



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
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<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME: Edwin J. Asturias, MD

AFFILIATION: University of Colorado School of Medicine, USA

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:

Pfizer, Biofire

Receipt of honoraria or consultation fees:

Curevac, Inovio, Moderna, Merck

Participation in a company sponsored speaker's bureau:

None

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date: October 20, 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof. Dr. med. Isabelle Bekeredjian-Ding

AFFILIATION: Paul-Ehrlich-Institut

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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: 27.2.2023



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37 30

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Conflict of Interest Disclosure Form

NAME: PRISTINA CASSEM

AFFILIATION: NIH/NIAD

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DISCLOSURE

☒ I have no potential conflict of interest to report

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

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

Signature:

P. Cassem

Date:

13 JANUARY 2023



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Conflict of Interest Disclosure Form

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

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

City.....

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DISCLOSURE

XX ☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: November 7, 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Clare Louise Cutland

AFFILIATION: African leadership in Vaccinology Expertise (Alive), Wits health Consortium
Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

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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:

22 Feb 2023



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME: Niklas Danielsson

AFFILIATION: UNICEF

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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: 01.06.2023



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Adrien de Chaisemartin*

AFFILIATION: *Bill & Melinda Gates Foundation*

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: *03/04/2023*



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Arnaud Didierlaurent.....

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

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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:

Moderna, Roche, GSK

Receipt of honoraria or consultation fees:

Sanofi, Roche, Speranza, ACM Biologicals

Participation in a company sponsored speaker's bureau:

Roche, Merck

Stock shareholder:

Spouse/partner:

Work at GSK

Other support (please specify):

Signature:

Date: 25/11/2022



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Conflict of Interest Disclosure Form

NAME :Janet A Englund.....

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

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DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

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

Receipt of honoraria or consultation fees:

SanofiPasteur, Moderna, Meissa Vaccines, and
Pfizer

Participation in a company sponsored speaker's bureau:

NO

Stock shareholder:

NO

Spouse/partner:

NO CONFLICTS

Other support (please specify):

Signature:

Date: Oct 10, 2022



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Conflict of Interest Disclosure Form

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

AFFILIATION: WHO.....

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

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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: *Mary J Hamel* Type text here

Date: 9 Nov 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :

JOACHIM HOMBACH

AFFILIATION:

WHO, IVB

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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:

J. Hombach

Date:

6/4/23



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Hector S. Izurieta, MD, MPH, PhD

AFFILIATION: Food and Drug Administration (FDA)

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

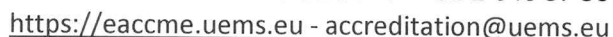
Spouse/partner:

Other support (please specify):

Signature:

Date:

05/07/2023





EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: David C. Kaslow, MD

AFFILIATION: US Food and Drug Administration

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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: 03 APR 2023



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: OLIVER OMBEVA MALANDE

AFFILIATION: INTERNATIONAL COLLABORATION ON ADVANCED VACCINOLOGY TRAINING (ICAVT)

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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 : 05th March 2023



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Anna Carin MATTERSON

AFFILIATION: GAVI

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

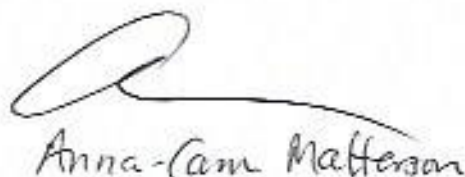
Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:


Anna-Carin Matterson

Date: 12/06/23



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: DENISE NANICHE

AFFILIATION: SCIENTIFIC DIRECTOR AT BARCELONA INSTITUTE FOR GLOBAL HEALTH (ISGlobal)

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 6th March 2023



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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Dr. Kathleen M. Neuzil

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

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DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

"Accelerating Availability and Access to Typhoid Conjugate Vaccines 1

Bill & Melinda Gates Foundation

Accelerating Access to Typhoid Conjugate Vaccines"
(TyVAC 2.0)

Bill & Melinda Gates Foundation

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

NIAID VTEU

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Treatment and Evaluation Unit, 16-0024

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

NIAID VTEU

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

NIAID, CIVICS

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

NIH, NIAID, VTEU

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

Participation in a company sponsored speaker's bureau:
None

Stock shareholder: **None**

Spouse/partner: **None**

Other support (please specify):

Signature:

Kathleen M. Hargrett 8-11-2022



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Conflict of Interest Disclosure Form

NAME :Aurélia Nguyen.....

AFFILIATION:Gavi.....

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 5 Oct 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: PASCOLO Steve

AFFILIATION: University Hospital of Zürich, Switzerland

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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:

EU

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

100% of NIESCHER PHARMA GmbH / CEO

Spouse/partner:

Other support (please specify):

Signature:

Date:

22/03/2023



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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BRUSSELS

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

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

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Brett W. Petersen, MD, MPH

AFFILIATION: Poxvirus and Rabies Branch, United States Centers for Disease Control and Prevention (CDC)

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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: 3/6/2023



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Gustavo Mendes Lima Santos

AFFILIATION: Fundação Butantan

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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 June 2023



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Melanie Saville

AFFILIATION: CEPI

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Sanofi

Spouse/partner:

Other support (please specify):

None

Signature:

DocuSigned by:
Dr. Melanie Saville
DE9E724664594A3...

Date:

October 21, 2022



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Kamel SENOUCI*

AFFILIATION: *University of Geneva - Switzerland*

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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: *02/06/2023*



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. Naveen Thacker

AFFILIATION: President, International Pediatric Association

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

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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:

N Thacker

Date: 6th March, 2023

UEMS_{asbl} – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Rodolfo Villena Martinez

AFFILIATION: Universidad de Chile

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DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Pfizer and Sanofi Pasteur

Receipt of honoraria or consultation fees:

Pfizer, Sanofi Pasteur and GSK

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 28 th February 2023



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Conflict of Interest Disclosure Form

NAME : Dr Adesola Yinka-Ogunleye

AFFILIATION: Nigeria Centre for Disease Control, Abuja

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: 

Date: 17 October 2022