



**European Centre for Disease Prevention and Control**  
**Annual Declaration of Interests for 2022**

First Name: Marieke  
 Last Name: van der Werf  
 Country: Sweden  
 Current Employer: European institution  
 ECDC Involvement: ECDC Staff Member

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
2011	2012	KNCV Tuberculosis Foundation	Head Unit Knowledge Research and Policy	3	
2012	2019	European Centre for Disease Prevention and Control	Head of Disease Programme Tuberculosis	1	
2009	2012	Academic Medical Center, University of Amsterdam	Associate professor	2	
2020	Ongoing	European Centre for Disease Prevention and Control	Head of Disease Programme STI, blood-borne viruses, and TB	1	
2019	2020	European Centre for Disease Prevention and Control	Acting Head of Disease Programme Vaccine Preventable Diseases	1	

**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?**

Starting Year	Ending Year	Name of the organization	Type of organization	Nature of Involvement	Remuneration (Amount, Currency, beneficiary)	Beneficiary of Remuneration
2012	2020	Wolfheze programme committee	Not applicable.	Organisation of Wolfheze meeting every other year in collaboration with WHO Europe and KNCV Tuberculosis Foundation	Not Applicable	Select the right option
2008	2012	World Health Organization	International organisation	Member of the Strategic and Technical Advisory Group for TB	Not Applicable	Select the right option

**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
2015	2015	CHAFEA	1	Select the right option	Travel and per diem		Review of proposals

**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?**

Starting Year	Ending Year	Name of the organization	Nature of membership/affiliation
2000	2020	Netherlands Epidemiological Society	Member
2003	2020	International Union of Tuberculosis and Lung Disease	Member
2010	2013	BioMed Central Open Access Publisher	Associate editor

**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: Marieke van der werf

Date: 2022-02-23 14:00