

data for the exposures. Third, individuals with undiagnosed diabetes, by definition, are not included in this analysis. Such is the case for any diabetes study that uses registry data; however, since the purpose of this paper is to identify subjects with known diabetes who are less likely to attend retinopathy screening, the findings are still valid. Fourth, the selection of controls is frequently an issue for any case-control study. Using the entire cohort of individuals with diabetes as the control population minimizes this particular concern. Such was the case in this study. This does not invalidate the results, it only means that the results are not necessarily generalizable to the sub-set of subjects with missing exposure information.

In conclusion, for the western James Bay cohort with diabetes, younger individuals and those with a shorter duration of diabetes were less likely to have attended retinal screening evaluations for diabetic retinopathy. These results may aid health care workers in targeting individuals for referral for retinopathy evaluations.

RÉSUMÉ

Contexte : Le programme de dépistage de la rétinopathie diabétique qui a été instauré dans les communautés de Moosonee et de Moose Factory, en Ontario avait comme objectif d'identifier les facteurs qui expliquaient pourquoi les personnes avaient ou n'avaient pas assisté aux séances de dépistage de la rétinopathie diabétique.

Méthodes : Les données relatives à l'exposition ont été cueillies à partir des dossiers de patient contenant les données démographiques et des paramètres médicaux. Le constat le plus important qui en ressort est l'absence de tout examen de la rétine depuis au moins deux ans.

Résultats : On a identifié 248 personnes atteintes de diabète dans ces deux communautés, dont 42 qui n'avaient jamais subi un examen rétinien. Les analyses à une variable révèlent que l'âge plus jeune ainsi que la durée plus courte du diabète sont les facteurs qui sont associés avec les possibilités accrues de ne jamais avoir subi un examen des yeux. Les analyses à variables multiples révèlent que l'âge plus jeune, la durée plus courte du diabète, et le lieu de résidence à Moosonee restaient dans le modèle final.

Interprétation : Les efforts de dépistage devraient viser les jeunes atteints d'un diabète de plus courte durée, étant donné que ce sous-groupe de personnes est susceptible de ne s'être jamais présenté aux cliniques de dépistage.

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Erratum

In the paper by Roy É. et al. entitled "Seroprevalence and risk factors for hepatitis A among Montreal street youth" (*Can J Public Health* 2002;93(1):52-53), the prevalence of HAV-antibodies among women was 3.8% and not 8.8% (5.1% among men, $p=0.543$).