

ICMJE DISCLOSURE FORM

Date: April 27th, 2022

Your Name: Bin Du

Manuscript Title: Learning for the next pandemic: when high level evidence is not readily available...

Manuscript number (if known): JTD-22-201-R3

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.	Chinese Academy of Medical Sciences (CAMS) Innovation Fund for Medical Sciences (CIFMS)	Research grant 2021-I2M-1-062 and 2020-I2M-2-005
		Ministry of Science and Technology of the People's Republic of China	Research grant 2020YFC0841300, 2021YFC0863100, and 2021YFC2500801
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	

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	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	I sit on advisory boards of National Health Commission of the People's Republic of China for management of COVID-19	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author receives research grants from Chinese Academy of Medical Sciences (CAMS) Innovation Fund for Medical Sciences (CIFMS) from Chinese Academy of Medical Sciences and Peking Union Medical College (2021-I2M-1-062 and 2020-I2M-2-005) and Ministry of Science and Technology of the People's Republic of China (2020YFC0841300, 2021YFC0863100, and 2021YFC2500801). He sits on advisory boards of National Health Commission of the People's Republic of China for management of COVID-19.

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

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

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Date: April 27th, 2022

Your Name: Chunting Wang

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The author has no conflicts of interest to declare.

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Date: April 27th, 2022

Your Name: Mervyn Singer

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