



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

T + 32 2 649 51 64 - F + 32 2 640 37 30

<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME : Rafi Ahmed

AFFILIATION: Emory University, School of Medicine

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: November 29, 2022



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Conflict of Interest Disclosure Form

NAME : Roy ANDERSON

AFFILIATION: Imperial College London.

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Leiden Laboratories, Netherlands

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

→ GlaxoSmithKline, AstraZeneca.

Spouse/partner:

Other support (please specify):

Signature:

R.M. Anderson

Date:

10/01/2023.



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Conflict of Interest Disclosure Form

NAME : NICK ANDREWS

AFFILIATION: U.K. HEALTH SECURITY AGENCY

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Nick Andrews

Date: 5/10/2022



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Conflict of Interest Disclosure Form

NAME: Dr Narendra Kumar Arora

AFFILIATION: Executive Director – The INCLEN Trust International, New Delhi – India

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

04.10.2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME: Edwin J. Asturias, MD

AFFILIATION: University of Colorado School of Medicine, USA

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Pfizer, Biofire

Receipt of honoraria or consultation fees:

Curevac, Inovio, Moderna, Merck

Participation in a company sponsored speaker's bureau:

None

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date: October 20, 2022



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Conflict of Interest Disclosure Form

NAME :Madhava Ram Balakrishnan.....

AFFILIATION:WHO.....

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Madhava Ram*

Date: 30.11.2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME :Ananda Sankar Bandyopadhyay.....

AFFILIATION: ...Deputy Director, Bill and Melinda Gates Foundation.....

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

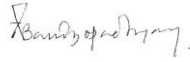
Spouse/partner:

Other support (please specify):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature:



Date: November 8, 2022



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Conflict of Interest Disclosure Form

NAME : Norman W. Baylor

AFFILIATION: Biologics Consulting Group, Inc.

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DISCLOSURE

☐ I have no potential conflict of interest to report

X ☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

I provide regulatory advice and strategy to the regulated industry, NGOs, and universities.

Signature:

Date: 12 January 2023



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Conflict of Interest Disclosure Form

NAME : ...Ozzie Berger.....

AFFILIATION: ...Hillevax Corp.....

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DISCLOSURE

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☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

GSK; Hillevax

Spouse/partner:

Other support (please specify):

Signature:

Date:

07 Nov 2022



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Conflict of Interest Disclosure Form

NAME: PRISTINA CASSETT

AFFILIATION: NIH/NIAD

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

P. Cassett

Date:

13 JANUARY 2023

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Conflict of Interest Disclosure Form

NAME : ...Christopher Chiu.....

AFFILIATION: ...Imperial College London.....

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DISCLOSURE

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☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Investigator-led project grant	Merck/MSD
MRC/GSK EMINENT consortium grant	GSK
Receipt of honoraria or consultation fees:	
Scientific advisory panel (influenza vaccine programme)	Sumitomo
Trial steering committee (SARS-CoV-2 vaccine trial)	Reithera
Scientific advisory consultation (antiviral programme)	Aligos Therapeutics
Participation in a company sponsored speaker's bureau:	
Infectious Respiratory Disease Forum speaker	Sanofi

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Stock shareholder: N/A

Spouse/partner: N/A

Other support (please specify): N/A

Signature: 

Date: 30-NOV-2022



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Conflict of Interest Disclosure Form

NAME :John Clemens.....

AFFILIATION:IVI.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

XX ☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Received
consulting fee from Johnson and Johnson for service on an
Ebola advisory committee

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation



Date: October 5, 2022



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

NAME : ...Alejandro Cravioto.....

AFFILIATION: ...Facultad de Medicina, Universidad Nacional Autónoma de México, Mexico

City.....

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☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: November 7, 2022



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Conflict of Interest Disclosure Form

NAME: Prof Nigel Curtis

AFFILIATION: The University of Melbourne

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DISCLOSURE

I have no potential conflict of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 5th Oct 2022



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

NAME : ...Ron Dagan.....

AFFILIATION: ...Ben Gurion University, Faculty of Health Sciences, Israel.....

