ICMJE DISCLOSURE FORM

Date: 1/28/2025

Your Name: Olivia BONDUELLE

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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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		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			
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			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**	
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**	

		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**	
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: 1/31/2025

Your Name: Tristan DELORY

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/28/2025

Your Name: Isabelle Franco Moscardini

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/29/2025

Your Name: Marion GHIDI

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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Time frame: past 36 months			
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8	Patents planned, issued or pending	☒ **None**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 1/28/2025

Your Name: Selma Bennacer

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/28/2025

Your Name: WOKAM MICHELE NOEL

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/31/2025

Your Name: Mathieu LENORMAND

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/31/2025

Your Name: Melissa PETRIER

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/28/2025

Your Name: Rogeaux olivier

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/28/2025

Your Name: Simon de Bernard

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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		CIMI	AltraBio was a subcontractor for transcriptomics data generation and analysis
			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**	
3	Royalties or licenses	■ **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: **28/01/2025**

Your Name: ALVES

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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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.

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		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	
		Centre d'Immunologie et des Maladies infectieuses CIMI-Paris	AltraBio was a subcontractor for transcriptomics data generation and analysis
			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).	x **None**	
3	Royalties or licenses	x **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	x **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x **None**	
6	Payment for expert testimony	x **None**	
7	Support for attending meetings and/or travel	x **None**	
8	Patents planned, issued or pending	x **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x **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)
11	Stock or stock options	x **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x **None**	
13	Other financial or non-financial interests	x **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: 1/28/2025

Your Name: Nourikyan

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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		CIMI-Paris	AltraBio was a subcontractor for transcriptomics data generation and analysis
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Time frame: past 36 months			
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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**	

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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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ICMJE DISCLOSURE FORM

Date: 1/28/2025

Your Name: Bruno LINA

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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3	Royalties or licenses	☒ **None**	

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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	☒ **Sanofi**	
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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ICMJE DISCLOSURE FORM

Date: 1/29/2025

Your Name: Behazine Combadiere

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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		Sanofi	Article processing charges
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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**	

		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**	
		Sanofi	Consulting fees as advisory board member
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**	

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

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ICMJE DISCLOSURE FORM

Date: 1/29/2025

Your Name: JANSSEN Cécile

Manuscript Title: **Boosting effect of high-dose influenza vaccination on innate immunity among elderly: a randomized-control trial**

Manuscript Number (if known): 184128-INS-CRPH-RV-3

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