

Issue 2 - 2026
April - June
www.hiqa.ie

BULLETIN

Health Technology Assessment Evidence Synthesis

Find out what we did



Quarterly Newsletter

As we move through summer, we are pleased to share highlights from our work in health technology assessment (HTA) and evidence synthesis during April, May and June 2026.

All of our publications are available in full on our website, www.hiqa.ie.

This quarter has been a particularly active period for our teams across HTA, evidence synthesis and clinical guideline support. During April to June, we published a range of assessments, reviews and protocols addressing important areas of healthcare policy, screening, vaccination, service planning and clinical care.

We also continued our commitment to patient and public involvement, launched new learning resources to support guideline development, contributed to national and international conferences, and strengthened collaboration with partners across Ireland and Europe.

In this issue, we highlight recent publications, ongoing assessments, conference participation and developments across our programmes of work. We hope this bulletin provides a useful overview of how evidence continues to inform healthcare decision-making and policy development in Ireland.

You can read more about these activities and other updates in the following pages.



DR MÁIRÍN RYAN

**Deputy Chief Executive
Director of Health
Technology Assessment**

In this newsletter you can expect:

Latest HTA
reports

Evidence reviews

Screening and
immunisation
updates

Conferences and
collaborations

Publications and
research

As always, we appreciate your feedback, and welcome suggestions for future editions. Reach out to us at htanews@hiqa.ie — and please share this bulletin with anyone you think may be interested.

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CICER

Paediatric Early Warning System in Emergency Settings

Our Centre in Ireland for Clinical Guideline Support and Evidence Reviews (CICER) team is funded by the Health Research Board (HRB) and hosted by HIQA. CICER conducts evidence synthesis to assist with the development of National Clinical Guidelines.

Every year, Irish emergency departments and injury units handle roughly 400,000 visits from children under 16. A child's health can deteriorate rapidly and young children often cannot communicate how they feel. As a result, identifying sudden deterioration at an early stage remains a significant challenge for medical staff.

To address this, a new National Clinical Guideline is being developed to introduce a Children's Emergency Medicine Early Warning System. While Ireland currently uses a warning system for hospital wards, no national standard exists specifically for emergency care.

CICER recently analysed international data to see what tools exist. Its research identified 11 systems that track vital signs like heart rate, breathing, and alertness to flag ICU risks. This research paves the way for a unified system across Ireland, supporting timely clinical intervention when a child's condition deteriorates.



CICER

Review on self-management education and specialist assessment can improve outcomes after an asthma-related hospital admission

A recent rapid review examined whether self-management education and specialist assessments improve health outcomes for individuals aged 16 and older who were recently hospitalised for an asthma attack. The review evaluated whether these interventions prevent future attacks, improve patients' understanding of asthma management, support treatment adherence, or enhance quality of life.

Asthma is a chronic condition that can lead to life-threatening attacks. Following a hospital admission, patients are often offered self-management education to help them track symptoms, or a detailed review by an asthma specialist.

The review analysed 13 international studies tracking patients for four to 12 months post-admission. Most studies were conducted in the United States, with the most recent published in 2011.

Key Findings:

Future attacks: Self-management education, with or without specialist assessment, may reduce the risk of future hospitalisations.

Knowledge and quality of life: Evidence is uncertain on whether these supports improve asthma knowledge, treatment adherence, or quality of life.

Cost effectiveness: No studies evaluated whether these interventions offer good value for money.



Ultimately, the review concluded that while post-hospital education shows promise in preventing future severe attacks, more up-to-date studies are needed.

Consultations

Public consultation on our HTA to inform COVID-19 vaccination policy in Ireland

Following on from the protocol for this work which was also published this quarter, we launched a six-week public consultation in June on our draft health technology assessment (HTA) to inform future COVID-19 vaccination policy in Ireland.

The assessment will provide advice to the Minister for Health and the HSE on the groups for whom COVID-19 vaccination is funded from the 2027–2028 vaccination campaign onwards.

Since 2023, COVID-19 case rates have decreased across all age groups in Ireland, with decreases also seen in emergency department visit rates, intensive care unit and hospital admission rates, and death rates. However, COVID-19 continues to disproportionately affect those of older age, particularly those aged 80 years and older, resulting in an ongoing burden on patients and healthcare services.

HIQA found that COVID-19 vaccination is safe and effective. It is associated with a significant reduction in severe disease; however, protection wanes over time. The cost of a national COVID-19 immunisation programme is substantial. For example, at an assumed vaccine price of €75 per dose, HIQA estimated that offering twice-yearly COVID-19 vaccination to adults aged 80 years and older would cost the HSE an additional €112 million over five years.

