Conflicts of Interest Disclosure Form

(to be completed by scientific/organizing committee members)

NAME: ...Rafi Ahmed...........................

AFFILIATION: Emory University, School of Medicine

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of U/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 must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organisre 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: February 25, 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

(to be completed by scientific/organising committee members)

NAME: Professor Sir Roy Anderson

AFFILIATION: London Centre for NTD Research, Imperial College

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

DISCLOSURE

X I have 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: Roy Anderson Date: 26 February 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Nick Andrew

AFFILIATION: Public Health England

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

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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: 15/2/21
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Edwin J. Asturias

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 (LEE)s", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Pfizer
 Curevac, Merck

NONE

NONE

NONE

NONE

Signature: [Signature]

Date: January 12, 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ……AUTRAN…………………………………….

AFFILIATION: …SORBONNE-UNIVERSITE…………………………………….

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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Signature: ____________________________  Date: 14/3/21
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Madhava Ram Balakrishnan.

AFFILIATION: WHO

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

DISCLOSURE

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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

Signature: [Signature]

Date: 12 March 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Ananda S. Bandyopadhyay
AFFILIATION: Bill & 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.

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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: ______________________________ Date: 02/09/2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Norman W. Baylor

AFFILIATION: Biologics Consulting

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>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
<td>I provide regulatory advise and strategy to the regulated pharmaceutical industry.</td>
</tr>
</tbody>
</table>

Signature: [Signature]  Date: February 16, 2021

Norman Baylor (Feb 16, 2021 12:15 EST)
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ……….Yasmine Belkaid...........................................

AFFILIATION: ..............NIAID, National institute of Health, Bethesda, 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.

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Signature: ..............................................  Date: ..............................................
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ozzie Berger

AFFILIATION: GlaxoSmithKline

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEE)", 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 re-imbursement of expenses in relation to the LEE has been provided.

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Signature: [Signature]

Date: 05 March 2021

UEMS — Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE11 VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Ray Borrow.

AFFILIATION: Public Health England

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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<tr>
<td>Other support (please specify): Perform contract research on behalf of Public Health England for GSK, Pfizer and Sanofi Pasteur</td>
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UEMS

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

(to be completed by scientific/organising committee members)

NAME : ............Cristina Cassetti..........................

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

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Signature: ___________________________  Date: ___________________________
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : John Clemens..................................................

AFFILIATION: icddr,b..............................................

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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Signature: 
12/2/21

Date:
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Alejandro Cravioto

AFFILIATION: Facultad de Medicina, Universidad Nacional Autónoma de México

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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Signature: Alejandro Cravioto

Date: February 24, 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Prof Nigel Curtis

AFFILIATION The University of Melbourne

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 the following potential conflict(s) of interest to report:

No commercial interests but I am the Chief Principal Investigator of the BRACE trial of BCG to reduce the severity of COVID-19 in healthcare workers. This trial has received research funding from the following:

• Bill & Melinda Gates Foundation
• Sarah and Lachlan Murdoch
• Minderoo Foundation
• The Royal Children’s Hospital Foundation
• South Australian government
• NAB Foundation
• The Calvert Jones Foundation
• UHG Foundation
• Modara Pines Charitable Foundation
• Health Services Union NSW
• Peter Sowerby Foundation
• South Australia Ministry of Health
• Epworth Health
• Swiss National Science Foundation

Signature:  Date: 2nd Mar 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Ron Dagan

AFFILIATION: Ben-Gurion University of the Negev, Beer-Sheva, ISRAEL

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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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Signature: [Signature]
Date: 14 February 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...M. Carolina DANOVARO..........................

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

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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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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 Feb 2021

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

(to be completed by scientific/organising committee members)

NAME: DIANA Alessandro

AFFILIATION: Université de Genève - CHU d'auxiliary

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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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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

Signature:  

Date: 1/03/2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Arnaud Didierlaurent  .................................................................