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Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Pfizer, MSD, AstraZeneca

Pfizer, MSD

Pfizer, MSD, Sanofi Pasteur, GSK

none

none

none

Signature:

Date: 29 NOV 2022



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SPECIALISTS (UEMS)**
**EUROPEAN ACCREDITATION COUNCIL ON CME
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Conflict of Interest Disclosure Form

NAME : Maria Carolina DANOVARO

AFFILIATION: World Health Organization (WHO)

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DISCLOSURE

- X I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 30 Nov 2022



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Conflict of Interest Disclosure Form

NAME :DIANA.....

AFFILIATION:Alessandro.....

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: Geneva, 05.10.2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Arnaud Didierlaurent.....

AFFILIATION: ...University of Geneva.....

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☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Moderna, Roche, GSK

Receipt of honoraria or consultation fees:

Sanofi, Roche, Speranza, ACM Biologicals

Participation in a company sponsored speaker's bureau:

Roche, Merck

Stock shareholder:

Spouse/partner:

Work at GSK

Other support (please specify):

Signature:

Date: 25/11/2022



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Conflict of Interest Disclosure Form

NAME :Betty DODET.....

AFFILIATION: ...DODET BIOSCIENCE (DBS).....

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☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Merck

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 19 October 2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : PHILIPPE DUCLOS.....

AFFILIATION: UNIVERSITY OF GENEVA, DIRECTOR ADVAC.....

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 20/10/2022



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<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : ...Anna P. Durbin

AFFILIATION: ...Johns Hopkins Bloomberg School of Public Health.

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

None

Receipt of honoraria or consultation fees:

Merck & Co. I gave a lecture on dengue vaccines to a Merck vaccine course and received an Honoraria.

Participation in a company sponsored speaker's bureau:

None

Stock shareholder:

None

Spouse/partner:

No conflict

Other support (please specify):

None

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature: 

Date: 03 Nov 2022



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Conflict of Interest Disclosure Form

NAME : Christiane EBERHARDT

AFFILIATION: University Hospitals Geneva

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Name of commercial company

Research support of investigator-initiated clinical study on RSV (Pfizer)

Honoraria to the institution: invited speaker at – 2021 Global Academy on Vaccination in Pregnancy for OB/GYN physicians (Sanofi Pasteur)

Academic medical education / COVID-19 - Vaccine Development & Implementation Workshop 2021 (virology education)

- 2020 Vaccinology Conference for Sanofi Pasteur Senior staff (Dodet Bioscience)

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Stock shareholder:

Spouse/partner:

Other support (please specify):

Pfizer research prize 2017, Switzerland

Signature:



Date: 08.12.2022



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Conflict of Interest Disclosure Form

NAME :Janet A Englund.....

AFFILIATION: ...University of Washington/ Seattle Children's Hospital.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

AstraZeneca, GlaxoSmithKline, Merck, Pfizer –
all to my university

Receipt of honoraria or consultation fees:

SanofiPasteur, Moderna, Meissa Vaccines, and
Pfizer

Participation in a company sponsored speaker's bureau:

NO

Stock shareholder:

NO

Spouse/partner:

NO CONFLICTS

Other support (please specify):

Signature:

Date: Oct 10, 2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Emily Erbeling.....

AFFILIATION: NIAID/NIH.....

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 26 November 2022



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Conflict of Interest Disclosure Form

NAME : Saeedeh Fakhrzadeh

AFFILIATION: Regulatory Affairs

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: December 2, 2022



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SPECIALISTS (UEMS)**
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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Adam Finn

AFFILIATION: University of Bristol

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☐ I have no potential conflict of interest to report

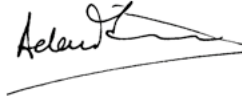
☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Sanofi/GSK/Pfizer/Valneva/AstraZeneca
Receipt of honoraria or consultation fees:	Bionet Asia/Hillevarx/Imophoron/Janssen/RQ Bio/VB Vaccines
Participation in a company sponsored speaker's bureau:	N/A
Stock shareholder:	N/A
Spouse/partner:	Consultancy Pfizer/Sanofi/GSK
Other support (please specify):	N/A

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EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, appearing to be 'A. L. J.', with a long horizontal stroke extending to the right.

Date: 3rd Nov 2022



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Conflict of Interest Disclosure Form

NAME Marta Gacic Dobo:

AFFILIATION: World Health Organisation....

