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| ICMJE DISCLOSURE FORM | |
| **Date:** | 9/7/2023 |
| **Your Name:** | Christopher Hoover |
| **Manuscript Title:** | Evaluation of an equity-focused vaccine allocation policy on vaccination rates and COVID-19 outcomes in California, 2021 |
| **Manuscript Number (if known):** | Click or tap here to enter text. |
| 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 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)** |
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| **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** |  |  |  | | --- | --- | | California Department of Public Health | Supported authors through salary and benefits | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities NH75OT000035-01-03 | CDC grant awarded to UCSF to partially support PBS and AK | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Johns Hopkins University Center for Health Security | Travel covered for attendance at Emerging Leaders in Biosecurity Initiative (ELBI) annual research symposium | | Council of State and Territorial Epidemiologists (CSTE) | Travel covered to attend CSTE modeling workshop | |  |  | | |
| **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** |  |  |  | | --- | --- | | Relevant tickers in health-related field include JNJ, ABBV, DNA, PFE, EDIT, ME | Various retirement holdings with small positions <$5000 | |  |  | |  |  | | |
| **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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