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Continuing Medical Education – EACCME  
Institution of the UEMS<sub>ais</sub>

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F +32 2 640 37  
[accreditation@uems](mailto:accreditation@uems)

## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Alexander Lindau

AFFILIATION: University of Hohenheim

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<sup>®</sup> 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:

A. Lindau

Date:

19.3.18



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: ERIC WALKER  
AFFILIATION: Glasgow University

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**DISCLOSURE**

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

N/A.

Signature:

Date:

17/12/17



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ..... Robert Steffen

AFFILIATION: University of Zurich

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### DISCLOSURE

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:

GSK, Mérieux Foundation, Pfizer, Takeda

Receipt of honoraria or consultation fees:

Astra-Zeneca, Biointelect / Sixty Degrees

Pharmaceuticals, Dr. Falk, Host Therabiomics /

Clasado, Takeda, Valneva

Participation in a company sponsored speaker's bureau:

None

Stock shareholder:

None

Spouse/partner:

I have a wife, but she has no CoI

Other support (please specify):

None

Signature:

Date: 9 December 2017



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : .....Marika Nordberg.....

AFFILIATION: .....Ålands hälso- och sjukvård, Åland Borrelia Group.....

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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: Marika Nordberg**

**Date: 20/12 2017**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Lynda Bramham.....

AFFILIATION: NaTHNaC.....

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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: Lynda Bramham**

**Date: 16.1.2018**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : .....Marika Nordberg.....

AFFILIATION: .....Ålands hälso- och sjukvård, Åland Borrelia Group.....

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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: Marika Nordberg**

**Date: 20/12 2017**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ...JULIET ALBERT.....

AFFILIATION: BARNARDOS NATIONAL FGM CENTRE & IMPERIAL COLLEGE HEALTHCARE NHS TRUST.....

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### **DISCLOSURE**

I have no potential conflict 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):

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*Just De*

**Signature:**

**Date: 14/12/17**





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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dipti Patel.....

AFFILIATION: NaTHNaC.....

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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):

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**Signature:**

A handwritten signature in black ink, appearing to be 'D. J. P.', written on a light-colored background.

**Date: 6 December 2018**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : **Dr George Kassianos**

AFFILIATION: National Immunisation Lead Royal College of General Practitioners

President British Global & Travel Health Association

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### **DISCLOSURE**

CHECK MARK

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: I have in the past received fees from different influenza vaccine manufacturers for lectures and/or advisory boards. In this presentation on "Influenza a Travel Vaccine", I will not address any specific influenza vaccine brand (SP, GSK, Valneva, Seqirus, MSD, AZ)

Participation in a company sponsored speaker's bureau: as

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above

Stock shareholder: No

Spouse/partner: No

Other support (please specify): None



**Signature:**

**Date: 6 December 2017**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : .....Mike Tipton.....

AFFILIATION: .....University of Portsmouth.....

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### DISCLOSURE

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:** *MJ Tipton*

**Date:** 29/4/18



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ROGELIO, LOPEZ-VELEZ.....

AFFILIATION: Ramon y Cajal Hospital, Madrid.....

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**Name of commercial company**

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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):

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---



**Signature:**

**Date: 16<sup>th</sup>, December, 2017**



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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):



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**Signature:**

**Date: 16<sup>th</sup>, December, 2017**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : .....Patricia Schlagenhauf.....

AFFILIATION: ...University of Zurich.....

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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:

F. Hoffmann La Roche, GSK, Pfizer

Receipt of honoraria or consultation fees:

GSK, F. Hoffmann La Roche, GeoSentinel

Participation in a company sponsored speaker's bureau:

Sixty degrees, Sigma Tau,

Stock shareholder:

-

Spouse/partner:

-

Other support (please specify):

Editor in Chief, Travel Med Infect Dis

Signature: **Patricia Schlagenhauf**

Date:**28.3.2018**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : .....Anu Kantele.....

AFFILIATION: .....University of Helsinki.....

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### DISCLOSURE

I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports: Valneva, Pfizer

Receipt of honoraria or consultation fees: Valneva, MSD, Pfizer

Participation in a company sponsored speaker's bureau: Immuron, Valneva

Stock shareholder: no

Spouse/partner: none

Other support (please specify): no

Signature: **Anu Kantele**

Date: **Jan 15, 2018**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : SARA WATLE

AFFILIATION: NORWEGIAN INSTITUTE OF PUBLIC HEALTH

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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:

11 December 2017



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### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Dr. Charlotta Zacharias*

AFFILIATION: *SSTM*

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#### DISCLOSURE

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

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

Signature:

Date:

*2018/03/14*



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Miriam van de Watering

AFFILIATION: Dutch National Coordination Centre for Travelers' Health Advice

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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: 16-01-2018

