20-01-2026

This submission was provided by the Asthma Society of Ireland in response to the Health Information and Quality Authority's (HIQA) public consultation on the draft Health Technology Assessment of RSV immunisation in Ireland.

Please provide any general or specific feedback you have on the draft assessment. Where applicable, please specify the section to which you are referring.

Introduction

The Asthma Society of Ireland welcomes the opportunity to contribute to the public consultation on the health technology assessment of RSV immunisation. For over 50 years, we have operated as a not-for-profit patient organisation, with a vision that everyone with asthma in Ireland can live a full, symptom-free life. Ensuring equitable and cost-free access to preventative health measures for people with asthma is a public health priority, delivering both meaningful clinical benefit and long-term economic value. This principle is central to the work of the Asthma Society of Ireland and underpins our ongoing policy advocacy and health promotion activities.

In our 2026 Pre-Budget Submission, *Backing Every Breath, Building Better Care*[1], the Asthma Society called for expanded access to vaccinations including the continuation of the infant RSV immunisation programme into 2026/2027 and beyond as part of the National immunisation programme. We also called for the introduction of an RSV immunisation pathfinder programme for older adults who are most vulnerable to an RSV-related hospitalisation, severe disease and death.

Vaccinations and viral infections are an ongoing and significant concern raised through our services. The Asthma Society operates a free Asthma Adviceline, which enables people with asthma and their families to discuss all aspects of asthma management with an

[1] Asthma Society of Ireland, (2025), *Backing Every Breath, Building Better Care*

asthma nurse or asthma physio. In 2025, nearly one in five (18.5%) of calls to the Adviceline related to vaccinations as a key component of asthma care.[2]

This is unsurprising given that people with asthma are at increased risk of serious complications from vaccine-preventable diseases, including RSV, due to underlying inflammation of the respiratory system, underscoring the critical importance of vaccination.[3] Viral infections are the most common triggers of asthma exacerbations in both children and adults,[4] with research estimating that viruses play a role in 30% to 80% of asthma exacerbations[5]. Vaccinations have been proven to prevent acute asthma exacerbations that lead to emergency visits and/or hospitalisations[6]. Enhancing access to vaccinations for people with asthma therefore represents a prudent, preventative investment that delivers improved patient outcomes while supporting health system efficiency.

This submission advocates for the inclusion of RSV immunisation for older adults, infants and people with asthma within the National Immunisation Programme and asks that HIQA consider this option in their final report. This direction would align with core objectives of Sláintecare and the Programme for Government. Sláintecare places a strong emphasis on prevention and on strengthening the National Immunisation Programme, with the aim of "supporting people to live well, with and without disease."[7] Likewise, the Programme for Government's clear commitment to "expand the RSV immunisation programme"[8] demands urgent action to protect vulnerable populations and deliver long-term health and economic benefits. It is essential that this commitment is fully realised without delay.

Recommendation: The Asthma Society strongly supports the equitable provision of RSV vaccination in Ireland to those at highest risk of severe RSV-associated Lower Respiratory Tract Disease (LRTD), which includes those with childhood-onset asthma and older adults with asthma. The high-cost burden placed on patients and families to look after asthma makes it even more important that RSV vaccination is an affordable choice for those at greatest risk of harm from RSV-associated LRTD.

Infant Immunisation

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[2] In 2025, vaccinations were discussed in 845 of a total of 4,552 Asthma Adviceline calls.
[3] Sharma, S., et. al., (2022), Vulnerability for Respiratory Infections in Asthma Patients: A Systematic Review
[4] Bakakos, A., et. al., (2023), Epidemiology and Immunopathogenesis of Virus Associated Asthma Exacerbations
[5] Bueving, H., (2007), What Is the Role of Virus Vaccination in Patients with Asthma?
[6] Vasileiou, E., et. al., (2017), Effectiveness of Influenza Vaccines in Asthma: A Systematic Review and Meta-Analysis
[7] Path to Universal Healthcare: Sláintecare & Programme for Government 2025+
[8] Programme for Government 2025: Securing Ireland's Future

