ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Charles Feldman

Manuscript Title: A Comprehensive Overview of Pneumococcal Vaccination Recommendations for Adults in South

Africa, 2022

Manuscript number (if known): JTD-22-287-R2

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 <u>current manuscript only</u>.

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		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 initi	al 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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Pfizer	Unrestricted educational grant from Pfizer to FIDSSA
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	MSD and Pfizer	Personal honoraria for speakers bureau
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	MSD and Pfizer	Personal honoraria for advisory board participation
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	

CF has received honoraria for participation in advisory boards and speakers bureaus for MED and Pfizer. The development of this document and its recommendations was funded by an unrestricted educational grant from Pfizer to the Federation of Infectious Diseases Societies of Southern Africa

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.

ICMJE DISCLOSURE FORM

Date:_25 th May 2022
Your Name:_Sipho Dlamini
Manuscript Title:A Comprehensive Overview of Pneumococcal Vaccination Recommendations for Adults in South
Africa, 2022
Manuscript number (if known):JTD-22-287

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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		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)
	拉克尼亚克尼亚巴巴亚克里亚克尼	Time frame: Since the initia	al 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: pas	t 36 months
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,	Payments from Pfizer, MSD, ABBVIE, and SANOFI for speaker bureaus	
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	Participated on Advisory Boards for MSD, ViiV Health/GSK, Adcock Ingram and Janssen.	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	None	

I have received payment for speaker bureau's for the following organisations in the last 36 months; Pfizer, MSD, ABBVIE, and SANOFI. All these speaker activities were for educational meetings or conferences. In addition I have participated in Advisory Board for the following organisations; MSD, ViiV, Health/GSK, Adcock Ingram and Jansen.

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

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

ICMJE DISCLOSURE FORM

Date:23/5/22
Your Name:Guy A Richards
Manuscript Title: A Comprehensive Overview of Pneumococcal Vaccination Recommendations for Adults in South
Africa, 2022
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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
	Maria Language	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 months
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,	Pfizer and MSD	Honoraria to me; None regarding vaccinations in the last 36 months
	speakers bureaus, manuscript writing or educational events		
õ	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	

I have received honoraria for Speakers Bureau from MS	SD and Pfizer- None recently however	

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

, 2								
X I certify tha form.	t I have a	answered (every questic	on and have	not altered t	he wording o	f any of the qu	uestions on this

ICMJE DISCLOSURE FORM

Date:	24/05/2022
Your Name:	John Black
Manuscript 1	Title: A Comprehensive Overview of Pneumococcal Vaccination Recommendations
for Adults in	South Africa, 2022
Manuscript r	number (if known): JTD-22-287-CL

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
	公司,从该成为关系的 。	Time frame: Since the initia	l 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 months
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	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	meetings unity of craver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None		
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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.

ICMJE DISCLOSURE FORM

Date:_25 May 2022 Your Name: India Butler

Manuscript Title: A Comprehensive Overview of Pneumococcal Vaccination Recommendations

for Adults in South Africa, 2022

Manuscript number (if known): JTD-22-287-CL

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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		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 initia	l 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 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	r	
5		None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	

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.

ICMJE DISCLOSURE FORM

Date:23 rd May 2022	
Your Name: Clare L. Cutland	
Manuscript Title: A Comprehensiv	e Overview of Pneumococcal Vaccination Recommendations for Adults in South
Africa, 2022	
Manuscript number (if known):	JTD-22-287-R2

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		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 initia	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None	
None.	

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

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Date: 03/05/2022	
Manuscript Title:	
Manuscript number (if known):	

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	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months
	Royalties or licenses	None -	
1	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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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date:June 2 2022	
Your Name:Bridget Hodkinson	
Manuscript Title: A Comprehensive Overvie	ew of Pneumococcal Vaccination Recommendations
for Adults in South Africa, 2022	
Manuscript number (if known):	_ JTD-22-287

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		Time frame: Since the initia	I 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.	XNone	
200		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	

4	Consulting food	V Name	
4	Consulting fees	X_None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert testimony	X_None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.		3 2 1 N P	3.77.5.45.41	

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.

