



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Draft health technology assessment of immunisation against respiratory syncytial virus (RSV) in Ireland: plain language summary**

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## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

Visit [www.hiqa.ie](http://www.hiqa.ie) for more information.

## **What is RSV?**

Respiratory syncytial virus, or RSV, is an infection that is caused by a virus. RSV affects the lungs and upper airways. The RSV season in Ireland usually runs from from October to March, with outbreaks every winter.

In healthy people, RSV infection can usually be managed without needing to see a doctor. However, RSV can cause more severe infections in some people, and hospital care may be needed.

People at increased risk of severe disease include infants aged less than six months, premature babies, and children aged less than two years with certain medical conditions. Older adults are also at increased risk of severe disease, particularly those with chronic heart or lung disease or who live in long-term care facilities.

## **What did we look at?**

We looked at the impact of immunising infants and older adults against RSV infection.

There are two ways to protect infants. One way is a vaccine injection given to the mother, during pregnancy. The other is an antibody injection given to babies after they are born. There are three vaccines available for older adults.

As a temporary measure, the Health Service Executive (HSE) implemented a programme called Pathfinder that offered the antibody injection, nirsevimab (Beyfortus®), to babies born between September 2024 and February 2025. This programme has been offered again for the 2025/26 RSV season, this time including babies aged less than six months on the 1 September.

This assessment will inform a decision by the Department of Health for the 2026/27 RSV season and onwards.

## **Do similar immunisation programmes exist in other countries?**

Twenty-two countries in Europe have recently introduced RSV immunisation programmes for infants. Some, including Ireland, only introduced these programmes as a temporary measure. The programmes differ in what they offer and to whom. Eight countries have recently introduced programmes for older adults, but the age groups to which they are offered differs. Two of the countries only offer the vaccine to older adults with certain chronic conditions or who live in long-term care facilities.

## **What did we find?**

RSV infection is very common in Ireland with outbreaks every winter. More than 7,000 people are diagnosed with RSV infection each year, with over 2,000 requiring

hospital admission, mostly infants and young children. Most of these hospital admissions happen between October and December. This makes it very challenging for hospitals and disrupts routine care, such as planned surgeries for children.

The highest number of reported RSV cases are in children less than two years of age. They account for up to seven out of every ten reported cases. Across all ages, babies aged less than six months are the most likely to need medical care, including admission to hospital or to intensive care. The burden in older adults is much lower than in small children. Among older adults, nearly half of all recorded cases and hospitalisations occur in those aged 80 years and older.

RSV immunisation is safe to use in infants, pregnant women and older adults. Serious side effects are rare. However, minor reactions are common. These include pain where the injection was given, tiredness, and muscle pain. We found that immunisation reduces the chances that infants and older adults will need to see a doctor if they catch the virus. It also reduces the risk that they require hospital care. Although immunisation is effective when individuals first receive it, the benefit decreases over time.

We looked at the impact of providing immunisation for infants and older adults. Immunisation would reduce the number of people that require medical care and hospital care. However, it would also cost a lot of money, even after considering savings because fewer people have to go to their GP or are admitted to hospital. If immunisation is offered to all infants, it would cost the HSE an extra €50 to 60 million over the first five years. If offered to adults aged 80 years and older, it would cost the HSE an extra €70 million over the first five years.

Unless the price the HSE pays for the RSV interventions is a lot lower than the expected prices, offering immunisation to infants or older adults would not be an efficient use of resources. While making immunisation available to all would be more equitable, it could create unfairness in other ways. The health service needs to aim for a fair distribution of benefits and burdens for the whole population of Ireland.

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(HIQA).**

**For further information please contact:**

**Health Information and Quality Authority**

**George's Court**

**George's Lane**

**Smithfield**

**Dublin 7**

**D07 E98Y**

**+353 (0)1 8147400**

**info@hiqa.ie**

**www.hiqa.ie**

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