Vaccination af personer der modtager immunsuppressiv behandling

Supplement til vedhæftede ICMJE Disclosures fra forfattergruppen – vedrørende medlemskab af videnskabelige selskaber.

Zitta Barrella Harboe¹, Peter Asdahl², Trine Bertelsen³, Stephan Bramow⁴, Henrik Jørn Ditzel⁵, Christina Ekenberg¹, Marie Helleberg¹, Jens Ulrik Jensen⁶, Mette Julsgaard⁷, Carsten Schade Larsen¹, Hans Henrik Lawaetz Schultz⁸, Daria Podlekareva¹, Susanne Dam Nielsen¹, Karin Skov^{8,9}, Anne Troldborg¹⁰ & Søren Jensen-Fangel¹

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	r items, the time frame for		
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Stephan Bramow

march 10th 2025

4	Consulting fees	⊠ None	
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11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13 Other financial or non- None			
	financial interests	Non-reimbursed Correspondence with GSK	I gave GSK my opinion on an application with the aim to extend Danish health authorities criteria for part-reimbursemnet ("tilskud") for GSK's zostster prophylacsis, Shingrix ®, i.e., to other patient groupa tha only than only those with inflammatory

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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. Grants or contracts from any entity (if not indicated	relationship or indicate none (add rows as needed) ning of the work None	Click TAB in last row to add extra rows ZBH received research grants from Independent Research Fund Denmark (Inge Lehmanns grant number 3162-00031B), Helen Rudes Foundation,
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. Grants or contracts from any entity (if not indicated	relationship or indicate none (add rows as needed) ning of the work None	Click TAB in last row to add extra rows 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
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. Grants or contracts from any entity (if not indicated	relationship or indicate none (add rows as needed) ning of the work None	Click TAB in last row to add extra rows 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.
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. Grants or contracts from any entity (if not indicated	relationship or indicate none (add rows as needed) ning of the work None	Click TAB in last row to add extra rows 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

			the Pneumococcal laboratory at Statens Serum Institut, Copenhagen, Denmark, not related to this work.
3	Royalties or licenses	None Non	
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4	Consulting fees		
5	Payment or honoraria for	None Non	
5	lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
,	Dayma and Community		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
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	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	□ None	
. •	role in other board,	LI NOTIC	ZBH is a member of the Danish Vaccination Council,
	society, committee or advocacy group, paid or unpaid		out of this work. Also, chair of the European Society of Microbiology and Infectious Diseases Vaccine Study Group and a board member of the Danish Society of Infectious Diseases, vaccine interest group.
11	Stock or stock options	None Non	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	None Non	
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Mar	nuscript number (if known)):		
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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		
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3	Royalties or licenses	None Non		

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
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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
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12	Receipt of equipment,	⊠ None
	materials, drugs, medical writing, gifts or other services	
13	Other financial or non- financial interests	None

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Date	e: 09MAR2025		
You	r name: Peter Asdahl		
Mai	nuscript title Beskyttelse af	immunkompromitterede i	ndivider gennem vacciner – kan vi gøre det bedre?
	nuscript number (if known)	•	man vi gyre det bedre.
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	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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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2	Grants or contracts from	None Non	
	any entity (if not indicated	△ None	
	in item #1 above).		
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4	Consulting fees None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Abbvie	Payed lecture
6	Payment for expert testimony		
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	None Non	

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Date	e:			
You	r name: Trine Be	rtelsen		
Maı	Manuscript title:Beskyttelse af immunkompromitterede individer gennem vacciner – kan vi gøre det bedre?			
Mar	nuscript number (if known	n):		
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oerta antih n 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 intihypertensive 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	None Non		
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Time	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None Johnson&Jonson,		
3	Royalties or licenses	None Non		

