

## ICMJE DISCLOSURE FORM

**Date:** 1/4/2022

**Your Name:** Troy D. Querec

**Manuscript Title:** Human Papillomavirus (HPV) Vaccine Impact and Effectiveness Through Twelve Years After Vaccine Introduction in the United States—National Health and Nutrition Examination Survey, 2003–2018

**Manuscript Number (if known):** M21-3798

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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**Please place an "X" next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 12/21/2021

**Your Name:** Hannah Rosenblum

**Manuscript Title:** Human Papillomavirus (HPV) Vaccine Impact and Effectiveness Through Twelve Years After Vaccine Introduction in the United States, National Health and Nutrition Examination Survey, 2003-2018

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 12/16/2021

**Your Name:** Rayleen M Lewis

**Manuscript Title:** Human Papillomavirus (HPV) Vaccine Impact and Effectiveness Through Twelve Years After Vaccine Introduction in the United States - National Health and Nutrition Examination Survey, 2003-2018

**Manuscript Number (if known):** M21-3798

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## ICMJE DISCLOSURE FORM

**Date:** 12/15/2021

**Your Name:** Lauri Markowitz

**Manuscript Title:** Human Papillomavirus (HPV) Vaccine Impact and Effectiveness Through Twelve Years After Vaccine Introduction in the United States, National Health and Nutrition Examination Survey, 2003-2018

**Manuscript Number (if known):** M21-3798

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## ICMJE DISCLOSURE FORM

**Date:** 12/15/2021

**Your Name:** Elizabeth R. Unger

**Manuscript Title:** Human Papillomavirus (HPV) Vaccine Impact and Effectiveness Through Twelve Years After Vaccine Introduction in the United States: National Health and Nutrition Examination Survey, 2003-2018

**Manuscript Number (if known):** Click or tap here to enter text.

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> </div>						
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 12/22/2021

**Your Name:** Julia Warner Gargano

**Manuscript Title:** Human Papillomavirus (HPV) Vaccine Impact and Effectiveness Through Twelve Years After Vaccine Introduction in the United States – National Health and Nutrition Examination Survey, 2003-2018

**Manuscript Number (if known):** M21-3798

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; padding: 2px;">This work was conducted as part of routine work as employee of Centers for Disease Control and Prevention.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="padding: 2px;">Click the tab key to add additional rows.</td> </tr> </table>			This work was conducted as part of routine work as employee of Centers for Disease Control and Prevention.				Click the tab key to add additional rows.
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