

**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.

Disclosure Purpose: 21-16414

## Summary of Interests

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

## Additional Questions:

1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

No.

2. **What is the manuscript title?**

Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report

3. **Are you the corresponding author?**

Yes.

- a. **Please list the other authors' names here.**

Kirsten E. Lyke, M.D., Meagan E. Deming, M.D., Ph.D, Lisa A. Jackson, M.D., M.P.H., Angela R. Branche, M.D., Hana M. El Sahly, M.D., Christina A. Rostad, M.D., Judith M. Martin, M.D., Christine Johnston, M.D., M.P.H., Richard E. Rupp, M.D., Mark J. Mulligan, M.D., Rebecca C. Brady, M.D., Robert W. Frenck, Jr., M.D., Martín Bäcker, M.D., Angelica C. Kottkamp, M.D., Tara M. Babu, M.D., M.S.C.I., Kumaravel Rajakumar, M.D., M.S., Srilatha Edupuganti, M.D., M.P.H., David Dobrzynski, M.D., Rhea N. Coler, M.Sc., Ph.D., Christine M. Posavad, Ph.D., Janet I. Archer, M.Sc., Sonja Crandon, B.S.N., Seema U. Nayak, M.D., Daniel Szydlo, M.S., Jillian A. Zemanek, M.P.H., Clara P. Dominguez Islas, Ph.D, Elizabeth R. Brown, Sc.D., Mehul S. Suthar, Ph.D., M. Juliana McElrath, M.D., Ph.D., Adrian B. McDermott, Ph.D., Sarah E. O'Connell, M.S., David C. Montefiori, Ph.D., Amanda Eaton, M.B.A., Kathleen M. Neuzil, M.D., David S. Stephens, M.D., Paul C. Roberts, Ph.D., John H. Beigel, M.D.

## Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

### Summary of Interests

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

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



Disclosure Purpose: 21-16414

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By
<a href="#">AstraZeneca</a>	Grant / Contract	Other - Cincinnati Children's Hospital Medical Center
<i>Recipient Name:</i> Cincinnati Children's Hospital Medical Center <i>Grant / Contract Description:</i> Conduct of clinical trials of COVID-19 candidate vaccines <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research
<a href="#">PATH</a>	Grant / Contract	Other - Cincinnati Children's Hospital Medical Center
<i>Recipient Name:</i> Cincinnati Children's Hospital Medical Center <i>Grant / Contract Description:</i> Conduct of clinical trials of NIPAH virus candidate vaccines <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research
<a href="#">Pfizer Inc.</a>	Grant / Contract	Other - Cincinnati Children's Hospital Medical Center
<i>Recipient Name:</i> Cincinnati Children's Hospital Medical Center <i>Grant / Contract Description:</i> Conduct of clinical trials of candidate COVID-19 vaccines <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations-Preliminary Report
- Are you the corresponding author?**  
No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.

Disclosure Purpose: 21-16414

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By
<a href="#">AstraZeneca</a>	Grant / Contract	Other - Cincinnati Children's Hospital Medical Center
<i>Recipient Name:</i> Cincinnati Children's Hospital Medical Center		<i>Recipient Type:</i> Institution
<i>Grant / Contract Description:</i> Conduct of clinical trials of COVID-19 candidate vaccines		<i>Grant / Contract Purpose:</i> Research
<i>Additional Information:</i>		
<a href="#">PATH</a>	Grant / Contract	Other - Cincinnati Children's Hospital Medical Center
<i>Recipient Name:</i> Cincinnati Children's Hospital Medical Center		<i>Recipient Type:</i> Institution
<i>Grant / Contract Description:</i> Conduct of clinical trials of NIPAH virus candidate vaccines		<i>Grant / Contract Purpose:</i> Research
<i>Additional Information:</i>		
<a href="#">Pfizer Inc.</a>	Grant / Contract	Other - Cincinnati Children's Hospital Medical Center
<i>Recipient Name:</i> Cincinnati Children's Hospital Medical Center		<i>Recipient Type:</i> Institution
<i>Grant / Contract Description:</i> Conduct of clinical trials of candidate COVID-19 vaccines		<i>Grant / Contract Purpose:</i> Research
<i>Additional Information:</i>		

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

No.
- What is the manuscript title?**

Heterologous SARS-CoV-2 Booster Vaccinations-Preliminary Report
- Are you the corresponding author?**

No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

### Summary of Interests

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

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.



