

## 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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Paul

2. Surname (Last Name)  
Hunter

3. Date  
08-January-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Mark Freedman

5. Manuscript Title  
Recommended Adult Immunization Schedule, United States, 2020

6. Manuscript Identifying Number (if you know it)  
M20-0046

### 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
Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As a voting member of the ACIP, My employer receives my honorarium and my travel to ACIP meetings is reimbursed by the CDC.

### 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. Hunter reports personal fees and non-financial support from Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC), outside the submitted work; .

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Freedman

3. Date  
08-January-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Recommended Adult Immunization Schedule, United States, 2020

6. Manuscript Identifying Number (if you know it)

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Dr. Freedman has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kevin

2. Surname (Last Name)  
Ault

3. Date  
08-January-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Mark Freedman, DVM, MPH

5. Manuscript Title  
Recommended Adult Immunization Schedule, United States, 2020

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Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am a voting member of the Advisory Committee on Immunization Practices.

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I am on the medical advisory board of Families Fighting Flu, a non profit group advocating for influenza vaccination. This is a volunteer position. I am also a member of the Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group of the American College of Obstetricians and Gynecologists (ACOG). I am reimbursed by ACOG for travel expenses related to this position.

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Dr. Ault reports other from Centers for Disease Control and Prevention , during the conduct of the study; and I am on the medical advisory board of Families Fighting Flu, a non profit group advocating for influenza vaccination. This is a volunteer position. I am also a member of the Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group of the American College of Obstetricians and Gynecologists (ACOG). I am reimbursed by ACOG for travel expenses related to this position. .

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### Section 1. Identifying Information

1. Given Name (First Name) Andrew      2. Surname (Last Name) Kroger      3. Date 08-January-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Mark Freedman

5. Manuscript Title  
Recommended Adult Immunization Schedule, United States, 2020

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?     Yes     No

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U.S. Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I work for U.S. Government

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

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