# Miriam van de Watering

MSc International Public Health

miriamvandewatering@gmail.com

---

## Summary

N/A

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## Experience

### **Consultant National Coordination Center for Travelers' Health Advice**

augustus 2016 - Present

- National guidance on travel health for health professionals
- Guideline and policy development
- Identify and report to professionals on disease outbreaks and other health hazards worldwide
- Assisting professionals (doctors and nurses) to provide best quality, evidence-based travel health advice and services
- Secretary of national workgroups
- Magazine editor

### **Policy officer Public Health at St. Eustatius (Dutch Carribean)**

januari 2015 - maart 2016 (1 jaar 3 maanden)

- Youth health care policy development
- Domestic violence and child abuse action plan
- Child rights advocacy

### **Public Health Service officer at GGD Haaglanden**

januari 2015 - januari 2015 (1 maand)

To get acquainted with the Public Health Service and its broad scope of activities I visited different agencies and operational divisions of PHD The Hague. This internship was preparatory to my work at the Public Health Department of St. Eustatius (Dutch Carribean).

### **Ambassador Dutch Nurses' Association at Verpleegkundigen & Verzorgenden Nederland**

mei 2014 - januari 2015 (9 maanden)

As a guest lecturer I was invited by universities and care institutions to speak about new developments in the field of nursing.

**Graduate Research Assistant (Dutch Council for Refugees) at VluchtelingenWerk Nederland**

augustus 2013 - oktober 2013 (3 maanden)

Data analysis and writing a paper about the results of a monitoring and evaluation study on so called 'family locations' in The Netherlands. Family locations are sober asylum seeker centres where families with underaged children stay while awaiting for their deportation to their country of origin.

**Research Intern (Dutch Council for Refugees) at VluchtelingenWerk Nederland**

februari 2013 - juli 2013 (6 maanden)

Within the framework of my thesis I designed a participatory research project together with youth (12+) who live in special asylum seeker centers, so called family locations in The Netherlands. Family locations are sober asylum seeker centres where families with underaged children stay while awaiting for their deportation to their country of origin. The research project was conducted from the perspective of the youth and focused on their living circumstances.

**District Nurse at Buurtzorg Nederland**

april 2011 - juli 2013 (2 jaar 4 maanden)

Complex care management, assessment of healthcare needs, administering injections and IV fluids, supervising the quality of care.

---

**Education****Vrije Universiteit Amsterdam**

Master of Science (MSc), International Public Health/International Health, 2012 - 2013

**Vrije Universiteit Amsterdam**

Premaster Health Sciences, Volksgezondheid in Internationale Context, 2011 - 2012

**Hogeschool van Utrecht**

Bachelor of Nursing, Maatschappelijke gezondheidszorg, 2009 - 2011

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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Helena Hammarström*

AFFILIATION: *Sahlgrenska University Hospital (Infectious diseases)*

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### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

*180112*



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---

## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Alexandra Grieve.

AFFILIATION: ...Chair NECTM Steering Group....

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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:

Sanofi Pasteur

Participation in a company sponsored speaker's bureau:

Sanofi Pasteur

Stock shareholder:

Spouse/partner:

Other support (please specify):

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS**

*Association internationale sans but lucratif – International non-profit organisation*

---

**Signature:**  
27/12/17

Alexandra W. G. G. G.

**Date:**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Heli Siikamäki

AFFILIATION: Helsinki University Hospital

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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: 9.1.2018



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : dr. Gerard JB Sonder, MD PhD .....

AFFILIATION: National Coordination Center for Travelers Health Advice.....

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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: 18-12-2017



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Olivia Kiwanuka.....

AFFILIATION: ...Adventure Medicine.....

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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: 171218



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Lars Lindqvist*

AFFILIATION: *Karolinska Institutet, Stockholm, Sweden*

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Lars Lindqvist*

Date: *2018-01-12*



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ...Shirley Molitor-Kirsch.....

AFFILIATION: Children's Mercy Hospital, Kansas City MO USA.....

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**DISCLOSURE**

I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

4/9/18





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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dominique L. MONNET

AFFILIATION: European Centre for Disease Prevention and Control (ECDC)

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: 4 December 2017



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Gunnar Hasle

AFFILIATION: Reiseklinikken – Oslo Travel Clinic

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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: We sell a food supplement , Bimuno Travelaid at our clinic.

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports: For a tick genetics project	Pfizer
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):	None

Signature:

Date: 15. December 2017



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Kaja Kaasik-Aaslav.

AFFILIATION: European Centre for Disease Prevention and Control

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### DISCLOSURE

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

*K. Kaasik-Aaslav*

**Date: 05/03/2018**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : PAROLA

AFFILIATION: Aix Marseille University, Marseille France

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### **DISCLOSURE**

X I have no potential conflict of interest to report

Signature:  
2017

Date: December, 12,



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Anders Johansson.....

