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

NAME: Rafi Ahmed, PhD

AFFILIATION: Emory University, School of Medicine

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: 12/10/18
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Professor Sir Roy Anderson

AFFILIATION: London Centre for Neglected Tropical Disease Research, Imperial College London

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Johnson &amp; Johnson for research on Alzheimers</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>No conflict</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>No conflict</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>GlaxoSmithKline (GSK)</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>No conflict</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>No conflict</td>
</tr>
</tbody>
</table>

Signature: Roy Anderson

Date: 27 October 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Nick Andrews

AFFILIATION: Public Health England

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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: Nick Andrews

Date: 30/10/18
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : …AUTRAN……………………………………

AFFILIATION: Sorbonne Université……………………………………

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Sanofi-Pasteur</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Janssen</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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:       Date: May 14th 2019
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 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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>
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ......Norman W. Baylor

AFFILIATION: ...Biologics Consulting Group, Inc

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>NA</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>I am the President &amp; CEO of a consulting firm that provides advise to the regulated pharmaceutical and biopharma industry, and I and my company receive honoraria and consultation fees in that capacity.</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>NA</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>NA</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>NA</td>
</tr>
</tbody>
</table>
Other support (please specify): NA

**Signature:** Norman W. Baylor

**Date:** 10 December 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ray Borrow

AFFILIATION: Public Health England

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Perform contract research on behalf of Public Health England for GSK, Sanofi Pasteur and Pfizer</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>N/A</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>N/A</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>N/A</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>N/A</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>Trustee of Meningitis Research Foundation</td>
</tr>
</tbody>
</table>

Signature: [Signature]

Date: 10th December 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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

AFFILIATION: ………NIAID/NIH…………………………….

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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:       Date:
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Prof. John D. Clemens

AFFILIATION: [addr]

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME®, 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: 11/4/18
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 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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:  

Date: 27th Nov 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: RON DAGAN

AFFILIATION: BEN-GURION UNIVERSITY OF THE NEGEV

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: | MSD, Pfizer
Receipt of honoraria or consultation fees: | MeMed, MSD, Pfizer
Participation in a company sponsored speaker’s bureau: | Pfizer
Stock shareholder: | -
Spouse/partner: | -
Other support (please specify): | 

Signature: 

Date: 5/Nov/2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: M. Coroline

AFFILIATION: WHO

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: 11 Dec 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ........NORBERT DE CLERCQ.................................

AFFILIATION: ...GSK VACCINES........................................

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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: No

Receipt of honoraria or consultation fees: No

Participation in a company sponsored speaker’s bureau: No

Stock shareholder: GSK

Spouse/partner: No

Other support (please specify): GSK Employee

Signature: ................................................................. Date: 30 April 2019
EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS AISBL

RUE DE L’INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu
T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

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

NAME: DIANA ALESSANDRO
AFFILIATION: HOSPITAL CANTONAL PENEVE

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: 19.11.2018

UEMS AISBL – Union Européenne des Médecins Spécialistes | Rue de l’Industrie 24, BE-1040 Bruxelles
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**: Betty DODET

**AFFILIATION**: Dodet Bioscience

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Sanofi Pasteur, Merck</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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**: Betty DODET  
**Date**: 31.10.2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Anna P. Durbin

AFFILIATION: Johns Hopkins Bloomberg School of Public Health

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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:

Receipt of honoraria or consultation fees:  .Merck & Company

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Anna P. Durbin  Date: 10 December 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Kathryn Edwards MD..................................................

AFFILIATION: ...Vanderbilt University...........................................

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports: Grants from the NIH and CDC</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees: None</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau: None</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder: None</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner: No conflicts</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify): Chair of DSMB for</td>
<td></td>
</tr>
</tbody>
</table>
pneumococcal vaccines for GSK

Signature: ___________________________ Date: 25 October 2018
EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMSaisbl
RUE DE L’INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu
T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

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

NAME: .....Janet Englun, MD..............................

AFFILIATION: .....Professor, Univ. of Washington and Seattle Children’s Hospital.......... 

