during the pandemic, COVID-19 seroprevalence rate is perhaps the single most crucial driving force in the estimation of excess mortality in such countries, including countries from sub-Saharan Africa. The COVID-19 forecast project at the Institute for Health Metrics and Evaluation, from which we drew our COVID-19-related covariates, provides the most comprehensive and internally consistent estimates on incidence and prevalence of COVID-19 infections—also peer-reviewed[6] and GATHER-compliant. In situations without available all-cause mortality data, our estimated excess mortality provides the best metric on the effect of the pandemic in such countries.

Jonas Schöley, Mark Woolhouse, Desmond O'Neill, Alberto Donzelli, Peter Bager, and colleagues have pointed out the difference in our estimates compared with those provided by *The Economist*,[3] The World Mortality Dataset,[7] and WHO.[4] Aside from our assessment accounting for under-registration and late registration, a far more prevalent issue, even in low sociodemographic index countries, is how many weeks or months of observed data from before the pandemic are used as a baseline for extrapolation (eg, there is a 20-week delay in vital registration data being complete in the USA). How we extrapolate data and the division timepoint between baseline and extrapolation all contribute greatly to the estimated expected mortality and the resulting excess mortality. Research has and will continue to estimate the toll of the ongoing COVID-19 pandemic.[8] Our current research focuses on further refining country-specific specifications in improving long-term mortality extrapolation for countries to iteratively improve the methods, as data from all countries become more complete. These data are essential for the next iteration of the Global Burden of Disease Study.[9]

We declare no competing interests.

*Simon I Hay, *Christopher J L Murray, on behalf of the COVID-19 Excess Mortality Collaborators*
cjlm@uw.edu

Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA 98195, USA; Department of Health Metrics Sciences, School of Medicine, University of Washington, Seattle, WA, USA

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Forrest IS, Petrazzini BO, Duffyet Á, et al. Machine learning-based marker for coronary artery disease:derivation and validation in twolongitudinal cohorts. Lancet *2023; **401:** 215–25* —The codes for the CAD case definition in the appendix have been updated. The appendix of this Article has been corrected as of Feb 9, 2023.

Samarasekera U. Lynette Denny: women's cancer researcher with global impact. Lancet *2023; **401:** 261*—In this Profile, HPV-negative has been corrected to HIV-negative in the sixth sentence of the second paragraph. The online version has been corrected as of Feb 9, 2023.