The Asthma Society welcomed the introduction and extension of the RSV Immunisation Pathfinder Programme for infants. The Pathfinder drastically reduced infections, serious illness, and hospitalisations. An evaluation of the pathfinder programme published by the HSE reports that the 2024/2025 pathfinder programme had a decisive impact on the health of infants and alleviated pressure on our overstretched healthcare system.[9] This evaluation was not referenced within this draft HTA, as it was published a week after the consultation opened. Figures and insights within are significant and should be taken into consideration. When comparing the impact of RSV in infants born Sept-Feb 2024/25 compared to 2023/2024;

- Total cases reduced by 65%
- ED presentations reduced by 57%
- Hospitalisations reduced by 76%
- ICU admissions reduced by 65%

This means fewer babies sick in hospital, less stress on new mothers, and reduced pressure on our healthcare system. The HSE estimate between 433 and 532 hospitalisations adverted, 440 adverted ED presentations, and 79 ICU admissions adverted. There was also a marked reduction in critical care transfers with an 86% reduction in neonatal transfers, and a 74% reduction in paediatric transfers. Transfers are complex procedures requiring meticulous planning and skilled staff and utilise significant resources. It must be noted that this cost is not considered in costing models for immunisation of both infants and older people by HIQA.

In all, the HSE estimate that the RSV immunisation pathfinder programme for infants resulted in between 1,861.9-2,287.6 avoided bed days (including ICU bed days). There was also a knock-on effect observed in primary care, with healthcare professionals noting a significant reduction in bronchiolitis among the infant cohort eligible for nirsevima. Another secondary benefit is the reduced trauma on the family that comes with a sick children hospital:

> *One respondent said that "Approximately 85% of the kids who were admitted last year (2023/24) had siblings. So you are taking a parent away from a family. You were sending kids to ICU. There is this whole second victim thing of a traumatic experience". Many of these second victim experiences were avoided this past season due to the effectiveness of RSV immunisation.*

[9] HSE Public Health: Health Protection, (2025), *Respiratory Syncytial Virus (RSV) Immunisation Pathfinder Programme 2024-2025 Evaluation – Technical Report*

There is an increased likelihood of long-term health implications for young children who become unwell with RSV. In addition to acute disease, the draft HTA highlights that:

> *RSV is also associated with long-term complications such as recurring or persistent wheezing and the development of asthma, though the causal links are not yet established. Data suggest that compared with RSV non-infected infants, RSV-infected infants are three times more likely to develop wheezing illnesses that may persist up to adolescence, while children who had RSV-induced bronchiolitis during the first two years of life are seven times more likely to develop asthma during their school-years compared with healthy infants*

The Asthma Society acknowledge as the authors did that more research is needed to show how causal or not the well-described associations between RSV infection in early life and subsequent wheezing/asthma are. However, in keeping with a preventative public health approach, the Asthma Society supports measures such as RSV immunisation that has potential to reduce the burden of asthma in Ireland and promote healthy lungs.

A child developing asthma means a lifelong condition requiring ongoing management, including regular use of medications, repeated GP and hospital appointments, and periodic exacerbations that disrupt education, work, and family life. Beyond the clinical impact, the emotional and financial stress placed on parents and caregivers is substantial and often overlooked. A 2025 survey conducted by the Asthma Society of 623 asthma patients (or their parents) found that nearly 1 in 4 people (24%) with asthma had to go without medication in the previous three months due to cost pressures.[10] From a health system perspective, this represents a largely avoidable long-term burden, with sustained costs related to primary care, specialist services, emergency attendances, and medication use extending far beyond the initial RSV infection.

Preventing RSV in infancy through vaccination has the potential not only to reduce acute illness, but to lessen the long-term prevalence and impact of chronic respiratory disease, benefiting families and contributing to a more sustainable healthcare system.

Recommendation: The full integration of RSV immunisation for infants into the National Immunisation Programme, where the health gains and system-level cost offsets have been clearly evidenced.

Older Persons Immunisation

Ireland's population is ageing at a rapid pace. The number of people aged 65 and over increased by more than 40% between 2013 and 2023, rising from 569,000 to 806,000, and

[10] Asthma Society of Ireland, (2025), *Backing Every Breath, Building Better Care*

is projected to more than double to 1.6 million by 2057.[11] Sláintecare rightly identifies population ageing as a key driver of increased demand on health and social care services. This demographic shift necessitates a reorientation of how health services are planned and delivered, with a greater emphasis on prevention and early intervention to meet future demand sustainably.