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 29/11/2022



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Conflict of Interest Disclosure Form

NAME : Dr Deepa Gamage

AFFILIATION: Consultant (Vaccination & VPD), WHO Country office for Malaysia, Brunei Darussalam and Singapore (on long term leave from Ministry of Health Sri Lanka)

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest : No-not applicable

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

04/11/2022



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Conflict of Interest Disclosure Form

NAME : VERONICA GAMBILARA FONCK

AFFILIATION: PUREOS BIOVENTURES

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DISCLOSURE

☒ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder: LYMAT ECH BIOLOGIES

Spouse/partner:

Other support (please specify):

Signature:

Date:

15.12.2022

UEMS_{asbl} – Union Européenne des Médecins Spécialistes

IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. Manish Gautam

AFFILIATION: SERUM INSTITUTE OF INDIA PVT LTD, INDIA.

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): I work for Serum Institute of India Pvt Ltd.

Signature:

Gautam

Date:

08/05/2023



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Conflict of Interest Disclosure Form

NAME : Bradford D. Gessner

AFFILIATION: Pfizer Inc.

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

X I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Pfizer, Inc.

Spouse/partner:

Other support (please specify):

I am an employee of Pfizer, Inc.

Signature:

Date:

9 October 2022



**EUROPEAN UNION OF MEDICAL
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**EUROPEAN ACCREDITATION COUNCIL ON CME
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Conflict of Interest Disclosure Form

NAME : David Goldblatt

AFFILIATION: University College London

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

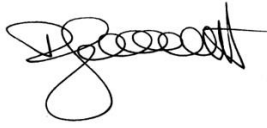
Stock shareholder:

Spouse/partner:

Other support (please specify):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation



Signature:

Date: 29/11/2022



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

NAME : ...Barney S. Graham.....

AFFILIATION: ...Morehouse School of Medicine.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

GSK, Pfizer, Janssen, Sanofi, Merck,
AstroZeneca ad hoc consultation

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Icosavax, Greenlight Biosciences, Inc., Vaccine
Company, Inc., Third Rock Ventures, Inc.
Foundry and on the Scientific Advisory Board

Spouse/partner:

Other support (please specify):

I am an inventor on some patents for antiviral
vaccines and monoclonal antibodies.

Signature: 

Date: 29 November 2022



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Conflict of Interest Disclosure Form

NAME: **David Greenberg**

AFFILIATION: **Sanofi**

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Sanofi

Spouse/partner:

Other support (please specify):

Sanofi employee

Signature:

David Greenberg

Date: **October 3, 2022**



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

NAME : Dr Pradeep Halder

AFFILIATION: John Snow India Pvt. Ltd.

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Pradeep

Date:

11th Oct 2022



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Conflict of Interest Disclosure Form

NAME :Deborah Hall.....

AFFILIATION:Freelance consultant on communication and media affairs.....

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

N/A

Receipt of honoraria or consultation fees:

DIRECT FROM ASUT FOR THIS INTERACTION.

Participation in a company sponsored speaker's bureau:

N/A

Stock shareholder:

N/A

Spouse/partner:

N/A

Other support (please specify):

N/A

Signature:

Deborah Hall

Date: 10th October 2022



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Conflict of Interest Disclosure Form

NAME: Randa Hamadé

AFFILIATION: Ministry of Public Health - Lebanon

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: October 11, 2022

REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH
Dr. Randa Hamadé
Head Social Health Service
& PHC Department
Immunization Program Manager



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Conflict of Interest Disclosure Form

NAME : Mary J Hamel M.D.....

AFFILIATION: WHO.....

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Mary J Hamel* Type text here

Date: 9 Nov 2022



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Conflict of Interest Disclosure Form

NAME : Penny m. Heaton

AFFILIATION: Janssen Pharmaceuticals

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder: Janssen Pharmaceuticals (Employer)

Spouse/partner:

Other support (please specify):

Signature:

Penny m Heaton

Date:

Oct 3, 2022



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Conflict of Interest Disclosure Form

NAME : Robert S Heyderman

AFFILIATION: University College London

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 5/10/22



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Conflict of Interest Disclosure Form

NAME : Ilesh Vinodrai Jani

AFFILIATION: Instituto Nacional de Saúde, Mozambique

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 06 December, 2022



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Conflict of Interest Disclosure Form

NAME : Dr. Luis Jodar

AFFILIATION: Pfizer

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DISCLOSURE

☐ I have no potential conflict of interest to report

X ☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Pfizer

Spouse/partner:

Other support (please specify):

Signature:

Date: October 11, 2022



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Conflict of Interest Disclosure Form

NAME :Kari Johansen.....

