

Garrett Beeler Asay

Discloser Identifier: 58483556

Disclosure Purpose: VIH-2024-1249

Employment Information: Currently Employed

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.

2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Employment")

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

- i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")**

No, I have no relevant interests of this type

- j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

No, I have no relevant interests of this type

- k. **Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

- l. **Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")**

No, I have no relevant interests of this type

4. Was any individual paid to provide professional writing assistance with this manuscript?

No.

5. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

6. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

7. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.

Discloser Identifier: 95658163

Disclosure Purpose: VIH-2024-1249

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Centers for Disease Control and Prevention	Grant / Contract	Yes
National Institutes of Health	Grant / Contract	
Yale University	Employment Current Employment	Yes
Title: Professor		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment Yale University

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

b. Grant / Contract Centers for Disease Control and Prevention

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

c. Grant / Contract National Institutes of Health

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

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a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Employment")

Yes, as disclosed above

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Certification

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Convey

Maryam Haddad

Discloser Identifier: 126485698

Disclosure Purpose: VIH-2024-1249

Employment Information: Currently Employed

Summary of Interests

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Additional Questions

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No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")

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f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

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- j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

No, I have no relevant interests of this type

- k. **Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

No, I have no relevant interests of this type

- l. **Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")**

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No.

Certification

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Discloser Identifier:

103930007

Disclosure Purpose:

VIH-2024-1249

Employment Information:

Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Boston University	Employment Current Employment	
Title: Professor		
International Union Against Tuberculosis and Lung Disease	Fiduciary Officer	
Official Title: Member, Board of Directors		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment Boston University

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

b. Fiduciary Officer International Union Against Tuberculosis and Lung Disease

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Employment")

No, I have no relevant interests of this type

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c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

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No, I have no relevant interests of this type

- e. **Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

- f. **Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

No, I have no relevant interests of this type

- g. **Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

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No, I have no relevant interests of this type

- j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

Yes, as disclosed above

- k. **Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)**

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- l. **Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")**

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No.

Certification

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Discloser Identifier:

126485723

Disclosure Purpose:

VIH-2024-1249

Employment Information:

Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Centers for Disease Control and Prevention	Employment Current Employment	
Title: Epidemiologist		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment Centers for Disease Control and Prevention

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

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No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Patents")

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, please scroll to the top of the page, click "add interest" and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Travel")

No, I have no relevant interests of this type

4. Was any individual paid to provide professional writing assistance with this manuscript?

No.

5. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

6. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

7. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

I certify that I have answered every question and the information provided in this disclosure is complete and accurate.

Discloser Identifier: 67780462

Disclosure Purpose: VIH-2024-1249

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Bill and Melinda Gates Foundation	Grant / Contract	Yes
Centers for Disease Control and Prevention	Grant / Contract	Yes
Global Fund to Fight AIDS, Tuberculosis and Malaria	Consultant	Yes
Category: Consultant		
Harvard School of Public Health	Employment Current Employment	Yes
Title: Associate Professor of Global Health		
National Institutes of Health	Grant / Contract	Yes

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Other Professional Activities - Consultant Global Fund to Fight AIDS, Tuberculosis and Malaria

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. Employment Harvard School of Public Health

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

c. Grant / Contract Bill and Melinda Gates Foundation

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

d. Grant / Contract Centers for Disease Control and Prevention

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

e. Grant / Contract National Institutes of Health

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

3. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

- a. **Employment (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Employment")**

Yes, as disclosed above

- b. **Grants or contracts for research (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Grant/Contract")**

Yes, as disclosed above

- c. **Payment for consulting (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

Yes, as disclosed above

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No, I have no relevant interests of this type

- e. **Payment for service on an advisory board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

- f. **Payment for participation Data and safety monitoring board (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Independent Contractor")**

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- j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, please scroll to the top of the page, click "add interest" and select "Fiduciary Officer")**

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No.

Certification

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Discloser Identifier: 126485373

Disclosure Purpose: VIH-2024-1249

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Centers for Disease Control and Prevention	Grant / Contract	Yes
Harvard School of Public Health	Employment Current Employment	Yes
Title: Senior Research Analyst		

Additional Questions

1. Please select which of the following apply to each relationship or activity:

a. Employment Harvard School of Public Health

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

b. Grant / Contract Centers for Disease Control and Prevention

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