



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

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**Conflict of Interest Disclosure Form**

NAME: *Rafi Ahmed*

AFFILIATION: *Emory University*

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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: *NO*

Stock shareholder: *NONE*

Spouse/partner:

Other support (please specify):

Signature:

*Rafi Ahmed*

Date:

*2/12/26*



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## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ..... EDWIN J. ASTURIAJ .....

AFFILIATION: ..... UNIVERSITY OF COLORADO .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement of expenses in relation to the LEE has been provided.

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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: JANUARY 21, 2026



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**Conflict of Interest Disclosure Form**

NAME: *Dr Madhava Rame Bala Krishnan*

AFFILIATION: *WJHS*

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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:

*11 / Feb / 2026*



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ANANDA BANDYOPADHYAY

AFFILIATION: GATES FOUNDATION

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement 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:

Ananda Bandyopadhyay

Date:

01/22/26



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## Conflict of Interest Disclosure Form

NAME: Norman Baylor

AFFILIATION: None

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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:

*Norman Baylor*

Date:

*9 Jan 2026*



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## Conflict of Interest Disclosure Form

NAME: .....

AFFILIATION: ..... *University of Basel* .....

**Universitätsspital Basel**  
Medizinische Poliklinik  
**Prof. Dr. med. BERGER Christoph**  
Leiter Universitäres Zentrum  
für Immunologie  
Petersgraben 4, 4031 Basel

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement 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):

*Employee of AstraZeneca*

Signature:

Date:

*11 Dec 2025*



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**Conflict of Interest Disclosure Form**

NAME: Arthur Berger

AFFILIATION: International AIDS Vaccine Initiative (IAVI)

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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: GSK Stock

GlaxoSmithKline

Spouse/partner:

Other support (please specify):

Signature: Arthur Berger

Date: 11 Dec 2025



## Conflict of Interest Disclosure Form

NAME: Darius BEUCLER.....

AFFILIATION: OpSci.ai.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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:** 12/02/2026



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**Conflict of Interest Disclosure Form**

NAME: KAATJE BOLLAERTS

AFFILIATION: P95

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement 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:

I'M AN EMPLOYEE OF P95 PROVIDING  
CONSULTANCY TO SEVERAL PHARMA

Receipt of honoraria or consultation fees:

CLIENTS INCL PFIZER, SANOFI, TAKEDA

Participation in a company sponsored speaker's  
bureau:

VALENVA, BAVARIAN LUNDRIG, ASTRAZENACA,  
MODERNA, NOVAVAX

Stock shareholder:

OWNER OF P95 STOCKS

Spouse/partner:

Other support (please specify):

Signature:

Date:

12/02/2026



## Conflict of Interest Disclosure Form

NAME: .....Donna Boyce.....

AFFILIATION: .....Pfizer.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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- x

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports: N/A

Receipt of honoraria or consultation fees: N/A

Participation in a company sponsored speaker's bureau: N/A

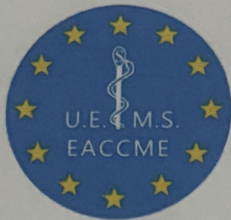
Stock shareholder: Pfizer

Spouse/partner: N/A

Other support (please specify): N/A

Signature: *Donna Boyce*

Date: February 6, 2026



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**Conflict of Interest Disclosure Form**

NAME: ..... MARC BRISSON .....

AFFILIATION: ..... UNIVERSITÉ LAVAL .....

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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:

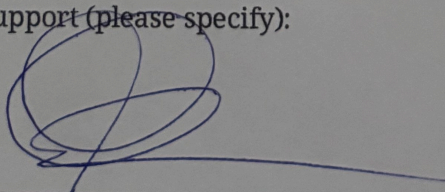
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date:

11 MARS, 2026



## Conflict of Interest Disclosure Form

NAME: ...Marco Cavaleri.....

AFFILIATION: ...European Medicines Agency.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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:** A Plavina on behalf  
of Marco Cavaleri

Digitally signed by A Plavina  
on behalf of Marco Cavaleri  
Date: 2026.02.03 15:18:30  
+01'00'

**Date:** 3 February 2026



## Conflict of Interest Disclosure Form

NAME: CHRISTOPHER CHIU.....

