

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hilmir	2. Surname (Last Name) Asgeirsson	3. Date 10-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davidson H. Hamer
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis.		
6. Manuscript Identifying Number (if you know it) M16-1842		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Karolinska Institutet, Stockholm, Sweden	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for lecturing at the university (on tropical diseases) Dec 2015.
Gyeonggi-do municipal government, South-Korea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for lecturing at a meeting on MERS and viral hemorrhagic fevers June 2016.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Asgeirsson reports personal fees from Karolinska Institutet, Stockholm, Sweden, personal fees from Gyeonggi-do municipal government, South-Korea, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kira

2. Surname (Last Name)

Barbre

3. Date

10-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Davidson Hamer

5. Manuscript Title

Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

6. Manuscript Identifying Number (if you know it)

M16-1842

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Dr. Barbre has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Barnett	3. Date 12-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davidson H Hamer
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis		
6. Manuscript Identifying Number (if you know it) M16-1842		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Elsevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
UptoDate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
PaxVax	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honorarium for Advisory Board
Alinia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honorarium for Advisory Board
BMJ PointofCare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honorarium
AAP Nelsons antimicrobial therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Allergan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceftaroline for complicated pneumonia

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Barnett reports other from Elsevier, other from UptoDate, grants and other from PaxVax, other from Alinia, other from BMJ PointofCare, other from AAP Nelsons antimicrobial therapy, grants from Allergan, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Boggild	3. Date 11-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davidson H. Hamer
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis		
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I serve on the Public Health Agency of Canada's Committee to Advise on Tropical Medicine and Travel (CATMAT)

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Dr. Boggild reports and I serve on the Public Health Agency of Canada's Committee to Advise on Tropical Medicine and Travel (CATMAT).

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Emmanuel

2. Surname (Last Name)
Bottieu

3. Date
07-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Davidson Hamer

5. Manuscript Title
Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Caumes

3. Date

07-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

David HAMER

5. Manuscript Title

"Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis"

6. Manuscript Identifying Number (if you know it)

M16-1842

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

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☒ No

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Royalties: Funds are coming in to you or your institution due to your patent.

Cetron

1

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Martin
2. Surname (Last Name)
Cetron
3. Date
07-October-2016
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title
"Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis"
6. Manuscript Identifying Number (if you know it)
MT6-1842

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

Cetron

2

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Cetroni has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lin	2. Surname (Last Name) Chen	3. Date 18-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davidson Hamer
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis		
6. Manuscript Identifying Number (if you know it) M16-1842		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Shoreland, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Advisor
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker travel and honorarium
Wiley Publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties for book

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Chen reports personal fees from Shoreland, Inc, personal fees and non-financial support from GlaxoSmithKline, other from Wiley Publishing, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gilles	2. Surname (Last Name) Eperon	3. Date 07-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davidson Hamer
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a Geosentinel analysis		
6. Manuscript Identifying Number (if you know it) M16-1842		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Eperon has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Douglas	2. Surname (Last Name) Esposito	3. Date 06-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Hamer
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis		
6. Manuscript Identifying Number (if you know it) M16-1842		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Esposito has nothing to disclose.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Philippe

2. Surname (Last Name)
Gautret

3. Date
08-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
David Hamer

5. Manuscript Title
Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Gautret has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Abraham	2. Surname (Last Name) Goorhuis	3. Date 07-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davidson H. Hamer
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis		
6. Manuscript Identifying Number (if you know it) M16-1842		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Goorhuis has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Martin

2. Surname (Last Name)
Grobusch

3. Date
06-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

6. Manuscript Identifying Number (if you know it)

M16-1842

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

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☒ No

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Grobusch has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stefan	2. Surname (Last Name) Hagmann	3. Date 05-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Hamer
5. Manuscript Title "Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis"		
6. Manuscript Identifying Number (if you know it) M16-1842		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hagmann has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Davidson	2. Surname (Last Name) Hamer	3. Date 07-October-2016
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis		
6. Manuscript Identifying Number (if you know it) M16-1842		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
International Society of Travel Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health Agency of Canada	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Inovio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zika vaccine consultation

