



## Corrigendum

## Corrigendum to ‘Observational study of vaccine effectiveness 20 years after the introduction of universal hepatitis B vaccination in Tunisia’ [Vaccine 36 (2018) 5858–5864]



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The authors have noticed that their article contains errors in the following:

Abstract “Results” section: the final sentence should read “VE was 88.3% (95% CI [76.2–94.2%]) in hypo-endemic areas and 89.5% (95% CI [79.5–94.6%]) in meso-endemic areas.”

Section 3.2 paragraph 4 should read “Out of 24 governorates, 9 showed a prevalence more than 2 and classified as meso-endemic area. All other governorates showed a prevalence less than 2 and are classified as low endemic area. Precisely, Kebilli, Sidi Bouzid, Kairouan and Sousse showed the highest prevalence compared to other governorates (Appendix A) with respectively 4.1% (95% CI [2.3–7.4%]), 3.9% (95% CI [2.7–5.5%]), 3.4% (95% CI [2.6–4.5%]), 3.2% (95% CI [2.4–4.1%]). The lowest value was found in the governorate of Tozeur where it was almost null (0.3% (95% CI [0.1–0.9%])) (Appendix A).

Section 3.2 Paragraph 6 should read “Among governorates, it appears that an east-west gradient exists with slightly higher prevalences in central governorates; the highest rates of anti-HBc prevalence were located in Kebili 31.4% ((95% CI [26.2–37.1%])), Sidi Bouzid 25.4% ((95% CI [22.3–28.7%])) and other eastern governorates (Appendix B). Likewise, the lowest prevalence of anti-HBc was found in Tozeur 8.4% ((95% CI [5.3–13.2%])).

Section 3.2 Paragraph 7, should read “Anti-HBc prevalence was almost null for subjects aged between 0 and 20 years in the two endemicity level zones, then it increases significantly with age and almost higher in meso-endemic level (Fig. 1).

Section 3.3 last paragraph, last sentence should read “VE was 88.3% (95% CI [76.2–94.2%]) in hypo-endemic areas and 89.5% (95% CI [79.5–94.6%]) in meso-endemic areas (Table 7).”

Section 4, paragraphs 6 and 7 should read “This study shows a significant modification of endemicity level within governorates in

comparison with previous studies [9]: only nine governorates are meso-endemic, all other governorates are hypo-endemic which reflects the positive impact of vaccine on the general population. But, there still an heterogeneity in HBV transmission between governorates with increased HBsAg prevalence in South East and West Centre regions.

A deeper analysis of these results and the associated risk factors will be helpful for the health authorities to implement a comprehensive and efficient strategy including preventive measures in order to lower the endemicity.”

Section 4, paragraph 8, sentences 3, 4 and 5 should read “The HBsAg prevalence in Tataouine and Beja dropped by 46% and 52% respectively. In addition, anti-HBc prevalence has fallen by 24% and 48% respectively. These statistics highlight the positive impact of vaccination especially in Tataouine in which we found the highest number of vaccinated subjects that resulted from a large campaign performed in the South region following the results of the previous study [9].”

Reference 3 should read “[3] Safer L, Ben Chaabene N, Melki W, Saffar H. Épidémiologie des hépatites virales en Tunisie. Rev Epidémiol Sante Publique 2006; 54:377–80. [https://doi.org/10.1016/S0398-7620\(06\)76732-3](https://doi.org/10.1016/S0398-7620(06)76732-3)

The authors have noticed an unintentional error in the data used for the geographic distribution of HBsAg and anti-HBc in Appendices A and B, Table 7 and Fig. 1. The authors used by error the results of the proportional distribution by governorate instead of the prevalence. This error has been corrected in the Appendices, Table 7 and Fig. 1 below and in the estimation of prevalence and classification of endemicity of HBV by Governorates with mine changes.

The authors would like to present their sincerest apologies for these mistakes and any inconvenience as consequence to this and confirm that there is no impact on the main results, the interpretation, the discussion and conclusion presented in the paper.

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**Table 7**  
Vaccine effectiveness.