4	Consulting fees	□ None		
		Nage, UCB, Novartis		
5	Payment or honoraria for	□ None		
	lectures, presentations,	UCB		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	⊠ None		
	testimony	⊠ Notie		
7	Support for attending	None Non		
	meetings and/or travel	Novartis, Almirell,		
		Abbvie, Galderma, Leo		
		Pharma, Johnson & Johnson		
		JOHNSON		
8	Patents planned, issued or	None Non		
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board	UCB, Novartis		
	or Advisory Board			
10	Leadership or fiduciary	□ None		
	role in other board,	Dansk dermatologisk		
	society, committee or	selskab		
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	□ None		
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12	Receipt of equipment,	□ None		
12	materials, drugs, medical	☐ None		
	writing, gifts or other	Cremeprøver diverse cosmeceuticals		
	services	Cosmocodification		
13	Other financial or non-	M None		
13	financial interests	⊠ None		
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Date	e: 9 marts, 2025		
You	r name: Henrik Jørn Ditz	rel	
Mai	nuscript title:Beskyttelse af	immunkompromitterede i	ndivider gennem vacciner – kan vi gøre det bedre?
Mai	nuscript number (if known):	
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			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
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	in item #1 above).		
3	Royalties or licenses	⊠ None	

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
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Date	e: 18 March 2025		
You	r name: Christina Ekenb	erg	
Mar	nuscript title:Beskyttelse af	immunkompromitterede i	ndivider gennem vacciner – kan vi gøre det bedre?
Mar	nuscript number (if known):	
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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 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	9: 09.03.2025		
You	r name: Marie Helleberg		
Mar	nuscript title:Beskyttelse af	immunkompromitterede i	ndivider gennem vacciner – kan vi gøre det bedre?
Mar	nuscript number (if known):	
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Time	e frame: Since the initial plan	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding, provision of study		
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2	Grants or contracts from any entity (if not indicated	□ None Research grant,	Institution
	in item #1 above).	AstraZeneca	institution
3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ NoneGSKAstraZenecaBavarian NordicLeo Pharma	Personal payment Personal payment Personal payment Personal payment
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	☐ None Gilead Advance Pharma	Institution Institution
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ None MSD GSK AstraZeneca Bavarian Nordic	Personal payment Personal payment Personal payment Personal payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock options	None Non	
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: 12-03-2025		
You	r name: Jens-Ulrik Stæh	ır Jensen	
Mai	nuscript title:Beskyttelse af	immunkompromitterede i	ndivider gennem vacciner – kan vi gøre det bedre?
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2	Cranta ar contracta from	EZ Nama	
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
	·		
Royalties or licenses None			

4	Consulting fees	⊠ None
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

🛛 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: 18.03.2025			
You	r name: Mette Julsgaard			
Mar	nuscript title:Beskyttelse af	immunkompromitterede i	ndivider	gennem vacciner – kan vi gøre det bedre?
	nuscript number (if known)	_		
		,		
are re third comn list a The fo	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere ollowing questions apply to	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	means a ent of the dicate a ou do so	ships/activities/interests listed below that any relation with for-profit or not-for-profit he manuscript. Disclosure represents a bias. If you are in doubt about whether to ties/interests as they relate to the current
<u>manı</u>	<u>iscript only</u> .			
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	declare ot ment d in this	broadly. For example, if your manuscript all relationships with manufacturers of ioned in the manuscript. manuscript without time limit. For all
		Name all entities with	Specific	cations/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if institut	payments were made to you or to your ion)
Time	e frame: Since the initial plan			
1	All support for the present	None Non		
	manuscript (e.g., funding,			
	provision of study materials, medical writing,			
	article processing charges,			
	etc.)			
	No Para Parts Constate			
	No time limit for this item.			
	item.			
				Click TAB in last row to add extra rows
Time	e frame: past 36 months			
2	Grants or contracts from	□ None		
2	any entity (if not indicated	the Novo Nordisk		Clinical Emergina Investigator Creat
	in item #1 above).	Foundation (grant no. NNF23Oc0081717).		Clinical Emerging Investigator Grant for MJ and the grant is administered by Aarhus University.
			-	
3	Royalties or licenses	None Non		