“While COVID-19 continues to disproportionately impact on older adults, its severity has declined over time due to changes in the virus and the establishment of population level immunity. Any decision around future COVID-19 vaccination policy requires careful consideration.”
- Deputy Director Health Technology Assessment,
Dr Patricia Harrington



Members of the public and key stakeholders are invited to provide feedback on the draft report through an online survey on our website. The consultation closes on 9 August 2026. All submissions will be reviewed and will help inform the final HTA, which will be published later this year.

Health Technology Assessments

Rapid assessment on the use of vesicostomy buttons in children

A newly completed rapid health technology assessment (HTA) has shed light on the use of vesicostomy buttons in children with complex bladder issues. Requested by the Minister for Health, the evaluation examined the safety and effectiveness of these small silicone devices, which assist with bladder emptying and urine storage in conditions like spina bifida.

A vesicostomy involves creating a surgical opening in the abdomen to drain urine. These openings can be left open, or can be closed using vesicostomy buttons, originally adapted from gastrostomy buttons in 1996, to allow for intermittent draining.

The assessment found that two types of buttons are currently used "off-label" for bladder management.

"Off-label" use of devices is a common and accepted practice in paediatric surgery when standard options are limited. Reviewing 14 studies involving 244 children, the HTA found no serious safety concerns over 30 years of clinical application, and findings were generally favourable.

Dr Máirín Ryan, Deputy CEO and Director of Health Technology Assessment, noted that despite limited research, children and carers reported high satisfaction. Dr Ryan highlighted that while complications like leakage and skin irritation can occur, it is hard to determine if these complications occur more often than with standard catheters. These buttons remain a valuable alternative for children for whom conventional catheterisation is unsuitable or difficult.



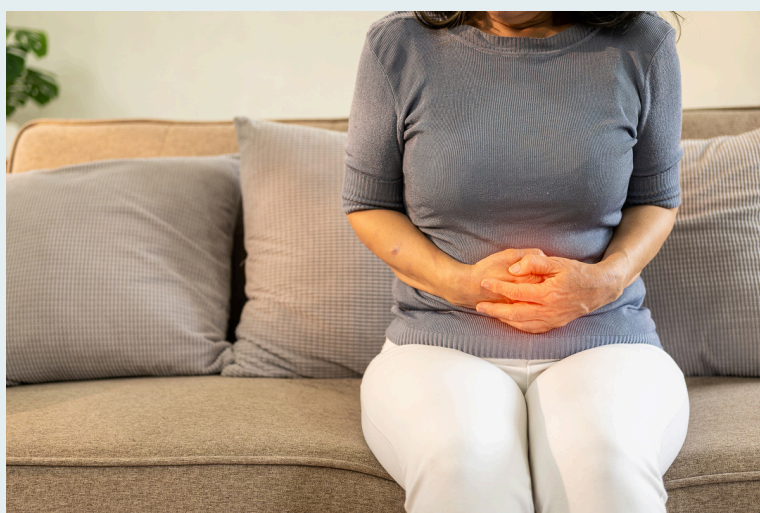
Health Technology Assessments

Assessment on extending BowelScreen to people aged 50 to 54

The Minister for Health has approved a recommendation from the National Screening Advisory Committee (NSAC) to extend the BowelScreen programme to those aged 50 to 54.

NSAC's recommendation was informed by a new health technology assessment (HTA) which found consistent evidence that starting screening at age 50 reduces colorectal cancer mortality and is cost effective.

Colorectal cancer is the second most common cancer in Irish men and the third most common in women. BowelScreen currently invites adults aged 57 to 71 for biennial screening using home-based faecal immunochemical tests (FIT), with plans already underway to expand the age range to 55–74.



Dr Máirín Ryan, Deputy CEO and Director of HTA, noted the clear clinical benefits of a further expansion but emphasised that critical capacity constraints must be addressed first. Lowering the starting age to 50 would increase the eligible population by 27%, increasing demand on endoscopy and related medical services.

The report, which incorporated feedback from a 2025 public consultation, advises that any age extension must be carefully phased. Significant planning, and investment in staffing and training are required to ensure the expansion does not negatively impact existing screening or symptomatic services.

Health Technology Assessments

Assessment on the use of teledermatology to support management of primary care referrals

A newly published health technology assessment (HTA) indicates that introducing teledermatology to support management of primary care referrals could significantly improve efficiency and patient care in Ireland. Requested by the Health Service Executive (HSE), the report evaluates using digital imaging to help manage rising primary care dermatology referrals.