ICMJE DISCLOSURE FORM

Date: 30 th 1744 2022	
Your Name: DR. Johanna Hanna a Roll	
Manuscript Title: Journal of Thoracic Disease	
Manuscript number (if known): JTD -22-287 - R2	

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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 entitles 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)
	No ship of the part of the part of	Time frame: Since the initi	al 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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	,

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5	Payment or honoraria for		
	lectures, presentations, speakers bureaus,		Line the state of
	manuscript writing or educational events	None	
6	Payment for expert		
	testimony	Nane	
7	Support for attending meetings and/or travel	None	
0	D-t		100 mm
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	Nune	
11	group, paid or unpaid Stock or stock options	None	
	- San Grand Grand Grand	70006	
12	Receipt of equipment,	Nont	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fel	Having have
			nowing box:
is .			
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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.

Alest fep 150), My ex frep, BTLOI, FRED (Lendon)

ICMJE DISCLOSURE FORM

Date:	24 MAY 2022	
Name	PRINTIN MINGA.	Vaccine 1800 MMendotas
Manuscript Title:	A COMPREHENSIVE ODER	04.9 t
Manuscript numbe	r(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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) all 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	26 months.
		Time frame: pa	ast 36 months
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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		**1
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	•	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	<u> </u>		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
20	financial interests		

No	lonflict of history	h	dedare

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.

ICM IF DISCLOSURE FORM

Date:	25/05/2022
Your Name:	Susan Meiring
Manuscript Title	: A Comprehensive Overview of Pneumococcal Vaccination Recommendations for Adults in
South Africa, 2	022
Manuscript nun	ber (if known): JTD-22-287-R2

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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		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)
	ALAS STATE OF LEASE OF A SECOND	Time frame: Since the initi	ai 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.	_x_None	
	Ton See Smith Control of the	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

Payment or honoraria for	xNone	
speakers bureaus, manuscript writing or educational events		
Payment for expert testimony	xNone	
Support for attending meetings and/or travel	xNone	
Patents planned, issued or	x None	
pending		
Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
Stock or stock options	x_None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
Other financial or non- financial interests	xNone	
	nflict of interest in the fo	lowing box:
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Assessmentations, speakers withing and support services and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing and services are supported by the following speakers withing speakers within

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form.

A

ICMJE DISCLOSURE FORM

Date: 06/06/2022	
Your Name: Dr Muhangwi Ben Mulaudzi	
Vianuscript Title:	
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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
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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.	None	
		Time frame: pas	t 36 months
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	None MSD	PAID TO MYSELF
	lectures, presentations,	PFIZER	PAID TO MYSELF
	speakers bureaus, manuscript writing or	J&J ASPEN	PAID TO MYSELF PAID TO MYSELF
	educational events	MYLAN	PAID TO MYSELF
6	Payment for expert testimony	None CIPLA	CROI 2019
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	—— None PFIZER, MSD	
	Safety Monitoring Board or Advisory Board	J&J, MYLAN	
10	Leadership or fiduciary role	None SAHIVSOC	UNTIL DECEMBER 2020
	in other board, society, committee or advocacy group, paid or unpaid	AVCS	2020 TO PRESENT
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	

I receive honorarium payments for presentations and advisory board meetings from Pfizer, MSD, J&J, Aspen & Mylan. I also receive fully paid travel expenses for international conferences, and international advisory meetings

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.

ICMJE DISCLOSURE FORM

Date:	5/23/2022
Your Name:	Salim Parker
Manuscript Title:	A Comprehensive Overview of Pneumococcal Vaccination Recommendations for Adults in South Africa, 2022
Manuscript Number (if known):	JTD-22-287-CL

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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.

		Name all enti	ties with whom you have this 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	Elick 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 Non		

		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 None	, and the state of
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 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	

ICMJE DISCLOSURE FORM

Date: May 25th 2022 Your Name: Jonny peter

Manuscript Title: A Comprehensive Overview of Pneumococcal Vaccination Recommendations for Adults in South

Africa, 2022

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.

