European Centre for Disease Prevention and Control

Annual Declaration of Interests for 2023

First Name: Oystein
Last Name: Riise
Country: Norway
Current Employer: Public sector: ECDC
Involvement: Management Board Member (ECDC Governing Body)

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>2020</td>
<td>Ongoing</td>
<td>Norwegian Ministry of Health and Care Services</td>
<td>Special Advisor</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>2020</td>
<td>Norwegian Institute of Public Health</td>
<td>Senior Medical Officer</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>2019</td>
<td>Municipality of Oslo</td>
<td>Public Health Physician</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>2018</td>
<td>Norwegian Institute of Public Health</td>
<td>Senior Medical Officer</td>
<td>1</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

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 above.
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>2013</td>
<td>Ongoing</td>
<td>Scandinavian/Nordic</td>
<td>Committee for Elimination of Measles and Rubella</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: Oystein Riise
Date: 2022-12-01 14:46