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Corrigendum

Corrigendum to: Prevalence and incidence of type 1 diabetes in the world: a systematic review and meta-analysis

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Majid Mobasseri[1], Masoud Shirmohammadi[2], Tarlan Amiri[3], Nafiseh Vahed[4,5], Hossein Hosseini Fard[5], Morteza Ghojazadeh[5*]

[1]Endocrine Research Center, Tabriz University of Medical Sciences, Tabriz, Iran
[2]Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran
[3]Student Research Committee, Tabriz University of Medical Sciences, Tabriz, Iran
[4]Emergency Medicine Research Team, Tabriz University of Medical Sciences, Tabriz, Iran
[5]Research Center for Evidence-Based Medicine, Iranian EBM Centre: A Joanna Briggs Institute Affiliated Group, Tabriz University of Medical Sciences, Tabriz, Iran

***Corresponding Author:** Morteza Ghojazadeh, Email: ghojazadehm@hotmail.com

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Based on the comments we received from the readers of our article entitled "Prevalence and incidence of type 1 diabetes in the world: a systematic review and meta-analysis", published in *Health Promotion Perspectives*, we rechecked the whole of the article and its associated data set, and identified a set of errors and missing attributions that should be corrected as follows:

In the results section, heterogeneity between studies for the prevalence of type 1 diabetes in Asia, Africa, and Europe was incorrectly written as non-significant, while it should have been reported as significant. Also, heterogeneity between the studies in Africa was written as non-significant in the main text, which should have been reported as statistically significant.

In terms of the incidence of type 1 diabetes in America, there is a non-significant heterogeneity, which was incorrectly written as significant in the text. Additionally, in the published paper, there are some incorrect values in Table 3; however, the values used for the meta-analysis are correct. In this table, the correct prevalence values per 100 000 reported from the studies of Mayer-Davis et al,[1] Ehehalt et al,[2] Erikson et al,[3] Evans et al,[4] and Lopez Siguero et al[5] are 57, 110, 270, 220, and 78, respectively.

Furthermore, Moussa et al[6,7] conducted two studies to investigate the prevalence of type 1 and type 2 diabetes among Kuwaiti children, and in our article, instead of the reference of the study on type 1 diabetes,[6] the reference of the study considering type 2 diabetes was cited.[7] In addition, Peter had two studies, within which the trend of type 1 diabetes,[8] and the prevalence and incidence of type 1 diabetes in the Bahamas[9] were determined. In our meta-analysis, the first study was mistakenly cited instead of the second study.

In the studies conducted by Dabelea et al,[10] Kemper et al,[11] Ashner et al,[12] and Garancini et al,[13] the prevalence estimates reported were for overall diabetes, type 1 diabetes, or type 2 diabetes. In our study, however, those estimates were incorrectly extracted as the estimates for overall diabetes or type 2 diabetes. So, the corrections were as follow: for the study of Kemper et al,[11] the errors were corrected and the type 1 diabetes data were extracted; the study of Dabelea et al[10] was replaced with another publication with more complete information[14]; for the study of Garancini et al,[13] the data on type 1 diabetes were unclear and insufficient to be included in our analysis, and was therefore excluded from the meta-analysis; in the study of Ashner et al,[12] the prevalence estimate of type 1 diabetes was not reported, and was thus excluded from our analysis.

In addition, the estimated prevalence of type 1 diabetes reported by Elamin et al[15] in Sudan, was extracted incorrectly. We thus corrected the errors and repeated the meta-analyses, and found that the estimated prevalence of type 1 diabetes was 0.038 (95% CI: 0.017 to 0.084, *P*

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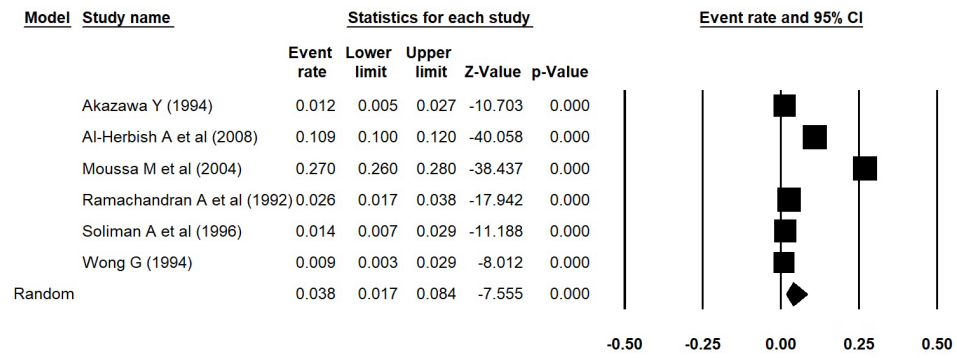