Disclosure Purpose: 21-16414

Summary of Interests

**Company or Organization**

Entity	Type	Interest Held By
<b>Bill and Melinda Gates Foundation</b>	Grant / Contract	Self
<i>Recipient Name:</i> University of Washington <i>Grant / Contract Description:</i> <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i>
<b>Fred Hutchinson Cancer Research Center</b>	Employment	Self
<i>Title:</i> Professor <i>Additional Information:</i>		<i>Position Description:</i> Faculty biostatistician
<b>Merck Sharp and Dohme</b>	Data And Safety Monitoring	Self
<i>Category:</i> Data And Safety Monitoring <i>Additional Information:</i>		<i>Description:</i> Statistician on a DSMB
<b>National Institute of Allergy and Infectious Diseases</b>	Grant / Contract	Self
<i>Recipient Name:</i> Fred Hutchinson Cancer Research Center <i>Grant / Contract Description:</i> <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i>

Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations - Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

### Summary of Interests

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

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.

Disclosure Purpose: 21-16414

Summary of Interests

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

Additional Questions:

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

Certification

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

## Summary of Interests

**Company or Organization**

Entity	Type	Interest Held By
<a href="#">Johnson &amp; Johnson Health Care Systems Inc.</a>	Stock	Spouse/Partner
<i>Additional Information:</i>		

## Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

## Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

## Summary of Interests

Company or Organization		
Entity	Type	Interest Held By
<b>PFIZER CANADA INC</b>	Grant / Contract	Self
<i>Recipient Name:</i> Emory University <i>Grant / Contract Description:</i> drug <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research
<b>SANOFI PASTEUR INC.</b>	Grant / Contract	Self
<i>Recipient Name:</i> Emory University <i>Grant / Contract Description:</i> Vaccine study <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research

## Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

## Certification

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



Disclosure Purpose: 21-16414

Summary of Interests

**Company or Organization**

Entity	Type	Interest Held By
Pfizer	Grant / Contract	Self

*Recipient Name:* Cincinnati Children's Hospital Medical Center  
*Grant / Contract Description:* Clinical Trial grant for COVID-19 vaccines  
*Additional Information:*

*Recipient Type:* Institution  
*Grant / Contract Purpose:* Research

Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?  
No.
- What is the manuscript title?  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?  
No.

Certification

I certify that the information provided in this disclosure is complete and accurate.

Disclosure Purpose: 21-16414

Summary of Interests

**Company or Organization**

Entity	Type	Interest Held By
National Institutes of Health	Grant / Contract	Self
<i>Recipient Name:</i> Kaiser Permanente Washington <i>Grant / Contract Description:</i> Funding for the conduct of a Phase 3 vaccine trial <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research

Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

Certification

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

## Summary of Interests

Company or Organization	Entity	Type	Interest Held By
	AbbVie	Consultant	Self
<i>Category:</i> Consultant <i>Additional Information:</i>		<i>Description:</i> Consultant on clinical trials related to COVID-19 therapeutics	
	Gilead Sciences	Consultant	Self
<i>Category:</i> Consultant <i>Additional Information:</i> Gave a talk on HSV infection and Alzheimer's Disease to Gilead group.		<i>Description:</i> HSV consultant	
	Medpace	Data And Safety Monitoring	Self
<i>Category:</i> Data And Safety Monitoring <i>Additional Information:</i>		<i>Description:</i> Chair of a DSMB for a COVID-19 therapeutic trial, which has since been terminated.	

## Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

## Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

### Summary of Interests

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

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

## Summary of Interests

Company or Organization		
Entity	Type	Interest Held By
<a href="#">Pfizer Inc.</a>	Other	Self
<i>Category:</i> Other <i>Additional Information:</i> Receive salary support		<i>Description:</i> Clinical Investigator on COVID-19 trials.

## Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

## Certification

I certify that the information provided in this disclosure is complete and accurate.

Disclosure Purpose: 21-16414

Summary of Interests

**Company or Organization**

Entity	Type	Interest Held By
<a href="#">Merck</a>	Consultant	Self
<i>Category:</i> Consultant <i>Additional Information:</i>		<i>Description:</i> consultant on an unrelated project

Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

Certification

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

### Summary of Interests

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

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations
- Are you the corresponding author?**  
No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

### Summary of Interests

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

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV2 Booster Vaccinations
- Are you the corresponding author?**  
No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

## Summary of Interests

Company or Organization		
Entity	Type	Interest Held By
Moderna	Grant / Contract	Self
<i>Recipient Name:</i> David C. Montefiori <i>Grant / Contract Description:</i> Laboratory assessments of neutralizing antibody responses in COVID-19 vaccine clinical trials		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research <i>Additional Information:</i>

## Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
Yes.
  - Please describe those relationships.**  
Dr. Montefiori's laboratory received research funding from Moderna
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

## Certification

I certify that the information provided in this disclosure is complete and accurate.