	VE %	95% CI	
Global	88.6	81.5	93.0
Age			
≤20 ans	96.1	70.1	99.5
>20 ans	59.0	32.0	75.3
Endemicity level			
Hypo-endemic	88.3	76.2	94.2
Meso-endemic	89.5	79.5	94.6

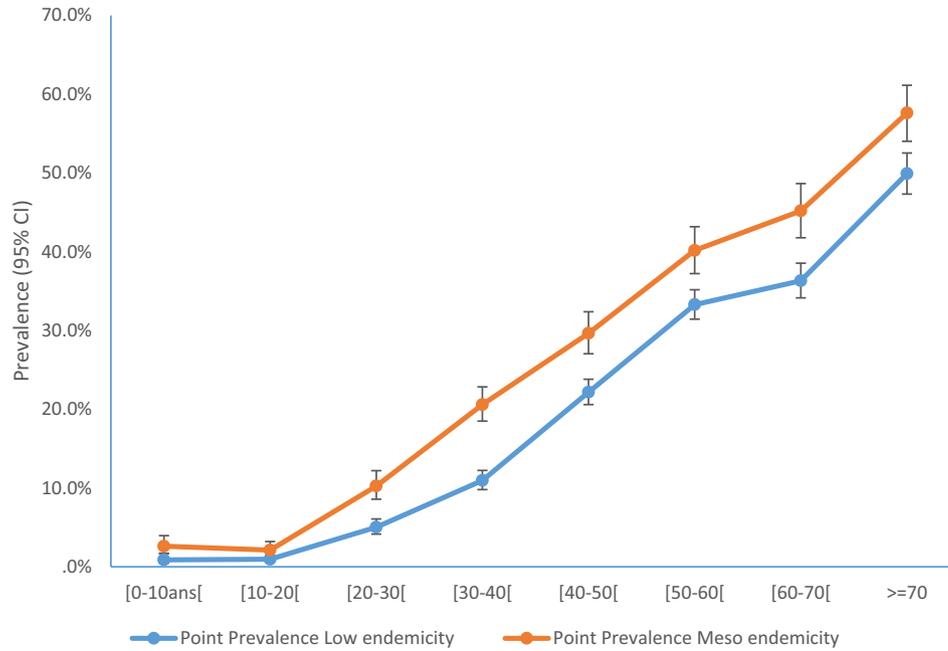
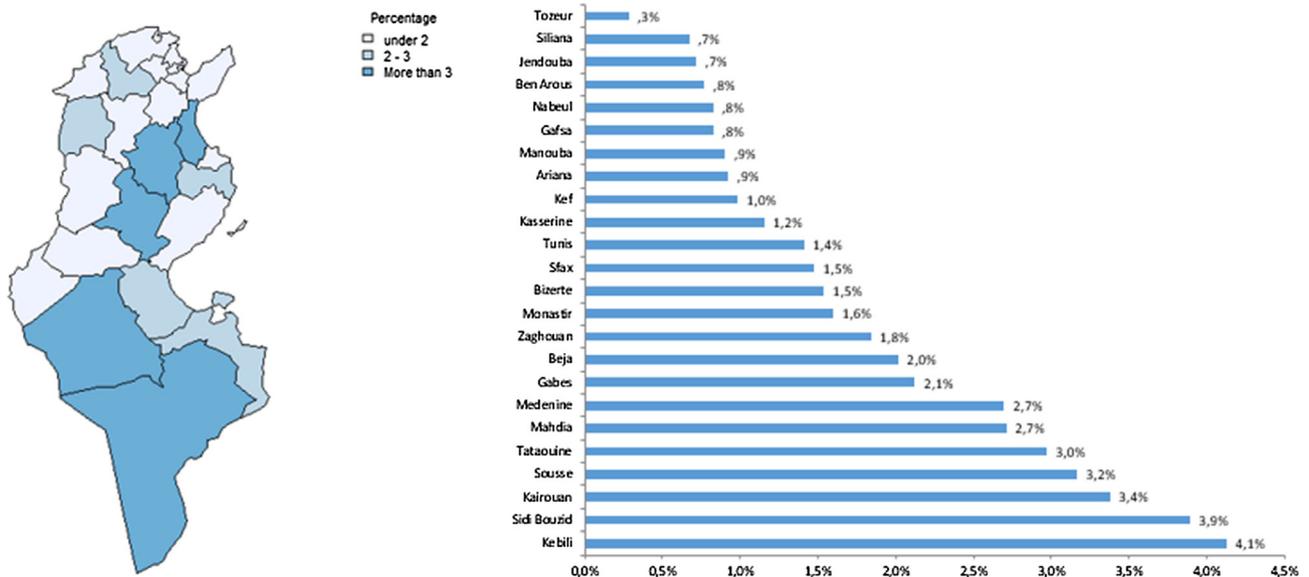


Fig. 1. Age prevalence of anti-HBc per endemicity level.

**Appendix A. Geographic distribution of HBsAg prevalence in Tunisia**



**Appendix B. Geographic distribution of anti-HBc prevalence in Tunisia**