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Hamer reports grants from the International Society of Travel Medicine, Centers for Disease Control and Prevention, and the Public Health Agency of Canada during the conduct of the study. He has also received personal fees from Inovio outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Noreen

2. Surname (Last Name)
Hynes

3. Date
06-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Davidson Hamer

5. Manuscript Title
"Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis"

6. Manuscript Identifying Number (if you know it)
M16-1842

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Hynes has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Phyllis

2. Surname (Last Name)
Kozarsky

3. Date
06-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Travel-associated Zika virus disease acquired in the Americas through Feb 2016: a GeoSentinel analysis

6. Manuscript Identifying Number (if you know it)

M16-1842

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Are there any relevant conflicts of interest?

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☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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Dr. Kozarsky has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Susan	2. Surname (Last Name) Kuhn	3. Date 28-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name D Hamer
5. Manuscript Title "Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis."		
6. Manuscript Identifying Number (if you know it) M16-1842		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
International Society of Travel Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We are a site for the GeoSentinel Surveillance System, funded by ISTM in partnership with the CDC, which provides funds for reporting cases of various imported diseases of which Zika virus is one

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kuhn reports grants from International Society of Travel Medicine, during the conduct of the study; .

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

R. Ryan

2. Surname (Last Name)

Lash

3. Date

06-October-2016

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Davidson H. Hamer

5. Manuscript Title

Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

6. Manuscript Identifying Number (if you know it)

M16-1842

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

Yes

☒

No

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Dr. Lash has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Karin

2. Surname (Last Name)
Leder

3. Date
07-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
David Hamer

5. Manuscript Title
Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

6. Manuscript Identifying Number (if you know it)
M16-1842

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Dr. Leder has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Libman	3. Date 06-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davidson Hamer
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis		
6. Manuscript Identifying Number (if you know it) M16-1842		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Denis

2. Surname (Last Name)
MALVY

3. Date
07-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Hamerson

5. Manuscript Title
Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis.

6. Manuscript Identifying Number (if you know it)
M16-1842

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Frank	2. Surname (Last Name) Mockenhaupt	3. Date 11-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Corresponding Author's Name _____		
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis		
6. Manuscript Identifying Number (if you know it) M16-1842		

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Dr. Mockenhaupt has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Israel

2. Surname (Last Name)

Molina

3. Date

07-June-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

6. Manuscript Identifying Number (if you know it)

M16-1842

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Dr. Molina has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cecilia

2. Surname (Last Name)
Perret Perez

3. Date
19-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

6. Manuscript Identifying Number (if you know it)

M16-1842

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Are there any relevant conflicts of interest?

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Dr. Perret Perez has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Camilla	2. Surname (Last Name) Rothe	3. Date 06-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. D. Hamer
5. Manuscript Title Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis		
6. Manuscript Identifying Number (if you know it) M16-1842		

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Section 1. Identifying Information

1. Given Name (First Name)
Patricia

2. Surname (Last Name)
Schlagenhauf

3. Date
11-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title

"Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis"

6. Manuscript Identifying Number (if you know it)

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I am a member of the GeoSentinel leadership team and receive a honorarium for this work.

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Dr. Schlagenhauf reports : I am a member of the GeoSentinel leadership team and receive a honorarium for this work..

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1. Given Name (First Name) Eli	2. Surname (Last Name) Schwartz	3. Date 13-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hamer
5. Manuscript Title Zika		
6. Manuscript Identifying Number (if you know it) M16-1842		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Schwartz has nothing to disclose.

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Perry

2. Surname (Last Name)
van Genderen

3. Date
09-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
D. Hamer

5. Manuscript Title

Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

6. Manuscript Identifying Number (if you know it)

M16-1842

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Dr. van Genderen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Annelies

2. Surname (Last Name)
Wilder-Smith

3. Date
14-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
David Hamer

5. Manuscript Title
Travel-associated Zika virus disease acquired in the Americas through February 2016: a GeoSentinel analysis

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