AFFILIATION: .....Umeå University.....

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### DISCLOSURE

I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:** 2018-04-20



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Susanne Strömdahl.....

AFFILIATION: Uppsala University Hospital.....

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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: *Susanne Strömdahl*

Date: 20180323



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: Hilmar Asgeirsson

AFFILIATION: Dept. of Infectious Diseases Karolinska Univ. Hospital and Institutet

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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:

Hilmar Asgeirsson

Date:

18/01/23



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### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ..... **KAREN RUDD** .....

AFFILIATION: ..... **INDEPENDENT** .....

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: **Karen Rudd**

Date: **06/02/2018**





## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Chitimia-Dobler Lidia

AFFILIATION: Bundeswehr Institute of Microbiology

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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:

*Lidia Dobler*

Date: 07.12.2017



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ...Ann-Mari Svennerholm.....

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

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): My spouse and I have equity in Gotovax AB, which through a licensure agreement is entitled to a small royalty percentage from Scandinavian Biopharma's possible future income from the Investigational product ETVAX

Scandinavian Biopharma

Signature:

Date:

15/1 2018



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F +32 2 640 37 30  
[accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ..... *ANDERS BJÖRKMAN*

AFFILIATION: ..... *Karolinska Institutet*

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### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

*2018 03 26*



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Tomas Jelinek

AFFILIATION: Berlin Center for Travel & Tropical Medicine, Berlin, Germany

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### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

05 DEC 2017



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Jennifer Anderson

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:

PaxVax, Sanofi Pasteur

Stock shareholder:

Spouse/partner:

Other support (please specify):

Past funding from PaxVax to attend NECTM 2016 and ISTM 2017

Signature:

Date: 16/01/2018



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : SARAH Korte, MD

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:

*none*

Receipt of honoraria or consultation fees:

*none*

Participation in a company sponsored speaker's bureau:

*American Academy of Pediatrics  
Pennsylvania Chapter*

Stock shareholder: *none*

Spouse/partner: *none*

Other support (please specify): *none*

Signature:

Date:

*15 Jan 2018*



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : **GERARD FLAHERTY**

AFFILIATION: **TRAVEL MEDICINE SOCIETY OF IRELAND**

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): **I AM A NON-  
REMUNERATED ASSOCIATE EDITOR FOR JOURNAL OF  
TRAVEL MEDICINE.**

Signature:

Date:

4/12/2017



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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 : Anna Färnet

AFFILIATION: Dept of Medicine Solna/ Unit for Infectious Diseases

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

### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

INDUSTRIAL PHD STUDENT WITH  
MABTECH AB (BIOTECH COMPANY)

Signature:

Date:

20180114

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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 : JONAS BONVEDAHL

AFFILIATION: Landstinget i Kalmar län

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### DISCLOSURE

I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

2018-01-31



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### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ASIA POUTINEN

AFFILIATION: ERDC

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#### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

5 Oct 2017



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

**NAME: Ann-Marie Calander**

**AFFILIATION: Rheumatology, Sahlgrenska University Hospital, Gothenburg, Sweden and  
Department of Rheumatology and Inflammation, Sahlgrenska Academy at University of  
Gothenburg, Gothenburg, Sweden**

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**

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:**

*Ann Marie Calander*

**Date:**

*31/12 2017*



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Fransiska Suryapriatna

AFFILIATION: Public health service (GGP) Amsterdam

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### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

21-03-2016



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ..... *Soentjens Potuck* .....

AFFILIATION: ..... *ITM Antwerp* .....

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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: *Dr. P. SOENTJENS*  
 Internist ITG  
 1/73293/46/580  
 Tel: 03/247 64 65  
 psoentjens@itg.be

Date: *23 APR. 2018*



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### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Hedvig Blaus

AFFILIATION: Karolinska Institutet, Department of Medicine Sdmg.  
Division Dermatology & Venereology.

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#### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

2018-04-23



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Katja Wyss.....

AFFILIATION: Dep of Medicine Solna, Karolinska Institutet.....

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### DISCLOSURE

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:20180224



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Alber Martin

AFFILIATION: Division of Infectious Diseases and Tropical Medicine  
University Hospital, LMU Munich

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### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:


Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 25 APR 2018





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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Erika Garner-Spitzer, PhD  
AFFILIATION: ISPTD, Med. University Vienna

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### DISCLOSURE

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

#### Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

#### Name of commercial company

Pfizer [investigator initiated grant provided to the Medical University of Vienna]

Signature:

Erika Garner-Spitzer

Date:

20.3.2018



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jukka-Pekka Pichli

AFFILIATION: University of Helsinki / Finland

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:

2500 € Finnish Medical Foundation

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Sanofi Pasteur: travel and accommodation expenses,  
participation fee at NECTM 7

Signature:

Date:

23rd of April 2018



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : GUZEK ANGELA

AFFILIATION: MEDICAL UNIVERSITY VIENNA  
Institute for tropical medicine and specific prophylaxis

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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: investigator initiated study - Pfizer supported to Medical University Vienna

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Angela Guzek

Date: 20.02.2018



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ...Tania John.....