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

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<td>Speaker fees for a Sanofi-sponsored internal event (single event)</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
<td>Employee of GlaxoSmithkline</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature:  
Date: 26.04.2021
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Betty DODET

AFFILIATION: DODET BIOSCIENCE

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

<table>
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<tr>
<th>Type of affiliation / financial interest</th>
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<td>Receipt of grants/research supports:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 16.02.2021

UEMS – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE81 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: PHILIPPE DUCLOS

AFFILIATION: 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

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<td>Other support (please specify):</td>
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Signature: __________________________ Date: 16 November 2020
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Anna P. Durbin

AFFILIATION: Johns Hopkins University

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

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<td>Receipt of grants/research supports:</td>
<td>Merck &amp; Co. (member, scientific advisory committee)</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Valneva &amp; Emergent: (Chikungunya consultant)</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

Signature: Anna P. Durbin
Date: 11 JAN 2021
Conflict of Interest Disclosure Form

(21st Advanced Vaccinology Course, 9-27 May 2021)

NAME: Christiane Eberhardt

AFFILIATION: University Hospitals of Geneva, Switzerland

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>
<td>Honoraria to the institution: invited speaker at</td>
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<td>- Global Academy on Vaccination in Pregnancy</td>
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<td>for OB/GYN physicians (Sanofi Pasteur)</td>
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<td></td>
<td>Academic medical education / COVID-19</td>
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<td>- Vaccine Development &amp; Implementation</td>
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<td>Workshop 2021 (virology education)</td>
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<td>- 2020 Vaccinology Conference for Sanofi</td>
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<td>Pasteur Senior staff (Dodet Bioscience)</td>
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Participation in a company sponsored speaker’s bureau:
Stock shareholder:

Spouse/partner:

Other support (please specify): Pfizer research prize 2017, Switzerland

Signature: 

Date: 23.4.2021
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Kathryn M. Edwards MD

AFFILIATION: Vanderbilt University Medical Center

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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<th>Type of affiliation / financial interest</th>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Other support (please specify): Member of Data Safety and Monitoring Boards</td>
<td>Sanofi, X-4 Pharma, Seqirus, Moderna, Pfizer, Merck, Roche, CEPI</td>
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Signature:

Date: March 7, 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Janet Englund, MD............

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

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: YES: Pfizer, Merck, GlaxosmithKline, NOvavax, Janssen

Receipt of honoraria or consultation fees: Sanofi Pasteur and Meissa Vaccines

Participation in a company sponsored speaker’s bureau: no

Stock shareholder: no

Spouse/partner: no

Other support (please specify): no

Signature: 
Date: Feb. 12, 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Emily 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.

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

Signature: Emily J. Erbelding

Digitally signed by Emily J. Erbelding

Date: 2021.02.09 09:11:05 -05'00'
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Saeedeh Fakhrzadeh

AFFILIATION: Head of biologic dep. Iran Food and Drug Administration

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>Other support (please specify):</td>
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Signature: sfakhrzadeh  Date: 01.03.2021

UEMS (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

(to be completed by scientific/organising committee members)

NAME : …Adam Finn……………………………………….

AFFILIATION: ...University of Bristol…………………………………….

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

**DISCLOSURE**

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<th>Type of affiliation / financial interest</th>
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<td>MedImmune</td>
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<td>Novovax</td>
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<td>Sanofi Pasteur</td>
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<td>VBI Vaccines</td>
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<td>Pfizer</td>
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Receipt of honoraria or consultation fees: BioNet Asia

Participation in a company sponsored speaker’s bureau:

Stock shareholder: N/A

Spouse/partner: N/A

Other support (please specify): N/A

All funding paid to University of Bristol and University Hospitals Bristol NHS Foundation Trust

Signature: [Signature]  Date: 29/01/2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

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**

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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: 29 April 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Veronica Gambillara Fonck, CEO

AFFILIATION: GlycoEra AG

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

Date: 03.03.2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Bradford D. Gessner

