

# European Centre for Disease Prevention and Control

#### Annual Declaration of Interests for 2024

First Name: Jan

Last Name: Mikas

Country: Slovakia

Current Public sector

Current Employer:

Management Board (ECDC Governing Body)

ECDC Involvement:

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 |
|---------------|-------------|---|--|----------------------|---------------|
| 2002          | 2016        | Public Health Authority of<br>the Slovak Republic | Public Health Institution<br>Head of the Departement of<br>Epidemiology                                | 1                    |               |
| 2015          | 2015        | Si. Elizabeth Cancer<br>Institute                 | Hygienist  | 0                    |               |
| 2016          | Ongoing     | Public Health Authority of<br>the Slovak Republic | Public Health Institution<br>Chief Hygienist of the<br>Slovak Republic, Chief<br>Public Health Officer | 1                    |               |
| 2022          | Ongoing     | Slovak Medical University                         | Vice dean for practical teaching Faculty of Public Health  | 2                    |               |

#### 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?

| 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     | Public Health Authority of<br>the Slovak Republic | Public Health Institution<br>Chief Hygienist of the<br>Slovak Republic, Chief<br>Public Health Officer | Legal Entity Appointed<br>Representative (LEAR) | monthly salary                  | Employer                    | 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 |
| 2017          | Ongoing     | Slovak Medical University in<br>Bratislava, Faculty of<br>Public Health | education, scientific and research activities in public health | Non profit, honorary<br>membership | Not Applicable                               |                             |

## 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?

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 Jan Mikas

Name:

Date: 2023-12-12 08:34