IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; June 2026; Vol 119; No. 6; P119
18th June, 2026

FACULTY OF PUBLIC HEALTH MEDICINE
ROYAL COLLEGE OF PHYSICIANS OF IRELAND

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Royal College of Physicians Ireland (RCPI) Faculty of Public Health Medicine
Summer Scientific Meeting 2026

Date: 19 and 20 May 2026

FACULTY OF PUBLIC HEALTH MEDICINE

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Book of Abstracts

Faculty of Public Health Medicine Summer Scientific Meeting

Submission Title Developing a core data set for annual reporting of Health Inequalities in Ireland

Topic / Dept: Health Inequalities

Author: Christopher Carroll, HSE Public Health – National Health Improvement, Health Service Executive, Dr. Steevens' Hospital, Dublin 8

Co Author: Aine Varley, HSE Public Health – National Health Improvement, Health Service Executive, Dr. Steevens' Hospital, Dublin 8

Co Author: Karl Conyard, Mary Codd, UCD School of Public Health, Physiotherapy & Sports Science, Woodview House, Belfield, Dublin 4

Co Author: Greg Martin, HSE Public Health – National Health Improvement, Health Service Executive, Dr. Steevens' Hospital, Dublin 8

Co Author: Ann Marie Murray, HSE Public Health – National Health Improvement, Health Service Executive, Dr. Steevens' Hospital, Dublin 8

Co Author: Louise Hendrick, HSE Public Health, Health Service Executive, Dr. Steevens' Hospital, Dublin 8

Co Author: Mary Codd, UCD School of Public Health, Physiotherapy & Sports Science, Woodview House, Belfield, Dublin 4

Co Author: Diarmuid O'Donovan, HSE Public Health – National Health Improvement, Health Service Executive, Dr. Steevens' Hospital, Dublin 8

The Abstract:

To report on health inequalities in Ireland, core data requirements need to be identified for reporting nationally and regionally on relevant health outcomes and determinants.

Approaches to reporting on health inequalities in multiple countries were reviewed and candidate indicators identified. An initial screening exercise was performed to refine the indicator set based on criteria including equity relevance, alignment with HSE priorities and population coverage. A final indicator set was derived through a subsequent, in-depth prioritisation process using pre-defined assessment criteria.

An indicator set for an initial report was agreed, comprising indicators representing health status, health care, health behaviours and wider determinants of health. Relevant Irish data sources were obtained. The report will be published in mid-2026.

A core data set for the surveillance of health inequalities in Ireland will provide a framework to consistently evaluate the impact of interventions and policies on health equity. The Public Health Strategy 2025-30 and the National Equality Data Strategy will provide leverage to enhance the routine collection, disaggregation and use of equality data in health and other public services.

Submission Title Collaboration in Regional Pandemic Planning across the three Dublin/ Eastern Departments of Public Health: Dublin & South East (DSE), Dublin & North East (DNE), Dublin & Midlands (DML)

Topic / Dept: Health Protection

Author: Tomas Barry

Co Author: John Gannon

Co Author: Lucinda Ryan

Co Author: Kathleen Brennan

Co Author: Carmel Mullaney

Co Author: Paul Mullane

Co Author: Máirín Boland

The Abstract

Preparedness for a future pandemic remains a national priority, with Sláintecare mandating HSE Regional readiness. The Dublin/East Regions of HSE DML, HSE DSE and HSE DNE Depts of Public Health established a collaborative approach in Regional Pandemic Plan development.

Using the cross-regional plan format proposed by DSE, we developed aligned plans through workshops and document sharing, based on the WHO Respiratory Pandemic Framework (1). We reviewed interoperability, aspects of mutual aid, and system resilience. Regions' capacities were described, in consultation with the Regional Leadership Teams (RLT), and the PH Depts sought stakeholder review of priority actions and 'action owners' for pandemic phases via surveys and consultation, before final RLT approval.

Each plan for the East Regions aligns with the HSE National Pandemic Plan, builds on lessons learned from COVID-19 and pandemic exercises, sits as a contingency plan within the Region's all-hazard Emergency Plan and feeds into the cross-Dublin Steering Group for Emergency Management.

Regional planning boosts preparedness, promotes interoperability across Regions and will contribute to Ireland's capacity assessment under European law in summer 2026.

Submission Title: Healthy Vending Policy: one intervention to creating supportive health care settings

Topic / Dept: Health Service Improvement

Author: Ciaran Hannigan

Co Author: Bernard McVeigh

Co Author: Celine Murrin

Co Author: Isobel Stanley

Co Author: Silvia Bel Serrat

The Abstract:

The HSE 'Healthier Vending Policy' (2014 & 2019) aims to create a healthier food environment in HSE sites by improving the healthfulness of vending machine snacks & beverages (VMSB). Under the revised policy, products are classified as Better Choice (BC, <150kcal), Other Choice (OC, 151-200kcal) or Non-Compliant (NC, >200kcal) and machines stocked at 60:40, BC:OC. Nuts & dried fruit were exempt from the limit.