AFFILIATION: Pfizer Vaccines, EpiVac Consulting, Agence de Médecine Préventive

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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<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company: Pfizer</th>
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<tr>
<td>Employee of Pfizer Vaccines, including stock shareholder</td>
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Signature: ___________________________ Date: 4 March 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Roger Glass

AFFILIATION: Fogarty International Center, US National Institutes of 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

X I have no potential conflict of interest to report

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Signature: [Signature]
Date: 11-17-2020
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: David Goldblatt

AFFILIATION: University College London

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>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: ____________________________ Date: 12th March 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Barney S. Graham, MD, PhD

AFFILIATION: Vaccine Research Center, 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

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

Type of affiliation / financial interest

Receipt of grants/research support: none

Receipt of honoraria or consultation fees: none

Participation in a company sponsored speaker’s bureau: none

Stock shareholder: none

Spouse/partner: none

Other support (please specify): I am an inventor on patents for RSV, Zika, Influenza, Coronavirus, Nipah, Measles, and Mumps vaccines. I am inventor on monoclonal antibodies for Ebola and SARS-Cov-2.

Signature: Date: 2/23/2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: David P. Greenberg

AFFILIATION: Sanofi Pasteur

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 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>Sanofi Pasteur, Inc.</td>
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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: February 13, 2021
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Deborah Hall

AFFILIATION: None

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: Deborah Hall

Date: 8th March 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: …Mary Hamel……………………………………
AFFILIATION: …WHO……………………………………

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

DISCLOSURE

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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

Signature: Mary J Hamel
Date: 7 Mar 2021
Conflicts of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Penny M. Heaton

AFFILIATION: Gates Medical Research Institute

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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Signature: Penny M. Heaton
Date: 2/12/2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. Suresh JadHAV

AFFILIATION: EXECUTIVE DIRECTOR, SERUM INSTITUTE OF INDIA, DUNE, INDIA

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:
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: 13 FEB '2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Luis Jodar

AFFILIATION: Pfizer Inc.

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

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<td>Other support (please specify):</td>
<td>Pfizer Inc. employee</td>
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Signature: [Signature]

Date: 16 February 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Kari Johansen

AFFILIATION: 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

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Signature: [Signature]
Date: [February 3, 2021]
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Philippe JUVIN...........................................

AFFILIATION: Sanofi Pasteur

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

DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Sanofi Pasteur

Receipt of honoraria or consultation fees:

Employee of Sanofi Pasteur

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 13 March 2021

UEMSabbl – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Keith Klugman..............................

AFFILIATION: ...Bill & 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.

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<td>Stock shareholder:</td>
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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: February 12, 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: .................................................

AFFILIATION: .................................................

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: 12.02.2021

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
(to be completed by scientific/organising committee members)

NAME: ...Paul-Henri Lambert

AFFILIATION: ...Centre of Vaccinology- 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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<tr>
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<tr>
<td>Receipt of grants/research supports: NA</td>
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<tr>
<td>Receipt of honoraria or consultation fees: GSK, Curevac, Virometix, Hookipa</td>
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<td>Stock shareholder: NA</td>
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<td>Spouse/partner: NA</td>
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<td>Other support (please specify): NA</td>
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Signature: 

Date: 24.11.2020
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Myron M. Levine

AFFILIATION: University of Maryland School of Medicine

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

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<tr>
<td>Receipt of grants/research supports:</td>
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<tr>
<td>Active Vaccination and Passive Antibody Strategies to Prevent Disease Caused by Multi-drug-Resistant Bacterial Pathogens</td>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>Strengthening Typhoid Surveillance and Microbiological Lab Capacity in Samoa</td>
<td>Bill &amp; Melinda Gates Foundation</td>
</tr>
</tbody>
</table>

Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker’s bureau: None
Stock shareholder: None

Spouse/partner: None

Other support (please specify):

Through a Wellcome Trust grant to the University of Maryland, I am the Principal Investigator to develop and perform early clinical trials of a non-typhoidal Salmonella (NTS) conjugate vaccine for which I am a co-inventor. The University of Maryland has a technology transfer agreement with Bharat Biotech for this NTS vaccine candidate.

