

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Emily Adams

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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 author's relationships/activities/interests should be defined broadly. 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 frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Wellcome Trust funded programme with Mologic as lead applicant.</td> <td>Institute</td> </tr> <tr> <td>FIND and Unitaid to set up a diagnostic evaluation centre in the UK</td> <td>Institute</td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Wellcome Trust funded programme with Mologic as lead applicant.	Institute	FIND and Unitaid to set up a diagnostic evaluation centre in the UK	Institute	Click the tab key to add additional rows.	
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4	Consulting fees	<input type="checkbox"/> None	
		Avacta, UK for writing a target product profile for an antigen test	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Angela Hyder-Wright

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Elena Mitsi

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Daniela M Ferreira

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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**Date:** 1/26/2022

**Your Name:** Sharon Glynn

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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 author's relationships/activities/interests should be defined broadly. 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 frame: Since the initial planning of the work								
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Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Andrea collins

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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Time frame: Since the initial planning of the work								
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4	Consulting fees	<input type="checkbox"/> None	
		Sanofi	Global advisory board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Pfizer	ERS 2021 speaker
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Neiseria lactamica DMSC S'ton	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Ashleigh Howard

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Elizabeth Begier

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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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)
11	Stock or stock options	<input type="checkbox"/> None	
		Pfizer Inc	I hold stock/stock options of Pfizer Inc
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Pfizer Inc	Employee of Pfizer Inc

Please place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Bradford D. Gessner

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		Owns Pfizer stock.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		BDG is an employee of Pfizer Vaccines which funded this study	

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Christian Theilacker

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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 author's relationships/activities/interests should be defined broadly. 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.

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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)
11	Stock or stock options	<input type="checkbox"/> None	
		Pfizer Inc	I hold stock/stock options of Pfizer Inc
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Pfizer Inc	Employee of Pfizer Inc

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Luis Jodar

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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.

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11	Stock or stock options	<input type="checkbox"/> None	
		I own stocks from Pfizer Inc	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		I am a Pfizer employee	

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Rohini Beavon

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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.

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		Pfizer Inc	Employee of Pfizer Inc

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Ana Isabel Cubas Atienzar

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Carla Solórzano

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 1/27/2022

**Your Name:** Esther Lauryn German

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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.

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Elissavet Nikolaou

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Helen Hill

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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

## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Jesús Reiné

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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 author's relationships/activities/interests should be defined broadly. 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.

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Katerina Cheliotis

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 1/27/2022

**Your Name:** Sherin Pojar

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Britta C. Urban

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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.

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Naomi Frances Walker

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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.

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Konstantinos Liatsikos

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Lisa Hitchins

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Madlen Farrar

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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.

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** David Pulido

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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.

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Rachel L Byrne

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Prof Simon J Draper

**Manuscript Title:** Streptococcus pneumoniae colonisation associates with impaired adaptive immune responses against SARS-CoV-2

**Manuscript Number (if known):** 157124-JCI-RG-1

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.

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## ICMJE DISCLOSURE FORM

**Date:** 1/26/2022

**Your Name:** Tom Fletcher

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**Manuscript Number (if known):** 157124-JCI-RG-1

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