AFFILIATION: .....Women's Adventure Expo.....

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): I am co-founder, director, and a share-holder of Women's Adventure Expo CIC (UK registered social enterprise), which I work for on a

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voluntary basis. I have not received any grants, fees or other financial support.

**Signature:**

**Date:** 25/04/2018





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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Berlaimont Valérie .....

AFFILIATION: ...GSK Vaccines.....

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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):

Full time employee of GSK Vaccines

**Signature:**

**Date:**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : GERHARD DOBLER

AFFILIATION: BUNDESWEHR INSTITUTE OF MICROBIOLOGY

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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):

PFIZER VACCINES  
GSK VACCINES  
BAYER ANIMAL HEALTH

Signature:

Date:

27/02/18



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Tuomas Aro

AFFILIATION: University of Helsinki

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### DISCLOSURE

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

9.3.2018





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### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Karin Hansson

AFFILIATION: Center for Infectious Medicine, Department of  
Medicine, Karolinska Institutet, Stockholm, Sweden

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### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

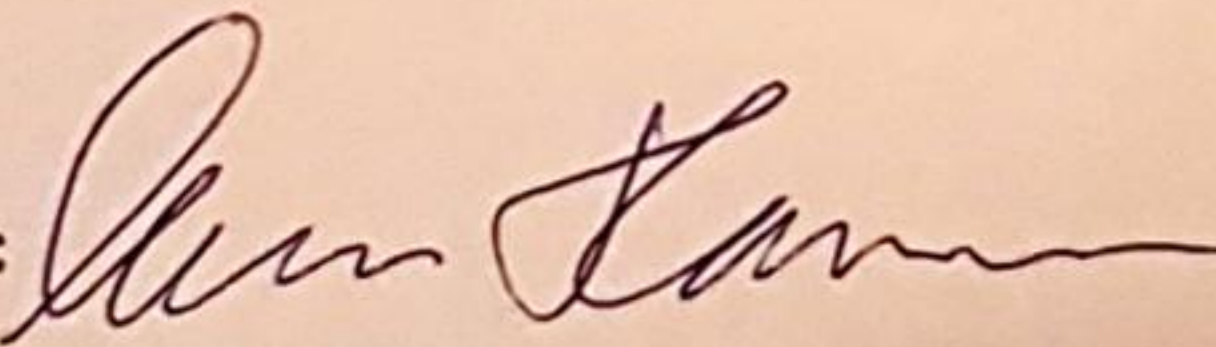
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 18-04-24



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Marco Drehmann

AFFILIATION: University of Hohenheim

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### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Name of commercial company

Pfizer Pharma GmbH

Baxter Deutschland GmbH

Signature:

Date: 23.2.18



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Jakob Petersen

AFFILIATION: National Travel Health Network & Centre (NaTHNaC), UCLH NHS Foundation Trust, 250 Euston Road, London NW1 2PG, United Kingdom

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### DISCLOSURE

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

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**Signature:**



**Date: 23 Feb 2018**



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### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Elina Erva

AFFILIATION: University of Helsinki / Helsinki University 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:     

Receipt of honoraria or consultation fees:     

Participation in a company sponsored speaker's bureau:     

Stock shareholder:     

Spouse/partner:     

Other support (please specify):

travel expenses to MELTM  
covered by Sanofi Pasteur

Signature: [Signature]

Date:

1.5.2018



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Katri Ukkman

AFFILIATION: University of Helsinki

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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 March 2018



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : .....GERARD FLAHERTY.....

AFFILIATION: .....NATIONAL UNIVERSITY OF IRELAND GALWAY.....

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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: 23/2/18



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Dipti Patel.....

AFFILIATION: ...NaTHNaC.....

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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):



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**Signature:**

A handwritten signature in black ink, appearing to be 'Dyora' followed by a horizontal line and a small flourish.

**Date:28.04.18**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Anu Kantele.....

AFFILIATION: ...University of Helsinki and Helsinki University Hospital....

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### DISCLOSURE last 5 years

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: investigator-initiated grant

Pfizer 2013, Valneva 2017

Receipt of honoraria:

Valneva 2014, 16; Pfizer 2015,16, MSD

Participation in a company sponsored speaker's bureau:

Valneva 2015, Immuron 2017

Stock shareholder: None

Spouse/partner: No conflicts of interest

Other support (please specify): None

**Signature:**

**Date:**