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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 to my institution:

Novavax - research support for RSV maternal immunization

MedImmune- research support for RSV Ab studies

Janssen RSV Antivirals- research support for antivirals

Chimerix- research support for adenovirus antiviral

GSK- research support for RSV epidemiology studies

Merck – research support for CMV antivirals in children
Receipt of honoraria or consultation fees: Sanofi Pasteur
Participation in a company sponsored speaker’s bureau: NO
Stock shareholder: NO
Spouse/partner: NO conflicts
Other support (please specify): NO

Signature: [Signature]
Janet A. Englund, MD
Professor of Pediatrics
Univ. of Washington
Janet.englund@seattlechildrens.org

Date: 29 Oct. 2018
29 Oct 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Saeedeh Falahrzadeh

AFFILIATION: Head of Vaccine division in Biologic Dep. Iran FDA

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME®, 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: Falahrzadeh

Date: October 30, 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: FRITZELLL

AFFILIATION: BFL CONSULT

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: Pfi3 3, TBVI

Participation in a company sponsored speaker’s bureau:

Stock shareholder: Pfi3

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 12.12.2018

UEMSasbl — Union Européenne des Médecins Spécialistes | Rue de l’Industrie 24, BE-1040 Bruxelles | 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 : Veronica Gambillara Fonck, CEO

AFFILIATION: LimmaTech Biologics 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.

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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>INNOSuisse</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>LimmaTech Biologics</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: [Signature] Date: 28.11.2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Bradford D. Gessner

AFFILIATION: Agence de Medecine Preventive, Pfizer Vaccines, U. of Maryland

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Merck</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Sanofi Pasteur</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>Employee</td>
</tr>
<tr>
<td></td>
<td>Pfizer Vaccines</td>
</tr>
</tbody>
</table>

Signature: [Signature]
Date: December 10, 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: David Goldblatt

AFFILIATION: UCL Great Ormond Street Institute of Child Health

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>GSK, Sanofi Pasteur, Merck</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>GSK, Merck, Limmatech, Sutrovax.</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>N/A</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>N/A</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>N/A</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>
Signature:
Date: 31/10/2019
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 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify): I am an inventor on patents involving vaccines or monoclonal antibodies for RSV, Zika, influenza, coronaviruses, and Ebola</td>
<td></td>
</tr>
</tbody>
</table>

Signature: ___________________________ Date: 15 December 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: David P. Greenberg

AFFILIATION: Sanofi Pasteur

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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:                           Sanofi Pasteur

Spouse/partner:

Other support (please specify):              Full-time employee of Sanofi Pasteur

Signature: David P. Greenberg

Date: April 2, 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: DEBORAH HALL

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

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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: 2 Nov 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Mary Hamel, MD

AFFILIATION: IVB, WHO

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME©, 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: 24 Nov 2018

UEMS© - Union Européenne des Médecins Spécialistes | Rue de l’Industrie 24, BE-1040 Bruxelles
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1B | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: RICHARD HATCHETT

AFFILIATION: CEPI

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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: [Signature]
Date: 30 November 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Penny M. Heaton

AFFILIATION: Bill & Melinda Gates Medical Research Institute

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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: Penny M. Heaton Date: April 11, 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: DR. SURESH JADHAV

AFFILIATION: EXECUTIVE DIRECTOR - SERUM INSTITUTE OF INDIA LTD., PUNE/INDIA

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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: 12/03/2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Luis Jodar

AFFILIATION: Pfizer

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder: Pfizer</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify): Pfizer employee</td>
<td></td>
</tr>
</tbody>
</table>

Signature: ___________________________ Date: Nov 20, 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : ........UVIN...PHILIPPE..............................................

AFFILIATION: ..........SANOFI PASTEUR......................................

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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):

Working at Sanofi Pasteur

Signature: ________________________________ Date: 21 02 2015

UEMSasbl – Union Européenne des Médecins Spécialistes | Rue de l’Industrie 24, BE-1040 Bruxelles IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: KEITH P KLUHMAN

AFFILIATION: BILL & MELINDA GATES FOUNDATION

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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: KEITH P KLUHMAN Date: 29 October 2018
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 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME®, 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: |  
Current prevalence of chronic typhoid carriers and residual transmission of typhoid fever in Santiago, Chile | Bill and Melinda Gates Foundation
Strengthening Typhoid Surveillance and microbiological lab Capacity in Samoa | Bill and Melinda Gates Foundation

Receipt of honoraria or consultation fees:
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:

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.

