

ICMJE DISCLOSURE FORM

Date: 3/26/2023

Your Name: Andrew Smith

Manuscript Title: The COVID-19 Pandemic as a Potential Trigger of a Paradigm Shift in the Treatment of Mild Upper Respiratory Tract Infections – a Position Paper with Recommendations for Best Practice

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

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								
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.	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>This work was funded by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland.</td> <td>A consultancy fee was paid to Laura Sadofsky as declared below in 4.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	This work was funded by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland.	A consultancy fee was paid to Laura Sadofsky as declared below in 4.				Click the tab key to add additional rows.
This work was funded by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland.	A consultancy fee was paid to Laura Sadofsky as declared below in 4.							
	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).	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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)								
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td>Consultancy Fee Paid by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland for services related to the European Experts Summit on Respiratory Tract Infections 2022</td> <td>Payments made to Andrew Smith.</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Consultancy Fee Paid by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland for services related to the European Experts Summit on Respiratory Tract Infections 2022	Payments made to Andrew Smith.						
Consultancy Fee Paid by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland for services related to the European Experts Summit on Respiratory Tract Infections 2022	Payments made to Andrew Smith.										
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%;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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%;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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%;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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 <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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: 3/24/2023

Your Name: Peter Kardos

Manuscript Title: The COVID-19 Pandemic and the treatment of upper respiratory tract infections

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

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								
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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> 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 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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)								
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Procter & Gamble</td> <td>URTI treatment</td> </tr> <tr> <td>Klosterfrau</td> <td>URTI herbal drug treatments</td> </tr> <tr> <td>Schwabe</td> <td>Common COLD, URTI</td> </tr> <tr> <td>Bionorica</td> <td>Common cold and cough</td> </tr> </table>		Procter & Gamble	URTI treatment	Klosterfrau	URTI herbal drug treatments	Schwabe	Common COLD, URTI	Bionorica	Common cold and cough
Procter & Gamble	URTI treatment										
Klosterfrau	URTI herbal drug treatments										
Schwabe	Common COLD, URTI										
Bionorica	Common cold and cough										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Bionorica</td> <td>Common cold,</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Bionorica	Common cold,						
Bionorica	Common cold,										
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr> <td>Bionorica</td> <td>Indication for Bronchipret</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Bionorica	Indication for Bronchipret						
Bionorica	Indication for Bronchipret										
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></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"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></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 <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 4/5/2023

Your Name: PFAAR, Oliver

Manuscript Title: *The COVID-19 Pandemic as a Potential Trigger of a Paradigm Shift in the Treatment of Mild Upper Respiratory Tract Infections – a Position Paper with Recommendations for Best Practice*

Manuscript Number (if known): n/a

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																						
1	<div style="margin-bottom: 5px;"><input type="checkbox"/> None</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Procter & Gamble Healthcare</td><td style="width: 40%;">personal</td></tr> <tr> <td> </td><td> </td></tr> <tr> <td> </td><td>Click the tab key to add additional rows.</td></tr> </table>	Procter & Gamble Healthcare	personal				Click the tab key to add additional rows.															
Procter & Gamble Healthcare	personal																					
	Click the tab key to add additional rows.																					
Time frame: past 36 months																						
2	<div style="margin-bottom: 5px;"><input type="checkbox"/> None</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>ASIT Biotech</td><td>institutional</td></tr> <tr><td>Lofarma</td><td>institutional</td></tr> <tr><td>Inmunotek</td><td>institutional</td></tr> <tr><td>ALK Abello</td><td>institutional</td></tr> <tr><td>Pohl-Boskamp</td><td>Institutional</td></tr> <tr><td>LETI</td><td>institutional</td></tr> <tr><td>Astra Zeneca</td><td>institutional</td></tr> <tr><td>GlaxoSmithKline</td><td>institutional</td></tr> <tr><td>Allergy Therapeutics</td><td>institutional</td></tr> <tr><td>Deutsche Atemwegsliga e.V</td><td>institutional</td></tr> </table>	ASIT Biotech	institutional	Lofarma	institutional	Inmunotek	institutional	ALK Abello	institutional	Pohl-Boskamp	Institutional	LETI	institutional	Astra Zeneca	institutional	GlaxoSmithKline	institutional	Allergy Therapeutics	institutional	Deutsche Atemwegsliga e.V	institutional	
ASIT Biotech	institutional																					
Lofarma	institutional																					
Inmunotek	institutional																					
ALK Abello	institutional																					
Pohl-Boskamp	Institutional																					
LETI	institutional																					
Astra Zeneca	institutional																					
GlaxoSmithKline	institutional																					
Allergy Therapeutics	institutional																					
Deutsche Atemwegsliga e.V	institutional																					

