

ICMJE DISCLOSURE FORM

Date: 25/08/2021 _____

Your Name: Alan Yeung _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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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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			
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.	National Institute for Health Research (NIHR)	Research grant awarded to Institution
		Public Health Scotland	Research grant awarded to Institution
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, 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	

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: 06/09/2021 _____

Your Name: David Goldberg _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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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		Public Health Scotland	Research grant awarded to Institution
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, 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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 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: 06/09/2021 _____

Your Name: John F Dillon _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Gilead	Grant outside the submitted work
		Abbvie	Grant outside the submitted work
		MSD	Grant outside the submitted work
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead	Honoraria outside the submitted work
		Abbvie	Honoraria outside the submitted work
		MSD	Honoraria outside the submitted work
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	
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ICMJE DISCLOSURE FORM

Date: 06/09/2021 _____

Your Name: Kate Templeton _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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		Public Health Scotland	Research grant awarded to Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	GenMark	Grant outside the submitted work
		Cepheid	Grant outside the submitted work
		Qiagen	Grant outside the submitted work
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	SpeedX	
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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ICMJE DISCLOSURE FORM

Date: 06/09/2021 _____

Your Name: Matthew Hickman _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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Time frame: past 36 months			
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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	
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	
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ICMJE DISCLOSURE FORM

Date: 24/08/2021 _____

Your Name: Norah Palmateer _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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		Public Health Scotland	Research grant awarded to Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> 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 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: 26/8/2021 _____

Your Name: Peter Hayes _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Falk, Ferring, Gore, Lundbeck, Norgine	
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	Abbvie, BMS, Eisai Ltd, Ferring, Gilead, Janssen, MSD, Novartis, ONO	
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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ICMJE DISCLOSURE FORM

Date: 26/8/2021 _____

Your Name: Rory Gunson _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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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	
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ICMJE DISCLOSURE FORM

Date: 06/09/2021 _____

Your Name: Stephen Barclay _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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		Public Health Scotland	Research grant awarded to Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Gilead	Grant outside the submitted work
		Abbvie	Grant outside the submitted work
3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead	Personal fees outside the submitted work
		Abbvie	Personal fees outside the submitted work
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	
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ICMJE DISCLOSURE FORM

Date: 26/8/2021 _____

Your Name: Sharon Hutchinson _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead	Honoraria to S Hutchinson for presentation at symposium
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	
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ICMJE DISCLOSURE FORM

Date: 25/08/2021 _____

Your Name: Scott A McDonald _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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ICMJE DISCLOSURE FORM

Date: 31/08/2021 _____

Your Name: Shanley Smith _____

Manuscript Title: Population-level estimates of hepatitis C reinfection post scale-up of direct-acting antivirals among people who inject drugs _____

Manuscript number (if known): JHEPAT-D-21-01116 _____

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