

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.

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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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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) Leo G	2. Surname (Last Name) Visser	3. Date 14-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anna Roukens
5. Manuscript Title Long-Term Protection After Fractional-Dose Yellow Fever Vaccination. Follow-up Study of a Randomized, Controlled, Noninferiority Trial		
6. Manuscript Identifying Number (if you know it) M18-1529		

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

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
ISTM research grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The International Society of Travel Medicine had no role in the design, conduct, analysis, or reporting of the study

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
GSK consultation on rabies vaccination, Bangkok april 2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	reimbursement travel expenses

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GSK consultation on travel vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	reimbursement travel expenses

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Visser reports grants from ISTM research grant, from null, from null, during the conduct of the study; other from GSK consultation on rabies vaccination, Bangkok april 2017, other from GSK consultation on travel vaccines, 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)

AHE

2. Surname (Last Name)

Roukens

3. Date

15-October-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Long Term Protection after Fractional Dose Yellow Fever Vaccination

6. Manuscript Identifying Number (if you know it)

m18-1529

Section 2. The Work Under Consideration for Publication

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No Disclosures

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Section 1. Identifying Information

1. Given Name (First Name) Karlijn	2. Surname (Last Name) van Halem	3. Date 11-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Roukens
5. Manuscript Title Long-Term Protection After Fractional-Dose Yellow Fever Vaccination: Follow-up Study of a Randomized Controlled Noninferiority Trial		
6. Manuscript Identifying Number (if you know it) M18-1529		

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Dr. van Halem has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) A.W.	2. Surname (Last Name) de Visser	3. Date 17-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A.H.E. Roukens
5. Manuscript Title Long Term Protection after Fractional Dose Yellow Fever Vaccination		
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