The study examined the impact of the revised policy on VMSB across HSE sites in Ireland using annual sales data for each HSE site. Changes across the years (T1 and T2) were analysed using the Wilcoxon signed-rank test.

For snacks, 34.6% were BC, 39.1% were OC, while 26.3% were NC. Of all beverages available, 71.9% were BC, 23.6% were OC, and 4.5% were NC. The number of BC products available increased from 29.1% (T1) to 34.7% (T2), when the T1 criteria was applied. BC products outsold OC and NC products, indicating demand for healthful VMSB, but OC sales remained high (29.1%).

The policy has shown a positive impact on stocks and sales of more healthful products and highlighted demand. Trends are positive, but more needs to be done to combat the high OC sales, particularly the availability of healthier snacks.

Submission Title: Mind the Gaps: Learning from Current Data Limitations to Strengthen Future Population Health Planning

Topic / Dept: Health Service Improvement

Author: Emma Kearney

Co Author: Teresa Bennett

Co Author: Stephen Barrett

Co Author: Mary Browne

The Abstract:

Population-based planning requires reliable, granular health and social care data. Development of the *Aging Well in Later Life Profile* for the South Dublin and Wicklow Integrated Health Area highlighted gaps between stakeholder priorities for the profile and the data that were available.

A gap analysis was conducted using a multi-lens framework incorporating perspectives of older adults, planners, cross-sectoral partners and health service stakeholders. Data gaps were classified as not collected, inaccessible, insufficiently granular or quality-limited, or partially available.

Twenty-one data gaps were identified across six domains. Key gaps included the absence of routine dementia incidence data, limited information on community service utilisation, and insufficient data on social determinants such as transport, housing and social connection. Some gaps, including prescribing data and readmission rates, were resolved through targeted data requests.

Important limitations remain in Ireland's data infrastructure for planning services for older adults. Strengthening social determinant indicators, improving geographic alignment and expanding access to community and primary care data will support more equitable population health planning.

Submission Title: Developing an equity focused cervical cancer prevention map for the Dublin and Midlands region: current gaps and future data requirements

Topic / Dept: Health Intelligence

Author: Fionn Donnelly

The Abstract:

Introduction

Cervical cancer is largely preventable through HPV vaccination and screening. In Ireland, inequalities in access to and uptake of these services exist across socioeconomic and geographic gradients. This study aimed to identify datasets and indicators required to develop a regional equity focused cervical cancer prevention map.

Methods

A scoping assessment of surveillance, screening, vaccination, cancer incidence and demographic datasets was undertaken. Data sources and equity stratifiers were evaluated for geographic resolution, linkage potential and relevance to prevention pathways.

Results

Datasets were generally available at county level, but small area spatial analysis was limited by data suppression, incompatible geographic units, and a lack of geocoded vaccination and screening records. These constraints limit the ability to map deprivation gradients and identify localised inequalities in prevention uptake.

Conclusions

Improved geocoding and alignment between datasets would enable integrated spatial analyses of vaccination, screening and cancer incidence. Developing an equity focused prevention map could support targeted public health interventions to improve screening participation and reduce inequalities in cervical cancer prevention.

Submission Title: A public health-led approach to designing a data-driven method to allocate the GP Social Deprivation Grant

Topic / Dept: Health Intelligence

Author: Ian Darbey

Co Author: Conor Blain

Co Author: Lorraine Fahy

Co Author: Tiana Toolin

Co Author: Chloe Heslin

Co Author: Michelle Farrelly

Co Author: Mary Stokes

Co Author: Geraldine Crowley

Co Author: Paul Kavanagh

The Abstract:

Strengthening primary care promotes health equity. The General Practice (GP) Social Deprivation Grant was established in 2019. A data-driven dispersal method was used for the first time in 2025.

Primary Care Reimbursement Services (PCRS) client list data were geocoded to small area, matched to Pobal HP Deprivation Index and linked with GP list holder. The profile of clients grouped by GP list was described. A weighted capitation model identified GP list holders with greatest client numbers in more deprived areas. Post-hoc logistic regression identified determinants of grant receipt.

Geocoding and HP Index matching was achieved for 89.3% of clients and 20.4% were in deprived (HP2) and very deprived (HP1) areas. Median clients per GP list was 839 (interquartile range 533 – 1,181). The total funds were dispersed beginning with the GP list with the greatest weighted HP1 and HP2 client number. GP list holder factors associated with grant receipt were HP1 and HP2 client numbers and mid-career stage.

An evaluation of the impact of the GP Social Deprivation Grant scheme is being planned. This project illustrates the central role public health should play in needs-based resource allocation and the techniques have wider application.