		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)																																						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																																							
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>ALK Abello</td><td>personal</td></tr> <tr><td>Allergopharma</td><td>personal</td></tr> <tr><td>Stallergenes Greer</td><td>personal</td></tr> <tr><td>HAL Allergy Holding V.V.</td><td>personal</td></tr> <tr><td>ASIT Biotech</td><td>personal</td></tr> <tr><td>LETI Pharma</td><td>personal</td></tr> <tr><td>Glaxo-Smith-Kline</td><td>personal</td></tr> <tr><td>Novartis</td><td>personal</td></tr> <tr><td>SANOFI-Aventis</td><td>personal</td></tr> <tr><td>Regeneron-Pharmaceuticals</td><td>personal</td></tr> <tr><td>AstraZeneca</td><td>personal</td></tr> <tr><td>IQVIA Commercial</td><td>personal</td></tr> <tr><td>Ingress Health</td><td>personal</td></tr> <tr><td>Altamira Medical</td><td>personal</td></tr> <tr><td>Red Maple Trials</td><td>personal</td></tr> </table>		ALK Abello	personal	Allergopharma	personal	Stallergenes Greer	personal	HAL Allergy Holding V.V.	personal	ASIT Biotech	personal	LETI Pharma	personal	Glaxo-Smith-Kline	personal	Novartis	personal	SANOFI-Aventis	personal	Regeneron-Pharmaceuticals	personal	AstraZeneca	personal	IQVIA Commercial	personal	Ingress Health	personal	Altamira Medical	personal	Red Maple Trials	personal								
ALK Abello	personal																																								
Allergopharma	personal																																								
Stallergenes Greer	personal																																								
HAL Allergy Holding V.V.	personal																																								
ASIT Biotech	personal																																								
LETI Pharma	personal																																								
Glaxo-Smith-Kline	personal																																								
Novartis	personal																																								
SANOFI-Aventis	personal																																								
Regeneron-Pharmaceuticals	personal																																								
AstraZeneca	personal																																								
IQVIA Commercial	personal																																								
Ingress Health	personal																																								
Altamira Medical	personal																																								
Red Maple Trials	personal																																								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>ALK Abello</td><td>personal</td></tr> <tr><td>Allergopharma</td><td>personal</td></tr> <tr><td>Stallergenes Greer</td><td>personal</td></tr> <tr><td>HAL Allergie</td><td>personal</td></tr> <tr><td>LEI Pharma</td><td>personal</td></tr> <tr><td>Glaxo Smith Kline</td><td>personal</td></tr> <tr><td>Roxall</td><td>personal</td></tr> <tr><td>Novartis</td><td>personal</td></tr> <tr><td>SANOFI-Aventis</td><td>personal</td></tr> <tr><td>Med Update Europe GmbH</td><td>personal</td></tr> <tr><td>Streamed-Up GmbH</td><td>personal</td></tr> <tr><td>Paul-Martini-Stiftung</td><td>personal</td></tr> <tr><td>Institut für Disease Management</td><td>personal</td></tr> <tr><td>Meinhardt Congress GmbH</td><td>personal</td></tr> <tr><td>Deutsche Forschungsgesellschaft</td><td>personal</td></tr> <tr><td>AeDA</td><td>personal</td></tr> <tr><td>Alfried-Krupp-Krankenhaus</td><td>personal</td></tr> <tr><td>Technical University Dresden</td><td>personal</td></tr> <tr><td>ECM Expo/&Conference Management</td><td>personal</td></tr> </table>		ALK Abello	personal	Allergopharma	personal	Stallergenes Greer	personal	HAL Allergie	personal	LEI Pharma	personal	Glaxo Smith Kline	personal	Roxall	personal	Novartis	personal	SANOFI-Aventis	personal	Med Update Europe GmbH	personal	Streamed-Up GmbH	personal	Paul-Martini-Stiftung	personal	Institut für Disease Management	personal	Meinhardt Congress GmbH	personal	Deutsche Forschungsgesellschaft	personal	AeDA	personal	Alfried-Krupp-Krankenhaus	personal	Technical University Dresden	personal	ECM Expo/&Conference Management	personal
ALK Abello	personal																																								
Allergopharma	personal																																								
Stallergenes Greer	personal																																								
HAL Allergie	personal																																								
LEI Pharma	personal																																								
Glaxo Smith Kline	personal																																								
Roxall	personal																																								
Novartis	personal																																								
SANOFI-Aventis	personal																																								
Med Update Europe GmbH	personal																																								
Streamed-Up GmbH	personal																																								
Paul-Martini-Stiftung	personal																																								
Institut für Disease Management	personal																																								
Meinhardt Congress GmbH	personal																																								
Deutsche Forschungsgesellschaft	personal																																								
AeDA	personal																																								
Alfried-Krupp-Krankenhaus	personal																																								
Technical University Dresden	personal																																								
ECM Expo/&Conference Management	personal																																								
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>ALK Abello</td><td>personal</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		ALK Abello	personal																																				
ALK Abello	personal																																								