AFFILIATION: IMPERIAL COLLEGE LONDON.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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:

Merck/MSD investigator led study

Receipt of honoraria or consultation fees:

Sanofi SAB chair

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 03-Feb-2026



### Conflict of Interest Disclosure Form

NAME: JOHN Clemen

AFFILIATION: U1

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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:

*Consultation fees from Eubiotics,  
Johnson + Johnson, and  
Atrivax*

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: John Clemen

Date: 5 Feb 2021



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Dr. Jakob Cramer

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:

Spouse/partner:

Other support (please specify):

Signature:

J. Cramer

Date:

11<sup>th</sup> Jan. 2026

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EU Transparency Register ID 219038730914-92



## Conflict of Interest Disclosure Form

NAME: Alejandro Cravioto

AFFILIATION: Facultad de Medicina, Universidad Nacional Autonoma de Mexico

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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: *Alejandro Cravioto*

Date: December 11, 2025



## Conflict of Interest Disclosure Form

NAME: ROSANE CUBER GUIMARÃES

AFFILIATION: BIO-MANGUINHOS - FIOCRUZ

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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: Rosane Cuber Guimarães

Date: January 15<sup>th</sup>, 2026



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## Conflict of Interest Disclosure Form

NAME: ..... *Nigel Curtis* .....

AFFILIATION: ..... *UNIVERSITY OF MELBOURNE* .....

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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: *[Handwritten Signature]*

Date: *10 Mar 2026*



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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## Conflict of Interest Disclosure Form

NAME: Maria Carolina D'NOVARO  
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: 6 Feb 2026



## Conflict of Interest Disclosure Form

NAME: ..... Diana Alessandro .....

AFFILIATION: Faculty of Medicine- University of Geneva

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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: Geneva, 6.02.2026



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Arnaud Didierlaurent

AFFILIATION: University of Geneva

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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:

→ GSK, Sanofi, Moderna

Receipt of honoraria or consultation fees:

→ Sanofi, Bontanical Solutions, VFI  
DyNavax  
Boehr  
Biopharma

Participation in a company sponsored speaker's bureau:

→ GSK,

Stock shareholder:

—

Spouse/partner:

wife works for GSK

Other support (please specify):

Signature:

Date:

21/01/2026



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## Conflict of Interest Disclosure Form

NAME: SIMON DRAPER

AFFILIATION: UNIVERSITY OF OXFORD

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement 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: PATRONUS BIOTECH ; OSE

Receipt of honoraria or consultation fees: GSK

Participation in a company sponsored speaker's bureau: —

Stock shareholder: SPYBIOTECH

Spouse/partner: GSK (CONSULTATION FEE)

Other support (please specify): —

Signature:

Date: 27 - JAN - 2026



## Conflict of Interest Disclosure Form

NAME: Eve Dubé .....

AFFILIATION: Laval University .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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: December 11, 2025



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**Conflict of Interest Disclosure Form**

NAME: Dominique Laine

AFFILIATION: WHO

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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:

Dominique Laine

Date:

17 March 2023



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**Conflict of Interest Disclosure Form**

NAME: ANNA P. DURBIN

AFFILIATION: JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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):

*MERCK CO in the past. I have advised MERCK on DENGUE*

Signature: Anna P. Durbin

Date: 05 Feb 2026



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## Conflict of Interest Disclosure Form

NAME: EBERHARDT

AFFILIATION: Unige

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: [Handwritten Signature]

Date: 10.2.2026



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**Conflict of Interest Disclosure Form**

NAME: Janet Englund

AFFILIATION: Univ. Washington / Seattle Children's Hospital

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement 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:

AstraZeneca, GlaxoSmithKline, Pfizer

Receipt of honoraria or consultation fees:

Pfizer, GlaxoSmithKline, Merck, Meissa Vx  
Moderna, Shionogi

Participation in a company sponsored speaker's bureau:

Pfizer

Stock shareholder:

No

Spouse/partner:

No

Other support (please specify):

No

Signature:

Janet Englund

Date:

10 March 2026



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Emily Erbelding

AFFILIATION: Independent contractor

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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:

consultation fees - Public Health vaccines, Quigley BioPharma LLC

Participation in a company sponsored speaker's bureau: none

Stock shareholder: none

Spouse/partner: none

Other support (please specify):

Signature:

Emily Erbelding

Date:

22 January 2026



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ..... **ADAM FINN** .....