University of Maryland has a license agreement with Bharat Biotech for a bivalent typhoid/paratyphoid vaccine (in early preclinical development) for which I am a co-inventor.

Signature:  
Date: Feb. 19, 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Romina Libster

AFFILIATION: Fundacion INFANT / iTRIALS

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

Receipt of honoraria or consultation fees: Janssen, MSD, Novavax, Ablynx, Pfizer

Participation in a company sponsored speaker’s bureau: No

Stock shareholder: iTrials SA and iTRIALS RL LLC

Spouse/partner: No

Other support (please specify):

Signature:

Date: 01MAR2021
**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: ......Dr Ann LINDSTRAND

AFFILIATION: ...World Health Organization

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Signature:  
Date: 16/02/2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: …Noni E MacDonald …………………………………….

AFFILIATION: …Dalhousie University…………………………………….

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<td>Spouse/partner:</td>
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Signature: …Noni E MacDonald …………………………………….

Date: Feb 12, 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Shabir Madhi

AFFILIATION: University of the Witwatersrand, South Africa

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 honoraria or consultation fees:</td>
<td>Bill and Melinda Gates Foundation</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Novartis</td>
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<td>CIPLA</td>
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<td>Stock shareholder:</td>
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Spouse/partner: Nil

Other support (please specify): Nil

Signature:

Date: 1 Mar 21
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Helen McShane

AFFILIATION: The Jenner Institute, University of Oxford

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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Signature: [Signature]
Date: 15/02/21
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ..................Olivier Michielin.................................

AFFILIATION: ...Dpt. of Oncology, CHUV, Lausanne.................................

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>
<td>BMS, MSD and Amgen</td>
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<td>Receipt of honoraria or consultation fees:</td>
<td>BMS, Roche, Amgen, MSD, Novartis, GSK, Pierre-Fabre</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: ..........................  Date: 25.03.21
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Mark Miller

AFFILIATION: University of Gothenburg, Sweden

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

DISCLOSURE

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Mark Miller

Date: 9 Feb 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Thomas P Monath MD

AFFILIATION: Covaxx Inc.

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

DISCLOSURE

☐ 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):

Signature: [Signature]

Date: 12 Feb 21
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: …Richard Moxon……………………………………….

AFFILIATION: ………Oxford University……………………………….

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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tbody>
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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>
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</table>
### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

**NAME:** Pieter NEELS  

**AFFILIATION:** Vaccine Advice BV--- IABS, chair Human Vaccine Committee.

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>
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<tbody>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
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</table>

Participation in a company sponsored speaker’s bureau:
Stock shareholder:

Spouse/partner:

Other support (please specify):

Dr. PNEELS

Signature:       Date: 12/02/2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Dr. Kathleen Neuzi

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

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<td>Other support (please specify):</td>
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

Aurélia Nguyen, Managing Director, Office of the COVAX Facility

NAME: ………………………………………..

AFFILIATION: …………… Gavi, the Vaccine Alliance…………………………

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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</table>

Signature: ___________________________ Date: 16/02/2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Hanna M. Nohynek

AFFILIATION: Finnish Institute for Health and Welfare

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 | Name of commercial company
--- | ---
Receipt of grants/research supports: | My institute has received research support from GSK, Pfizer and Sanofi; I am not a recipient of any of these grants, and am not involved with the studies.
Receipt of honoraria or consultation fees: | NA
Participation in a company sponsored speaker’s bureau: | NA
Stock shareholder: | NA
Spouse/partner: | NA
Other support (please specify): | I collaborate in EU IMI funded projects with pharmaceutical industry
Signature: [Signature]  
Date: 24 November 2020
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Katherine O’Brien

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

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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: 12 March 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Saad B. Omer........................................

AFFILIATION: ...Yale Institute for Global 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.

