

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR PGfAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Institute for Health Research (NIHR) Programme Grants for Applied Research Programme (project reference RP-PG-1210-12012)	X
NIHR Academic Clinical Lectureship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIHR Academic Clinical Lectureship	X

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Wang reports grants from NIHR PGfAR, grants from NIHR Academic Clinical Lectureship, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sharon	2. Surname (Last Name) Tonner	3. Date 19-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof Anthony Harnden
5. Manuscript Title The early use of Antibiotics for At Risk CHildren with Influeza in Primary Care (the ARCHIE programme)		
6. Manuscript Identifying Number (if you know it) RP-PG-1210-12012		

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Are there any relevant conflicts of interest? Yes No

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Dr. Tonner has nothing to disclose.

Evaluation and Feedback

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ICMJE DISCLOSURE FORM

Date: 02/12/2021

Your Name: Malcolm Gracie Semple

Manuscript Title: The early use of Antibiotics for At Risk Children with Influenza in Primary Care (the ARCHIE programme)

Manuscript number (if known): RP PG 1210 12012 _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute of Health Research UK	Grant - Bronchiolitis Endotracheal Surfactant Study (15/21/01)
		Medical Research Council UK	Grant
		Health Protection Research Unit in Emerging & Zoonotic Infections, University of Liverpool	Grant
Time frame: past 36 months			
2		<input checked="" type="checkbox"/> None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Pfizer	Independent external and non-remunerated member of Pfizer's External Data Monitoring Committee for their mRNA vaccine program(s)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Integrum Scientific LLC, Greensboro, NC, USA	Chair of Infectious Disease Scientific Advisory Board
11	Stock or stock options	Integrum Scientific LLC, Greensboro, NC, USA	Minority Owner
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	HMG UK Scientific Advisory Group for Emergencies (SAGE), COVID-19 Response	Non-remunerated independent member
		HMG UK New Emerging Respiratory Virus Threats Advisory Group (NERVTAG)	Non-remunerated independent member

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.

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Section 1. Identifying Information

1. Given Name (First Name)

Jane

2. Surname (Last Name)

Wolstenholme

3. Date

15-January-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Professor Anthony Harnden

5. Manuscript Title

The early use of Antibiotics for At Risk CHildren with Influeza in Primary Care (the ARCHIE programme)

6. Manuscript Identifying Number (if you know it)

RP-PG-1210-12012

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Section 1. Identifying Information

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Rafael

2. Surname (Last Name)
Perera

3. Date
15-January-2021

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Corresponding Author's Name
Prof Anthony Harnden

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR Programme Grants for Applied Research (RP-PG-1210-12012)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RP-PG-1210-12012	X
British Heart Foundation (PG/17/49/33099)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
NIHR School of Primary Care Research (Wittenberg_FR16)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wittenberg_FR16	X
NIHR Oxford Biomedical Research Centre (IS-BRC-1215-20008)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IS-BRC-1215-20008	X
NIHR Community Healthcare MedTech and In Vitro Diagnostics Co-operative (MIC-2016-018)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MIC-2016-018	X

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Member of of the HTA commissioning committee between 2008-2012

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Dr. Perera reports grants from NIHR Programme Grants for Applied Research (RP-PG-1210-12012), grants from British Heart Foundation (PG/17/49/33099), grants from NIHR School of Primary Care Research (Wittenberg_FR16), grants from NIHR Oxford Biomedical Research Centre (IS-BRC-1215-20008), grants from NIHR Community Healthcare MedTech and In Vitro Diagnostics Co-operative (MIC-2016-018), during the conduct of the study; and Member of of the HTA commissioning committee between 2008-2012.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anthony

2. Surname (Last Name)
Harnden

3. Date
19-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
The early use of Antibiotics for At Risk CHildren with Influeza in Primary Care (the ARCHIE programme)

6. Manuscript Identifying Number (if you know it)
RP-PG-1210-12012

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

role as Deputy Chairman of the Joint Committee for Vaccination and Immunisation I was involved in the decision to recommend the use of the Live Attenuated Influenza vaccine in school age children.

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Generate Disclosure Statement

Dr. Harnden reports and role as Deputy Chairman of the Joint Committee for Vaccination and Immunisation I was involved in the decision to recommend the use of the Live Attenuated Influenza vaccine in school age children. .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.