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- 1 Katsoularis I, Fonseca-Rodríguez O, Farrington P, Lindmark K, Fors Connolly A-M. Risk of acute myocardial infarction and ischaemic stroke following COVID-19 in Sweden: a self-controlled case series and matched cohort study. *Lancet* 2021; **398**: 599–607.
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- 4 Thygesen K, Alpert JS, Jaffe AS, et al. Fourth universal definition of myocardial infarction (2018). *Glob Heart* 2018; **13**: 305–38.
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Authors' reply

We thank Daniel Caldeira and Fausto Pinto for their comments regarding our study¹ focusing on COVID-19 and myocardial infarction. We did acknowledge the difficulties in distinguishing between different types of myocardial injuries in the discussion. The International Classification of Diseases versions 9 and 10 unfortunately do not distinguish between ST-segment elevation myocardial infarction (STEMI) and non-ST-segment elevation myocardial infarction (NSTEMI), which is a limitation of our study.¹ Because STEMI and NSTEMI have partly different clinical characteristics and pathophysiology, it is quite possible that one might be affected more by COVID-19 than the other, as Caldeira and Pinto observe.

However, we do not believe that merely looking into coronary revascularisation procedures will provide clear answers, because the clinical decision to go through with these procedures might in itself be affected by the presence of COVID-19. We also observed an increased risk

of ischaemic stroke, which shares some of the same pathophysiological features as myocardial infarction. Furthermore, the increase in the risk of myocardial infarction was of the same magnitude as for ischaemic stroke, for which the risk of inaccurate diagnosis codification was low. Therefore, the case of a connection between COVID-19 and cardiovascular events is strengthened.

We declare no competing interests.

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- 1 Katsoularis I, Fonseca-Rodríguez O, Farrington P, Lindmark K, Fors Connolly A-M. Risk of acute myocardial infarction and ischaemic stroke following COVID-19 in Sweden: a self-controlled case series and matched cohort study. *Lancet* 2021; **398**: 599–607.

Department of Error

The HIP ATTACK Investigators. Accelerated surgery versus standard care in hip fracture (HIP ATTACK): an international, randomised, controlled trial. Lancet 2020; 395: 698–708—In this Article, numbers of patients in the subgroup analysis have been corrected, including in the Results and Discussion text and in the appendix. These corrections have been made to the online version as of Nov 25, 2021.

Ponikowski P, Kirwan B-A, Anker SD, et al. Ferric carboxymaltose for iron deficiency at discharge after acute heart failure: a multicentre, double-blind, randomised, controlled trial. Lancet 2020; 396: 1895–904—In this Article, Stephan von Haehling's affiliations should have included "DZHK (German Center for Cardiovascular Research), Göttingen partner site, Göttingen, Germany". Department names within the University Medical Center Göttingen should also have been included for Stephan von Haehling and Tim Friede. These corrections have been made to the online version as of Nov 25, 2021.

Prasad A, Stephani Hatch: rethinking power in health-care research. Lancet 2021; 398: 1559—In this Profile, the second sentence of the fourth paragraph has been corrected to read "...Health and Social Equity Hub for which she is a Co-Principal Investigator". This correction has been made to the online version as of Nov 25, 2021.

Watts G, Gwynifer Clare Wenger. Lancet 2021; 398: 1562—In this Obituary, Richard Hadley has been corrected to Roger Hadley in the final sentence. This correction has been made to the online version as of Nov 25, 2021.

Abu Dayyeh BK, Maselli DB, Rapaka B, et al. Adjustable intragastric balloon for treatment of obesity: a multicentre, open-label, randomised clinical trial. Lancet 2021; 398: 1965–73—In this Article, where missing, 95% CIs, SDs, and n/N have been added. Additionally, findings for alanine aminotransferase concentrations have been added to the Results. These corrections have been made to the online version as of Nov 25, 2021, and the printed version is correct.

Fleming KA, Horton S, Wilson ML, et al. The Lancet Commission on diagnostics: transforming access to diagnostics. Lancet 2021; 398: 1997–2050—In this Commission, in the section about using governance to make diagnostics more affordable, the sixth sentence of the fourth paragraph should have read "The Treatment Action Group was key in the movement to getting equitable pricing for antiretrovirals for HIV/AIDS and, more recently, has applied similar efforts to diagnostics, such as the Time for \$5 campaign for GeneXpert cartridges." This correction has been made to the online version as of Nov 8, 2021, and the printed version is correct.



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