Date:	3/23/2024
Your Name:	Joseph J. Campo
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-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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3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Date:			5/16/2024		
Your Name: Manuscript Title:			Antti Seppo Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes		
Ma	nuscript Number (if k	nown):	168789-JCI-CMED-1		
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub			lated" means any relation with for-profit or no anuscript. Disclosure represents a commitmen bt about whether to list a relationship/activity, ties/interests should be defined broadly. For e	/interest, it is preferable that you do so. example, if your manuscript pertains to the	
	demiology of hyperter t medication is not me			acturers of antihypertensive medication, even if	
	em #1 below, report one for disclosure is the		ort for the work reported in this manuscript w 6 months.	ithout time limit. For all other items, the time	
			all entities with whom you have this nship 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.	Bill ar	None Id Melinda Gates Foundation rsity of Rochester	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Bill ar	None d Melinda Gates Foundation	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Bill ar Unive	Mone d Melinda Gates Foundation rsity of Rochester	Click the tab key to add additional rows.	

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4	Consulting fees	None None	
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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	
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		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	3/23/2024	
Your Name:	Arlo Z. Randall	
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes	
Manuscript Number (if known):	168789-JCI-CMED-1	

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3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
4	Consulting fees	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea	•	e following statement to indicate your agreeme	

Date:	3/23/2024
Your Name:	Jozelyn Pablo
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

12 12/13/2021 ICMJE Disclosure Form

Date:	3/23/2024
Your Name:	Chris Hung
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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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.

		e all entities with whom you have this ionship 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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None 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 ■	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/23/2024
Your Name:	Andy Teng
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/23/2024
Your Name:	Adam D. Shandling
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			Comments (e.g., if payments were r to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	3/23/2024
Your Name:	Johnathon Truong
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1
In the interest of transparency, we	a ask you to disclose all relationships (activities (interests listed below that are related to the

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2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were o you or to your institution)
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	3/23/2024
Your Name:	Amit Oberai
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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5/22/2024

Date:

Your Name:			James Miller		
Manuscript Title:			Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes		
Manuscript Number (if known):			168789-JCI-CMED-1		
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relations			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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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.	Bill and	Melinda Gates Foundation sity of Rochester	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ No	one		

		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	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Non	
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 None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea 🖂	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.			

Date:	3/23/2024			
Your Name:	Najeeha Talat Iqbal			
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes			
Manuscript Number (if known):	168789-JCI-CMED-1			
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			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were co you or to your institution)
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 None	
7	Support for attending meetings and/or travel	None 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	

				e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Stock or stock options				None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	1	equipment, materials, drugs, medical writing, gifts or other		None	
Other financial or non-financial interests	1	non-financial		None	
Please place an "X" next to the following statement to indicate your agreement:					

Date:	5/18/2024
Your Name:	Pablo Penataro Yori
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if particular part	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	University of Washington	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

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Date:			3/23/2024		
Your Name:			Anna Kaarina Kukkonen		
Manuscript Title:			Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes		
Mai	nuscript Number (if l	known):	168789-JCI-CMED-1		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ript. "Relation of the mane in doubt obs/activition entioned all suppo	rt for the work reported in this manuscript without time limit. For all other items, the time		
		Name al	l entities with whom you have this	Specifications/Comments (e.g., if payments were	
			ship or indicate none (add rows as needed)	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.		Melinda Gates Foundation	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Bill and	Melinda Gates Foundation		

		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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None 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 ■	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	3/23/2024
Your Name:	Mikael Kuitunen
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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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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		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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
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 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 None	

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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:				

Date:	3/23/2024
Your Name:	L. Beryl Guterman
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1
•	e ask you to disclose all relationships/activities/interests listed below that are related to the

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		Time frame: Since the initial planning	of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			Comments (e.g., if payments were r to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	

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

Lym

Date:	3/23/2024	
Your Name:	Shaun Morris	
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes	
Manuscript Number (if known):	168789-JCI-CMED-1	

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3	Royalties or licenses	None	

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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 None	