Despite high overall health expenditure, Ireland's health system remains under significant pressure. Ireland spends $7,813 per capita on health—above the OECD average of $5,967 (USD PPP)—yet investment in prevention remains comparatively low. Currently, only 2.6% of total health spending is allocated to prevention, below the OECD average of 3.4%.[12] Compounding this challenge, Ireland has fewer hospital beds than the OECD average (2.9 per 1,000 population compared with 4.2), limiting system capacity during periods of heightened demand, such as the respiratory virus season. Against this backdrop, preventative measures that support older adults to remain healthy, independent, and active within their communities are essential to protect quality of life while alleviating avoidable pressure on acute healthcare services.

The draft HTA highlights that adults at highest risk of severe RSV include those aged 65 years and older, particularly individuals who are immunocompromised and those living with chronic underlying medical conditions, such as asthma and COPD. The report also acknowledges that, particularly in older adults, the true impact of RSV on the healthcare system is likely substantially greater than currently captured in available data:

> *While testing capacity has increased, the identified data are likely an underestimate of the total burden, and particularly the burden in primary care, as not all RSV cases are laboratory confirmed and some discharges may not be coded.*

In this context, it is disappointing that none of the four adult-based RSV immunisation strategies assessed included a targeted approach for those most at risk of severe disease. Furthermore, no adjustment was made to account for cases likely missed due to limitations in testing and coding, and no cost modelling was presented for this key population group. This omission is significant, as older adults with chronic respiratory conditions are likely to represent the highest healthcare utilisation and associated costs during the winter months. Prioritising measures that support the health and stability of this population would therefore be both clinically appropriate and economically prudent, and should be explicitly considered within the scope of this HTA.

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[11] CSO, Older Persons Information Hub. Accessed: 15/1/2026
[12] OECD, (2025), Health at a Glance 2025: Ireland

A targeted RSV immunisation pathfinder programme for older adults with chronic lung disease, including asthma and COPD, would address this evidence gap while allowing for the collection of real-world data on uptake, effectiveness, healthcare utilisation, and cost. Such an approach would align with the HTA's acknowledgement of data limitations, support more accurate modelling of RSV burden, and provide a prevention-focused pathway to protect those at greatest risk while informing future decisions on wider programme rollout.

Health and quality of life for older adults with asthma are a significant concern for the Asthma Society. According to CSO data, people aged 65 years and over are the most likely to die from an asthma-related exacerbation, accounting for approximately 90% of all asthma deaths registered in 2024 (see Table 1 below).[13] While RSV is not the cause of all asthma-related deaths in this age group, respiratory infections such as RSV are a well-recognised trigger for severe exacerbations and deterioration in asthma control. Proactively protecting older people with asthma from preventable respiratory infections represents a sound preventative health measure that can reduce avoidable morbidity and may indirectly reduce the risk of asthma-related mortality.

Cause of Death	Age Group	2024	% of total
Asthma (J45-J46)	Under 1 year	0	0%
Asthma (J45-J46)	1 - 4 years	0	0%
Asthma (J45-J46)	5 - 14 years	0	0%
Asthma (J45-J46)	15 - 24 years	1	1%
Asthma (J45-J46)	25 - 34 years	2	2%
Asthma (J45-J46)	35 - 44 years	1	1%
Asthma (J45-J46)	45 - 54 years	0	0%
Asthma (J45-J46)	55 - 64 years	5	5%
Asthma (J45-J46)	65 - 74 years	7	7%
Asthma (J45-J46)	75 - 84 years	28	30%
Asthma (J45-J46)	85 years and over	50	53%
Asthma (J45-J46)	**Total**	**94**	**100%**

Table 1: 2024 CSO Asthma Deaths Registered

Beyond the direct cost impacts and potential savings of RSV immunisation for older people on the healthcare system, the report rightly highlights that wider social impacts should be taken into consideration for both a cost benefit analysis and in relation to a benefit-harm

[13] CSO, VSD45 - Deaths Registered, Accessed 20 Jan 2025.

balance. This can be difficult to quantify given the potential effect of illness from RSV on lost productivity and need for care. Along with this, the physical, mental, emotional, and social functioning of both vaccinated individuals and their caregivers needs to be taken into consideration.