Demand for Irish dermatology services continues to increase due to an ageing population and growing skin cancer rates. In 2024, public services received nearly 100,000 new referrals, and by mid-2025, the waiting list for a consultant dermatologist appointment surpassed 60,000 people, with some patients facing three-year delays.

Teledermatology allows GPs to attach high-quality clinical photographs to referral letters. Consultant dermatologists can then review these images to triage urgent cases or advise on conditions that can continue to be safely managed within primary care. The assessment concluded that this approach is both safe and effective when integrated into a complete clinical pathway.

While the system requires upfront investment in primary care equipment and hospital staffing, it is expected to provide substantial benefits. The HTA estimates that while a national teledermatology-supported referral pathway would cost an additional €2.7 million over 10 years, it would enable the health service to manage an extra 270,000 patients.

“...Teledermatology could help reduce waiting times and support timely access to care, while noting that additional consultant recruitment remains essential...”
- Chief Scientist, Dr Conor Teljeur



Health Technology Assessments

Protocol for the assessment of newborn screening for congenital adrenal hyperplasia

Work has commenced on a health technology assessment (HTA) to evaluate whether congenital adrenal hyperplasia (CAH) should be added to Ireland's National Newborn Bloodspot Screening Programme. Requested by the National Screening Advisory Committee (NSAC), the assessment will inform a future recommendation to the Minister for Health.

CAH is a group of inherited conditions affecting the hormone-producing adrenal glands. The evaluation will focus on classic CAH, the most severe form, where the body fails to produce enough cortisol and aldosterone. These hormones are essential for regulating blood pressure and electrolytes. Without early detection, newborns face a high risk of dangerous salt loss, potentially leading to a life-threatening adrenal crisis. Because symptoms differ by sex, female infants are often identified earlier due to physical signs, leaving male infants at greater risk of delayed diagnosis.

The published HTA protocol outlines how international evidence will be reviewed to weigh the clinical benefits and potential harms of adding CAH to the national newborn screening panel.

"The assessment will evaluate clinical effectiveness, safety, and the organisational and budgetary implications of expanding the screening programme," said HIQA's Deputy CEO and Director of Health Technology Assessment, Dr Máirín Ryan.



The National Newborn Bloodspot Screening Programme currently screens for nine rare but serious conditions and has an uptake rate of 99.9%. Our Protocol for this has been published on our website.

Health Technology Assessments

Assessment of Immunisation against RSV

We recently published a health technology assessment (HTA) of immunisation against respiratory syncytial virus (RSV) in Ireland. The HTA was requested by the Department of Health with the aim of informing long-term policy decisions by the Minister for Health regarding the immunisation of infants and older adults against RSV.

RSV is a common seasonal virus that affects the lungs and upper airways. It usually causes mild illness, but infants and older people are at higher risk of severe illness, especially during the winter months. Each winter, more than 7,000 people are diagnosed with RSV, with young children among those most likely to need hospital care.

The assessment examined the impact of immunising just the infant population born during the RSV season, or all babies during their first RSV season. Different immunisation products such as a maternal vaccine given during pregnancy or a monoclonal antibody given directly to the baby, were considered during this assessment. Both were found to be safe and effective and could significantly reduce RSV-associated hospitalisations.



Similarly for the older adult population, the vaccine was also found to be safe and effective. However, the effectiveness of the once-off vaccine dose wanes over time.

“RSV imposes significant challenges on our healthcare system, particularly the hospitalisations of infants under the age of two. Immunisation offers the greatest benefit for infants due to the highest burden of disease in this patient group. It is expensive and cost effectiveness is an important part of any healthcare decision.” - Deputy CEO and Director of HTA, Dr Máirín Ryan

Evidence Review

Scoping review of herpes zoster vaccination and the risk of dementia

A newly published scoping review has explored potential links between shingles vaccination and a person's risk of developing dementia. The review evaluates emerging scientific evidence to inform national policy discussions regarding shingles vaccination.

The review investigated three interconnected areas: the link between shingles infection and dementia, the relationship between shingles vaccination and dementia, and the broader impact of adult vaccination on dementia risk.

Data regarding the infection itself were mixed, with some studies indicating that shingles increases dementia risk and others showing no clear connection.

However, the data surrounding immunisation revealed a consistent trend: individuals who received a shingles vaccine, or were eligible for one, demonstrated a lower incidence of dementia.