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

Date:	3/23/2024
Your Name:	Lisa G. Pell
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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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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		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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:			3/25/2024		
Your Name:			Abdullah Mahmud		
Manuscript Title:			Human milk antibodies to infectious p with maternal factors and infant infec	pathogens across the world– associations tious outcomes	
Ма	nuscript Number (if k	nown):	168789-JCI-CMED-1		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in double The author's relationships/activities		ipt. "Rela of the man e in doubt os/activitie	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
-	t medication is not me	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
In item #1 below, report all suppo frame for disclosure is the past 36			rt for the work reported in this manuscript without time limit. For all other items, the time months.		
			l entities with whom you have this ship 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		one	of the work	
1	present manuscript (e.g., funding, provision			of the work	
1	present manuscript (e.g., funding, provision of study materials,		one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing,		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Bill and	Melinda Gates Foundation	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	Bill and	Melinda Gates Foundation Time frame: past 36 month	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Bill and	Melinda Gates Foundation Time frame: past 36 month	Click the tab key to add additional rows.	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., made to you or to your institutions)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	3/23/2024
Your Name:	Girija Ramakrishnan
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commen made to you or to your	ts (e.g., if payments were institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			ame all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Stock or stock options			⊠ None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services		equipment, materials, drugs, medical writing, gifts or other	None	
Other financial or non-financial interests		non-financial	□ None	
Please place an "X" next to the following statement to indicate your agreement:				
			the following statement to indicate your agreement to swered every question and have not altered the wor	

Date:	3/23/2024
Your Name:	Eva Heinz
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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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	
Plea	•	e following statement to indicate your agreeme	

Date:			3/23/2024			
Your Name:			Beth Kirkpatrick, MD			
Manuscript Title:			Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes			
Ma	nuscript Number (if l	known):	168789-JCI-CMED-1			
con affe	tent of your manuscrected by the content	ript. "Rela of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily tabout whether to list a relationship/activity/interest, it is preferable that you do so.			
epi		ension, you		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time		
			l entities with whom you have this ship 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.)	I was pa specim My fun via Univ	Time frame: Since the initial planning one art of the PROVIDE study team, which gave ens and information about this study. ding for work on the PROVIDE study was versity of Virginia (who was prime on the from BMGF)	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	I was pa specim My fun via Univ	art of the PROVIDE study team, which gave ens and information about this study. ding for work on the PROVIDE study was versity of Virginia (who was prime on the			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	I was pa specim My fun via Univ	art of the PROVIDE study team, which gave ens and information about this study. ding for work on the PROVIDE study was versity of Virginia (who was prime on the	Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	I was pospecime My fun via Univ award f	art of the PROVIDE study team, which gave ens and information about this study. ding for work on the PROVIDE study was versity of Virginia (who was prime on the from BMGF)	Click the tab key to add additional rows.		

		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	□ 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	

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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	
Plea	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.			

Date:		3/23/2024
Your Name:		Dr. Rashidul Haque
Manuscript Title:		Human milk antibodies to infectious pathogens across the world— associations with maternal factors and infant infectious outcomes
Mar	nuscript Number (if kı	nown): 168789-JCI-CMED-1
con affe indi	tent of your manuscricted by the content ocate a bias. If you are	ency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be f the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
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	em #1 below, report and the for disclosure is the	all support for the work reported in this manuscript without time limit. For all other items, the time 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)
	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.	None 1) University of Virginia , BMGF, and NIH 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).	None Same as above
3	Royalties or licenses	None None

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
4	Consulting fees	None 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	Yes,	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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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 NA		
r 1	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.			
	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.	

Bque Dr. Rashidul Haque

Date:	5/23/2024
Your Name:	ASG Faruque
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1

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2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			or to your institution)
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:			3/23/2024		
Your Name:			R. John Looney		
Manuscript Title:			Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes		
Mar	nuscript Number (if k	nown):	168789-JCI-CMED-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 in that medication is not mentioned in the manuscript.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			all entities with whom you have this 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	
	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.		nfeld Professorship	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Rose	nfeld Professorship		

			fications/Comments (e.g., if payments were to you or to your institution)
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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	3/23/2024		
Your Name:	Margaret Kosek		
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes		
Manuscript Number (if known): 168789-JCI-CMED-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.

		e all entities with whom you have this ionship 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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)	re
4	Consulting fees	None 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 World Health Organization	
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	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	3/23/2024
Your Name:	Erkki Savilahti
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-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.

		e all entities with whom you have this ionship 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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	03/25/20234
Your Name:	Saad B. Omer
Manuscript Title:	Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes
Manuscript Number (if known):	168789-JCI-CMED-1
content of your manuscript. "Rela affected by the content of the ma	we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of 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 helow, report all suppo	ort for the work reported in this manuscript without time limit. For all other items, the time

