

ICMJE DISCLOSURE FORM

Date: 20th December 21, 2023

Your Name: Mohamed Nabeeh Ibrahim

Manuscript Title: Covid-19 Outbreak and Integration of Social Media in Public Health Crisis Communication: A Case Study of UMMC, Kuala Lumpur

Manuscript number (if known): JHMHP-23-139

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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			
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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 fees	__X__ 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	<input checked="" type="checkbox"/> None	
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:

I would like to declare that this study does not encompass any elements indicated in the table above.

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: 20/12/2023

Your Name: Nor Zaliza Sarmiti @ Sarmidi

Manuscript Title: Covid-19 Outbreak and Integration of social media in Public Health Crisis Communication: A Case Study of UMMC, Kuala Lumpur

Manuscript number (if known): JHMHP-23-139

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 20.12.2023

Your Name: Md Azalanshah Bin Md Syed

Manuscript Title: Covid-19 Outbreak and Integration of Social Media in Public Health Crisis Communication: A Case Study of UMMC, Kuala Lumpur

Manuscript number (if known): JHMHP-23-139

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I would like to declare that this study not involve with any matter which indicated in the table above.

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