Crucially, the review notes that these studies can show an association but they cannot prove that shingles vaccination reduces dementia risk. Similar lower risks were observed with other adult immunisations, such as the influenza vaccine. No randomised clinical trials were available, so it was concluded that it is not possible to determine if the vaccines directly reduce risk, or if vaccinated individuals simply maintain healthier lifestyles and lower underlying risk factors.

Health Technology Assessments

Donor-assisted human reproduction in selected countries scoping review

Following the research protocol, a new review has examined publicly-funded donor-assisted human reproduction (DAHR) services across 10 countries. Intended to support the Department of Health in developing policy for Ireland, the review highlights international frameworks for fertility treatments involving donor sperm, eggs, or embryos.

DAHR services are used for various reasons, including infertility, where there is a risk of inheriting a genetic condition, or by same-sex couples and single individuals who wish to conceive.



The review found that DAHR treatments are at least partially publicly funded in most examined countries, which helps to reduce the financial burden on patients. Generally, eligibility criteria mirror those applied to standard fertility treatments like IVF. Access typically requires a referral from a GP or medical consultant, and the same national regulatory bodies oversee both donor and non-donor fertility services.

All countries reviewed have legislation governing DAHR, including limits on the number of times an individual can donate. While donor materials are consistently sourced through licensed clinics and gamete banks, and dedicated counselling supports are universally available, the specific funding arrangements and eligibility vary based on national resources and ethical considerations.

The findings will now inform how Ireland might structure its own funded DAHR services.

Health Technology Assessments

Evidence to inform an update to Ireland's current low-risk alcohol guidelines

Two new reports have been published to support an update to Ireland's low-risk alcohol guidelines, which were last revised in 2015. Requested by the Department of Health, the research uses modern quantitative modelling to examine how different drinking patterns impact public health.

The findings underscore the significant burden of alcohol in Ireland, which was estimated to account for an average of 1,420 deaths and 27,066 hospital admissions annually between 2022 and 2024.

Mortality and Hospitalisation

Risk of premature death and hospital admission increases with alcohol intake, with substantial risk observed even at lower consumption levels and minimal difference between men and women. Heavy episodic drinking causes the greatest harm.

Mental Health

The second report, a systematic review of 104 international studies, explored links between alcohol use and outcomes like depression, anxiety, and suicidal thoughts, noting mixed evidence across varying study methods.

Available on our website, these reports provide the clinical evidence base needed to reshape Ireland's alcohol guidelines and public health communications.

"The research published shows a clear link between increased alcohol consumption and mortality and hospital admission rates. This tells us that Ireland's low-risk guidelines may need to be reviewed to help people understand the risks associated with alcohol and make informed choices." – HIQA's Deputy Director of Health Technology Assessment, Michelle O'Neill



Health Technology Assessments

Assessing adult healthcare services for people with severe neurological impairment

We have started work on a health technology assessment (HTA) examining the transition of young people with severe neurological impairment (SNI) from paediatric to adult healthcare services, and the organisation of care for these individuals in adulthood. The assessment was requested by the Department of Health and will support decision-making by the Minister for Health and the HSE.

SNI describes a group of childhood-onset conditions that result in severe neurodisability. People with SNI have complex healthcare needs and often require support from multiple services throughout their lives. As more young people with SNI are living into adulthood, there is a growing need for coordinated adult healthcare services. The transition from paediatric to adult care can be challenging for individuals and their families, with gaps in care sometimes occurring during this period.

The HTA will examine transition of care models and the organisation of adult healthcare services for people with SNI. It will also consider the ethical and social implications for patients, caregivers and the healthcare system. The protocol published today outlines the approach HIQA will use to assess the evidence.

“The transition from child to adult services is a critical period for people with severe neurological impairment. We will examine the current landscape to identify where barriers occur and how they can be addressed.” – HIQA’s Chief Scientist, Dr Conor Teljeur



Our protocol for this assessment has been published on our website.

PPI Ignite Network

HIQA joins PPI Ignite Network as an all-island partner

The PPI Ignite Network has officially launched Phase II of its initiative at the Royal College of Surgeons (RCSI), marking a significant milestone for public and patient involvement (PPI) in health and social care research.



Louise Larkin, Máirín Ryan, Stacey Grealis and Paul Doody

Led by Professor Michelle Flood, PPI Network, Phase II aims to build on the foundations laid in Phase I by enhancing collaboration, participation and shared learning among researchers, patients, members of the public and healthcare organisations.

