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Date : 12. januar 2022				
Your name: Søren Dinesen Østergaard				
Manuscript title: A positive update on COVID-19 booster vaccine willingness among Danes				
Manuscript number (if known): n/a				

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

	^1 - · ·	
manuscript (e.g., funding,	None e Novo Nordisk undation	Grant to Aarhus University (grant number: NNF20SA0062874)

2	Grants or contracts from	☐ None	
	any entity (if not indicated	f f f i	Østergaard reports further funding from the
	in item #1 above).		Lundbeck Foundation (grant numbers:
			R358-2020-2341 and R344-2020-1073), the
			Danish Cancer Society (grant number: R283-
			A16461), the Central Denmark Region Fund

			for Strengthening of Health Science (grant number: 1-36-72-4-20), The Danish Agency for Digitisation Investment Fund for New Technologies (grant number 2020-6720), and Independent Research Fund Denmark (grant number: 7016-00048B).
3	Royalties or licenses	⊠ None	
3	Noyalties of licenses	⊠ None	
	l c u t	.	
4	Consulting fees	⊠ None	T
5	Payment or honoraria for	N Name	
3	lectures, presentations,	☑ None	
	speakers bureaus,		
	manuscript writing or educational events		
	eddeational events		
6	Payment for expert	☑ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	8 Patents planned, issued or pending	⊠ None	T
	pending		
9	Participation on a Data	N Name	
9	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
10	role in other board,	Z None	
	society, committee or		
	advocacy group, paid or unpaid		
	·		
11	Stock or stock options	⊠ None	
4.0		57	
12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other		
	services		
13	Other financial or non-	□ None	
	financial interests		Østergaard has received the 2020 Lundbeck Foundation Young Investigator Prize.
			Furthermore, Østergaard owns units of mutual funds with stock tickers DKIGI and

	WEKAFKI, as well as units of exchange
	traded funds with stock tickers TRET, 2B76,
	EXH2, QDVE, QDVH, USPY, SADM and BATE.

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Date	e : 12. januar 2022					
You	Your name: Peter Thisted Dinesen					
Mar	Manuscript title: A positive update on COVID-19 booster vaccine willingness among Danes					
Mar	nuscript number (if known)): n/a				
are re third comr list a	elated to the content of yo 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. Disclosivities/interests as they relate to the current			
The a perta antih In ite	The author's relationships/activities/interests should be <u>defined broadly</u> . 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)			
_	e frame: Since the initial plan					
1	All support for the present manuscript (e.g., funding,	None Non				
	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			
Tipe	e frame: past 36 months		Click TAD III Id2(TOW to dud extra TOW)			
HIIII	e frame: past 30 months					
2	Grants or contracts from	None				
	any entity (if not indicated in item #1 above).					
	•					
3	Royalties or licenses	None Non				

■ None

Consulting fees

5	Payment or honoraria for lectures, presentations,	None Non	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
	g T		
8	Patents planned, issued or	None Non	
	pending		
		I —	
	Participation on a Data	■ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
	anpaid		
11	Ctack or stack antion-	57 81	
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests		

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Date	e: 12. januar 2022				
You	r name: Helene Tilma Vi	stisen			
Mar	Manuscript title: A positive update on COVID-19 booster vaccine willingness among Danes				
Mar	nuscript number (if known)): n/a			
are re third comr list a	elated to the content of yo 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.		
	uscript only.	o the duther of elationship	os detivities interests as they relate to the <u>carrent</u>		
perta antih In ite	nins 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 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,	None Non			
	provision of study				
	materials, medical writing,				
	article processing charges, etc.)				
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	No time limit for this item.				
	item.		Click TAB in last row to add extra rows		
т.			Click TAB III 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).				
	iii iteiii # i above).				
3	Royalties or licenses	None Non			

■ None

Consulting fees

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

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Date	e: 12. januar 2022		
You	r name: Kim Mannemar	Sønderskov	
Mai	nuscript title: A posi	tive update on COVID-19	booster vaccine willingness among Danes
Mai	nuscript number (if known): n/a	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency an 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. Dos/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	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. 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)
	e frame: Since the initial plar		
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.		
	<u> </u>	<u> </u>	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	

⊠ None

Consulting fees

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 meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
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