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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: 02/15/2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: UMESH PARASHAR

AFFILIATION: CDC

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEPs)", 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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Signature: 

Date: 2/12/2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Daniel D. Pinschewer.

AFFILIATION: University of Basel, Switzerland....

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

Received of grants/research supports:

Hookipa Pharma Inc. Novartis, Sanofi Pasteur

Received of honoraria or consultation fees:

Hookipa Pharma Incl.

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Hookipa Pharma Inc.

Spouse/partner:

Other support (please specify):

Signature: Daniel D. Pinschewer  
Date: March 1st 2021
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Stanley Plotkin

AFFILIATION: University of Pennsylvania

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

DISCLOSURE

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Sanofi, GSK, J&J, Pfizer, Moderna

Numerous Biotechs

Signature: [Signature]

Date: 17 Nov, 2020
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Andrew J Pollard

AFFILIATION: Oxford Vaccine Group, University of Oxford

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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- 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: 15/02/2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: David Salisbury

AFFILIATION: Programme for Global Health, Royal Institute for International Affairs, Chatham House, London

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<tr>
<td>Receipt of grants/research supports:</td>
<td>GSK, Sanofi, AstraZeneca, Pfizer, Clover</td>
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<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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<td>Other support (please specify):</td>
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Signature:       Date: 01/03/2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ………………………………………….

AFFILIATION: ………………………………………

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

| Participation in a company sponsored speaker’s bureau: |
| None                                      |

| Stock shareholder: |
| Sanofi          |

| Spouse/partner: |
| None           |

| Other support (please specify): |
| None                         |

Signature: [Melanie Saville]

Date: 2021-03-01

UEMS AISBL – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848

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

NAME: …Siegrist Claire-Anne.

AFFILIATION: University of Geneva, Switzerland....

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DISCLOSURE

☐ I have no potential conflict of interest to report

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

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<th>Name of commercial company</th>
<th>Nationality</th>
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<td>Stock shareholder:</td>
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<td>None</td>
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<tr>
<td>Other support (please specify):</td>
<td>None from vaccine industry</td>
<td></td>
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</tbody>
</table>

Signature: …Siegrist Claire-Anne

Date: 9.2.2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ……Catherine Slack…………………………………….

AFFILIATION: ……HAVEG, University of KwaZulu-Natal………………………………….

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DISCLOSURE

☐ I have no potential conflict of interest to report

I am a member of a DSMB with for several HIV vaccine trials, as well as for 1 COVID vaccine trial.

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

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Signature: __________________________ Date: 1 March 2021
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ........Peter Smith........................................

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

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<td>Receipt of grants/research supports:</td>
<td>Sanofi, Takeda, Johnson &amp; Johnson, Vaccitech, Serum Institute of India, Valneva</td>
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Signature: ___________________________ Date: 12/02/21
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Margaret Stanley........................................

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

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DISCLOSURE

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

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

Signature: Margaret Stanley
Date: March 12th 2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : STEFFEN Christoph
AFFILIATION: WHO

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

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

Signature: [Signature]
Date: 17 March 2021
Conflict of Interest Disclosure Form  
(21st Advanced Vaccinology Course, 9-27 May 2021)

NAME: Julia Stowe  
AFFILIATION: Public Health England

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</table>

Signature: [Signature]  
Date: 23/04/2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. Gilbert W. Tabu

AFFILIATION: National Veterinary Immunization Program, Kenya.

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:

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

Signature: ___________________________ Date: 20/02/2020

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Conflict of Interest Disclosure Form

NAME: H. Keipp B. Talbot MD MPH

AFFILIATION: National Foundation for Infectious Diseases and Vanderbilt University Medical Center

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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 re-imbursement of expenses in relation to the LEE has been provided.

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<table>
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Signature: [Signature]  Date: 16 Nov 2020
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: VANDEPUTTE, YVES

AFFILIATION: JABS

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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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):

Signature: ________________________________  Date: March 1, 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.

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: Annelies Wilder-Smith                          Date: 9 Feb 2021