European Centre for Disease Prevention and Control

Annual Declaration of Interests for 2024

First Name: Inese
Last Name: Sviestina
Country: Latvia
Current Employer: Public sector
Employer: ECDC
Involvement: Advisory Forum (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>2017</td>
<td>Ongoing</td>
<td>Children’s Clinical Hospital</td>
<td>Clinical Pharmacist (since 2008)</td>
<td>Select the right option</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>2019</td>
<td>“Turiba” University, Faculty of Pharmacy</td>
<td>Lecturer</td>
<td>Select the right option</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>2019</td>
<td>Riga Stradiņš University, Faculty of Pharmacy</td>
<td>Lecturer</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>2006</td>
<td>2007</td>
<td>Association of Latvian Young Scientists</td>
<td>President</td>
</tr>
<tr>
<td>2013</td>
<td>Ongoing</td>
<td>Antimicrobial Resistance Monitoring committee at the Latvian Ministry of Health</td>
<td>Member</td>
</tr>
<tr>
<td>2013</td>
<td>Ongoing</td>
<td>European Society of the Children Infectious Diseases</td>
<td>Member</td>
</tr>
<tr>
<td>2015</td>
<td>Ongoing</td>
<td>European Association of Hospital Pharmacists</td>
<td>Delegate of the Latvian Pharmacists' Society</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: Inese Svietiņa
Date: 2024-01-02 14:37