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.	□ None 5R01Al125405 - 5R01Al125405 - NIAID (National Institutes of Health) Funding Level: \$2,119,726	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	COVID-19 – Global Mix/Investigation of COVID-19 Disease Parameters for Transmission Models in Low Resource Setting Principle Investigator: 2022-2027 1R01Al161399-01A1 Funding Level: \$3,607,991 Description: To quantify the role of respiratory virus transmission within the household environment. To estimate the age-specific force of infection of respiratory pathogens. Child Health and Mortality Prevention Surveillance (CHAMPS) sites in Karachi, Pakistan	

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)
relationship or indicate none (add rows as needed) Principle Investigator: 2022-2024 A696539 Funding Level: \$1,652,732 Description: Child health and mortality prevention surveillance. Addressing Vaccine Acceptance in Carceral Settings through Community Engagement (ADVANCE) Principle Investigator (mPI): 2022-2026 1R01MD016853-01A1 Funding Level: \$2,395,216 Description: In partnership with currently and formerly incarcerated individuals and correctional leaders and staff, we aim to improve COVID-19 vaccine acceptance rates in corrections.	made to you or to your institution)
Comprehensive Profiling of Social Mixing Patterns in Resource Poor Countries Principle Investigator (mPI with Ben Lopman): 2019-2024 1R01HD097175 – NICHD (NIH) Funding Level: \$2,650,665 Description: Collect and analyze contact data, in both rural and urban settings, in Guatemala, Pakistan, India and Mozambique to better parameterize infectious disease models, and thus evaluate infectious disease interventions.	
Comprehensively Profiling Social Mixing Patterns in Workplace Settings to Model Pandemic Influenza Transmission Principle Investigator: 2019-2023 1U01CK000572-01-00 – CDC Funding Level: \$698,955 Description: Collect and analyze contact data, in four large companies in the United States, in order to better parameterize infectious disease models, and thus assess the effectiveness of various workplace social distancing strategies in reducing or slowing the transmission of pandemic influenza.	
Comprehensively Profiling Social Mixing Patterns in Workplace Settings to Model Pandemic Influenza Transmission – Supplement HCW Principle Investigator: 2020-2023 1U01CK000572-01-00 – CDC Funding Level: \$550,000	

Description: We will collect and analyze contact data, in health care settings in the United States, to better parameterize infectious disease models, and thus assess the effectiveness of various health care workplace social distancing strategies

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)
in reducing or slowing the transmission of pandemic influenza.	
AFIX-OB: A Customizable Quality Improvement Intervention to Increase Maternal Vaccine Uptake Principal Investigator: 2019-2023 1U01IP001110-01 – NCIRD (CDC) Funding Level: \$1,995,150 Description: A trial to evaluate AFIX-OB, a systematic, customizable model to deliver evidence- based quality improvement interventions to enhance maternal immunization delivery in the obstetric care setting.	
Building Vaccine Confidence Through Tailored Messaging Campaigns Principle Investigator: 2021-2023 Facebook "Omer" – GR112635 Funding Level: \$468,000 Description: To conduct randomized trials in 5 countries on social media messaging to increase COVID-19 and childhood vaccine coverage.	
COVID-19 Burial Site Surveillance to Measure Excess Mortality-Pakistan Principle Investigator: 2021-2023 Bill and Melinda Gates Foundation Funding Level: \$1,099,535 Description: To use burial ground surveillance to accurately estimate access mortality due to COVID-19.	
Support for the Vaccine Assessments and Interventions Digital Laboratory Principle Investigator: 2021-2022 UNICEF Funding Level: \$120,921 Description: The purpose is to contribute to the combined efforts of the Vaccination Assessment and Interventions Laboratory (VAIL) to identify and address online misinformation and information gaps related to Polio and Covid-19. Specifically, VAIL will focus on content development and training as well as research, testing, and evaluation of materials.	
Impact of Eliminating Non-Medical Exemptions in California Principal Investigator: 2016-2022 5R01AI125405 –NIAID (National Institutes of Health) Funding Level: \$2,119,726	

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)

Description: To develop evidence base for the implementation of immunization exemption legislation at state and national levels.

Wastewater Surveillance for COVID-19 Principle Investigator: 2021-2022

PATH/BMGF

Funding Level: \$58,724

Description: The goals of this project are to provide technical assistance on sample collection for sewage surveillance of SARS CoV-2 to Aga Khan University, Pakistan; provide technical assistance to analytical methods including PCR for sewage surveillance of SARS-CoV-2 to Aga Khan University, Pakistan; provide input on analysis of sewage surveillance results and correlation with epidemiology of COVID-19 cases in Karachi; maintain communication and facilitate collaboration with project personnel at PATH and AKU; and contribute to annual reports, manuscripts, and presentations that stem from the proposed research tasks.

