

# European Centre for Disease Prevention and Control Annual Declaration of Interests for 2025

First Name:	Bernard
Last Name:	Каіс́
Country:	Croatia
Current Employer:	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.

Starting Year	Ending Year	Name of the organization	Job Title	Nature of Employment	Specific Type
1995	Ongoing	Croatian Institute of Public HEalth	Medical epidemiologist		

## 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?

Starting Year	Ending Year	Name of the organization	Type of organization	Nature of Involvement	Remuneration (Amount, Currency)	Beneficiary of Remuneration	Voting Rights
2016	Ongoing	ECDC	Member of ECDC Maganement board	Member of ECDC Management Board	Not Applicable		Yes
2024	Ongoing	County Institute of Public Health, Vukovar-Srijem county	Public health institute	Member of Management Boatrd	92 euros monthly	Personal	Yes

### 4. Are you, or have you been, a member of a Scientific Advisory Body?

Starting Year	Ending Year	Name of the organization	Type of organization	Nature of Involvement	Remuneration (Amount, Currency, beneficiary)	Beneficiary of Remuneration
2006	Ongoing	Croatian Institute of Public Health	Secretary of the NITAG	Secretary of the NITAG	Not Applicable	

### 5. Have you offered any consultancy or advice in the past 5 years?

Starting Year	Ending Year	Name of the organization	Nature of activity	Type of Contract	Remuneration (if any)	Specify other type of activity	Key tasks and responsibilities
2005	2018	World Health Organization					
2005	2016	UNICEF					
2016	2016	European Commission					

#### 6. Have you received any research funding?

Starting Year	Ending Year	Name of the organization	Type of organization	Subject of research funding	Personal role in the project	Recipient of funding
2015	2017		Croatian Institute of Public Health	Influenza Vaccine Effectiveness Study	Investigator	Employer

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 Bernard Kaić Name: Date: 2025-01-24 12:08