

ICMJE DISCLOSURE FORM

Date: 4/7/2023

Your Name: JWR Hovius

Manuscript Title: Nieuwe infectieziekten in tijden van klimaatverandering: een Europees perspectief

Manuscript Number (if known): D7675

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									
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;">Pfizer Inc.</td><td>VALOR (phase 3 Lyme disease vaccination trial)</td></tr> <tr><td>Moderna Inc.</td><td>Preclinical Lyme disease vaccination research</td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Pfizer Inc.	VALOR (phase 3 Lyme disease vaccination trial)	Moderna Inc.	Preclinical Lyme disease vaccination research			
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							

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4	Consulting fees	<input 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>									
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6	Payment for expert testimony	<input 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></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"/> <table border="1"> <tr> <td>Patent filed</td> <td>Borrelia diagnostic antigens</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Patent filed	Borrelia diagnostic antigens							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <table border="1"> <tr> <td>Pfizer Inc.</td> <td>Tick-borne diseases diagnostics (Advisory board)</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Pfizer Inc.	Tick-borne diseases diagnostics (Advisory board)							
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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>Dutch national Lyme borreliosis expertise center</td> <td>Member of the executive board (unpaid)</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Dutch national Lyme borreliosis expertise center	Member of the executive board (unpaid)							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
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		NorthTick consortium	Consortium member

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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.