

ICMJE DISCLOSURE FORM

Date: 3/15/2023

Your Name: Prabhu S. Arunachalam

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): 167955-JCI-RG-RV-2

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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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	

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Your Name: Lilin Lai

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

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Date: 3/16/2023

Your Name: Hady Samaha

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): 167955-JCI-RG-RV-2

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Your Name: Yupeng feng

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Your Name: Mengyun Hu

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): 167955-JCI-RG-RV-2

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Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): 167955-JCI-RG-RV-2

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Date: 3/16/2023

Your Name: Madison Ellis

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 3/16/2023

Your Name: Christopher M Huerta

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): 167955-JCI-RG-RV-2

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Date: 3/16/2023

Your Name: Kareem Bechnak

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

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Your Name: Sarah Bechnak

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Date: 3/16/2023

Your Name: Matthew Lee

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

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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.

Date: 3/16/2023

Your Name: Matthew Litvack

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): 167955-JCI-RG-RV-2

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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			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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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	

		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	
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	

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Date: 3/16/2023

Your Name: Cecilia Losada

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): 167955-JCI-RG-RV-2

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Date: 3/16/2023

Your Name: Alba Grifoni

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 3/16/2023

Your Name: Alessandro Sette

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 3/15/2023

Your Name: Veronika I. Zarnitsyna

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): 167955-JCI-RG-RV-2

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Date: 3/15/2023

Your Name: Bali Pulendran

Manuscript Title: *Durability of immune responses to the booster mRNA vaccination against COVID-19.*

Manuscript Number (if known): 167955-JCI-RG-RV-2

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		GSK	I serve on the External Immunology Network and receive honoraria for participation in these meetings. I have also served on their scientific advisory capacity and received honoraria.
		NIH	Funding for this study was provided by NIH
		Orbital	I served on the SAB and receive stock options
		Moderna	I was an invited speaker and received honoraria
Time frame: past 36 months			
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		Bill and Melinda Gates Foundation	Funding for this study was provided by BMGF
		Orbital	I served on the SAB and receive stock options
		Circ Bio	I served on the SAB and receive stock options
		Sanofi	I served on the SAB and received honoraria
		Icosavax	I served on the SAB and received honoraria
		Tonix	I served on the SAB and received honoraria
		Edjen	I served on the SAB and received honoraria
		Pfizer	I was an invited speaker and received honoraria
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8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Mechanisms and Predictors of Adjuvanticity and Antibody Durability	PCT/US2022/033428
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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		CDC Pertussis challenge	self
		Issue editor, Seminars in Immunology	
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Date: 3/16/2023

Your Name: Meredith E. Davis-Gardner

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): [Click or tap here to enter text.]

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> <p style="font-size: small; text-align: center;">Click the tab key to add additional rows.</p>			
Time frame: past 36 months												
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>			
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>			

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

		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	
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	

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: March 16, 2023 _____

Your Name: Nadine Rouphael _____

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript number (if known): _____

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 current manuscript only.

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			
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.	NIH funding	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Merck Sanofi Pasteur	Institution
		Quidel	Institution
		Pfizer	Institution
		Lily	Institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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	EMMES	Self
		ICON	Self
		Moderna	Self
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Advisory roles ARLG, TMRC, CDC Pertussis challenge	Self
		Associate Editor Clinical Infectious Diseases	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Georgia Research Alliance	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 3/16/2023

Your Name: Mehul Suthar

Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19

Manuscript Number (if known): 167955-JCI-RG-RV-2

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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