AFFILIATION: ...Public Health Agency of Sweden.....

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

February 8, 2023



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Conflict of Interest Disclosure Form

NAME : Philippe Davin

AFFILIATION: SANOFI PASTEUR

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder: - - - - - X

Spouse/partner:

Other support (please specify): - - - - - Employee of SANOFI PASTEUR

Signature:

Date:

3 Oct 2022



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Conflict of Interest Disclosure Form

NAME : KEITH P. KRUGMAN
AFFILIATION: DIRECTOR, BILL & MELINDA GATES FOUNDATION

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Keith P. Krugman

Date:

29/11/2022



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Conflict of Interest Disclosure Form

NAME : Souleymane KONE

AFFILIATION: WORLD HEALTH ORGANIZATION (WHO)

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 06 October 2022



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Conflict of Interest Disclosure Form

NAME: Professor Shamez Ladhani

AFFILIATION: UK Health Security Agency (UKHSA)

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

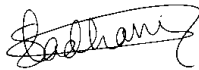
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	(1) I perform contract research work for pharmaceutical companies, including vaccine manufacturers, on behalf of St. George's University of London (SGUL) and UK Health Security Agency (UKHSA), but do not receive

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

	<p>ant personal remuneration</p> <p>(2) The Immunisation Department at UKHSA has provided vaccine manufacturers with post-marketing surveillance reports on meningococcal, <i>Haemophilus influenzae</i>, and pneumococcal infections, which the companies are required to submit to the UK Licensing Authority in compliance with their Risk Management Strategy. A cost recovery charge is made for these reports.</p>
--	--

Signature:



Date: 13 December 2022



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Conflict of Interest Disclosure Form

NAME :Ramanan Laxminarayan.....

AFFILIATION: ...One Health Trust/Princeton University.....

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

2022

Date: Oct 23,



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Conflict of Interest Disclosure Form

NAME : LE GRAND Roger
AFFILIATION : CEA-IMGEN-UPSACLAY

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DISCLOSURE

- ☒ I have no potential conflict of interest to report
☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Roger LE GRAND

Date:

17. 01. 2023



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Conflict of Interest Disclosure Form

NAME : Prof. Myron M Levine.....

AFFILIATION: Center for Vaccine Development & Global Health, University of Maryland School of Medicine, Baltimore, MD 21201.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	None
Receipt of honoraria or consultation fees:	None
Between January 2017 and Mar 2020, I served on paid Advisory Panels or did consultancies for: None of these were related to the AdVac course.	Sanofi Pasteur Vaccines Merck Vaccines Pfizer Vaccines
Participation in a company sponsored speaker's bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify): Royalties on patents	Bharat biotech International

Signature:

Date: 10 January, 2023



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Romina Libster

AFFILIATION: Fundacion INFANT / iTRIALS

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Bill and Melinda Gates Foundation (PI Polack) /
PATH / London School of Hygiene and Tropical
Medicine / Merck / Pfizer

Receipt of honoraria or consultation fees:

Janssen, MSD, Novavax, Ablynx, Pfizer,
MEDICAGO, RECKITT

Participation in a company sponsored speaker's bureau:

No

Stock shareholder:

iTrials SA and iTRIALS RL LLC

Spouse/partner:

No

Other support (please specify):

Signature:

Date: 05JAN2023



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Conflict of Interest Disclosure Form

NAME : Ann Lindstrand

AFFILIATION: World Health Organization

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DISCLOSURE

☒ I have no potential conflict of interest to report

Signature:

Date: 26 October 2022



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Conflict of Interest Disclosure Form

NAME :Noni E MacDonald.....

AFFILIATION:Dalhousie University, Halifax Canada.....

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

N E MacDonald

Date: Nov 29, 2023



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Conflict of Interest Disclosure Form

NAME : Martin C.J. Maiden

AFFILIATION: Department of Biology, University of Oxford

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: Tuesday, January 10, 2023



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Conflict of Interest Disclosure Form

NAME : Helen McShane

AFFILIATION: The Jenner Institute, University of Oxford

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DISCLOSURE

☐ I have no potential conflict of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:


Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:  Date: 05/10/22



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Conflict of Interest Disclosure Form

NAME : Pieter NEELS

AFFILIATION: Vaccine Advice BV

International Alliance for Biological Standardisation, Chair Human Vaccine Committee

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

I did consultancy work for the last 10 years including: WHO, B&MGF, CEPI, PATH, universities of Antwerp, Ghent, Brussels, Lausanne, Paris, Sienna, Geneva,...

