

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

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Conflict of Interest Disclosure Form

NAME: ADJAGBA ALEX	
NAME/	1 1 1 1 1 11 11
NAME: ADJAUST ALEX AFFILIATION: UNICEF FleadQuarters	New pric, osk

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

DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 8/7/2025

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Conflict of Interest Disclosure Form

NAME.	Edwin J. Asturias, MD	
MAIVIL.		• •

AFFILIATION: University of Colorado School of Medicine

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's

bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23 JULY 2025



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Conflict of Interest Disclosure Form

NAME. Azucena BARDAJI ALONSO

AFFILIATION: Associate Research Professor ISGlobal - University of Barcelona (UB)

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

BARDAJI ALONSO Digitally signed by BARDAJI ALONSO AZUCENA -

AZUCENA-Signature: 73197565L 73197565L Date: 2025.06.23 12:35:03

Date: 23/6/2025



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NAME: Tania Cernuschi		
AFFILIATION: WHO/IVB		
In accordance with criterion 13 of document UEMS 2023/07 "EALIVE Educational Events (LEEs)", all declarations of perceived or years, whether due to a financial or other relationship, musubmission of the application. COI declarations signed more that will not be accepted. Declarations must be made available of Declarations must include whether any fee, honorarium or arrangin relation to the LEE has been provided.	r actual co ust be pro an 6 mont nline on	onflicts of interest for the last 3 ovided to the EACCME® upon this before the date of the event the event website of the LEE.
DISCLOSURE		
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$f\square$ I have the following potential conflict(s) of interest t	o report	
Type of affiliation / financial interest	Nam	e 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:	7 August 2025



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NAME: Dr Arminder K Deol		
AFFILIATION: CEPI		
In accordance with criterion 13 of document UEMS 2023/07 "EALIVE Educational Events (LEEs)", all declarations of perceived or years, whether due to a financial or other relationship, musubmission of the application. COI declarations signed more that will not be accepted. Declarations must be made available of Declarations must include whether any fee, honorarium or arrangin relation to the LEE has been provided.	r actual co ust be pro an 6 mont nline on	onflicts of interest for the last 3 ovided to the EACCME® upon hs before the date of the event the event website of the LEE.
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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:	22/07/2025



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Conflict of Interest Disclosure Form

NAME: NIKLAS DANIEL SSON	
AFFILIATION: SR-ZMMUNIZATION SPECIALIST	UNICEF HQ

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Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 20.08, 2025

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Conflict of Interest Disclosure Form

NAME: FIHMAN	Johanna
AFFILIATION: WH	

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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: 5/08/25



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Conflict of Interest Disclosure Form

NAME BRAD GESSNER AFFILIATION: Epi Vac Consulting

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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): Employee

Signature:

Date: 25 July 2005

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Conflict of Interest Disclosure Form

NAME:	MALICK	MAHD	I GI	BANI
AFFILIAT	ION: IM PE	RIAL C	OLLE GE	LONDON

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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 - JUL - 2025



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NAME: Plusade Long Moding		
NAME: Eduardo Lopez Medina		
AFFILIATION:Centro de Estudios en Infectologia Pediatrica, CEIP		
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DISCLOSURE		
☐ I have no potential conflict of interest to report		
x□khave the following potential conflict(s) of interest to r	eport	
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:	Takeda, Sanofi Pasteur, GSK, MSD	
Receipt of honoraria or consultation fees:	Takeda, Sanofi Pasteur, MSD	
Participation in a company sponsored speaker's bureau:	Takeda, Sanofi Pasteur, MSD	
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature: Edward Lugi	Date: July 16, 2025	



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Conflict of Interest Disclosure Form

NAME: Notice Local
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: spouse holds 65 (C stock
Other support (please specify):
Signature: Wellelee Date: 816



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

NAME: Melanie Marti
affiliation:
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.
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Receipt of honoraria or consultation fees:
Participation in a company sponsored speaker's bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):
Signature: M. Marti Date: 30.06.25



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NAME: Davide Rasella		
AFFILIATION: Barcelona Institute for Global Health		
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Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature: Javs Masella	Date:	14/08/2025



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Conflict of Interest Disclosure Form

NAME: GWE	n Tobert
AFFILIATION: .	CEPI

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Participation in a company sponsored speaker's

bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 4500

Date: 28/07/2025



NAME. Marta Tufet Bayona

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

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AFFILIATION:		
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Participation in a company sponsored speaker's bureau:		
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature:	Date:	7th August, 2025



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NAME: Maya Vandenent	
AFFILIATION: UNICEF	
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Spouse/partner:	
Other support (please specify):	
Signature:	Date: 17 July 2025