ICMJE DISCLOSURE FORM

Date: 8/5/2022

Your Name: David C Gaston

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

Manuscript Number (if known): 162007-INS-CMED-TR-2

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)**
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	
			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**	
		Johns Hopkins Fisher Center Discovery Program	
		Johns Hopkins Accelerated Translational Incubator Pilot Program	
3	Royalties or licenses	☒ **None**	

		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)
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**	
		American Society of Transplantation (Consensus Conference for Advanced Diagnostics for Transplant Infectious Diseases)	

		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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None**	
		IDbyDNA	
		Illumina	
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 DISCLOSURE FORM

Date: 8/5/2022

Your Name: Raghda E. Eldesouki

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

Manuscript Number (if known): 162007-INS-CMED-TR-2

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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**	

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/5/2022

Your Name: Amary Fall

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

Manuscript Number (if known): 162007-INS-CMED-TR-2

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13	Other financial or non-financial interests	☒ **None**	

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Date: 8/5/2022

Your Name: Julie M. Norton

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

Manuscript Number (if known): 162007-INS-CMED-TR-2

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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**	
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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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Date: 8/5/2022

Your Name: Eili Y. Klein

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

Manuscript Number (if known): 162007-INS-CMED-TR-2

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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**	

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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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Date: 8/5/2022

Your Name: Chun Huai Luo

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

Manuscript Number (if known): 162007-INS-CMED-TR-2

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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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Date: 8/5/2022

Your Name: C Paul Morris

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

Manuscript Number (if known): 162007-INS-CMED-TR-2

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3	Royalties or licenses	☒ **None**	

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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**	
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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
			Research contract
			Research contract
			Research contract
13	Other financial or non-financial interests	☒ **None**	

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Date: 8/5/2022

Your Name: Heba Mostafa

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

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		CIERS HHSN272201400007C CDC BAA 75D301-21-C-11061 Maryland Department of Health The Johns Hopkins University	
			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**	
		FCDP Grant, Johns Hopkins University NIH UM1AI0686 NIH UM1 AI068613-14 NIH R01 DA045556-04S1 NIH 3U54HL143541-02S2	
		BioRad NIH 4UH3CA211396-03 NIH R01 CA243393	

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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**	
		Roche	
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,	☐ **None**	

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None**	
		BioRad	Research contract
		DiaSorin	Research contract
		Hologic	Research contract
13	Other financial or non-financial interests	☒ **None**	

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Date: 8/5/2022

Your Name: Nicholas Gallagher

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

Manuscript Number (if known): 162007-INS-CMED-TR-2

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Date: 8/5/2022

Your Name: Omar Abdullah

Manuscript Title: **Reinfections with SARS-CoV-2 during Delta and Omicron Waves**

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