I also work for big, medium and small companies, including GSK, SP, Merck, Pfizer, J&J, Moderna, Curevo, Curevac, AMCBio, Quantoom, Univercells, Zyphius, Icosavax, Dynavax, ...

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	N/A
Receipt of honoraria or consultation fees:	See above
Participation in a company sponsored speaker's bureau:	BioNTech
Stock shareholder:	N/A
Spouse/partner:	N/A
Other support (please specify):	N/A

Signature:

Date: 30/11/2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Dr. Kathleen M. Neuzil

AFFILIATION: University of Maryland School of Medicine Center for Vaccine Development and Global Health (CVD)

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

"Accelerating Availability and Access to Typhoid Conjugate Vaccines 1

Bill & Melinda Gates Foundation

Accelerating Access to Typhoid Conjugate Vaccines"
(TyVAC 2.0)

Bill & Melinda Gates Foundation

A Phase II Trial to Evaluate the Safety, Immunogenicity, and Efficacy of a Single Dose of Tdap on Infant Immune Responses in Pregnant Women in a Low-Middle Income Country, NIAID Vaccine

NIAID VTEU

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EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Treatment and Evaluation Unit, 16-0024

*Vaccine and Treatment Evaluation Units (VTEU)
Protocol Development and Implementation, Natural
History Challenge Study for Influenza, Task Area B-C,
18-0010.B1C1.0120", NIAID Vaccine Treatment and
Evaluation Unit*

NIAID VTEU

*Collaborative Influenza Vaccine Innovation Centers
(CIVICs) Component C: Clinical Core", National
Institute of Allergy and Infectious Disease (NIAID)*

NIAID, CIVICS

*Implementing Vaccine Treatment and Evaluation Unit
(VTEU) Clinical Site Protocols*

NIH, NIAID, VTEU

Receipt of honoraria or consultation fees: **None**

Participation in a company sponsored speaker's bureau:
None

Stock shareholder: **None**

Spouse/partner: **None**

Other support (please specify):

Signature:

Kathleen M. Hargrett 8-11-2022



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Conflict of Interest Disclosure Form

NAME :Aurélia Nguyen.....

AFFILIATION:Gavi.....

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 5 Oct 2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Hanna Nohynek

AFFILIATION: Finnish Institute for Health and Welfare, Finland

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: None

Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker's bureau:
None

Stock shareholder: None

Spouse/partner: None

Other support (please specify): Co-lead of the WP2 of the PROMISE consortium, which studies RSV disease burden and develops protocols for phase IV studies for RSV

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Association internationale sans but lucratif – International non-profit organisation

vaccines and monoclonal antibodies in collaboration with several EFPIA partners. The funding comes from a public source, EU Commission Innovative Medicines Initiative.



Signature:

Date: 4 November 2022



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Conflict of Interest Disclosure Form

NAME : Katherine O'Brien

AFFILIATION: World Health Organization

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DISCLOSURE

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☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 13 February 2023



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Conflict of Interest Disclosure Form

NAME : ...Patrick A. Ott.....

AFFILIATION: ...Dana Farber Cancer Institute.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Neon
Therapeutics, Bristol Myers Squibb, Merck, CytomX, Pfizer, Novartis,
Celldex, Amgen, Array, AstraZeneca/MedImmune, Armo BioSciences,
Xencor, Oncorus, and Roche/Genentech.

Receipt of honoraria or consultation fees: Neon Therapeutics,
Bristol Myers Squibb, Merck, CytomX, Pfizer, Novartis, Celldex, Amgen,
Array, Roche/Genentech, Phio, Immunetune, Evaxion

Participation in a company sponsored speaker's bureau: none

Stock shareholder: none

Spouse/partner: none

Other support (please specify): none

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Signature: 

Date: 11/29/2022



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Conflict of Interest Disclosure Form

NAME : UMESH PARASHAR

AFFILIATION: CDC, ATLANTA, USA

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DISCLOSURE

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☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

10/22/22



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Daniel D. Pinschewer

AFFILIATION: University of Basel, Switzerland

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Hookipa Pharma Inc. Novartis, Sanofi Pasteur

Hookipa Pharma Inc.