		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)						
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>European Academy of Allergy and Clinical Immunology (EAACI)</td> <td></td> </tr> <tr> <td>German Society of Allergy and Clinical Immunology (DGAKI)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	European Academy of Allergy and Clinical Immunology (EAACI)		German Society of Allergy and Clinical Immunology (DGAKI)				
European Academy of Allergy and Clinical Immunology (EAACI)									
German Society of Allergy and Clinical Immunology (DGAKI)									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>See #2 'Consulting fees'</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	See #2 'Consulting fees'						
See #2 'Consulting fees'									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Member of Executive Committee of the European Academy of Allergy and Clinical Immunology (EAACI)</td> <td></td> </tr> <tr> <td>Member of ext. Board of Directors of the German Society of Allergy and Clinical Immunology (DGAKI)</td> <td></td> </tr> <tr> <td>Coordinator and/or member of different guidelines and Position papers of EAACI and DGAKI</td> <td></td> </tr> </table>	Member of Executive Committee of the European Academy of Allergy and Clinical Immunology (EAACI)		Member of ext. Board of Directors of the German Society of Allergy and Clinical Immunology (DGAKI)		Coordinator and/or member of different guidelines and Position papers of EAACI and DGAKI		
Member of Executive Committee of the European Academy of Allergy and Clinical Immunology (EAACI)									
Member of ext. Board of Directors of the German Society of Allergy and Clinical Immunology (DGAKI)									
Coordinator and/or member of different guidelines and Position papers of EAACI and DGAKI									
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

	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)
<input checked="" type="checkbox"/>	I certify that I have answered every question and have not altered the wording of any of the questions on this form.	

The summarizing text for the Col-disclosure should read:

Oliver Pfaar reports personal fees from Procter and Gamble during the work presented. Furthermore, he reports grants and/or personal fees from ALK-Abelló, Allergopharma, Stallergenes Greer, HAL Allergy Holding B.V./HAL Allergie GmbH, Bencard Allergie GmbH/Allergy Therapeutics, Lofarma, ASIT Biotech Tools S.A., Laboratorios LETI/LETI Pharma, GlaxoSmithKline, ROXALL Medizin, Novartis, Sanofi-Aventis and Sanofi-Genzyme, Med Update Europe GmbH, streamedup! GmbH, Pohl-Boskamp, Immunotek S.L., John Wiley and Sons, AS, Paul-Martini-Stiftung (PMS), Regeneron Pharmaceuticals Inc., RG Aerztefortbildung, Institut für Disease Management, Springer GmbH, AstraZeneca, IQVIA Commercial, Ingress Health, Wort&Bild Verlag, Verlag ME, Altamira Medica AG, Meinhardt Congress GmbH, Deutsche Forschungsgemeinschaft, Thieme, Deutsche AllergieLiga e.V., AeDA, Alfried-Krupp Krankenhaus, Red Maple Trials Inc., Technical University Dresden, ECM Expo& Conference Management, all outside the submitted work; and he is member of EAACI Excom, member of ext. board of directors DGAKI; coordinator, main- or co-author of different position papers and guidelines in rhinology, allergology and allergen-immunotherapy.”

Oliver PFAAR, per 5 April 2023

ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Winfried Randerath

Manuscript Title: The COVID-19 Pandemic as a Potential Trigger of a Paradigm Shift in the Treatment of Mild Upper Respiratory Tract Infections – a Position Paper with Recommendations for Best Practice

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

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								
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.	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 55%; height: 20px;"></td><td style="width: 45%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">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).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 55%; height: 20px;"></td><td style="width: 45%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						
3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 55%; height: 20px;"></td><td style="width: 45%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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)								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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 <div> <div></div> <div></div> <div></div> </div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 3/17/2023

Your Name: GUILLERMO ESTRADA RIOLOBOS

Manuscript Title: The COVID-19 Pandemic as a Potential Trigger of a Paradigm Shift in the Treatment of Mild Upper Respiratory Tract Infections – a Position Paper with Recommendations for Best Practice

