Dat	e : 27. marts 2025		
You	ı r name : Marie Helleberg		
Ma	nuscript title: Vaccination v	ved rejser	
Ma	nuscript number (if known):	
are r third comi	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.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the current
perta	ains 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.
	rm #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)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None AstraZeneca	Research grant. Payment to institution
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
	g and	E itolic	
5	Payment or honoraria for	☐ None	
	lectures, presentations,	GSK	Personal payment
	speakers bureaus,	AstraZeneca	Personal payment
	manuscript writing or	Bavarian Nordic	Personal payment
	educational events	Leo Pharma	Personal payment
6	Payment for expert	N None	
0	testimony	⊠ None	I
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	Gilead	Institution
	_	Advance Pharma	Institution
		7.0.00.00	
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	Пы	
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board	MSD	Personal payment
	or Advisory Board	GSK	Personal payment
		AstraZeneca	Personal payment
		Bavarian Nordic	Personal payment
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	N IAOHE	
	writing, gifts or other		
		1	
13	Other financial or non-	⊠ None	
	financial interests		

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Dat	e : 27. marts 2024		
You	r name: Carsten Schade	Larsen	
Mai	nuscript title: Vaccination v	ved rejser	
	nuscript number (if known	-	
are r 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.
	following 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 hypertensive medication, ex	hypertension, you should yen 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. 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)
Tim	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.)	⊠ None	
	No time limit for this item.		
_			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

	Consulting fees	⊠ None		
5 P	Payment or honoraria for	□ None		
	lectures, presentations,	GSK	Payment personal	
s	speakers bureaus,	Pfizer	Payment personal	
	manuscript writing or	Novartis	Payment personal	
е	educational events		,	
6 P	Payment for expert	⊠ None	-	
	testimony			
7 6	Company for appearation			
	Support for attending meetings and/or travel	None		
"	meetings and/or traver	CSL-Behring	Payment to institution	
		MSD	Payment to institution	
8 P	Patents planned, issued or	□ None		
	pending			
	Participation on a Data Safety Monitoring Board	□ None		
	or Advisory Board	Moderna	Payment personal	
	or Advisory Board	Takeda	Payment personal	
		Bavarian Nordic	Payment personal	
		MSD	Payment personal	
10 L	Leadership or fiduciary	⊠ None		
	role in other board,			
	society, committee or			
	advocacy group, paid or			
u	unpaid			
11 S	Stock or stock options	⊠ None		
12 5	Descint of anylings	57.0		
	Receipt of equipment, materials, drugs, medical	⊠ None		
	writing, gifts or other			
	services			
13 C	Other financial or non-	□ None		
fi	financial interests	European LlfeCareGroup	Group Medical Director	

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Dat	e : 30. marts 2024		
You	r name: Lars P. Nielsen		
Ma	nuscript title: Vaccination v	ved reiser	
	nuscript number (if known	·	
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are re third comr list a	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur 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. Discriptions/interests as they relate to the current
	uscript only.	·	, , ,
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	o framo: Sinco the initial plan	needed)	
1	e frame: Since the initial plan All support for the present	M None	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
	e namer past so months		
2	Grants or contracts from	⋈ None	
	any entity (if not indicated in item #1 above).		
	iii iteiii #1 auove).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	l '	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Comment for out to a disco	57	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
•	pending	Z None	
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
	Stock of Stock options	△ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	□ None	
	financial interests		Member of Udlandsvaccinationen I/S

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Dat	e : 28. marts 2024		
You	r name : Peter Henrik Ande	ersen	
Mai	nuscript title: Vaccination v	ved rejser	
Maı	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 ou 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	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 supper 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	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 any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	Z None
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
,	meetings and/or travel	Notice
	meetings and/or traver	
8	Patents planned, issued or	⊠ None
	pending	- I Hone
	, , , , , , , , , , , , , , , , , , ,	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	□ None
		Bavarian Nordic
		Novo
		Novonesis
		Zealand Pharma
		Lundbeck
		Scandinavian Medical
		Solutions
		Alk Abello
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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