4	Consulting fees	□ None		
5	Payment or honoraria for	□ None		
	lectures, presentations,	Takeda Pharma A/S	Speakers fee to MJ	
	speakers bureaus,	Tillotts Pharma	Speakers fee to MJ	
	manuscript writing or educational events			
	educational events			
6	Payment for expert	None Non		
	testimony			
7	Support for attending	□ None		
•	meetings and/or travel	Tillotts Pharma	Attending ECCO meeting in Berlin	
	ŭ	THIOTEST HATTIA	Tritterium g 2000 mooting in Berim	
0	Detents planned issued or	E N		
8	Patents planned, issued or pending	None Non		
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board or Advisory Board	PharmaCosmos	Personal fee to MJ	
	Of Advisory Board	AbbVie	Personal fee to MJ	
10	Leadership or fiduciary	☑ None		
	role in other board,			
	society, committee or			
	advocacy group, paid or unpaid			
	aripara			
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	Z NOTIC		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 27. marts 2024		
You	r name: Carsten Schade	Larsen	
Mai	nuscript title: Vaccination a	af immunsupprimerede: k	liniske overvejelser og udfordringer
Mai	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 ent 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	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		
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.		
[ı	Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
0	Const. and and a form		
2 Grants or contracts from any entity (if not indicated None			
	in item #1 above).		
3	Royalties or licenses		
J	Royalties of ficefises	KZ IAOHC	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	GSK	Lecture
	speakers bureaus,	Pfizer	Lecture
	manuscript writing or	Novartis	Lecture
	educational events		
6	Payment for expert		
0	testimony	△ NOTIC	
7	Support for attending	□ None	
	meetings and/or travel	CSL-Behring	ESID annual meeting, Marseilles
		MSD	HIV Drug Therapy Glasgow
8	Patents planned, issued or	□ None	
0	pending	□ None	
	pending		
9	Participation on a Data	□ None	
	Safety Monitoring Board	Moderna	Influenza, covid-19, RSV
	or Advisory Board	Takeda	Dengue fever
		Bavarian Nordic	TBE, tyfus, rabies
		MSD	Pneumokokvaccination
10	Leadership or fiduciary	None Non	
	role in other board,	<u> </u>	
	society, committee or		
	advocacy group, paid or unpaid		
11	Charles an about antique	E N	
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	
13	financial interests	□ None	Croup Madical Director
		European LlfeCareGroup	Group Medical Director

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

 ${\bf IMPORTANT\ for\ Ugeskrift\ for\ Læger\ \&\ Danish\ Medical\ Journal}$

Date	e: 10 marts 2025		
You	r name: Hans Henrik Lav	vaetz Schultz	
Mar	nuscript title:Beskyttelse af	immunkompromitterede i	ndivider gennem vacciner – kan vi gøre det bedre?
Mar	nuscript number (if known)):	
are re third comn 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.
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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None	
			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 Non	
3 Royalties or licenses		None Non	

4	Consulting fees	None Non		
5	Payment or honoraria for	□ None		
	lectures, presentations,		Speaker fee	
	speakers bureaus,	Boehringer Ingelheim	Speaker fee	
	manuscript writing or educational events			
	cadoational events			
6	Payment for expert	None Non		
	testimony			
7	Support for attending	□ None		
	meetings and/or travel		Congress travel ERS 2024 and ERS 2023	
		Ü		
8	Patents planned, issued or	None Non		
· ·	pending	⊠ None		
9	Participation on a Data	None.		
9	Safety Monitoring Board	None Non		
	or Advisory Board			
4.0				
10	Leadership or fiduciary role in other board,	None Non		
	society, committee or			
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	None.		
'''	Stock of Stock options	None Non		
10				
12	Receipt of equipment, materials, drugs, medical	None Non		
	writing, gifts or other			
	services			
4.0				
13	Other financial or non- financial interests	None Non		
	ilianciai liiterests			
Pleas	se place an "X" next to the	following statement to inc	dicate your agreement:	
_				
	_	ed every question and have	e not altered the wording of any of the	
ques	tions on this form.			