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

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																	
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.	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Procter & Gamble International Operations</td> <td style="width: 50%;">Provision of study materials</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>		Procter & Gamble International Operations	Provision of study materials			<small>Click the tab key to add additional rows.</small>									
Procter & Gamble International Operations	Provision of study materials																
<small>Click the tab key to add additional rows.</small>																	
Time frame: past 36 months																	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">GlaxoSmithKline</td> <td style="width: 50%;">Educational Event</td> </tr> <tr> <td>Chiesi</td> <td>Educational Event</td> </tr> <tr> <td>SEFAC</td> <td>Educational Event</td> </tr> <tr> <td>Arkopharma</td> <td>Speaker</td> </tr> <tr> <td>Santen Innovation Labs</td> <td>Speaker</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		GlaxoSmithKline	Educational Event	Chiesi	Educational Event	SEFAC	Educational Event	Arkopharma	Speaker	Santen Innovation Labs	Speaker				
GlaxoSmithKline	Educational Event																
Chiesi	Educational Event																
SEFAC	Educational Event																
Arkopharma	Speaker																
Santen Innovation Labs	Speaker																

		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)												
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>3er Congreso SEFAC-SEMERGEN</td><td>Speaker</td></tr> <tr><td>Procter & Gamble International Operations</td><td>Speaker</td></tr> <tr><td>GlaxoSmithKline</td><td>Educational Event</td></tr> <tr><td>Chiesi</td><td>Educational Event</td></tr> <tr><td>Arkopharma</td><td>Speaker</td></tr> <tr><td>Santen Innovation Labs</td><td>Speaker</td></tr> </table>		3er Congreso SEFAC-SEMERGEN	Speaker	Procter & Gamble International Operations	Speaker	GlaxoSmithKline	Educational Event	Chiesi	Educational Event	Arkopharma	Speaker	Santen Innovation Labs	Speaker
3er Congreso SEFAC-SEMERGEN	Speaker														
Procter & Gamble International Operations	Speaker														
GlaxoSmithKline	Educational Event														
Chiesi	Educational Event														
Arkopharma	Speaker														
Santen Innovation Labs	Speaker														
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>Procter & Gamble International Operations</td><td>Speaker</td></tr> <tr><td>Procter & Gamble International Operations</td><td>Author</td></tr> <tr><td>SEFAC</td><td>Speaker</td></tr> </table>		Procter & Gamble International Operations	Speaker	Procter & Gamble International Operations	Author	SEFAC	Speaker						
Procter & Gamble International Operations	Speaker														
Procter & Gamble International Operations	Author														
SEFAC	Speaker														
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></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)						
	society, committee or advocacy group, paid or unpaid	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Fulvio Braidó

Manuscript Title: The COVID-19 Pandemic as a Potential Trigger of a Paradigm Shift in the Treatment of Mild Upper Respiratory Tract Infections – a Position Paper with Recommendations for Best Practice

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

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									
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.	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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)								
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Fees for scientific Board: AZ, BI, Chiesi, GSK, Menarini group, Sanofi, P&G</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Fees for scientific Board: AZ, BI, Chiesi, GSK, Menarini group, Sanofi, P&G							
Fees for scientific Board: AZ, BI, Chiesi, GSK, Menarini group, Sanofi, P&G											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>AZ, BI, Chiesi, GSK, Menarini group, Sanofi,</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		AZ, BI, Chiesi, GSK, Menarini group, Sanofi,							
AZ, BI, Chiesi, GSK, Menarini group, Sanofi,											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>President of Interasma (Global asthma association)</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		President of Interasma (Global asthma association)							
President of Interasma (Global asthma association)											

		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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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: 3/26/2023

Your Name: Laura Sadofsky

Manuscript Title: The COVID-19 Pandemic as a Potential Trigger of a Paradigm Shift in the Treatment of Mild Upper Respiratory Tract Infections – a Position Paper with Recommendations for Best Practice

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

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									
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.	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 5px;">This work was funded by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland.</td> <td style="width: 50%; padding: 5px;">A consultancy fee was paid to Laura Sadofsky as declared below in 4.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>		This work was funded by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland.	A consultancy fee was paid to Laura Sadofsky as declared below in 4.				Click the tab key to add additional rows.
This work was funded by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland.	A consultancy fee was paid to Laura Sadofsky as declared below in 4.								
	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).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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>							
3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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)								
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Consultancy Fee Paid by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland for services related to the European Experts Summit on Respiratory Tract Infections 2022</td> <td>Payments made to Laura Sadofsky.</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Consultancy Fee Paid by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland for services related to the European Experts Summit on Respiratory Tract Infections 2022	Payments made to Laura Sadofsky.						
Consultancy Fee Paid by Procter & Gamble International Operations SA, 47 Route de Saint-Georges, 1213 Petit-Lancy, Geneva, Switzerland for services related to the European Experts Summit on Respiratory Tract Infections 2022	Payments made to Laura Sadofsky.										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.