Submission Title: A Qualitative Study Examining the Healthcare Needs of Migrants Seeking Protection in Ireland

Topic / Dept: Health Service Improvement

Author: Shaunna Kelly

Co Author: Seán Fennessy

Co Author: Ralph Hurley O'Dwyer

Co Author: Domhnall McGlacken Byrne

Co Author: Caitríona Kelly

Co Author: Kateryna Kachurets

Co Author: Michelle Flood

Co Author: Tríona McNicholas

The Abstract:

Ireland has experienced an unprecedented influx of Ukrainian Beneficiaries of Temporary Protection and International Protection Applicants (migrants seeking protection) since 2022.1 This study sought to understand their healthcare needs, perspectives and experiences, to optimise future healthcare services.

Semi-structured interviews were conducted in 2025 with 13 purposively/diversely sampled migrants seeking protection. Levesque's framework for healthcare access guided questionnaire development and a hybrid inductive/deductive thematic analysis approach was used by two independent coders.

Adult healthcare needs included mental health/trauma, chronic disease and women's health, while children's included disability/development, chronic disease and issues relating to migration. Barriers to healthcare access included language and capacity issues, while facilitators included holistic care/dedicated migrant health teams. Additional themes were identified including recommended changes.

This population have a diverse spectrum of healthcare needs that overlap with the host population while presenting unique challenges. This highlights the importance of holistic bridging care on arrival to a host country to reduce health inequity.

Submission Title: Establishing a public health-led consistent approach to health service demand modelling to improve health planning in Ireland

Topic / Dept: Health Intelligence

Author: Ian Darbey

Co Author: Conor Blain

Co Author: Lorraine Fahy

Co Author: Tiana Toolin

Co Author: Paul Kavanagh

The Abstract:

Disparate health service demand modelling initiatives in Ireland are a challenge for health planning. A public health-led approach was established with HSE Planning and Performance in 2025.

Priority health service lines were identified, and data sources were accessed. Crude population, age-specific and age-standardised rates were calculated using population counts from CSO and time-trends analysed with ARIMA and linear regression. Cell-based macro-simulation and linear regression projected and forecasted demand.

Analysis of historic demand, with decomposition of demographic and non-demographic pressure, and 2026 anticipated demand was produced across Community Services, Scheduled Care and Unscheduled Care. For most services, substantial non-demographic pressure on demand was identified, pointing to the risk that reliance of projections alone underestimated future demand. The outputs and the overall approach were subject to structured review with stakeholders.

This highlights the value of a public health-led approach to health service demand modelling, which not alone helps ensure application of robust population-based methods, but enables linkage of trends in demand with overall population health challenges.

Submission Title:

Hepatitis A Virus Outbreak in a Rural community in Ireland

Topic / Dept: National Doctors Training and Planning, Health Service Executive.

Author: Dr Kathleen Mc Donnell

Co Author: Dr Aidan Ryan

The Abstract:

Hepatitis A Virus (HAV) can be transmitted through contaminated water, food and via the faecal–oral route.[1] This work describes the public health investigation, management and response to a HAV outbreak in a rural community in Ireland.

Methods of investigation included contact tracing of cases, active case finding, microbiological testing, Whole Genome Sequencing, environmental investigation of possible food/water sources and Public Health Risk Assessment.

Six HAV cases were linked with this outbreak across two households. Outbreak control measures included food and hand hygiene advice, Post Exposure Prophylaxis (PEP) and mass HAV vaccination of two school settings. All six cases were linked with a national HAV outbreak in which the vehicle of transmission was suspected to be a food source.[2]

This outbreak was characterized by human-to-human transmission within a household and a school setting. The outbreak was genetically linked to a national HAV outbreak. Outbreak control measures included food and hand hygiene, PEP and mass vaccination of two school settings. Timely and effective mass vaccination was an important outbreak control measure that reduced the spread of HAV in this outbreak.

Submission Title: Reducing Unnecessary Intravenous Paracetamol Use: A Sustainability-Focused Quality Improvement Initiative in Irish Hospitals

Topic / Dept: Health Service Improvement

HSE Climate and Sustainability Programme

Author: Teresa O'Dowd

Co Author: Ola Nordrum

The Abstract:

Pharmaceuticals contribute an estimated 19–32% of healthcare-related greenhouse gas emissions. Paracetamol is widely prescribed, yet intravenous (IV) formulations are often used when oral administration would be clinically appropriate. This project aimed to develop a communication campaign highlighting the environmental impact of paracetamol formulations and encouraging lower-carbon prescribing.

A poster-based awareness campaign was developed using published life-cycle assessment data comparing oral and IV paracetamol. The poster visually presents differences in carbon footprint, waste generation and cost, and will be piloted across several Irish hospitals with supporting staff engagement.

