children younger than 5 years: sensitivity of 0.76 (95% CI 0.55 to 0.91) and specificity of 0.95 (95% CI 0.92 to 0.98) for identifying a child with 1 or more cavities; sensitivity of 1.0 and specificity of 0.87 (CI not reported) for identifying nursing decay of front teeth (commonly from sleeping

with bottles); and sensitivity of 0.53 and specificity of 0.77 (CI not reported) for identifying a child at increased risk for future caries.”

On page E1263, under the Inequities section of Dental Caries, SMD for Plaque Index, the upper end of the confidence interval should have been “0.29” (not “0.23”): “Most oral health conditions among children with special needs are worse than those of other children, including the Decayed, Missing, and Filled Permanent Teeth index (SMD 0.44, 95% CI 0.34 to 0.54), Plaque Index (SMD 0.16, 95% CI 0.03 to 0.29)...”

On page E1265, under the Equitable Implementation Resources subsection, the text “Although our recommendation is aimed at promoting health inequities ...” should have been “Although our recommendation is aimed at promoting health equity ...”

On page E1265, the reference for “Positive primary care experiences are associated with reductions in the adverse effects of income inequality on health” was incorrect and has been changed to “Shi L, Starfield B, Politzer R, et al. Primary care, self-rated health, and reductions in social disparities in health. *Health Serv Res*. 2002;37:529-50,” as a new reference 218.

These errors have been corrected at cmaj.ca.

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References

1. Persaud N, Sabir A, Woods H, et al. Preventive care recommendations to promote health equity. *CMAJ* 2023;195:E1250-73.