Dat	e: 27. februar 2025		
You	ır name: Fredrikke Dam	Larsen	
Mai	nuscript title: Vaccin	ation – tilslutning, forholdsre	egler og misforståelser
Mai	nuscript number (if known	n):	
are re third comr list a The f	elated to the content of your parties whose interests mail mitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  ps/activities/interests as they relate to the current
perta antih In ite	ains to the epidemiology of hypertensive medication, e em #1 below, report all sup	f hypertension, you should ven if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
Othe	r items, the time frame for	disclosure is the past 36 r	months.
	r items, the time frame for	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)
	e frame: Since the initial pla	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
		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
Time	e frame: Since the initial plant All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	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)
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Time 2	e frame: Since the initial plane.  All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  e frame: past 36 months  Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work  None	Specifications/Comments (e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None		
5	Payment or honoraria for	⊠ None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
	educational events			
6	Payment for expert	⊠ None		
	testimony			
7	Support for attending	<b>⊠</b> None		
	meetings and/or travel	△ NONE		
0	Datasta slassad issued as			
8	Patents planned, issued or pending	<b>⊠</b> None		
	pending			
9	Participation on a Data	<b>⊠</b> None		
	Safety Monitoring Board or Advisory Board			
	or Advisory Board			
10	Leadership or fiduciary	☐ None		
	role in other board,	Dansk Selskab for	Alternate Board Member	
	society, committee or	Rejsemedicin og		
	advocacy group, paid or unpaid	Vacciner		
	apa.a			
		<b>-</b>		
11	Stock or stock options	<b>⊠</b> None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
	JCI VICC3			
13	Other financial or non-	⊠ None		
	financial interests			

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 11. februar 2025		
You	<b>r name</b> : Zitta Barr	ella Harboe	
Mar	nuscript title: Vaccina	ation – tilslutning, forholdsre	egler og misforståelser
Mar	nuscript number (if known	):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to useript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup r items, the time frame for	•	d in this manuscript without time limit. For all 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	e frame: Since the initial plan	-	
1	All support for the present	<b>⊠</b> None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing, article processing charges,		
	etc.)		
	,		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
	•		
2	Grants or contracts from	☐ None	
any entity (if not indicated in item #1 above).			ZBH received research grants from Independent Research Fund Denmark (Inge Lehmanns grant number 3162-00031B), Helen Rudes Foundation, the Danish Cancer Society (Grant number KBVU-MS R327-A19137), Novo Nordisk Foundation (grant nr. NNF24SA0090556) and the Danish National Research
			Foundation (grant number DNRF170), not related to this work.

2	5 h: E	D.,	
3	Royalties or licenses	<b>⊠</b> None	
4	Consulting fees	None     Non	
-		<b>D</b>	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>⊠</b> None	
	testimony		
-		- ·	
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	<b>⊠</b> None	
	pending	<u> </u>	
9	Participation on a Data	None     Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	□ None	
10	role in other board,	□ None	ZBH is a member of the Danish Vaccination Council,
	society, committee or		out of this work. Also, chair of the European Society
	advocacy group, paid or		of Microbiology and Infectious Diseases Vaccine
	unpaid		Study Group and a board member of the Danish
			Society of Infectious Diseases, vaccine interest
			group.
11	Stock or stock options	<b>⊠</b> None	
11	Stock of Stock options	□ MOUS	
12	Receipt of equipment,	<b>⊠</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial as say	N N	
13	Other financial or non- financial interests	<b>⊠</b> None	
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Please place an "X" next to the following statement to indicate your agreement:  $oxed{\boxtimes}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date			
	r name: Gitte Kronborg		
Maı	nuscript title: Vaccina	ation – tilslutning, forholdsre	gler og misforståelser
Mai	nuscript number (if known	):	
are ro third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no	defined broadly. For example, if your manuscript I declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all 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	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	⊠ None	
	item.		
_			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>⊠</b> None	
3	Royalties or licenses	⊠ None	
	,	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Leadership or fiduciary	□ None	
	role in other board,	Head of board in The	
	society, committee or	Danish AIDS-foundation	
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>e</b> : 04032025			
You	r name:	Michael Dala	ager-Pedersen	
Mai	nuscript title:	Vaccii	nation - tilslutning, forholdsr	egler og misforståelser
	nuscript numbe		<del>-</del> -	
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			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	e frame: Since th	ne initial plan	ning of the work	
1	All support for manuscript (e.g provision of stumaterials, med article processi etc.)	g., funding, udy ical writing,	None	
	No time limit fo	or this		
	item.			
	<u> </u>		I	Click TAB in last row to add extra rows
Time	e frame: past 36	months		
2	Grants or contr		🙎 None	
	any entity (if no			
	in item #1 abov	, c j .		
3	Royalties or lice	enses	<b>Ճ</b> None	

4	Consulting fees	<b>⋈</b> None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
7	Support for attending	X None		
	meetings and/or travel			
8	Datants planned issued or	₩ Name		
٥	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board	⊠ None		
	or Advisory Board			
10	Leadership or fiduciary role in other board,	X None		
	society, committee or advocacy group, paid or			
	unpaid			
11	Stock or stock options	X None		
42		H		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests	pa none		

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