Figure 1. Prevalence of type 1 diabetes in Asia (the corrected form of Figure 2-B in the original article)

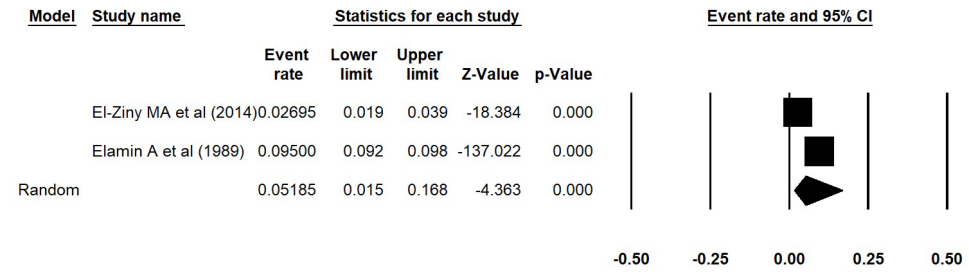

Figure 2. Prevalence of type 1 diabetes in Africa (the corrected form of Figure 3-B in the original article)

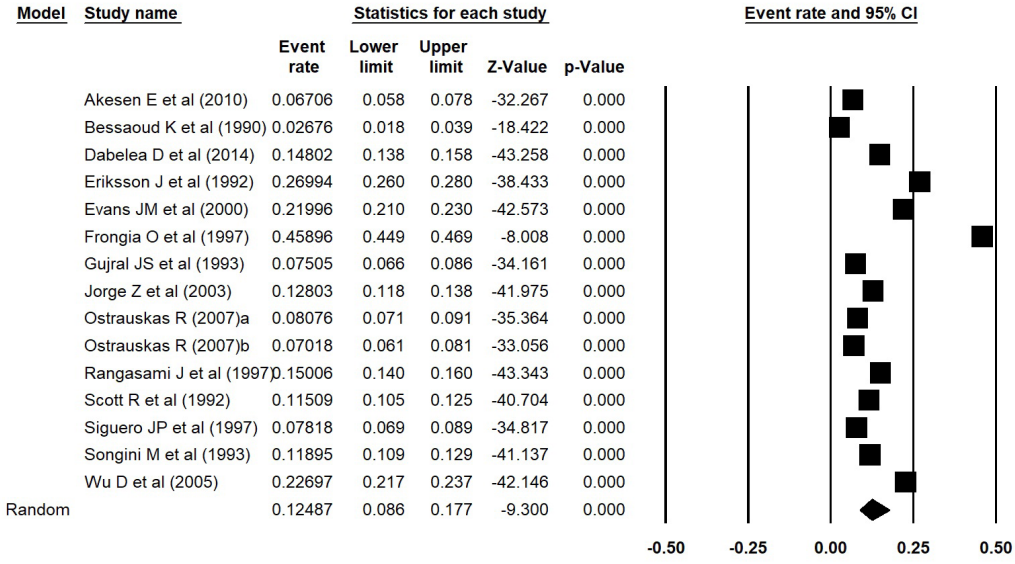

Figure 3. Prevalence of type 1 diabetes in Europe (the corrected form of Figure 5 in the original article)

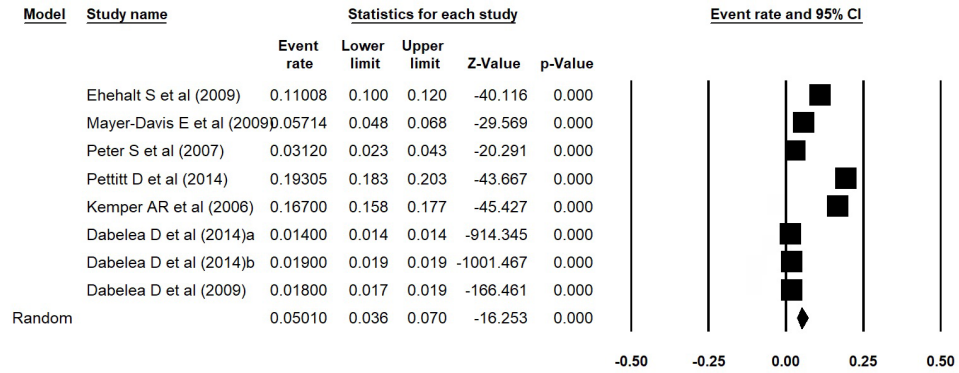

Figure 4. Prevalence of type 1 diabetes in America (the corrected form of Figure 6-B in the original article)