Evidence presented shows a major environmental difference between formulations. A 1 g oral dose produces approximately 38 g carbon dioxide equivalent (CO_2e), compared with 628 g CO_2e for a 1 g IV dose—around sixteen-fold higher emissions. Awareness campaigns internationally have reduced IV use.

Clear visual communication may support more sustainable prescribing. Promoting oral paracetamol where clinically appropriate represents a simple intervention to reduce healthcare emissions, waste and costs.

Submission Title: Assessing acute service preparedness for high-consequence infectious diseases (HCID) in Ireland

Topic / Dept: Public Health – Health Protection

Author: Fiona McGuire

Co Author: Derval Igoe

Co Author: Rafaela Franca

Co Author: Éamonn O'Moore

Co Author: Máirín Boland

The Abstract:

The declaration of a Public Health Emergency of International Concern for clade I mpox prompted assessment of national readiness to identify and manage high-consequence infectious diseases.

We sent a cross-sectional survey via Regional Health Authorities to 53 acute healthcare facilities to: assess service availability, standard operating procedures, dissemination and awareness of guidance, isolation room infrastructure, personal protective equipment (PPE) availability and infection prevention and control, and staff training. Descriptive analysis was undertaken to assess preparedness and regional variation.

All six regions responded, with 95.8% of facilities reporting a nominated emergency planning contact. Awareness of mpox guidance exceeded 90%. All sites had single en-suite isolation rooms for adults; however, access to negative-pressure rooms varied (76% for adults, 33% for paediatrics). Level 1 PPE was universally available, but only 51.4% reported adequate Level 2 PPE.

Overall, acute services demonstrated strong baseline IPC preparedness and guidance dissemination. Gaps in negative-pressure isolation capacity and Level 2 PPE availability highlight key targets for future investment to strengthen national HCID readiness.

Submission Title: Giving every child the best start in life: Lived experiences of children and young adults in Limerick city's health equity initiative, a qualitative study.

Topic / Dept: Health Equality, Health Improvement

Author: Nehal Nour

Co Author: Leah Evans

Co Author: Anne Dee

The Abstract:

This study explores the lived experiences of Children and Young Adults (CYP) about the Social Determinants of Health (SDH) in Limerick city(1). It forms part of the Limerick Health Equity Initiative, a collaborative-driven approach to health equity.

We conducted six focus groups from diverse backgrounds, including ethnic minorities and neurodivergent individuals from all disadvantaged areas. Semi-structured questions were audio-recorded and coded using NVivo, following Braun and Clarke's six-phase thematic analysis(2).Ethics approval: UHL Research Ethics Committee, HSE 0382.

The study involved 49 participants: mostly female (83%) and white Irish (78%), with others from Irish Traveller and minority backgrounds. Most had finished secondary school and were aged 16-18. Eight themes emerged: youth voice, adult worries, distrust of authorities, structural struggles, education and opportunities, sports and youth spaces, and neighbourhood safety.

The study involved 49 participants: mostly female (83%) and white Irish (78%), with others from Irish Traveller and minority backgrounds. Most had finished secondary school and were aged 16-18. Eight themes emerged: youth voice, adult worries, distrust of authorities, structural struggles, education and opportunities, sports and youth spaces, and neighbourhood safety.

CYP in disadvantaged areas recognize factors affecting their health and wellbeing and want to drive change. They face structural barriers and negative community perceptions. These findings show the need to include youth voices and a youth-inclusive approach in policy and future planning.

Submission Title: A public health-led, data-driven method to identify areas of greatest need for Slaintecare Healthy Communities expansion

Topic / Dept: Health Intelligence

Author: Ian Darbey

Co Author: Conor Blain

Co Author: Lorraine Fahy

Co Author: Tiana Toolin

Co Author: Paul Kavanagh

The Abstract:

Slaintecare Healthy Communities (SHC) is a place-based approach (PBA) aiming to promote health equity. Originally launched with over 15 identified areas in 2021, an enhanced data-driven method was used in 2025 to identify the next 6 areas of greatest need.

Census 2022 information was linked with the Pobal HP Deprivation Index to create a geospatial dataset of small areas. Existing SHC small areas were excluded. An R-based algorithm started at the most deprived small area and expand to abutting small areas, prioritised by deprivation score, until defined population volume was achieved. The process was repeated iteratively, and a ranked short-list was reviewed with stakeholders.

The enhanced data-driven method linked with expert opinion identified 6 additional SHC proposals for funding and implementation in 2026 through a process that was robust, transparent and reproducible.

The process, however, identified some practical challenges related to a need to strengthen and clarify SHC theory of change, programme design and intended outcomes. An early process evaluation of SHC is underway, which should help address these points and further develop the process identifying future areas.