AFFILIATION: ..... **UNIVERSITY OF BRISTOL / ESPID** .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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:

**PFIZER**

Receipt of honoraria or consultation fees:

**ASTRA ZENECA; BONAT ASIA; CSL/SEQRUS; GPN; GSK  
MILLEVAX; IMOPHORON; JANSSEN; MSD; RB BIO  
SANOFI; ↓**

Participation in a company sponsored speaker's bureau:

Stock shareholder:

**INVANSIUM**

Spouse/partner:

**HONORARIA : SANOFI ; GSK**

Other support (please specify):

Signature:

Date:

**22 JAN 2022**



## Conflict of Interest Disclosure Form

NAME: VERONICA GAMBILARA FONCK

AFFILIATION: PUREOS PARTNERS

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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:

02.02.26



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**Conflict of Interest Disclosure Form**

NAME: BRADFORD D GESSNER

AFFILIATION: EPIVAC Consulting

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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:

Pfizer, Minervax

Participation in a company sponsored speaker's bureau:

Sinovac

Stock shareholder:

Pfizer

Spouse/partner:

Other support (please specify):

Signature:

Date:

9 Feb 2026



## **Conflict of Interest Disclosure Form**

NAME: David Goldblatt

AFFILIATION: University College London

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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: My laboratory receives funding for contract research from GSK, Sanofi Pasteur and Serum Inst of India.

Receipt of honoraria or consultation fees:

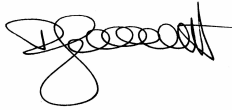
Participation in a company sponsored speaker's bureau:

Stock shareholder:

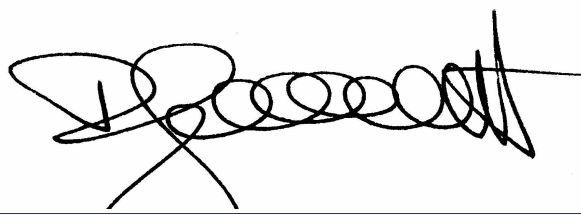
Spouse/partner:

Other support (please specify):

**Signature:**



**Date:** 04/01/26





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## Conflict of Interest Disclosure Form

NAME: JAN GREYENDONK

AFFILIATION: WORLD HEALTH ORGANIZATION

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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:

18 Feb 2026



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: *Henaff* .....

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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

*24/02/2026*



## Conflict of Interest Disclosure Form

NAME: JOACHIM HOMBACH

AFFILIATION: INDEP. EXPERT

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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:

10.03.2026



## Conflict of Interest Disclosure Form

NAME: Miren Iturriza Gomara

AFFILIATION: The gates Foundation

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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): I was a GSK employee between January 2023 and August 2025  
I forfeited GSK shares

**Signature:**

**Date:** 03 February 2026



## Conflict of Interest Disclosure Form

NAME: ..... Luis Jodar .....

AFFILIATION: ..... Independent Consultant .....

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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:

Vaxcyte

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

*Luis Jodar*

**Date:**

11/12/2025



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**Conflict of Interest Disclosure Form**

NAME: KARI JOHANSSON  
AFFILIATION: PUBLIC HEALTH AGENCY OF SWEDEN

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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:

Stockholm



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**Conflict of Interest Disclosure Form**

NAME: ..... *Juvin Philippe* .....

AFFILIATION: ..... *SAU Fi* .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement 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:

*SAU Fi*

Spouse/partner:

Other support (please specify):

Signature: .....

Date: *11/12/25*



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**Conflict of Interest Disclosure Form**

NAME: KEITH KLUGMAN  
AFFILIATION: GATES FOUNDATION

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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:

*Keith Klugman*

Date:

*16 Dec 2025*



## Conflict of Interest Disclosure Form

NAME: ..... Dr Shamez Ladhani .....

