European Centre for Disease Prevention and Control

Annual Declaration of Interests for 2024

First Name: Oystein
Last Name: Riise
Country: Norway
Current Employer: Public sector
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>2020</td>
<td>Ongoing</td>
<td>Norwegian Ministry of Health and Care Services</td>
<td>Special Advisor</td>
<td>1</td>
<td>1</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>1</td>
</tr>
<tr>
<td>2018</td>
<td>2019</td>
<td>Municipality of Oslo</td>
<td>Public Health Physician</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2020</td>
<td>2020</td>
<td>Norwegian Institute of Public Health</td>
<td>Senior Medical Officer</td>
<td>1</td>
<td>1</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>2013</td>
<td>2022</td>
<td>Scandinavian/Nordic</td>
<td>Member</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Committee for Elimination of Measles and Rubella</td>
<td></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: 2023-11-24 08:44