



**European Centre for Disease Prevention and Control**  
**Annual Declaration of Interests for 2024**

First Name: Bernard  
 Last Name: Kaić  
 Country: Croatia  
 Current Employer: Public sector  
 ECDC Involvement: External Expert (NFP, OCP, Meeting, RRA)

I do hereby declare on my honour that to the best of my knowledge, the only interests I have or have had in the previous 5 years are those listed below

**1. Please fill in any employment in the previous five years, including your present employment.**

| Starting Year | Ending Year | Name of the organization            | Job Title              | Nature of Employment | Specific Type |
|---------------|-------------|-------------------------------------|------------------------|----------------------|---------------|
| 1995          | Ongoing     | Croatian Institute of Public Health | Medical epidemiologist |                      |               |

**2. Do you have, or have you had, ownership or other investments, including shares?**

No interest declared

**3. Are you, or have you been, a member of a Managing Body or equivalent structure?**

| Starting Year | Ending Year | Name of the organization | Type of organization            | Nature of Involvement           | Remuneration (Amount, Currency) | Beneficiary of Remuneration | Voting Rights |
|---------------|-------------|--------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------|---------------|
| 2016          | Ongoing     | ECDC                     | Member of ECDC Management board | Member of ECDC Management Board | Not Applicable                  |                             | Yes           |

**4. Are you, or have you been, a member of a Scientific Advisory Body?**

| Starting Year | Ending Year | Name of the organization            | Type of organization   | Nature of Involvement  | Remuneration (Amount, Currency, beneficiary) | Beneficiary of Remuneration |
|---------------|-------------|-------------------------------------|------------------------|------------------------|--|-----------------------------|
| 2006          | Ongoing     | Croatian Institute of Public Health | Secretary of the NITAG | Secretary of the NITAG | Not Applicable                               |                             |

**5. Have you offered any consultancy or advice in the past 5 years?**

| Starting Year | Ending Year | Name of the organization  | Nature of activity | Type of Contract | Remuneration (if any) | Specify other type of activity | Key tasks and responsibilities |
|---------------|-------------|---------------------------|--------------------|------------------|-----------------------|--------------------------------|--------------------------------|
| 2005          | 2018        | World Health Organization |                    |                  |                       |                                |                                |
| 2005          | 2016        | UNICEF                    |                    |                  |                       |                                |                                |
| 2016          | 2016        | European Commission       |                    |                  |                       |                                |                                |

**6. Have you received any research funding?**

| Starting Year | Ending Year | Name of the organization                        | Type of organization                | Subject of research funding           | Personal role in the project | Recipient of funding |
|---------------|-------------|---|-------------------------------------|---------------------------------------|------------------------------|----------------------|
| 2015          | 2017        | I-MOVE+ study funded by the European Commission | Croatian Institute of Public Health | Influenza Vaccine Effectiveness Study | Investigator                 | Employer             |

**7. Do you have any intellectual property rights?**

No interest declared

8. Do you have, or have you had, any other memberships or affiliations?

No interest declared

9. Are there any interests of close family members?

No interest declared

10. Is there any other interest you want to declare?

No interest declared

I confirm the information on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the ECDC website

Full Name: Bernard Kaić

Date: 2024-02-13 15:42