Submission Title: Starting from scratch: de novo development of a regional model of rabies post-exposure treatment in HSE Dublin and Midlands

Topic / Dept: Health Protection

Author: Tomas Barry

Co Author: Sarah Geoghegan

Co Author: Achal Gupta

Co Author: Colm Kerr

Co Author: Paul Ridgway

Co Author: Máirín Boland

The Abstract:

Public Health HSE Dublin and Midlands led a multidisciplinary regional group to develop a new Regional model of Rabies Post Exposure Treatment (PET), from July 2025.

We evaluated workflow during initial 6 months' implementation. Vaccine and immunoglobulin (HRIG) supply data were triangulated with clinical workflow data. We conducted descriptive analyses of exposure event management.

Workflow data on 36 events were obtained from St James' Hospital (17), Children's Health Ireland (CHI) (14), and Public Health (5). Triangulation demonstrated that St James' received 31.3% and CHI received 35.7% of all vaccine dose deliveries. In 52.8% of cases, patients presented for initial PET in Ireland, although only 23% had their exposure in Ireland. There were 16 different countries of exposure across 5 continents. The 36 reported events generated 39 ED attendances, 32 infectious disease, 26 pharmacy, 10 public health medicine and 4 microbiology consultations, and 15 GP visits, alongside 46 vaccine clinic attendances.

A significant multidisciplinary workload is associated with a small number of presentations for rabies PET care. The coordinated DML model of care is an example of successful regional service transition per Sláintecare.

Submission Title: A Review of Tuberculosis Prevention and Control Activities in Public Health Departments in Ireland (2025).

Topic / Dept: Health Protection

Author: Allison Deane

Co Author: Ciara Carroll

Co Author: Mary O' Meara

The Abstract:

Tuberculosis (TB) is a preventable, curable disease. To end TB globally by 2035, robust control and surveillance programmes are needed. A review was carried out to evaluate the impact of Public Health Reform, including reconfiguration of Departments into HSE Health Regions, and the publication of updated guidelines on TB prevention and control activities. Building on reviews from 2016 and 2022, it aims to inform future planning by assessing service capacity at regional and national level.

A standardised survey was issued to regional leads to gather data on workforce capacity, diagnostic capabilities, engagement with national TB guidelines and strategy, treatment protocols and directly observed therapy for vulnerable populations. SWOT analysis was also performed.

Results showed variation in regional resources, operational capacity and clinical practice. Awareness and use of revised guidance was mixed. Major strengths were staff expertise and collaboration, but gaps in workforce and diagnostic systems remain, exacerbated by the increasing complexity of TB cases.

These findings highlight the need for sustained investment in integrated TB services and guideline implementation to support progress towards TB elimination in Ireland.

Submission Title: A rapid review to support obesity policy development in Ireland.

Topic / Dept: Health and Wellbeing

Author: Dr Oonagh C Lyons

Co Author: Dr Ciara ME Reynolds

Co Author: Dr Helen McAvoy

The Abstract:

The Department of Health is developing a new national obesity strategy for Ireland[1]. The All Island Institute of Public Health was tasked with updating its obesity policy options matrix (OPOM), previously developed for Northern Ireland[2], to inform the strategy.

A rapid review collated evidence on the effectiveness of policies targeting obesity. PubMed was searched for English-language systematic reviews published between May 2022 and January 2026, with no declared conflicts of interest. Where systematic reviews were unavailable, other review-level evidence was included. Two researchers independently screened the studies in a two-stage process.

Ten review articles were included in the updated OPOM across four policy measures (food labelling, taxation/subsidies, advertising, marketing and sponsorship, and retail food environment). The most effective policies were taxes on sugar-sweetened beverages, subsidies for healthy foods, and mandatory restrictions on advertising, promotion, and sponsorship of unhealthy foods. Most review articles reported moderate to high evidence quality.

The OPOM proved an efficient tool for updating the evidence to inform the prioritisation of regulatory measures and policy options to reduce obesity.

Submission Title: Problem Gambling in HSE South West: a Regional Health Needs Assessment (HNA.)

Topic / Dept: Health Intelligence

Author: Orla Cotter

Co Author: Judy Cronin

Co Author: Hugh Duane

Co Author: Heather Hegarty

Co Author: Kiera Mc Carthy

Co Author: Noelle Millar

Co Author: Kiera Mc Carthy

Co Author: Elizabeth O Donovan

Co Author: Peter Barrett

The Abstract:

Problem Gambling (PG) describes gambling behaviour that is disruptive or damaging to individuals, with prevalence estimated at 3.3%.[1] This HNA was undertaken to determine the extent of PG in the SouthWest (SW) region and identify unmet needs.

A literature review identified risk factors, effective interventions and regulatory frameworks for PG. Available epidemiology and commercial determinants were reviewed. Stakeholder consultation was undertaken with HSE, voluntary and community services.

An estimated 18,711 people aged 18+ are affected by PG in the SW, and 5.8% of those aged 15–16 years reported PG.[2] There are approximately 130 gambling licences issued to premises within the SW. Stakeholders (30 respondents) identified young men aged 18–35 and socially excluded groups as those at highest risk, with sports-associated online betting a significant driver of PG. Unrecognition, lack of gambling-specific addiction services and weak regulation were key stakeholder concerns.

