

ROUND UP OF OUR HTA  
**REPORTS,  
REVIEWS AND  
ADVICE**

July - September 2023



# Our updates



Welcome to our HTA and evidence synthesis Bulletin. Our bulletin outlines advice and guidance that we published between July and September 2023.

The health budget in Ireland is finite. To invest in a new technology means that it may be necessary to stop or reduce funding for another technology or service. To make that choice, it is important that accurate and reliable evidence is presented to support decision-making. The goal of HTA is to provide that independent evidence.

In this issue, we cover our systematic review of interventions to improve Long COVID symptoms, our HTA of the expansion of the childhood immunisation schedule to include varicella (chickenpox) vaccination and our analysis of the consultation on the future of public health in Ireland. Along with this, we cover a conference we attended and some of our other publications.

All of our publications are available to read in full on our website, [www.hiqa.ie](http://www.hiqa.ie).



**Dr Máirín Ryan**  
**Director of Health Technology Assessment**

# The future of public health in Ireland

We analysed survey responses from 90 individuals and 28 organisations to inform the work of the Public Health Reform Expert Advisory Group. Respondents highlighted that...

## Before the pandemic

Public health in Ireland was disproportionately focused on Health Protection rather than the other public health pillars:

Health Improvement



Health Service Improvement



Health Intelligence



## In the future

Use the multidisciplinary expertise available

Invest more

Increase data surveillance capabilities

Promote and expand collaboration

## During the pandemic

Greater coordination within public health

Enhanced and expanded evidence synthesis

Positive and collaborative interagency relationships

**Organisational responses covered many public health fields, but individual respondents worked:**



within public health (99%)



in the Dublin region (52%)



in a medical role (41%)



in their current role for less than two years (42%)

# Interventions to improve Long COVID symptoms: A systematic review

## What is long COVID?

Long COVID is a complex condition with a wide range of symptoms (fatigue, cognitive impairment, shortness of breath, memory and smell loss) that can be debilitating and vary significantly from person to person. It can be long-lasting.

## What did we review?

We reviewed 57 randomised controlled trials that considered interventions for adults with symptoms of Long COVID.



## Findings

A clear treatment pathway for Long COVID remains unknown. Further research on the long term safety and effectiveness of the interventions included in this review is required.



## Health Technology Assessment (HTA) of adding chickenpox vaccine to the childhood immunisation schedule

**Chickenpox is a common highly contagious disease that mainly affects children.**

**In Ireland, about 58,000 people are affected every year. While usually a mild disease, it can cause serious complications requiring hospitalisation.**

A vaccine for chickenpox has been available since the 1970s. Several countries, including Australia, Canada, Germany, Italy, New Zealand, and the USA, have implemented a chickenpox vaccination program for children.

The HTA considered the clinical effectiveness and safety of the vaccine. It also assessed the value for money, cost, organisational, social, and ethical issues of providing a chickenpox vaccination programme.



In Ireland, the chickenpox vaccine is not part of the vaccination programme for children provided by the Health Service Executive (HSE).

However, parents or guardians can buy the vaccine for their child if they wish to.



It is estimated a chickenpox vaccine programme would cost between €13 million (for a one-dose programme) and €28 million (for a two-dose programme) over five years.

Chickenpox often leads to school and crèche absences for children. Parents or guardians may also need to take time off work to care for their sick child.

The HTA found that vaccination represents a good use of healthcare resources and when the broader cost to society of chickenpox is taken into account, vaccination is cost saving.





# Other publications...

Over the last quarter, we have published a number of protocols and reports. Find out more about them on this page and they can be found on our website.

## **Rapid Health Technology Assessment of Continuous Glucose Monitoring in Adults with Type 1 Diabetes Mellitus**

We published a rapid health technology assessment (HTA) on the use of continuous glucose monitoring (CGM) systems in adults with type 1 diabetes. This HTA was requested by the Health Service Executive (HSE) and will inform decisions on reimbursement of CGM systems.

## **Protocol for review of national public health strategies in selected countries**

We were requested by the Department of Health (DoH) to undertake a review of national public health strategies in selected countries. The information contained in the review will inform the development of a national public health strategy in Ireland.

## **Protocol for the health technology assessment of the addition of spinal muscular atrophy (SMA) to the National Newborn Bloodspot Screening Programme**

In January 2023, the National Screening Advisory Committee (NSAC) requested that we undertake an assessment of including SMA in the National Newborn Bloodspot Screening Programme. This programme provides newborn bloodspot screening (the 'heel prick test') within the first 72 to 120 hours of life and currently screens for nine conditions. The assessment will provide evidence-based advice to NSAC and will inform a decision regarding the potential inclusion of SMA in Ireland's National Newborn Bloodspot Screening Programme.

# Conferences

Our HRB-CICER team conducts evidence synthesis to inform the development of National Clinical Guidelines.

The HRB-CICER team attended the Guideline International Network (G-I-N) conference in Glasgow in September to present the findings of research conducted to support national clinical guidelines and research in guideline methodology development.

HRB-CICER was well represented at the conference, where evidence synthesis researchers, methodologists and guideline developers came together to learn and share from each other's experiences while fostering collaborations and exchanging best practices.

Three oral presentations from HRB-CICER were delivered over the two days, one by our Deputy Director Shelley O'Neill and two by our academic collaborative partner at RCSI Melissa Sharp. Barrie Tyner gave a poster presentation.

The highlight of the conference for us was participating in a workshop led by Professor Holger Schumann from McMaster University, the incoming Chair of G-I-N, and Ilse Verstijnen from the National Health Care Institute in the Netherlands. This workshop was co-facilitated by Shelley O'Neill. The work was an output of the GINAHTA Working Group, which is a joint activity between the International Network of Agencies for Health Technology Assessment (INAHTA) and G-I-N which explores standardising methods and facilitates collaboration and shared learning across the HTA and guideline communities.





**Published by the Health Information and Quality Authority (HIQA).**

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