# Mark Mulligan

Disclosure Purpose: 21-16414

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By
<a href="#">Eli Lilly and Company</a>	Grant / Contract	Self
<i>Recipient Name:</i> Mark J. Mulligan MD FIDSA <i>Grant / Contract Description:</i> clinical research; laboratory research <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research
<a href="#">meissa vaccines</a>	Consultant	Self
<i>Category:</i> Consultant <i>Additional Information:</i> relating to covid vaccine development		<i>Description:</i> scientific advisory board
<a href="#">Merck</a>	Other	Self
<i>Category:</i> Other <i>Additional Information:</i>		<i>Description:</i> Scientific Advisory Board
<a href="#">Pfizer</a>	Grant / Contract	Self
<i>Recipient Name:</i> Mark Mulligan <i>Grant / Contract Description:</i> Pfizer Covid vaccines clinical trials <i>Additional Information:</i> research contract to NYU; i also serve on the Pfizer covid advisory board		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research
<a href="#">SANOFI PASTEUR INC.</a>	Grant / Contract	Self
<i>Recipient Name:</i> Mark J. Mulligan MD FIDSA <i>Grant / Contract Description:</i> vaccine trials <i>Additional Information:</i>		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

No.
- What is the manuscript title?**

Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**

No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



Disclosure Purpose: 21-16414

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By
National Institute of Health	Grant / Contract	Self
<b>Recipient Name:</b> Dr. Kathleen Neuzil <b>Grant / Contract Description:</b> To participate in overall organization of COVID vaccine trials & for participation in vaccine trials		<b>Recipient Type:</b> Individual <b>Grant / Contract Purpose:</b> Research <b>Additional Information:</b> Dr. Kathleen Neuzil receives grants from NIH to participate in overall organization of COVID vaccine trials and for participation in vaccine trials
Pfizer Inc.	Grant / Contract	Other - University of Maryland School of Medicine Center for Vaccine Development and Global Health
<b>Recipient Name:</b> University of Maryland School of Medicine Center for Vaccine Development and Global Health <b>Grant / Contract Purpose:</b> Research		<b>Recipient Type:</b> Institution <b>Grant / Contract Description:</b> Conducts clinical trials of COVID vaccines. <b>Additional Information:</b> The University of Maryland School of Medicine Center for Vaccine Development and Global Health (CVD) receives grants from Pfizer to conduct clinical trials of COVID vaccines. Dr. Kathy Neuzil receives no salary support on this grant.

## Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

## Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

### Summary of Interests

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

### Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?**  
No.

### Certification

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccination -Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



Disclosure Purpose: 21-16414

## Summary of Interests

Company or Organization	Type	Interest Held By
<a href="#">Janssen Biotech, Inc.</a> <i>Category:</i> Other <i>Additional Information:</i> Funding to Emory University	Other	Self <i>Description:</i> Sub-investigator on Janssen Ensemble COVID-19 vaccine study
<a href="#">Moderna, Inc.</a> <i>Category:</i> Other <i>Additional Information:</i>	Other	Self <i>Description:</i> Sub-investigator on COVID-19 vaccine studies COVE and Kid-COVE
<a href="#">Pfizer Inc.</a> <i>Category:</i> Other <i>Additional Information:</i> Funding to Emory University	Other	Self <i>Description:</i> Sub-investigator on Pfizer Pediatric COVID-19 vaccine study

Intellectual Property	Type	Is Licensed	Interest Held By						
<a href="#">Patent - Chimeric RSV, Immunogenic Compositions, and Meth ...</a> <i>Description:</i> Chimeric RSV, Immunogenic Compositions, and Methods of Use <i>Patent Status:</i> Issued <i>Filing Jurisdiction:</i> <i>Licensees:</i>		Yes	Self <i>Patent Number:</i> US2016/058976 <i>Patent Holder:</i> Current Institution <i>Additional Information:</i>						
<table border="1"><thead><tr><th>Licensee</th><th>Title</th><th>Date</th></tr></thead><tbody><tr><td>Meissa Vaccines, Inc</td><td></td><td></td></tr></tbody></table>	Licensee	Title	Date	Meissa Vaccines, Inc					
Licensee	Title	Date							
Meissa Vaccines, Inc									

Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?  
No.
- What is the manuscript title?  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- Are you the corresponding author?  
No.

Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.

Disclosure Purpose: 21-16414

## Summary of Interests

Company or Organization		
Entity	Type	Interest Held By
<a href="#">ModernaTX</a>	Consultant	Self
<i>Category:</i> Consultant <i>Additional Information:</i>		<i>Description:</i> Consultation service to ModernaTX on the Epidemiology COVID-19 Variant Advisory Board
<a href="#">Ocugen</a>	Consultant	Self
<i>Category:</i> Consultant <i>Additional Information:</i>		<i>Description:</i> I serve in an advisory role for Ocugen

## Additional Questions:

- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations
- Are you the corresponding author?**  
No.

## Certification

I certify that the information provided in this disclosure is complete and accurate.

**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations - Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.



**Disclosure Purpose:** 21-16414

**Summary of Interests**

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

**Additional Questions:**

- 1. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**  
No.
- 2. **What is the manuscript title?**  
Heterologous SARS-CoV-2 Booster Vaccinations – Preliminary Report
- 3. **Are you the corresponding author?**  
No.

**Certification**

I certify that the information provided in this disclosure is complete and accurate.