Hookipa Pharma Inc.

Hookipa Pharma Inc.

Signature:

Date: December 9th 2022



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Conflict of Interest Disclosure Form

NAME : Andrew J Pollard

AFFILIATION: Oxford Vaccine Group, Department of Paediatrics, University of Oxford

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: *To develop COVID-19 Vaccine*

AstraZeneca

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 10/01/2022



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Conflict of Interest Disclosure Form

NAME : Dr Firdausi Qadri

AFFILIATION: Senior Director, Infectious Disease Division, icddr,b

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 30 November 2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Melanie Saville

AFFILIATION: CEPI

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Sanofi

Spouse/partner:

Other support (please specify):

None

Signature:

DocuSigned by:
Dr. Melanie Saville
DE9E724664594A3...

Date: October 21, 2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : KAMEL SENOUCI

AFFILIATION: UNIVERSITY OF GENEVA, SWITZERLAND

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 11 November 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Siegrist Claire-Anne

AFFILIATION: University of Geneva

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	None
Receipt of honoraria or consultation fees:	None
Participation in a company sponsored speaker's bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	None from vaccine industry

Signature:

Date: 6.11.2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Catherine M Slack.....

AFFILIATION:HIV AIDS Vaccines Ethics Group UKZN.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

X ☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

USAID

Receipt of honoraria or consultation fees:

DSMB for NIAID, Clover Biopharmaceuticals
and MinerVAX

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Receives grant from NIH

Other support (please specify):

Signature:

Date: 9 Jan 2023



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Conflict of Interest Disclosure Form

NAME :Peter Smith.....

AFFILIATION:London School of Hygiene & Tropical Medicine.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Sanofi Pasteur, Takeda, CureVac

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 03/10/22



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Conflict of Interest Disclosure Form

NAME :Margaret Stanley.....

AFFILIATION: ...University of Cambridge.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

MSD Merck

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 06 October 2022



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Conflict of Interest Disclosure Form

NAME : Christoph STEFFEN

AFFILIATION: WHO

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 5 October 2022



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Conflict of Interest Disclosure Form

NAME : Julia Stowe

AFFILIATION: UK Health Security Agency

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DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Julia Stowe

Date:

5/10/22



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Conflict of Interest Disclosure Form

NAME : **Collins Tabu**

AFFILIATION: **UNICEF Kenya Country Office**

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 10/10/2022



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Conflict of Interest Disclosure Form

NAME :Kawsar Talaat.....

AFFILIATION:Johns Hopkins University...

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Name of commercial company

Pfizer- I am the JHU site PI for COVID-19 vaccine trials in adults and children, and an investigator on the Pfizer trial of a Lyme disease vaccine

CoVPN- I am an investigator on the AstraZeneca COVID-19 vaccine trial

Sanofi- I am the site PI for a Yellow Fever vaccine trial

I serve on safety monitoring committees for: Merck, Takeda, PATH and Intralytix

None

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Association internationale sans but lucratif – International non-profit organisation

Stock shareholder:	None
Spouse/partner:	My spouse works at the US Agency for International Development in Global Health
Other support (please specify):	None

Signature: Kawson Ta Oaa Date: 17 January 2023



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Conflict of Interest Disclosure Form

NAME : ...H. Keipp Talbot....

AFFILIATION: ...Vanderbilt University Medical Center....

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DISCLOSURE

I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's
bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

CDC grants/contracts with VUMC

Signature:

Date:

28 DEC 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. Naveen Thacker

AFFILIATION: President, International Pediatric Association

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

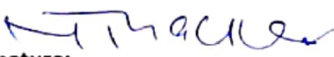
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 6th March, 2023



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

NAME : VANDEPUTTE JORIS

AFFILIATION: IABS/VaccinM

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Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Bionet Amie
Zigilis
Vaccovaccines
IABS-EU
Curevac
Proovax S
IABS
MAMCO
IANDH VAC
IDRIVE

Signature:

Date:

November 7 2022



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME :Annelies Wilder-Smith.....

AFFILIATION:WHO.....

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Annelies Wilder-Smith

Date: 3 Nov 2022



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Conflict of Interest Disclosure Form

NAME : Dr Adesola Yinka-Ogunleye

AFFILIATION: Nigeria Centre for Disease Control, Abuja

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 17 October 2022