

## ICMJE DISCLOSURE FORM

Date: August 11<sup>th</sup>, 2021

Your Name: Alexandre Worcel

Manuscript Title: Low mortality from COVID-19 at a nursing facility in France following a combined preventive and active treatment protocol

Manuscript number (if known): \_\_\_\_\_

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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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	ELSAN	Provided funding for manuscript preparation.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	
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	

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

## ICMJE DISCLOSURE FORM

Date: August 11<sup>th</sup>, 2021

Your Name: Bougacha M Ali

Manuscript Title: Low mortality from COVID-19 at a nursing facility in France following a combined preventive and active treatment protocol

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: August 11<sup>th</sup>, 2021

Your Name: Sonia Ramos-Pascual

Manuscript Title: Low mortality from COVID-19 at a nursing facility in France following a combined preventive and active treatment protocol

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	ReSurg SA	Sonia Ramos-Pascual is an employee of ReSurg SA.
3	Royalties or licenses	None	
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	
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## ICMJE DISCLOSURE FORM

Date: August 11<sup>th</sup>, 2021

Your Name: Patrick Stirling

Manuscript Title: Low mortality from COVID-19 at a nursing facility in France following a combined preventive and active treatment protocol

Manuscript number (if known): \_\_\_\_\_

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Date: August 11<sup>th</sup>, 2021  
 Your Name: François G Chary  
 Manuscript Title: Low mortality from COVID-19 at a nursing facility in France following a combined preventive and active treatment protocol.  
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