Additionally, the event celebrated HIQA officially joining as an all-island partner for Phase II. Our Deputy Chief Executive and Director of Health Technology Assessment Dr Máirín Ryan spoke at the launch and emphasised that the partnership provides an important opportunity for meaningful public input to influence national policy, improve services, and deliver better healthcare outcomes across the island.



Gráinne Gorman, Janet Diffin, Denis Naughton, Edel Murphy, Máirín Ryan and Avril Kennan

HTA Agencies Group Meeting

Heads of HTA Agencies Group meeting in Paphos, Cyprus

Dr. Máirín Ryan, Deputy CEO and Director of Health Technology Assessment (HTA), and Kieran Walsh, Deputy Director of HTA, recently represented Ireland at the Heads of HTA Agencies Group (HAG) meeting in Paphos, Cyprus.

The HAG is an independent network of European bodies dedicated to advancing strategic collaboration on health technology assessments. By evaluating the clinical and cost effectiveness of health interventions, the group advises on optimising healthcare resources to maximise patient outcomes and enhance the overall impact of HTA on European healthcare systems.



Kieran Walsh and Máirín Ryan

These bi-annual meetings allow European countries to share ideas and improve how healthcare decisions are made across the continent. Traditionally the gathering is hosted by the country currently holding the Presidency of the Council of the European Union, which is presently Cyprus.

This meeting marks a key transitional milestone, as it is the final session before Ireland officially assumes the Presidency of the Council of the EU on 1st July 2026. Following this tradition, Ireland will host the next HAG meeting, which is scheduled to take place in Dublin on 9th October 2026.

HTAi Annual Meeting

Members from our HTA team attend the HTAi 2026 Annual Meeting

Members from our Health Technology Assessment (HTA) team recently attended the HTAi 2026 Annual Meeting in Turkey. This year's theme, "HTA as a System Shaper," focused on how HTA can help support better decision making, equitable healthcare and stronger health systems.

Our team was proud to contribute to this important discussion, sharing insights from our recent Irish assessments through a series of oral and poster presentations.

During the presentations, some of the key findings that were discussed included the potential of extending the BowelScreen programme to younger age groups, as well as the evolving clinical and economic benefits of Abdominal Aortic Aneurysm (AAA) screening for men in Ireland.

Many other interesting topics were presented including how public consultations are actively shaping our health systems and new guidance for reporting how studies are identified in PRISMA 2020 flow diagrams.

The team also engaged attendees through informative posters which showcased some of the team's recent HTA research.



Laoise Wallace, Barbara Clyne (RCSI), Patricia Harrington, Paul Doody, Daniela Rohde



Patricia Harrington

Conferences and Scientific Meetings

Members of our HTA and evidence synthesis teams continued to engage with national and international colleagues through a range of conferences, scientific meetings and professional networks during this quarter.

These events provide valuable opportunities to share our work, learn from emerging research and international best practice, and contribute to discussions that shape healthcare policy, evidence synthesis and health technology assessment.

During April to June 2026, team members attended many events, including:

- IQWiG's 3rd Information Retrieval Meeting, 24 April 2026 Cologne, Germany
- INAHTA (International Network of Agencies for Health Technology Assessment) congress, 10-11 June 2026 Istanbul, Turkey
- Health Economics Association of Ireland (HEAI) 12 June 2026, School of Business, National College of Ireland, Dublin
- ESCMID European Society of Clinical Microbiology and Infectious Diseases, 17-21 April, Munich
- ISDI Irish Society of Infectious Diseases, 14-15 May, Waterford
- ESPID European Society for Paediatric Infectious Diseases, 1-5 May Bologna
- PPI Summer School, 11-12 June, Limerick.



Academic Publications

National and International Clinical Guidelines for the Management of Obesity in Adults: A Systematic Review

We have published a systematic review examining national and international clinical guidelines for the management of obesity in adults. Led by a member of the Centre in Ireland for Clinical Evidence Reviews (CICER), this work was undertaken to support the development of Ireland's national clinical guideline on obesity management.

The review identified and assessed obesity management guidelines published since 2019, examining their quality, scope and relevance for adaptation to the Irish healthcare setting. A total of 10 eligible guidelines were identified and appraised. The review found variation in guideline quality, breadth of recommendations and the extent of patient and public involvement in guideline development.

The findings provide an important evidence base for the Obesity Guideline Development Group and will help inform the development of evidence-based recommendations for obesity management in Ireland.

Date of publication: 22 May 2026

Authors: Paul Doody, Ruth Martin, Barrie Tyner, Marie Carrigan, Celine Larkin, Michelle O'Neill, Susan M. Smith, Máirín Ryan

Journal: Obesity reviews



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