Behavioral Insights – Landscape and Technical Expertise

Principle Investigator: 2019-2022

Bill and Melinda Gates Foundation INV-001288

Funding Level: \$565,007

Description: This project aims to synthesize the evidence on what behavioral interventions we know work and what could work to increase equitable vaccine coverage in low- and middle-income countries. We will consider evidence from behavioral insights both inside the vaccine field and in other fields with the aim of being able to inform interventions at all levels of the vaccine delivery process.

Community Based RSV Mortality study in Karachi, Pakistan.

Principal Investigator: 2019-2021

Bill and Melinda Gates Foundation (INV-003373)

Funding Level: \$781,411.99

Description: To assess and analyze the burden and determinants of RSV mortality in infants in the urban areas of Karachi, Pakistan.

TweenVax: A Comprehensive Practice-, Provider-, and Parent/Patient-Level Intervention to Improve

Adolescent HPV Vaccination Co-Investigator: 2020-2021

A316240 – National Institutes of Health (via

Emory University) Funding Level: \$27, 964

	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)
	Description: The Yale University team will provide support and oversight to the formative phase data collection and analysis and reporting and will work with the full study team to revise and refine all study materials (e.g. SOPs, scripts, training modules) in preparation for the clinical trial phase. C&E Exemplars Research Partner: Vaccine Exemplars Co-Investigator: 2018-2020 OPP1195041 - Bill and Melinda Gates Foundation Funding Level: \$1,500,000 Description: The goal of this project is to generate actionable recommendations to the Foundation, its partners, and to the global immunization sector on why and how some countries have succeeded in achieving significantly improved vaccine coverage rates. The Broader Impact of Maternal Immunization in Sub-Saharan Africa and Asia (VoVRN) Principal Investigator: 2018-2021 Bill and Melinda Gates Foundation - Harvard School of Public Health Funding Level: \$700,000 Description: A multisite study in randomized clinical control trial Value of Vaccination Research Network (VoVRN) Ethical Considerations for a Single Dose HPV Vaccine Regimen Principle Investigator: 2019-2020 Bill and Melinda Gates Foundation INV-003103 Funding Level: \$100,000 Description: Outline ethical and policy considerations for differing HPV vaccine regimens in low- and middle-income countries versus high-income countries.	
Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No commercial honoraria	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	Gavi -the Vaccine Alliance Board Board of Trustees, Sabin Vaccine Institute	
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	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Dat	e:		3/23/2024		
Your Name:			Daniel Roth		
Manuscript Title:			Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes		
Ma	nuscript Number (if I	known):	168789-JCI-CMED-1		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily 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.					
	em #1 below, report ne for disclosure is th		•	ithout time limit. For all other items, the time	
			ll entities with whom you have this ship 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		one		
	manuscript (e.g., funding, provision	The Bill	and Melinda Gates Foundation	Grant funds to institution	
	of study materials, medical writing,			Click the tab key to add additional rows.	
	article processing				
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from	⊠ N	one		
	any entity (if not indicated in item				
	#1 above).				
2	Davidties -:				
3	Royalties or licenses	⊠ N	one		

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:			3/23/2024		
Your Name: Manuscript Title:			William Petri Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes		
Ma	nuscript Number (if k	known):	168789-JCI-CMED-1		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e	/interest, it is preferable that you do so.	
	tem #1 below, report me for disclosure is th		•	ithout time limit. For all other items, the time	
			ll entities with whom you have this ship 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.	□ N	one 13596	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commen made to you or to your	ts (e.g., if payments were institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Dat	e:		3/23/2024	
Your Name: Manuscript Title:			Kirsi M Järvinen	
			Human milk antibodies to infectious pathogens across the world– associations with maternal factors and infant infectious outcomes	
Ма	nuscript Number (if k	nown):	168789-JCI-CMED-1	_
affected by the content of the manuscript. Disc indicate a bias. If you are in doubt about wheth The author's relationships/activities/interests sl			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmen t about whether to list a relationship/activity/ es/interests should be defined broadly. For e	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.
tha	t medication is not me	entioned	in the manuscript.	
	tem #1 below, report a me for disclosure is the			ithout time limit. For all other items, the time
			l entities with whom you have this ship 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.		Melinda Gates Foundation	Click the tab key to add additional rows.
	this item.		Time frame: next 26 month	•
2			Time frame: past 36 month	
	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one	

			ications/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None 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 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	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form			