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

First Name: Gideon  
Last Name: Ertner  
Country: Denmark  
Current Employers: Public sector  
ECDC Involvement: Management Board (ECDC Governing Body)  

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>2022</td>
<td>Ongoing</td>
<td>Danish Health Authority</td>
<td>Senior Medical Officer</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>2022</td>
<td>Danish Health Authority</td>
<td>Medical Officer</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>2021</td>
<td>Bispebjerg and Frederiksberg Hospital</td>
<td>Medical Doctor (Senior Registrar)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>2021</td>
<td>Danish Health Authority</td>
<td>Medical Consultant (part-time)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>2020</td>
<td>Lægerne på Strøget (General Practice)</td>
<td>Medical Doctor</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>2019</td>
<td>Danish Health Authority</td>
<td>Assistant 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?

<table>
<thead>
<tr>
<th>Starting Year</th>
<th>Ending Year</th>
<th>Name of the organization</th>
<th>Type of organization</th>
<th>Nature of Involvement</th>
<th>Remuneration (Amount, Currency, beneficiary)</th>
<th>Beneficiary of Remuneration</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2022</td>
<td>Danish Society for Tropical Medicine and International Health</td>
<td>Scientific Society</td>
<td>Chairman</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

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?
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: Gideon Ertner
Date: 2024-01-10 09:31