



Correction to: Interventions to improve vaccine acceptance among rheumatoid arthritis patients: a systematic review

Vincent Gosselin Boucher^{1,2} · Ines Colmegna³ · Claudia Gemme^{1,2} · Sara Labbe^{1,2} · Sandra Pelaez⁴ · Kim L. Lavoie^{1,2}

Published online: 27 February 2019

© International League of Associations for Rheumatology (ILAR) 2019

Correction to: Clinical Rheumatology

<https://doi.org/10.1007/s10067-019-04430-7>

The original version of this article contained error. Table 1 was shown in the wrong version, thus corrected table is shown in this article. The original article has been corrected.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

The online version of the original article can be found at <https://doi.org/10.1007/s10067-019-04430-7>

✉ Kim L. Lavoie
kiml_lavoie@yahoo.ca

¹ Department of Psychology, University of Quebec at Montreal (UQAM), CP 8888, Sucursale Centre-Ville, Montreal, Quebec H3C 3P8, Canada

² Montreal Behavioural Medicine Centre, Centre Intégré Universitaire de santé et services sociaux du Nord-de-l'Ile-de-Montréal (CIUSSS-NIM), Hôpital du Sacré-Coeur de Montréal Canada, Montréal, Canada

³ Department of Medicine, Division of Rheumatology, McGill University, Montreal, Canada

⁴ Department of Educational and Counselling Psychology, McGill University, Montreal, Canada

Table 1 Intervention study details

Author [ref]	Study design	Outcome and target	Provider sample	RA patients (n)	Intervention	Comparison group	Post-evaluation
<i>Interventions targeting providers</i>							
Ledwith et al. [21]	Pre-post quasi experimental intervention design	Vaccination rates (patient) and Documentation of prescription (provider)	Health care providers; physician, fellow, resident, or nurse practitioner (n not reported)	758	Electronic Health record (EHR) best practice alert (BPA)	None	Did not report
Desai et al. [22]	Cluster, Controlled trial; Quality improvement intervention strategy	Vaccination rates (number of patients up to date) (patient)	Rheumatologists (n = 14)	3717	Point-of-care paper reminder forms	21 Rheumatologists	Assessed monthly (for a median of 16 months)
<i>Interventions targeting providers and patients</i>							
Baker et al. [23]	Quasi-experimental: Pre-post system-level intervention for quality improvement	Vaccination rates (patient)	Rheumatologists and primary care physician (n = 8)	1255	Reminders to prescribe vaccination, performance feedback to physicians and letters to patients	None	Assessed monthly for 12 months
Sheth et al. [24]	Pre-post quasi-experimental quality improvement intervention design	Vaccination rates (patient) and documentation rate (provider)	Physicians and staff (n not reported)	1554	Real-time electronic medical record (EMR) based alert system (BPA), coupled with patients and staff education and physician feedback and interval assessment	None	Did not report
Brodertek et al. [25]	Quasi-experimental, Pre-post multimodal intervention	Decrease frequency of any missed opportunities for vaccination and vaccine attitude (0–100) (provider)	Rheumatologists (n not reported)	197	Multimodal intervention using education session, EMR-based alerts and personalised e-mail reminders for patient	None	Assessed each 3 months for 12 months
<i>Author [ref]</i>							
Pre-intervention measures (HCPs)				Post-intervention measures (patients)			
<i>Interventions targeting providers</i>							
Ledwith et al. [21]	NA	NA	NA		Influenza vaccination rates: 47%; Influenza documentation: 47%; Pneumococcal vaccination rates: 19%; Pneumococcal documentation: 19%	Influenza vaccination rates: 65%; Influenza documentation: 67%; Pneumococcal vaccination rates: 41%; Pneumococcal documentation: 45%	
Desai et al. [22]	NA	NA	NA		Intervention group rates of patients who were up-to-date for pneumococcal: 67.6%; Control group rate: 52.3%	Intervention group rates of patients who were up-to-date for pneumococcal: 80% (p < 0.006); Control group rate: 52.0% (pre-post: p = 0.941)	
<i>Interventions targeting providers and patients</i>							
Baker et al. [23]	Not reported	Action rate ^a : first 2 months = 45–57%; months 3 to 5 = low of 38%; months 6–12 = 42–58%			Influenza: Ever received (90.2%); in previous season (79.4%); Pneumococcal: Ever received (28.7%); Herpes Zoster: Ever received (2.5%)	Influenza: Ever received (86.1%); in previous season (78.2%); Pneumococcal: Ever received (45.8%); Herpes Zoster: Ever received (4.5%)	
Sheth et al. [24]	Not reported	“Among 1002 patients for whom the BPA appeared, 581 (58%) resulted in either a vaccination (252; 43% vaccinated, 21; 4% vaccine prescribed) or documentation of reasons the vaccine was not prescribed (308; 53%)”			Herpes Zoster vaccination rates: 10.1%; vaccines documentation rates: 28%	Herpes Zoster vaccination rates: 51.7% (p < 0.0001); vaccines documentation rates: 72.9% (p < 0.0001).	
Brodertek et al. [25]	NA	NA	NA		Frequency of any missed influenza vaccination: 47%; vaccination attitude: 50 ± 9	Frequency of any missed influenza vaccination: 23% (p < 0.001); vaccination attitude: 51 ± 9	

^a The proportion of patients who were seen by their rheumatologist who had: a vaccination given, a historical vaccination documented, or a documented medical or patient reason for not giving a vaccination