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

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		Time frame: Since the initia	al 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.	XNone	
4 5 8		Time frame: past	: 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

		T	
5	Payment or honoraria for	Sanofi, Janssen,	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Sanofi	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

The author receives speakers fees from Sanofi, Novartis, and Janssen. Author has participated in the advisory boar
of Sanofi.

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.

ICMJE DISCLOSURE FORM

Date: 23 May 2022

Your Name: C van Vuuren

Manuscript Title: A Comprehensive Overview of Pneumococcal Vaccination Recommendations for Adults in South

Africa, 2022

Manuscript number (if known): JTD-22-287-R2

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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		Time frame: Since the initia	l 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 months
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	Mylan	Payment for talk on Dolutegravir in HIV management
	lectures, presentations,	Viatris	Payment for talk on HIV Management Update
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
′	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending	TTOTIC	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	1	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Payment for educational talks b	y Mylan and Viatris	on HIV management	

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.

ICMJE DISCLOSURE FORM

Date: March. 25th, 2022

Your Name: Estelle R Verburgh

Manuscript Title: A Comprehensive Overview of Pneumococcal Vaccination Recommendations for Adults in South Africa,

2022

Manuscript number (if known):_ JTD-22-287-R2

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

lectures, presentations, speakers bureaus, manuscript writing or educational events 6	4	Consulting fees	XNone	
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services 13 Other financial or non- XNone				
13 Other financial or non- X_None				
15 Other infancial of new			V. None	
financial interests	13		A_NOTE	
		financial interests		

None.	

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.

ICMJE DISCLOSURE FORM

Date:	5/25/2022
Your Name:	Gillian Watermeyer
Manuscript Title:	A Comprehensive Overview of Pneumococcal Vaccination Recommendations for Adults in South Africa, 2022
Manuscript Number (if known):	JTD-22-287-R2

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			ties with whom you have this 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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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		Click the fab key to add additional rows.
			Time frame: past 36 month	ns
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 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 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	

. . . .

		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 Non	
13	Other financial or non-financial interests	None	
		t to the following statement to indicate your agreem	

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ICMJE DISCLOSURE FORM

Date:	5/24/2022	
Your Name:	[Mahomed-Yunus S Moosa or MYS Moosa]	
Manuscript Title:	A Comprehensive Overview of Adult Pneumococcal Vaccination Recommendations in South Africa, 2021	
Manuscript Number (if known):	JTD-22-287-R2	

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		Time frame: past 36 months		
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		
		Johnson & Johnson	Payments to me	
		CIPLA	Payments to me	
		MSD	Payments to me	
		ViiV	Payments to me	
		360 Pharmaceuticals	Payments to me	
		Mylan	Payments to me	
5	Payment or honoraria for	[□] None		
	lectures,	Johnson & Johnson	Lectures/presentations/chairing meetings	
	presentations,	CIPLA	Lectures/presentations/chairing meetings	
	speakers	MSD	Lectures/presentations/chairing meetings	
	bureaus,	ViiV	Lectures/presentations/chairing meetings	
	manuscript writing or	360 Pharmaceuticals	Lectures/presentations/chairing meetings	
	educational	Mylan	Lectures/presentations/chairing meetings	
	events			
6 Payment for expert testimony				
7	Support for attending meetings and/or travel	[⊠] None		
8	8 Patents planned, issued or pending			
9	Participation on a Data Safety			
	Monitoring Board or	Encochleated Oral Amphotericin for Cryptococcal Meningitis Trial (EnACT)	NIL	
	Advisory Board	A multi-centre, randomised, open label study of nitazoxanide (NTZ), or sofosbuvir and daclatasvir (SOF/DCV), compared to no pharmacological intervention for the prevention of Covid-19 disease in healthcare workers and inner-city inhabitants at high risk of exposure to SARS-CoV-2 Cabotegravir And Rilpivirine: Efficacy and Safety Study- The CARES Study	Nil	
10	Leadership or	□ None		
10	fiduciary role in			
	l	12/13/2021	ICMIE Disclosure Form	

		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)			
	other board, society, committee or advocacy group, paid or unpaid	Southern African HIV Clinicians Society	NIL			
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:					