

Health technology assessment on immunisation against respiratory syncytial virus (RSV) in Ireland.

Public Consultation feedback form

The Health Information and Quality Authority (HIQA) is holding a six-week public consultation to give people an opportunity to provide feedback on the health technology assessment on immunisation against respiratory syncytial virus (RSV) in Ireland.

Your views are important to us. HIQA will carefully assess all feedback received and incorporate it into the report, where appropriate.

The final assessment and a statement of outcomes report (a summary of the consultation responses) will be published on HIQA's website once the HTA has been completed.

The closing date for the public consultation is 5 pm on Tuesday, 20 January 2026.

How to provide feedback:

- If you are commenting in a personal capacity, there is no need to provide your name or any other personal information.
- If you are commenting on behalf of an organisation, please combine all feedback from your organisation into one submission form. We will request a name and contact number for a designated representative from your organisation in case we need to clarify your feedback.
- If your feedback contains any commercially sensitive or confidential information, please highlight this at the time of submission, so it can be excluded from the summary of feedback that will be published by HIQA.
- Please spell out any abbreviations that you use.

You can **email** the completed form to consultation@higa.ie

OR

Print the consultation feedback form and **post** the completed form to:

Health Information and Quality Authority
Public consultation on health technology assessment on immunisation against
respiratory syncytial virus (RSV) in Ireland
Dublin Regional Office
George's Court,
George's Lane,
Smithfield,
Dublin 7,
D07 E98Y

Data protection and Freedom of Information

HIQA will only collect personal information, such as the names of individuals who provided feedback or any other personal details during this consultation, for the purposes of seeking clarification on your feedback, if necessary. No personal information will be included in the stakeholder consultation document that will be published by HIQA.

Any response you provide will be held securely and anonymised. Information provided in your response, for example, an anecdote or statement about an experience, may be included in the statement of outcomes that will be published by HIQA at the end of the HTA process. However, information will be provided in a manner which protects the privacy of respondents. All personal information will be deleted once no longer needed, in line with HIQA's record retention policy.

For further information on how HIQA uses personal information, please see our Privacy Notice available [here](#). If you have any concerns regarding your personal information, please contact HIQA's Data Protection Officer at dpo@hiqa.ie.

Please note that HIQA is subject to the Freedom of Information (FOI) Act and the statutory Code of Practice in relation to FOI. We cannot give you an assurance that confidentiality can be maintained in all circumstances due to the requirements of the FOI Act.

☒ **I agree to take part in the public consultation**

1. About you

1.1 Are you providing feedback as:

- ☐ an individual
- ☒ on behalf of an organisation

1.2 If answer is 'on behalf of an organisation', please give the name of the organisation:

ALONE

If applicable, for clarification purposes, please provide your name, your role in the above organisation and your contact details:

Aileen O'Reilly, Head of Research, Evaluation, Advocacy and Policy, aileen.oreilly@alone.ie

2. Your feedback on the draft health technology assessment

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

ALONE is a national organisation that enables older people to age well at home by delivering supports that reduce pressure on acute healthcare services and contribute directly to the goals of Sláintecare as part of the HSE's Enhanced Community Care (ECC) programme. Operating at scale, ALONE provides an integrated system of Support Coordination, Practical Supports, Support & Befriending, a variety of Phone Services, Social Prescribing, Housing with Support and Assistive Technology.

By the end of 2025, ALONE had supported almost 46,500 older people across Ireland through a network of 250 trained staff and over 11,500 engaged volunteers, delivering support valued at over €8.5 million annually. This includes over 240,000 total calls across services and over 111,000 visits to older people around the country.

We know from our data that older people supported by ALONE experience higher loneliness, poorer quality of life, and greater use of community and acute health services compared to national populations ([ALONE and London School of Economics, 2025](#)). This includes up to two times higher GP usage, seven times higher Emergency Department usage, and markedly higher levels of hospitalisation. Many older people supported by ALONE are frail, socially isolated, or living with chronic illness: almost all are on daily medication.

We welcome the draft health technology assessment. RSV is a significant cause of respiratory illness in older adults, with severity increasing sharply with age. Indeed, Irish data from the 2024/25 season shows adults aged 80+ accounted for nearly half of RSV-related hospital admissions and deaths among those aged 65+. Hospitalisation rates rise steeply with age, with the highest burden in those over 80. The Health Technology Assessment states that the burden of RSV in primary care, and the number of deaths among those aged 65+ as a result of RSV, are likely underestimated. It is also stated that immunisation would result in reductions in the numbers of medically attended RSV cases, and hospitalisations. Research carried out in Italy and the Netherlands states that “the primary care burden of RSV infections among older adults is substantial and comparable with influenza” ([Hak et al, 2025](#)).

Although the Health Technology Assessment states that the benefits are at a “high financial cost”, consideration should also be given to the indirect costs potentially associated with not introducing an immunisation programme. These include loss of functional independence, increased social isolation following illness, heightened demand for home support and social care services, additional strain on family carers, and higher post-hospitalisation healthcare costs. For socially isolated older people, hospitalisation can have lasting medical and social consequences, including reduced confidence, withdrawal from community life, and increased reliance on formal supports. In addition, although significant financial cost is associated with the programme, it would still result in cost savings to the HSE overall. Of note, this programme is also already funded and recommended in the UK.

Failure to offer a publicly funded vaccination programme could also result in significant health inequities and financial burden. Boots currently offer this vaccine in pharmacies nationwide, at a cost of €245. For older people with fewer financial resources, this cost presents a significant barrier.

Without vaccination, an ageing population will continue to experience significant negative health and social impacts following RSV infection, leading to increased care needs and reduced quality of life. On this basis, we support the roll-out of RSV vaccination for the cohorts listed above.

2.2 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.

Thank you for taking the time to share your feedback with us

Please ensure that you return your completed form to us either by email or post, to reach us by Tuesday, **20 January 2026**.

If you have any questions, please contact the evaluation team at consultation@hiqa.ie.