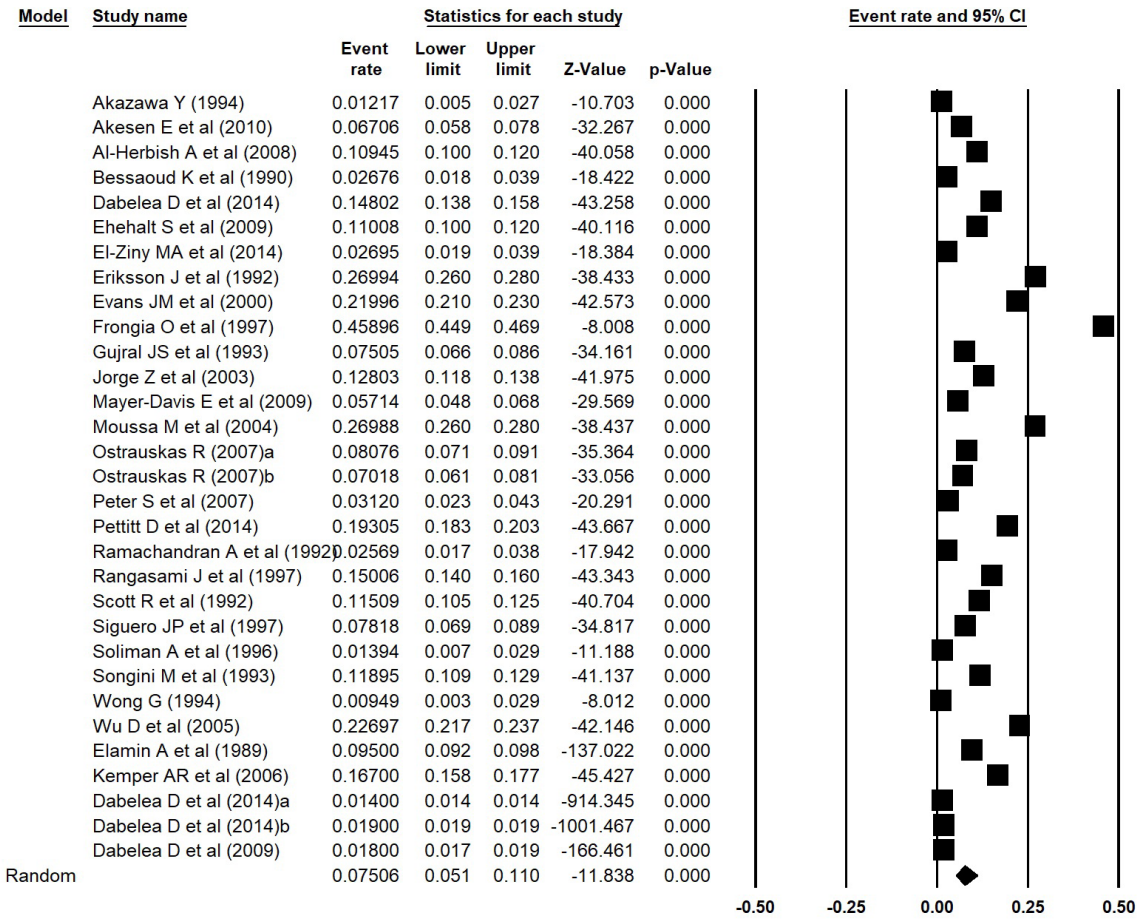

Figure 5. Prevalence of type 1 diabetes in the world (the corrected form of Figure 7 in the original article)

