

ICMJJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Amitabh Bipin Suthar

Manuscript Title: Public Health Impact of Coronavirus Disease Vaccines in the United States: An Observational Study

Manuscript Number (if known): BMJ-2021-069317

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

ICMJJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Jing Wang

Manuscript Title: Public Health Impact of Coronavirus Disease Vaccines in the United States

Manuscript Number (if known): BMJ-2021-069317.R2

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Date: 3/4/2022

Your Name: Victoria Seffren

Manuscript Title: Public Health Impact of Coronavirus Disease Vaccines in the United States

Manuscript Number (if known): BMJ-2021-069317.R2

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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Manuscript Number (if known): BMJ-2021-069317

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Manuscript Title: Public Health Impact of Coronavirus Disease Vaccines in the United States

Manuscript Number (if known): BMJ-2021-069317.R2

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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.

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Date: 3/4/2022

Your Name: Elizabeth Zell

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