

ICMJE DISCLOSURE FORM

Date: 25 November 2021

Your Name: Dr George Kassianos

Manuscript Title: Addressing COVID-19 vaccine hesitancy

Manuscript number (if known): Unknown

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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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



Dr George Kassianos

ICMJE DISCLOSURE FORM

Date: 25 November 2021

Your Name: Joan Puig Barberà

Manuscript Title: Addressing COVID-19 vaccine hesitancy

Manuscript number (if known): Unknown

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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	Seqirus	Payment received by me.

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

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Date: 25 November 2021

Your Name: Hannah Dinse

Manuscript Title: Addressing COVID-19 vaccine hesitancy

Manuscript number (if known): Unknown

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4	Consulting fees	<u>None</u>	

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6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
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ICMJE DISCLOSURE FORM

Date: 25 November 2021

Your Name: Martin Teufel

Manuscript Title: Addressing COVID-19 vaccine hesitancy

Manuscript number (if known): Unknown

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Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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ICMJE DISCLOSURE FORM

Date: 25 November 2021

Your Name: Özlem Türeci

Manuscript Title: Addressing COVID-19 vaccine hesitancy

Manuscript number (if known): Unknown

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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.	Medical Writing (BioNTech) Salary (BioNTech SE)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Employment contract (BioNTech SE)	
3	Royalties or licenses	Holds issued patents (BioNTech SE and TRON - Translational Oncology Mainz)	

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	Holds issued patents (TRON -Translational Oncology Mainz and BioNTech)	
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	CIMT (Leadership role – CIMT president)	
11	Stock or stock options	Co-founder (BioNTech SE) <i>holds stock options</i>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Member of Board of Directors (BioNTech SE)	
		Ownership interests (Co-founder TRON - Translational Oncology Mainz)	

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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: 25 November 2021

Your Name: Shanti Pather

Manuscript Title: Addressing COVID-19 vaccine hesitancy

Manuscript number (if known): Unknown

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Direct BioNTech SE Employees (Oezlem Tureci and Shanti Pather)	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	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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.

Shanti Pather

Digitally signed by Shanti Pather
Date: 2021.11.30 10:04:18 Z