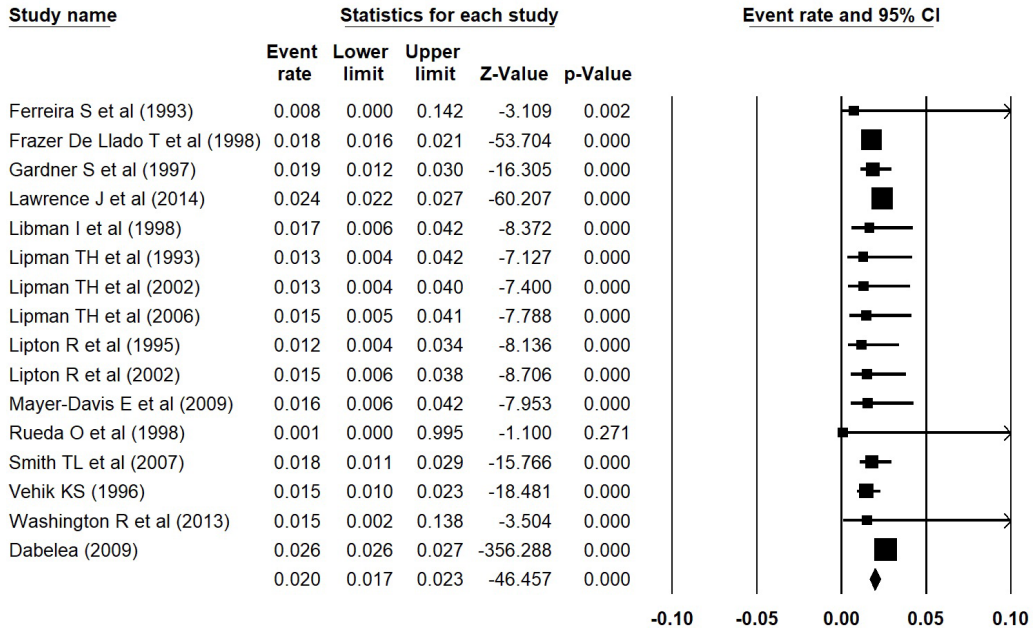

Figure 6. Incidence of type 1 diabetes in America (the corrected form of Figure 6-A in the original article)

< 0.001) in Asia (Figure 1 [the corrected form of Figure 2-B in the original article]), 0.052 (95% CI: 0.015 to 0.168, $P < 0.001$) in Africa (Figure 2 [the corrected form of Figure 5-B in the original article]), 0.125 (95% CI: 0.086 to 0.177, $P < 0.001$) in Europe (Figure 3 [the corrected form of Figure 3-B in the original article]), 0.050 (95% CI: 0.036 to 0.070, $P < 0.001$) in America (Figure 4 [the corrected form of Figure 6-B in the original article]), and 0.075 (95% CI: 0.051 to 0.110, $P < 0.001$) in the world (Figure 5 [the corrected form of Figure 7 in the original article]).

Table 3. Characteristics of studies prevalence of type 1 diabetes

Study	Country	Sample Size	Prevalence Per 100 000
Akazawa[193]	Japan	40	10
Akesen et al[194]	Turkey	26	67
Al-Herbish et al[195]	Saudi Arabia	42	109.5
Aschner et al[13]	America	2827	8000
Bessaoud et al[18]	Algeria	10	27
Dabelea et al[45]	Navajo nation	40	11
		31	81
		106	278
Dabelea et al[196]	USA	57	148
Ehehalt et al[51]	Italy	3761	110
Elamin et al[197]	Sudan	17	42.98
El-Ziny et al[53]	Egypt	10	26.8
Eriksson et al[198]	Finland	1009	270
Evans et al[199]	Scotland	6592	220
Frongia et al[59]	Italy	176	459
Garancini et al[200]	Italy	31	80
Gujral et al[201]	UK	29	75
Jorge et al[202]	Portugal	49	128
Kemper et al[203]	USA	70	183
Mayer-Davis et al[100]	USA	218	57
Moussa et al[204]	Kuwait	103	269.9
Ostrauskas[205]	Lithuania	31	80.64
Ostrauskas and Žalinkevičius[206]	Lithuania	27	70.23
Peter et al[116]	Bahamas	12	31
Pettitt et al[207]	USA	74	193
Ramachandran et al[208]	India	10	26
Rangasami et al[127]	Scotland	58	150
Scott et al[140]	New Zealand	44	115
López Siguero et al[146]	Malaga	297	78
Soliman et al[209]	Oman	50	13.25
Songini et al[210]	Sardinia	46	119
Wong[185]	China	30	8.3
Wu et al[211]	New Zealand	87	227

Also, the corrected estimated incidence of type 1 diabetes was 0.020 (95% CI: 0.017 to 0.023, $P < 0.001$) in America (Figure 6 [the corrected form of Figure 6-A in the original article]). Moreover, in the abstract section of our paper, the estimate for the prevalence of type 1 diabetes should be 0.075% (95% CI: 0.051 to 0.110), instead of 9.5% (95% CI: 0.07 to 0.12). In summary, the overall results for the prevalence of type 1 diabetes in the world had a marginal change, and thus the conclusions drawn in our article are not changed.

Disclosure

As the team of authors, we take full responsibility for the errors and missing attributions, and appreciate the opportunity to prepare this corrigendum.

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