Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Edwin J. Asturias, MD

AFFILIATION: University of Colorado School of Medicine and Colorado 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

Receipt of grants/research supports:

Name of commercial company

Pfizer, Biofire

Receipt of honoraria or consultation fees:

Merck, CureVac, Inovio

Participation in a company sponsored speaker's bureau:

NONE

Stock shareholder:

NONE

Spouse/partner:

NONE

Other support (please specify):

NONE

Signature:  

Date: 21 SEP 2021
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: ...Ananda Sankar Bandyopadhyay.................................

AFFILIATION: ......The Bill and Melinda Gates Foundation.................................

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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:</td>
<td></td>
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<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify): The Bill &amp; Melinda Gates Foundation provides grant support to the ADVAC program.</td>
<td></td>
</tr>
</tbody>
</table>
Signature: 

Date: Oct 17, 2021
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: TALIK DERROUCH

AFFILIATION: EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL (ECDC)

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: [Signature]

Date: 12 October 2021

UEMS® — Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: ...Philippe Duclos..............................................

AFFILIATION: ...Director ADVAC, University of 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

☑ 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: 15 octobre 2021

UEMS – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

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

X 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: Merck & Co. (dengue vaccines), Valneva scientific advisory board

Participation in a company sponsored speaker’s bureau:

Stock shareholder:  

Spouse/partner:  

Other support (please specify):

Signature: Anna P. Durbin

Date: 18 October 2021
Conflict of Interest Disclosure Form

NAME : ...Emily J Erbelding………………………………………..

AFFILIATION: ...NIAID/NIH………………………………………

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
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<td>Stock shareholder:</td>
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<tr>
<td>Other support (please specify):</td>
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Signature:  Date: 25 Oct 2021
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

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

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<th>Type of affiliation / financial interest</th>
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<td>Receipt of grants/research supports:</td>
<td>Sanofi Pasteur, Pfizer, Janssen, Valneva</td>
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<td>BioNet Asia, VBI Vaccines Inc., Takeda, Moderna, Valneva, Affinivax</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
<td>N/A</td>
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</table>
Signature: [Signature]

Date: 25th October 2021
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Martin Friede

AFFILIATION: World Health Organization

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

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<td>Other support (please specify):</td>
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</table>

**Signature:**

Date: 29 October 2021
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME : ……Roger Glass …………………………………….

AFFILIATION: ………Fogarty International Center, National Institutes of Health, US
……………………………….

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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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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</tr>
<tr>
<td>Other support (please specify):I am an employee of the US government and have no financial conflicts of interest to report.</td>
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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Lambert.................................................................

AFFILIATION: Centre de Vaccinologie Unige........................................

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<td>Receipt of honoraria or consultation fees: GSK, Hookipa Pharma</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>No</td>
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<td>Stock shareholder: no</td>
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<td>Spouse/partner: no</td>
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<td>Other support (please specify): no</td>
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Signature: [Signature] Date: 17/10/2021
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME : Dr Michael Makanga

AFFILIATION: EDCTP

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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: 17 October 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ………Mark Miller...MD...........................................

AFFILIATION: ......University of Gothenburg ...........................................

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<td>Stock shareholder: Moderna</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</table>
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Dr. Kathleen Neuzil

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

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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: [Signature]  Date: 25-10-2021
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Hanna Nohynek

AFFILIATION: Finnish Institute for Health and Welfare (THL)

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
<td>My institute has got a public private partnership strategy for which reason company sponsored projects are being carried out at THL; I am not involved with them</td>
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</table>

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Stanley Plutkin

AFFILIATION: U Penn

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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

Inovio
Merck
Janssen
Astra-Zeneca
Modern\n
Endo
Cytogenix
Maxinhity
Rational
Carena
Valneva
Dynavax

Date: 10/18/21

Signature: [Signature]
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Melanie Saville

AFFILIATION: CEPI

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

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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 2021-10-19
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Siegrist Claire-Anne

AFFILIATION: University of 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.

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<td>Receipt of grants/research supports:</td>
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<td>Receipt of honoraria or consultation fees:</td>
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<td>Other support (please specify):</td>
<td>None from vaccine industry</td>
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Signature: [Signature]

Date: 20.10.2021
Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: ……Melinda Wharton…………………………...

AFFILIATION: …Centers for Disease Control and Prevention…………………………...

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<td>Stock shareholder:</td>
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<td>Spouse/partner: clinical trial participant (volunteer)</td>
<td>Moderna</td>
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<td>Other support (please specify):</td>
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Signature:                       Date: 18 October 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ..........Annelies Wilder-Smith....

AFFILIATION: London School of Hygiene and Tropical Medicine, WHO consultant on COVID-19 vaccines

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<tr>
<td>Stock shareholder:</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: Annelies Wilder-Smith  Date: 22 Sept 2021