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## Correction to: Implementation of nationwide screening of pregnant women for HTLV-1 infection in Japan: analysis of a repeated cross-sectional study



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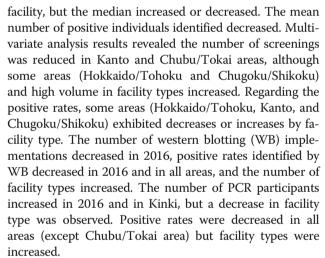
The authors of this study [1] would like to amend it and clarify that description of the results in abstract and body of the paper and references were incorrect. This amendment does not cause any changes to the substantive contents of the article since errors in the description of the results in the table, no change in the table.

- 1). Reference 19 and 20 is reversed. The following description is correct.
- 19. Ministry of Health, Labour and Welfare, Vital statistics in Japan https://www.mhlw.go.jp/english/database/db-hw/vs01.html
- 20. von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC. Vandenbroucke JP; STROBE initiative. Strengthening the reporting of observational studies in epidemiology (STROBE)statement: guidelines for reporting observational studies. BMJ. 2007;335:806–8.
- 2). In abstract, the descriptions do not match the results in the table 3 and 5. The following description is correct.

Results: Numbers of target facilities changed yearly: 1857 in 2011, 2544 in 2013, and 2376 in 2016. The mean number of screening-test participants increased per

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3) (P3) Results: the descriptions do not match the results in the table 3 and 5. The following description is

By multivariate analysis, some areas (Hokkaido/Tohoku and Chugoku/Shikoku) and facility types showed increased screening coverage although screening coverage in other areas (Kanto and Chubu) decreased. Positive rates were decreased in some areas (Hokkaido/Tohoku, Kanto, and Chugoku/Shikoku) and positive identification increased by facility type. Numbers of WB performed were decreased in 2016 and the positive identification rate was lower in 2016 and in all areas; however, facility types were increased. The number of PCR participants was markedly increased in 2016 and in Kinki;



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