

A trial design that compared the short-course zidovudine regimen with a placebo rather than with the "076 regimen" was used in the CDC-sponsored trials because it offered the best means of determining the safety and efficacy of an affordable and implementable short antiretroviral regimen for reducing mother–infant HIV transmission in these countries.

As Susser suggests, even the "Bangkok regimen" may not be appropriate for some countries (e.g., those with extremely limited resources) or some populations (e.g., HIV-infected women with late or no prenatal care). In such populations, where proven

interventions to prevent mother–infant HIV transmission remain unavailable, it still may be appropriate to use a placebo arm as a proxy for a current local standard of care to evaluate whether a new intervention (e.g., one beginning at labor) offers any benefit. □

*R. J. Simonds, MD
Timothy J. Dondero, MD
Kevin M. DeCock, MD
Helene D. Gayle, MD, MPH*

The authors are with the Centers for Disease Control and Prevention, Atlanta, Ga.

Requests for reprints should be sent to R. J. Simonds, MD, Centers for Disease Control and

Prevention, 1600 Clifton Rd, mailstop E-50, Atlanta, GA 30333 (e-mail: rxs5@cdc.gov).

References

1. Susser M. Editor's note: the prevention of perinatal HIV transmission in the less-developed world. *Am J Public Health*. 1998;88:547–548.
2. Centers for Disease Control and Prevention. Administration of zidovudine during late pregnancy and delivery to prevent perinatal HIV transmission—Thailand, 1996–1998. *MMWR Morb Mortal Wkly Rep*. 1998;47:151–154.
3. Connor EM, Sperling RS, Gelber R, et al. Reduction of maternal–infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. *N Engl J Med*. 1994;331:1173–1180.

Errata

In: Morales Bonilla C, Mauss EA. A community-initiated study of blood lead levels of Nicaraguan children living near a battery factory. *Am J Public Health*. 1998;88:1843–1845.

Several superscript reference citations were listed incorrectly in the published paper. On page 1844, ^{9,10,15} should have been ^{10,11,16}, and ¹⁶ should have been ¹⁷; and on page 1845, ¹⁷ should have been ¹⁸, ¹⁸ should have been ¹⁹, and ¹⁹ should have been ²⁰.

In: Carrasquillo O, Himmelstein DU, Woolhandler S, Bor DH. Going bare: trends in health insurance coverage, 1989 through 1996. *Am J Public Health*. 1998;88:36–42.

In the abstract, in the second paragraph under Results, the first sentence should have read (change in italics) "The greatest increase in the population of *uninsured* was among young adults aged 18 to 39 years; rates among children also rose steeply after 1992."