Date	e: 2. juli 2021			
You	ır name: Christi	an Wejse		
Manuscript title: Nyankomne flygtninges helbred – infektionssygdomme, mangeltilstande og psykisk mistrivsel				
Mar	nuscript number	(if known)	: UFL-10-20-0774	
are re third comr list a	elated to the con parties whose in mitment to transp relationship/acti	tent of you terests ma parency an vity/intere	ur manuscript. "Related" in the sort of th	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. Discriptions of the current of
The a perta antih	author's relations ains to the epiden aypertensive med em #1 below, repo	niology of ication, ev	hypertension, you should en if that medication is n	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		ning of the work	
1	All support for the manuscript (e.g., provision of study materials, medica article processing etc.)	funding, / il writing,	None Non	
	No time limit for item.	this		
	<u> </u>			Click TAB in last row to add extra rows
Time	e frame: past 36 m	onths		
2	Grants or contraction any entity (if not in item #1 above)	indicated	None	
3	Royalties or licens	ses	None Non	

4	Consulting fees	□ None		
		STPS	Infectious Disease consultatnt	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non		
4	Daymont for ovport	None.		
6	Payment for expert testimony			
	,			
7	Support for attending	None Non		
,	meetings and/or travel	M NOTE		
8	Patents planned, issued or			
	pending	Z NONO		
9	Participation on a Data	None Non		
	Safety Monitoring Board			
	or Advisory Board			
10	Leadership or fiduciary	None Non		
	role in other board,			
	society, committee or advocacy group, paid or			
	inpaid			
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11	Stock or stock options			
12	Receipt of equipment, materials, drugs, medical		T	
	writing, gifts or other			
	services			
13	Other financial or non-	⊠ None	<u> </u>	
13	financial interests	None Non		
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 ${f f Z}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 2. juli 2021		
You	r name: Alexandra Kruse		
Mar	nuscript title: Nyankomne flyg	gtninges helbred – infektionssyg	gdomme, mangeltilstande og psykisk mistrivsel
Mar	nuscript number (if known): UFL-10-20-0774	
are re third comn list a The fe	elated to the content of yo parties whose interests manitment to transparency and 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. Os/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should ven 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)
1 me	e frame: Since the initial plar All support for the present	nning of the work	
'	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		
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4	Consulting fees	⊠ 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 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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 2. juli 2021		
You	r name: Mathilde Horn Ande	ersen	
Mar	nuscript title: Nyankomne flyg	ytninges helbred – infektionssyg	domme, mangeltilstande og psykisk mistrivsel
Mar	nuscript number (if known)): UFL-10-20-0774	
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 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 suppritems, 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	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
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		

4	Consulting fees	None Non	
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 William Demant Fonden	Funded active participation in the EUPHA conference in 2019 (European Publich Health Association)
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary	□ None	
	role in other board, society, committee or	Member, Danish Society for Immigrant Health	unpaid
	advocacy group, paid or unpaid	Vice President, Danish Red Cross Youth	unpaid
11	Stock or stock options	⊠ None	
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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 2. juli 2021					
You	r name: Marie Nørred	dam				
Mar	Manuscript title: Nyankomne flygtninges helbred – infektionssygdomme, mangeltilstande og psykisk mistrivsel					
Mar	nuscript number (if known): UFL-10-20-0774				
are re third comn list a	elated to the content of yo parties whose interests m nitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the con- 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. OS/activities/interests as they relate to the current			
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)			
Time	e frame: Since the initial plar	nning of the work				
1	All support for the present	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).					
3	Royalties or licenses					

4	Consulting fees	⊠ 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 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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Dat	e: 2. juli 2021				
You	r name: Anne Mette F H	vass			
Mai	Manuscript title: Nyankomne flygtninges helbred – infektionssygdomme, mangeltilstande og psykisk				
Mai	nuscript number (if known):			
are re third comr list a The f	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interest following questions apply to	ur manuscript. "Related" ay be affected by the conind 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		
The a perta antih	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.				
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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)		
	e frame: Since the initial plar	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your		
1 1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your		
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 item.	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)		
Time	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.	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution)		
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 item.	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)		
Time	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. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution)		
Time 2	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. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution)		

4	Consulting fees	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 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 None
13	Other financial or non-financial interests	None

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