AFFILIATION: ..... UK Health Security Agency .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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):

I perform contract work on behalf of City St. George's of London (CSG) for pharmaceutical companies, including manufacturers of meningococcal vaccines but do not receive any personal remuneration.

**Signature:**

*Dr shamez ladhani*

**Date:** 15 December 2025



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: LAMBERT

AFFILIATION: GANIGE

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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:

*Paul Lambert*

Date:

*13/01/26*

UEMS<sub>asbl</sub> – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



## Conflict of Interest Disclosure Form

NAME: Romina Libster.....

AFFILIATION: Fundacion INFANT / iTRIALS.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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: iTRIALS SA

Spouse/partner:

Other support (please specify):

Signature:

Date:

09FEB2026



## **Conflict of Interest Disclosure Form**

NAME: Richard Malley

AFFILIATION: Boston Children's Hospital and Harvard Medical School

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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: Gates Foundation, PATH, NIH

Receipt of honoraria or consultation fees: GSK, Merck

Participation in a company sponsored speaker's bureau: none

Stock shareholder: none

Spouse/partner: none

Other support (please specify): Member Board of Directors, Corner Therapeutics; Member SAB of Vitrivax,

Amplitude Therapeutics and Limmatech

**Signature:**

**Date:** February 9, 2026



## **Conflict of Interest Disclosure Form**

NAME: Arnaud Marchant.....

AFFILIATION: Université libre de Bruxelles.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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:** 10/03/2026



## Conflict of Interest Disclosure Form

NAME: ...Melanie Marti.....

AFFILIATION: .....WHO.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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: 20 January 2026



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**Conflict of Interest Disclosure Form**

NAME: Prof. Helen McShane

AFFILIATION: The Jenner Institute, university of Oxford.

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: Helen McShane

Date: 15/12/2025



## Conflict of Interest Disclosure Form

NAME: ..... Rudzani Muloiwa .....

AFFILIATION: ..... University of Cape Town .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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:

**Wellcome Trust, Gavi, Sanofi**

Receipt of honoraria or consultation fees:

**MSD, Sanofi**

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: **10th December, 2025,**



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**Conflict of Interest Disclosure Form**

NAME: Martha Nason

AFFILIATION: PATH

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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:

3/18/2026



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Kathleen Neuzil

AFFILIATION: Gates Foundation

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement 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:**

14 January 2026



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## Conflict of Interest Disclosure Form

NAME: Aurélia NGUYEN

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:

Spouse/partner:

Other support (please specify):

Signature:

Date:

04/02/2026



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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

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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: EVIDENT HEALTH SOLUTIONS

(= Finnish  
Agency  
started 3/2025)

Spouse/partner:

Other support (please specify):

Signature:

Date:

23 January 2026

UEMS<sub>aisbl</sub> – Union Européenne des Médecins Spécialistes

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EU Transparency Register ID 219038730914-92



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## Conflict of Interest Disclosure Form

NAME: Dr Katherine O'Brien

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: 3 February 2026



## Conflict of Interest Disclosure Form

NAME: Sallie Permar

AFFILIATION: Lecturer

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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

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

- vaccine consulting + funded institutional research program →  
~~Dynavax~~ Dynavax, Moderna, Pfizer, Kamada
- vaccine consulting → Immunon and Merck

Signature:

Sallie Permar

Date:

(Feb)  
2/6/2026



## Conflict of Interest Disclosure Form

NAME: ...Andrew Pollard.....

AFFILIATION: .....University of Oxford.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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:

AstraZeneca, Serum Institute of India

Receipt of honoraria or consultation fees:

Shionogi, Ellison Institute of Technology (Oxford)

Participation in a company sponsored speaker's bureau:

N/A

Stock shareholder:

N/A

Spouse/partner:

N/A

Other support (please specify):

**AJP is a contributor to intellectual property licensed by Oxford University Innovation to AstraZeneca. Product no longer has an MA.**

Signature:

Date: 23/12/2025



## Conflict of Interest Disclosure Form

NAME: **PONCET**.....

AFFILIATION: **opsci.ai**.....

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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:

**12/02/2026**



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## Conflict of Interest Disclosure Form

NAME: ANURADHA ROSE

AFFILIATION: CHRISTIAN MEDICAL COLLEGE, VELLORE

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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: *hase*

Date: 11 / 12 / 2025



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**Conflict of Interest Disclosure Form**

NAME: .....*OLGA ROVIRA*.....