This HNA highlights PG is an important public health issue in the SW. Advocacy should centre on early detection, increased treatment capacity, and stronger regulation of gambling advertising and location of gambling premises to reduce the burden of PG harms.

Submission Title: Public Health Education in Times of Geopolitical Disruption: Developing a Subject-specific Curriculum in Geopolitical health

Topic / Dept: Health Intelligence

Author: Karl F. Conyard

Co Author: Sebastian Levesque

Co Author: John Middleton

Co Author: Mary Codd

The Abstract:

Public health is increasingly shaped by geopolitical forces including conflict, disinformation, political ideologies, environmental crises, and inequity stemming from imperial impacts and intergenerational consequences. As such, a new ASPHER subject-specific curriculum in Geopolitical Health was developed.

The curriculum was created within the ASPHER Network by an expert panel of advisors to link the existing chapters of Global Public Health to Public Health in Conflict, War and Peacebuilding. It aligns with wider public health competencies and is intended for undergraduate, postgraduate and professional development settings.

The chapter stems from a framework explaining how power, ideology, institutions, technology influence health, health systems and equity. It comprises five themes covering power, influence, societal consequences, health impacts, public health strategy, leadership and ethics.

Geopolitical Health is a timely addition to public health education. It is designed to strengthen workforce preparedness by supporting critical analysis, ethical leadership and acting on complex determinants of health.

Submission Title: Evaluation of a community virtual ward for COPD: Patient Experience

Topic / Dept: Health Services Improvement

Author: Helen Cooper

Co Author: Nichola Burke

Co Author: Gintare Valentelyte

Co Author: Regina Kiernan

The Abstract:

Virtual wards provide hospital-level care at home and have been explored to reduce pressure on acute beds. The Community and Acute Respiratory Excellence community virtual ward (CARE VW) offers an alternative care pathway to patients with COPD across Donegal.

This qualitative study used semi-structured interviews and framework analysis. A literature review and logic model informed the conceptual framework, including concepts of acceptability, accessibility, fidelity and impact on disease.

Nine patients and two carers participated. Participants valued being monitored and having ease of access to medical treatment, and the majority preferred the VW to a hospital admission. The technology posed some challenges, but confidence and ability improved with use and through support. The patient experience largely included all components of the CVW, though many participants were not aware of education material on the app.

These positive patient experiences highlight the CARE community virtual ward (CVW) as a promising model for COPD management. As virtual wards expand within the Irish health system, ongoing evaluation will be critical to ensure they deliver meaningful benefits for patients while contributing to sustainable hospital capacity.

Submission Title:

An outbreak of Panton-Valentine leucocidin-producing methicillin-resistant Staphylococcus aureus skin and soft tissue infection in children associated with bouncy castle use in Eastern Ireland in 2025

Topic / Dept: Health Protection

Author: Domhnall McGlacken-Byrne

Co Author: Gráinne Brennan

Co Author: Eimear Kitt

Co Author: Keith Ian Quintyne

Co Author: Eimear Brannigan

Co Author: Máirín Boland

Co Author: Andrea King

Co Author: Michael Barrett

Co Author: Noelle O'Loughlin

Co Author: Desmond Hickey

The Abstract:

We describe the management of a complex outbreak of community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA) in children, associated with bouncy castle use.

A regional department of public health was notified in autumn 2025 of several hospital presentations by children with skin and soft tissue infection, linked to attendance at an outdoor social gathering in eastern Ireland. An outbreak was declared. Phone interviews were conducted with a parent or guardian of each case.

A total of 48 children and no adults were identified as cases. Of these, 47 attended the same community gathering which featured bouncy castle play. Thirty-three cases were treated by their general practitioner. A further 15 attended hospital, of whom 4 were admitted, with no deaths. All confirmed cases exhibited an identical strain type, t016-ST22-MRSA-IV, which was PVL-producing. An epidemiological curve was suggestive of a point source outbreak. Infection control measures included treatment of cases, decolonisation of contacts, and communication with stakeholders.

This outbreak is the largest known MRSA outbreak in Ireland.(1) It highlights the risk of CA-MRSA in contexts involving close physical contact, such as bouncy castle play.(2)

Submission Title: Early Childhood Education and Care – A Public Health concern

Topic / Dept: Health Improvement

Author: Leah Evans

The Abstract:

Growing up in poverty creates early disadvantages that can harm long-term development. In Limerick City, 36% of the residents are living in disadvantage. However, high-quality early childhood education and care (ECEC) significantly improves health outcomes for marginalised families, reducing risks of diabetes, heart disease, and mental health issues while increasing life expectancy and overall quality of life [1,2].

