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Corrigendum

Corrigendum to "Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis" [Brain Behav. Immun. 88 (2020) 901–907]

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The authors regret that a number of inaccuracies have been noted in Table 2 detailing the Modified Newcastle-Otawa Scale quality assessment scores. The study Huang J.Z. et al. had been taken into account during the quality assessment process and included in the original submission but was replaced by the word "Author" and some studies have changed order in the table during the production process. Furthermore, Du et al. and Zhang W. et al. were not assigned a star; with an additional star, Du et al. becomes low risk of bias whereas Zhang et al. remains low risk of bias. No star had been allocated in the original table for the response rate of Du et al. and this has been also rectified as shown in the corrected table below. The changes in the quality assessment score also affect the pooled estimates of low bias risk studies as Du et al. becomes low risk of bias. The adjusted low risk of bias values are 23.78% (instead of 24.06%) (95% CI 16.95%–31.34%, $I^2 = 99\%$) for Anxiety in 10 studies and 21.75% (instead of 22.93%), (95% CI 12.72%–32.34%, $I^2 = 99.62\%$) for Depression in 9 studies.

The authors would like to apologise for any inconvenience caused.

Table 2
Modified Newcastle-Ottawa quality assessment scale and total score of each study.

Studies	Year	Modified Newcastle-Ottawa quality assessment scale					Score
		1	2	3	4	5	
Du et al.	2020	*	–	–	*	*	3
Guo et al.	2020	*	*	–	–	–	2
Huang J.Z. et al.	2020	–	–	*	*	–	2
Huang & Zhao	2020	–	*	*	*	*	4
Lai et al.	2020	*	*	–	*	*	4
Liu C. et al.	2020	–	–	*	*	*	3
Liu Z. et al.	2020	*	*	–	–	*	3
Lu et al.	2020	–	*	*	*	–	3
Qi et al.	2020	–	*	*	*	*	4
Tan et al.	2020	*	–	*	*	*	4
Zhang C. et al.	2020	*	*	–	*	*	4
Zhang W. et al.	2020	*	*	–	*	*	4
Zhu et al.	2020	–	*	–	*	*	3

1. Representativeness of sample (no HCWs' subgroup ≥ 65% of total sample); 2. Sample size > 600 HCWs; 3. Response rate > 80%; 4. The study employed validate measurement tools with appropriate cut-offs; 5. Adequate statistics and no need for further calculations.

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