European Centre for Disease Prevention and Control
Annual Declaration of Interests for 2023

First Name: Katerina
Last Name: Fabiánová
Country: Czech Republic
Current Employer: Public sector
ECDC: External Expert (NFP, OCP, Meeting, RRA)
Involvement:

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.

<table>
<thead>
<tr>
<th>Starting Year</th>
<th>Ending Year</th>
<th>Name of the organization</th>
<th>Job Title</th>
<th>Nature of Employment</th>
<th>Specific Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>2017</td>
<td>Third Faculty of Medicine, Charles University, Prague</td>
<td>Lecture and practical training for medical students on topics in epidemiology</td>
<td>Select the right option</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>Ongoing</td>
<td>National Institute of Public Health (NIPH)</td>
<td>Epidemiologist</td>
<td>Select the right option</td>
<td></td>
</tr>
</tbody>
</table>

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?
No interest declared

4. Are you, or have you been, a member of a Scientific Advisory Body?
No interest declared

5. Have you offered any consultancy or advice in the past 5 years?
No interest declared

6. Have you received any research funding?
No interest declared

7. Do you have any intellectual property rights?
No interest declared
8. Do you have, or have you had, any other memberships or affiliations?

<table>
<thead>
<tr>
<th>Starting Year</th>
<th>Ending Year</th>
<th>Name of the organization</th>
<th>Nature of membership/affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>Ongoing</td>
<td>The Czech Medical Chamber</td>
<td>Member</td>
</tr>
<tr>
<td>1993</td>
<td>Ongoing</td>
<td>The Medical Society</td>
<td>Member</td>
</tr>
<tr>
<td>2001</td>
<td>Ongoing</td>
<td>Society for Epidemiology and Microbiology, The Medical Society J.E. Purkyne</td>
<td>Member, since 2018 member of the board</td>
</tr>
<tr>
<td>2006</td>
<td>Ongoing</td>
<td>The Czech Vaccinology Society, The Medical Society J.E. Purkyne</td>
<td>Member, since 2019 member of the board</td>
</tr>
<tr>
<td>2022</td>
<td>Ongoing</td>
<td>Society of Infectious Medicine, The Medical Society J.E. Purkyne</td>
<td>Member</td>
</tr>
</tbody>
</table>

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: Kateřina Fabianová
Date: 2022-11-28 08:28