AFFILIATION: ....*KONTIVAX*.....

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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:

*Olga Rovira*

Date: *4 FEBRUARY 2026*



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**Conflict of Interest Disclosure Form**

NAME: Philipp SCHMID

AFFILIATION: Radboud Universiteit

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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:

10.07.2026



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: SENOUCI KAME

AFFILIATION: UNIVERSITE DE GENEVE

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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:

26/02/26



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**Conflict of Interest Disclosure Form**

NAME: Dr Cathy Slack

AFFILIATION: Honorary Specialist Scientist, SAMRC

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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**

Receipt of grants/research supports: ✓

Receipt of honoraria or consultation fees: ✓

Participation in a company sponsored speaker's bureau: X

Stock shareholder: X

Spouse/partner: NIH

Other support (please specify):

**Name of commercial company**

SAMRC, Gates, Wellcome

USAID, NIH, AVAC,

Pharma - ethics; dsMB for

• MinerVax MVX0004,

• Clover biopharmaceuticals

CLD-SCB-2019 SPECTRA;

• NIHID MVN 100, 702, 705, 706, CONF 3008

Signature: Cathy Slack

Date: 7 Feb 2026



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**Conflict of Interest Disclosure Form**

NAME: Georgios Stathopoulos

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: 

Date: 13/2/2026



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**Conflict of Interest Disclosure Form**

NAME: Julia Stowe

AFFILIATION: 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):

Signature: Julia Stowe

Date: 6/2/26

UEMS<sub>aisbl</sub> – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



## Conflict of Interest Disclosure Form

NAME: Kanta Subbarao .....

AFFILIATION: Universite Laval .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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): Research collaboration with Sanofi- no funds received

Signature:

Date: December 16, 2025



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## Conflict of Interest Disclosure Form

NAME: .....Kawsar Talaat.....

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

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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, Sanofi, Scandinavian Biopharma, LimmaTech, Eveliqure
Receipt of honoraria or consultation fees:	For serving on DSMBs: Merck, Moderna, Consulting: Krog and Partners
Participation in a company sponsored speaker's bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	

Signature:

Date:

3 February 2026



## Conflict of Interest Disclosure Form

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

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

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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: Centers for Disease Control  
and Prevention

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): Owner of Bredenberg Consulting

Signature:

 H. Keipp Talbot MD MPH

Date:

2/25/26



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Dr Naveen Thacker .....

AFFILIATION: Director, Deep Children Hospital & Research Center .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: TAKEDA BIO PHARMACEUTICALS

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 11/12/2025



## Conflict of Interest Disclosure Form

NAME: ..... MARTA TUFET BAYONA

AFFILIATION: ..... Director of Grant design + partnerships, GAVI

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement 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:

11.3.2026



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**Conflict of Interest Disclosure Form**

NAME: PIERRE VAN DAMME

AFFILIATION: University of Antwerp

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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: research grants from vaccine

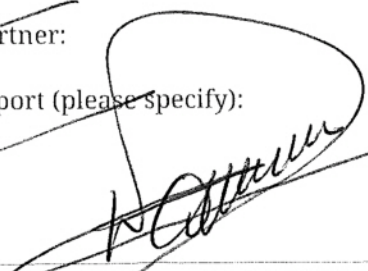
Receipt of honoraria or consultation fees: Manufacturers, through

Participation in a company sponsored speaker's bureau: the university of

Stock shareholder: Antwerp.

Spouse/partner: No personal remuneration

Other support (please specify):

Signature: 

Date: 1. 3. 2026



## Conflict of Interest Disclosure Form

NAME: Deborah.....

AFFILIATION: London School of Hygiene and Tropical Medicine / Mwanza Intervention Trials Unit (MITU).....

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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:

Professor Deborah Watson-Jones has received research funding and HPV vaccine donations from MSD and GlaxoSmithKline Biologicals

Receipt of honoraria or consultation fees: NO

Participation in a company sponsored speaker's bureau: NO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): NO

Signature:

*D Watson-Jones*

Date:

16/02/2026