

## ICMJE DISCLOSURE FORM

Date: 19-03-2021  
 Your Name: MJ Sonneveld  
 Manuscript Title: Decrease in viral hepatitis diagnoses during the COVID-19 pandemic in the Netherlands  
 Manuscript number (if known): -

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**.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
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:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eline

2. Surname (Last Name)  
Op de Coul

3. Date  
08-April-2021

4. Are you the corresponding author?  Yes  No Corresponding Author's Name

5. Manuscript Title  
DECREASE IN VIRAL HEPATITIS DIAGNOSES DURING THE COVID-19 PANDEMIC IN THE NETHERLANDS

6. Manuscript Identifying Number (if you know it)  
JHEPAT-D-21-00646

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Op de Coul has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Irene

2. Surname (Last Name)

Veldhuijzen

3. Date

08-April-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Milan Sonneveld

5. Manuscript Title

DECREASE IN VIRAL HEPATITIS DIAGNOSES DURING THE COVID-19 PANDEMIC IN THE NETHERLANDS

6. Manuscript Identifying Number (if you know it)

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Dr. Veldhuijzen has nothing to disclose.

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1. Given Name (First Name)

Thijs

2. Surname (Last Name)

van de Laar

3. Date

08-April-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

M.J. Sonneveld

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Dr. van de Laar has nothing to disclose.

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1. Given Name (First Name) Adriaan      2. Surname (Last Name) van der Meer      3. Date 08-April-2021

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AbbVie	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	my institution received financial compensation for consultancy
Zambon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	my institution received financial compensation for a lecture
Intercept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	my institution received financial compensation for consultancy
MSD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. van der Meer reports grants from Gilead, AbbVie, MSD, and Zambon and his institution received financial compensation for consultancy or lectures from AOP Orphan and Zambon, outside the submitted work; .

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