Bharat Biotech

Signature: Date: Feb. 13, 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Romina Libster

AFFILIATION: Fundacion INFANT / National Scientific and Technical Research Council, Argentina

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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

Bill and Melinda Gates Foundation (PI Polack)

Janssen, MSD, Novavax, Ablinx

NO

iTrials SA

NO

NO

Signature: 

Date: 19 DEC 2018
EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS

RUE DE L’INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu
T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

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

NAME: \[\underline{\text{H. N. D. S. C. A. N. D.}}\]

AFFILIATION: \[\underline{\text{W. E. C. A.}}\]

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports: Clinical trial multicentre study on IV fluoxetine 12 mg/15 mg/30 mg C S C 2011</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees: No</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau: No</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder: No</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner: No</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: \[\underline{\text{[Signature]}}\]
Date: 10.12.2018
## Conflict of Interest Disclosure Form

*(to be completed by scientific/organising committee members)*

NAME: Noni MacDonald

AFFILIATION: Dalhousie University

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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.

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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>
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME:  Professor Martin Christopher James Maiden
AFFILIATION:  University of Oxford, Department of Zoology, Peter Medawar Building for Pathogen Research, South Parks Road, Oxford OX1 3SY, UK.

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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:  8/1/2019
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Helen McShane

AFFILIATION: The Jenner Institute, Oxford University

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: 10/12/18
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Pieter NEELS

AFFILIATION: IABS / Vaccine Advice BVBA

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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

See list attached

Signature: [Signature]

Date: 19/11/2018
Companies and organisations who paid an honorarium since Jan 2016

Takeda
Evelique
Bill and Melinda Gates Foundation
Adimmune
BC-Biostat
CansinoTech
Icosavax
Virometrix
WHO
IABS
IABS-EU
University of Namur
University of Dublin Trinity College
Johnson & Johnson
Seqirus
Themis
Biomapas
University of Leuven
Asit
DCVMN
Polypac
Micro-BioMedical
Apiject
University of Bordeaux
NDA-reg
Curevac
Foundation Mérieux
VBI
MSD
Sanofi-Pasteur
Aelix
Laser
Pharma Group
Deloitte
Quintiles
ECCR
University of Antwerp
Innovations for Global Health
Pfizer
Ismed
Crucell
Novosanis
CEPI
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Kathleen Neuzil

AFFILIATION: U. Maryland School of Medicine

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports: NIH And Bill and Melinda Gates Foundation – I receive grant funding for influenza, pertussis and typhoid vaccine studies.</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees: None</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau: None</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder: None</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner: None</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: [Signature] Date: 10-28-18
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: A. Nguyen

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

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: 14/12/2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: UMEGH BANSAL

AFFILIATION: C.D.C.

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME®, 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: 10/29/2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Daniel Pinschewer

AFFILIATION: University of Basel, Switzerland

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Hookipa Pharma Inc., Novartis, Sanofi Pasteur</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Hookipa Pharma Inc.</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Hookipa Pharma Inc.</td>
</tr>
<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: [Signature]

Date: Nov. 20th 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

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

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

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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): The following are unpaid roles - AJP chairs the UK Department of Health and Social Care’s
(DHSC) Joint Committee on Vaccination and Immunisation (JCVI) and the European Medicine’s Agency (EMA) Scientific Advisory Group on Vaccines, and is a member of the World Health Organization Strategic Group of Experts (SAGE);

Signature:  
Date: 3/11/18
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: D M Salisbury

AFFILIATION: Centre on Global Health Security, Chatham House, London

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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 honoraria or consultation fees:

GSK, Sanofi, Seqirus, Pfizer, Merck, Takeda

Signature:       Date: 08/11/2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Catherine Slack

AFFILIATION: ...UKZN

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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: Catherine Slack
Date: 29 Oct 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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

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

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Member of DSMB: Sanofi Pasteur, Vaccitech, Serum Institute of India</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Consultant: Valneva, Takeda,</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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: 

Date: 28 October 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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

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

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Merck MSD</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Merck MSD</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<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:  

Date: 12-11-2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : STEFFEN Christoph

AFFILIATION: WHO

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: 10 Dec 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: VAN VEEGILTE NORIS

AFFILIATION: JABSOT (International Association for Biological Safety)

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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: December 10th 2023
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: Full Professor.

Consultant, IVR WHO...............

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: 
Date: 
26 October 2018