A 2024 OHE study examining the broader value of adult immunisation estimates that adult vaccines can return up to 19 times their initial investment to society, when their significant benefits beyond the healthcare system are monetised[14]. The study looks at the health and socioeconomic value of adult immunisation programmes against influenza, pneumococcal disease, herpes zoster, and RSV. Results found a returned in societal value, which corresponded to between $964- $4,637 for one individual's full vaccination course. Implementing an RSV immunisation programme for older adults in Ireland could offer the state significant, potentially unmeasured economic and societal benefits through reduced healthcare utilisation and improved quality of life. Potential economic and societal benefits to the state could be maximised by prioritising RSV immunisation for those most vulnerable to severe RSV disease.

Recommendation: The Asthma Society supports the introduction of an RSV Immunisation Pathfinder Programme for older adults prioritising those with additional risk factors for severe RSV disease, such as asthma. This will generate real-world efficacy, uptake, and cost data valuable to in an Irish context.

Awareness of RSV

Awareness of RSV and the availability of immunisation remains low among key groups. Findings from the HSE's evaluation of the infant RSV pathfinder programme indicate that only 62% of parents recall being informed about the programme prior to delivery. This is concerning given that the perinatal period is already an intensive and often overwhelming time for families, with multiple clinical, emotional, and practical decisions to navigate. Expecting new parents to make an informed decision about RSV immunisation without adequate advance notice, clear information, or sufficient time to understand the risks and benefits places an unfair burden on families.

According to the HSE report, this lack of awareness was the result of a deliberate decision by the RSV Pathfinder Programme Steering Group:

> *There was a decision by the RSV Pathfinder Programme Steering Group not to widely publicise the RSV Immunisation Pathfinder Programme. We thought that a broad*

[14] El Banhawi H., et. al., (2024), *Socio-Economic Value of Adult Immunisation Programmes*

communication campaign would do more harm than good, and it was felt that a direct communication campaign to eligible parents would be sufficient, given the targeted nature of the programme to newborns who were most at risk and the exclusion of older and catch-up cohorts.

Awareness of RSV and available immunisation options is similarly low among older adults. Industry research on RSV awareness in Ireland suggests low levels of awareness of RSV among older adults and their carers.[15] Low levels of awareness among older adults and their carers risk undermining informed decision-making and may contribute to delayed presentation and poorer health outcomes among vulnerable groups.

Improving communication, public awareness, and early engagement around RSV and the availability of vaccines is therefore essential to support informed consent, equitable uptake, and the long-term success of any RSV immunisation programme for both infants and older adults.

Recommendation: The Asthma Society of Ireland supports investment in RSV public awareness campaigns to maximise uptake within eligible high-risk cohorts and thereby improve programme efficiency.

Summary of Recommendations

Recognising the need to balance equity of access with the State's fiscal responsibility to achieve value for money within the publicly funded health system, the Society recommended in our 2026 Prebudget submission:

- The full integration of RSV immunisation for infants into the National Immunisation Programme, where the health gains and system-level cost offsets have been clearly evidenced;
- The introduction of an RSV Immunisation Pathfinder Programme for older adults prioritising those with additional risk factors for severe RSV disease, such as asthma. This will generate real-world efficacy, uptake, and cost data valuable to in an Irish context.

This targeted and evidence-led implementation approach represents an affordable and accessible preventative intervention for those at greatest risk of RSV-associated harm. We also support:

[15] Ipsos B&A on behalf of Pfizer Healthcare Ireland, (2025), *Well into the Future: Protecting the Health of Older Generations*

- Investment in public awareness campaigns to maximise uptake within eligible high-risk cohorts and thereby improve programme efficiency.

Please outline any issues with the clarity or presentation of the draft report. In your response, where applicable, please specify the section to which you are referring.

We are happy with the clarity and presentation format utilised in this draft HTA.