As part of the Limerick Health Equity Region's pledge to "give every child the best start in life", an audit of the 18 ECEC facilities supporting 0-3yr olds in Limerick city was undertaken by way of a structured online questionnaire to learn about local experience, strengths, challenges and difference in supports access.

A 70% response rate, including 100% of community facilities was achieved. Facilities reported capacity overload, high levels of social need, family and community trauma, violence, additional support needs and homelessness. Despite this, Limerick has approximately 800 ECEC places for the over 3000 0-3yr olds residing in the city.

For Health Improvement to tackle inequality and reduce the health impacts of poverty and marginalisation in Limerick city, working with ECEC services is imperative.

Submission Title: Vitamin D Surveillance in Children with Down Syndrome in a Northern European Disability Service

Topic / Dept: Health Surveillance

Author: Shauna Harte

Co Author: Jacqueline McBrien

Co Author: Suzanne Slattery

Co Author: Rachel Barry

The Abstract:

Down syndrome (DS) is the most prevalent chromosomal abnormality in Ireland (1). Children with DS are at increased risk of bone health comorbidities (2). This study examined vitamin D status in a cohort of children with DS attending a disability service in Dublin.

We conducted a retrospective cohort study of all children with DS attending a disability service between 2002 and 2020. Serum 25-hydroxyvitamin D levels were categorised as deficient (<30 nmol/L), insufficient (30–50 nmol/L), or sufficient (≥50 nmol/L). Logistic regression was used to examine associations between season, gender and low vitamin D (<50 nmol/L).

Of 102 children identified, 91 (89%) had a recorded vitamin D measurement. Overall, 6.6% were deficient and 12.1% insufficient, with 18.7% having vitamin D levels <50 nmol/L. Low vitamin D levels were most frequently recorded in winter (41.7%). Winter testing was significantly associated with low vitamin D compared with summer (OR 15.15, 95% CI 1.71–134.62, p=0.015).

A clinically significant proportion of children in this cohort had low vitamin D levels, with a clear seasonal pattern observed. These findings highlight the need for a standardised approach to vitamin D surveillance in children with DS.

Submission Title: Risk and protective factors associated with adolescent gambling in Ireland: findings from the Planet Youth West 2024 survey

Topic / Dept: Health Intelligence

Author: Matthew Cronin

Co Author: Elena Gonzalez Tinoco

Co Author: Emmett Major

Co Author: Peter Barrett

The Abstract:

Gambling is a recognised global public health issue. Rates of gambling among adolescents are often reported to be higher than in adult populations. There is limited existing research which provides an Irish context to factors associated with adolescent gambling.

A secondary analysis of 2024 Planet Youth Ireland questionnaire data was conducted. The questionnaire was distributed to adolescents aged 14-19 years & above in Galway, Mayo and Roscommon, Ireland in November 2024. Binary logistic regression models were used to determine factors associated with adolescent gambling.

A total of 6,500 questionnaire responses were received. The overall prevalence of gambling of any modality was 15.02% (N = 871/5799). The prevalence of gambling using a phone was 6.74% (N = 391/5804) & the prevalence of gambling using a bookmaker's shop was 11.95% (N = 699/5850). Male gender was consistently associated with an increased risk of all gambling outcomes. Similarly, drunkenness in the last 30 days and team sport participation were associated with an increased of gambling for many of the gambling outcomes.

Several key social and lifestyle factors were associated with adolescent gambling & may be amenable to targeted interventions.

Submission Title: Effectiveness of Infection Prevention and Control interventions for Vaccine Preventable Diseases in congregate migrant settings in high-income countries, a comparative review.
Topic / Dept: Health Protection

Author: Fionn Donnelly

Co Author: Ralph Hurley O'Dwyer

Co Author: Gethin White

Co Author: Aoife Colgan

Co Author: Keith Ian Quintyne

The Abstract:

Background
Migrant populations often have different immunisation profiles compared to native populations, which can increase their vulnerability to VPD's. This risk is heightened in congregate settings, where overcrowding is common. In recent years, high-income countries have seen increasing outbreaks of diseases such as measles, diphtheria, and varicella within these settings.

Methods
A structured review was conducted comparing IPC guidelines from Ireland and other European countries. Areas of broad agreement were identified. Outbreak reports were then analysed to identify discrepancies between the consensus recommendations and the IPC measures implemented during actual outbreaks. This analysis also analysed the operational barriers encountered by public health teams in working in these settings.

Results
Several challenges were identified, some specific to individual infections and others common across all outbreaks. A consistent issue was inadequate information on the immune status of residents and staff in congregate settings.

Conclusions
This review underscores the substantial operational challenges associated with implementing best practice IPC measures in congregate settings, and the need to strengthen public health response capacity in this regard.

Submission Title: All Together Now: Co-Designing a Population Health Approach for Ireland.