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal
Please save/export the filled in form as PDF before submitting it to Ugeskr

Date	e: 11-03-2025		
You	r name: Daria Podlekare	va	
Mai	nuscript title:Beskyttelse af	immunkompromitterede i	ndivider gennem vacciner – kan vi gøre det bedre?
Mai	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.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	nins to the epidemiology of hypertensive medication, ev	hypertension, you should ven if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	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	-	
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 Non	

4	Consulting fees	⊠ None
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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	: :			
You	r name: Susanne Dam P	oulsen		
Mar	Manuscript title:Beskyttelse af immunkompromitterede individer gennem vacciner – kan vi gøre det bedre?			
Mar	nuscript number (if known):		
are re hird 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>	
oerta	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 nonths.	
		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 Novo Nordisk Fonden, FSS		
	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		
		Fra Munksgaard, Medicinsk Kompendium		

4	Consulting fees	None Non
5	Payment or honoraria for	□ None
	lectures, presentations, speakers bureaus,	Gilead, GSK, Takeda
	manuscript writing or	
	educational events	
6	Payment for expert	
U	testimony	∆ No⊓e
	Š	
7	Support for attending	⊠ None
•	meetings and/or travel	ZI NOTIC
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	□ None
	Safety Monitoring Board or Advisory Board	Gilead, GSK, Takeda
	or Advisory Board	
10	Leadership or fiduciary	None Non
	role in other board, society, committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	⊠ None
	otook or stook options	ESTROTO
12	Receipt of equipment,	
	materials, drugs, medical	
	writing, gifts or other services	
	351 VICC3	
13	Other financial or non-	⊠ None
	financial interests	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date	e: 10 march 2025		
You	r name: Karin Skov		
Mai	nuscript title:Beskyttelse af	immunkompromitterede i	ndivider gennem vacciner – kan vi gøre det bedre?
Mai	nuscript number (if known)):	
are re third comr list a The f	elated to the content of you parties whose interests ma mitment to transparency ar relationship/activity/intere following questions apply to	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 of the current o
The a 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 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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
	item.		
T! -			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 Non	

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

Date	e: 11.03.2025				
You	r name: Søren Jensen-F	angel			
Mar	Manuscript title:Beskyttelse af immunkompromitterede individer gennem vacciner – kan vi gøre det bedre?				
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 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 sup ritems, 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 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.				
	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None 2022 2024	Presentation payed by Vertex Presentation payed by GSK
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None 2024	Attending ESCMID Global, funded by Tillotts
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None 2024	Advisory board, TAKEDA (Maribavir, CMV drug)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	⊠ None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 03.03.2025		
You	Ir name: Anne Troldborg		
Mai	nuscript title:Beskyttelse af	immunkompromitterede i	ndivider gennem vacciner – kan vi gøre det bedre?
Mai	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.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	ains to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n	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.
		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 Non	

4	Consulting fees	□ None		
			GSK – Internal teaching about rheumatology in the organisation	
5	Payment or honoraria for	□ None		
	lectures, presentations, speakers bureaus,		Astra Zeneca – Lecture about treatment of SLE	
	manuscript writing or educational events			
6	Payment for expert	None Non		
	testimony			
7				
	meetings and/or travel		AstraZeneca - SLEuro 2024	
8	Patents planned, issued or	□ None		
	pending		Two ongoing patents through Aarhus University	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None		
			Chairperson for the national treatment guidelines in Rheumatology in Denmark.	
			Member of the executive committee in SLEuro.	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services			
13 Other financial or nor		None.		
13	Other financial or non- financial interests	None Non		

☑ 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