

If further research bears out this interpretation, the public health problem is not merely one of undertaking community-wide measures designed to prevent excessive weight gain and promote weight loss. We must also find practical ways of identifying individuals within the population who are especially vulnerable to obesity-promoting behaviors and environmental factors before they become severely overweight. Further studies focused on obese MZ twin pairs may help in this endeavor.

Recent research<sup>7,8</sup> has suggested that the pattern of regional fat distribution and (perhaps more specifically) the quantity of visceral fat drained by the portal venous system are better predictors than the BMI of diabetes and CVD risk factor status. For this reason, it would be helpful to conduct further investigations of MZ twin pairs in order to determine, first, the proportion of the variance in regional fat distribution (i.e., waist-to-hips circumference ratio [WHR]) that can be explained by nongenetic influences and, second, to compare the effects of nongenetic variations in BMI and nongenetic variations in WHR on diabetes and CVD risk factor status.

Although Newman, *et al*, have used the term "obesity" in referring to the overweight members of their cohort, even at ages 42–55 years, the mean BMI of the heavier co-twins (26.6 kg/m<sup>2</sup>) is considerably less than the BMI of  $\geq 27.8$  kg/m<sup>2</sup> proposed by the 1985 NIH Consensus Development Conference on Obesity<sup>9</sup> as being the cutoff point for "overweight" in men. Given the small standard deviation of 3.2 kg/m<sup>2</sup> for the overall group at study examination, it would appear that only a minority of the cohort were frankly obese. It would be interesting to know what the relative contribution of the most overweight members was to the reported risk factor status of the heavier co-twins.

Finally, it is impressive that even the moderate elevation in BMI exhibited by the heavier co-twins in middle age was associated with significant increases in diabetes and CVD risk factors. We share the authors' optimism about the implications for intervention arising from their data. In terms of

long-term results, treatment of lesser degrees of overweight appears to be more successful than treatment of severe overweight.

Clearly, the new ground broken by Newman, *et al*, deserves to be carefully cultivated by further research.

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## ERRATUM

*In*: Evans MR, Henderson DK, Benett JE: Potential for laboratory exposures to biohazardous agents found in blood. *Am J Public Health* 1990; 80:423–427. On page 424, the last sentence in the section "Hepatitis B Surface Antigen Detection" should read as follows: "Within run variation for the confirmation runs was expressed as the CV calculated for the negative control (values ranged from 3 percent to 5 percent with a mean of 4 percent)."

Due to a percent sign "%" being mis-read by the typesetter as a number "9", the percentages in the published version are incorrect. The Journal staff and the proofreader regret the error, and apologize to the authors and readers.