



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Health technology assessment of
immunisation against respiratory
syncytial virus (RSV) in Ireland:
Plain language summary
RSV Immunisation of Infants**

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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.

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Plain language summary: RSV immunisation of infants

What is RSV?

Respiratory syncytial virus, or RSV, is a common virus that causes respiratory infections in young children. The RSV season in Ireland usually runs from October to March, with outbreaks every winter.

In most healthy infants and children, RSV infection can usually be managed without needing to see a doctor. However, RSV can cause more severe infections in some infants and children, and they may need hospital care.

Infants aged less than six months, premature babies, and children aged less than two years with certain medical conditions are at increased risk of severe disease from RSV.

What did we look at?

We looked at the impact of immunising infants against RSV infection during their first RSV season.

There are two ways to protect infants:

1. A vaccine injection given to the mother during pregnancy
2. An antibody injection given to the baby.

As a temporary measure to protect infants, the Health Service Executive (HSE) introduced a programme called Pathfinder. Through Pathfinder, babies born between September 2024 and February 2025 were offered an antibody injection called nirsevimab (Beyfortus®). Pathfinder was offered again for the 2025/26 RSV season, this time also including babies aged less than six months on 1 September 2025.

This assessment will help the Department of Health decide on a long-term policy for RSV immunisation for infants.

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 are not the same in each country — they differ in what they offer and to whom.

What did we find?

Surges in RSV infection happen every year in Ireland. Infants and young children are most affected, with up to 7 out of every 10 reported cases happening in children aged less than two years. More than 3,000 children less than two years of age are

diagnosed with RSV infection each year, with over 1,800 needing to be hospitalised. 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. Most of these hospital admissions happen between October and December. RSV places a huge burden on families. Winter surges are also very challenging for hospitals. They disrupt routine care, such as planned surgeries for children. Some babies need to be transferred to a hospital with a paediatric intensive care unit. RSV also puts pressure on GPs and emergency departments. During the winter peak, there is a sharp increase in GP visits and out-of-hours service visits for symptoms related to RSV. Because RSV circulates at the same time as other seasonal respiratory viruses, such as flu, it adds extra strain to the health system.

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

We looked at the impact of providing immunisation for infants. Immunisation would reduce the number of infants that need medical care and hospital care. This would ease pressure on GP and out-of-hours services and reduce overcrowding in emergency departments. It would also free up hospital beds and help healthcare staff to deliver services more effectively. Additionally, it would reduce demand on critical care services. However, it would also cost a lot of money, even when we take into account the money saved because fewer people have to go to their GP or are admitted to hospital or paediatric intensive care units. If immunisation is offered to all infants, it would cost the HSE €50 to €60 million over five years.

Offering RSV immunisation to infants could be cost effective if the HSE can negotiate prices that are lower than those that are listed or reported internationally. To ensure a sustainable health service, the available resources should be used to deliver the best possible outcomes for the whole population.

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