Topic / Dept: Health Service Improvement

Author: Ciara Catherine Kelly

Co Author: Claire Neill

Co Author: Sarah Barry

Co Author: Olga Clearyo

Co Author: Samantha Trevaskis

Co Author: Mary Browne

Co Author: Triona McNicholas

Co Author: Douglas Hamilton

Co Author: Maria Deery

Co Author: Hannah Christie

Co Author: Diarmuid O'Donovan

Co Author: Jennifer Martin

The Abstract

A population health approach is central to Ireland's current health system reform, yet no national definition exists. The All Together for Population Health Project, a collaboration between HSE Public Health and School of Population Health RCSI, aimed to address this gap.

A scoping literature review and eight co-design workshops were conducted. Stakeholder engagement was undertaken to ensure cross-sector representation. Data were analysed using reflexive thematic analysis with triangulation across sources.

Preliminary analysis indicates substantial variation in how a population health approach is defined internationally, with consistent emphasis on equity, intersectoral action, prevention, and data-informed decision-making. Early workshop analysis suggests broad consensus on the need for shared language and common principles for a population health approach. Participants highlighted community partnership, accountability for outcomes, a whole-system perspective and use of population-level data to guide planning as essential components of an operational approach.

These emerging insights are informing a working shared definition and guiding principles intended to support a consistent population health approach in Ireland.

Submission Title: **Area-level deprivation and low birth weight in the Mid-West of Ireland**

Topic / Dept: Health Improvement/Health and Wellbeing, Department of Public Health, HSE Mid West

Author: Rachel McNamara

Co Author: Nehal Ali Nour

Co Author: Leah Evans

Co Author: Marie Casey

Co Author: Mary Shanahan

Co Author: Mendinaro Imcha

Co Author: Roy Philip

Co Author: Anne Dee

The Abstract:

'Giving every child the best start' is the first Marmot principle adopted by the newly formed Limerick Health Equity Region in the Mid-West of Ireland.[1] Low birth weight (LBW) is associated with infant morbidity, mortality and long-term health outcomes.[2] Increasing LBW rates were observed regionally. This analysis examined the association between area-level deprivation and LBW in HSE Mid West.

The cross-sectional study used live birth data for 2019 and 2024 from public health nursing records, geocoded to deprivation levels using the HP Deprivation Index via Health Atlas Ireland. LBW prevalence was measured by year and deprivation category. A chi-square test assessed odds differences between deprivation levels and logistic regression adjusted for gestation, multiple birth, maternal age and Traveller status.

A total of 7528 births with requisite data points were included. LBW prevalence rose from 6.4% in 2019 to 7.4% in 2024. When compared with affluent areas, deprived areas had significantly higher adjusted odds of LBW (aOR 1.92, 95% CI 1.20-3.07, p <0.01).

Area level deprivation is significantly associated with LBW in the Mid-West of Ireland. Findings will inform the targeting of maternal and neonatal supports in the region.

Submission Title: Risk Stratification Tools in the PRAISE-U Study Can Significantly Reduce the Demand for MRI Scans and Biopsies

Topic / Dept: Health Service Improvement

Author: Ajmal Shajahan
Co-Author: Gillian Horgan
Co-Author: David Galvin

The Abstract:

The PRAISE-U project aims to reduce prostate cancer morbidity and mortality through risk-stratified screening. Standard PSA screening can lead to unnecessary MRI scans and biopsies. PRAISE-U combines validated risk calculators with MRI to identify men at highest risk for clinically significant cancer, improving accuracy and reducing overdiagnosis.

Men aged 50–69 with PSA ≥3.0 ng/mL are assessed at Rapid Access Prostate Clinics (RAPCs) using PSA, and risk calculators. Low-risk men repeat PSA in two years; higher-risk men undergo MRI. MRI results (PIRADS) guide biopsy, with PIRADS 3 cases further assessed using risk calculators. PIRADS 4–5 men get targeted biopsy; PIRADS 1–2 exit the pathway.

Risk assessment prior to MRI is expected to reduce unnecessary imaging by excluding low-risk individuals early. Post-MRI risk stratification is anticipated to further decrease biopsy rates, particularly in men with indeterminate MRI findings.

The PRAISE-U protocol demonstrates that a two-step risk stratification process—before and after MRI, can improve the efficiency of prostate cancer screening. Combining PSA, DRE, MRI, and risk calculators at RAPCs improves screening efficiency, supports accurate diagnosis, and reduces overdiagnosis.

Submission Title: Shaping the Future of Alcohol and Drug Prevention in Ireland: Findings from a National Survey

Topic / Dept: Health and Wellbeing

Author: Emma Kearney

Co Author: Diarmuid O' Donovan

Co Author: Aisling Sheehan

Co Author: Katherine Dunphy

Co Author: Claire Neill

The Abstract:

Alcohol and illegal drug use are significant public health concerns in Ireland. While the epidemiology of their use is well described, trends are evolving, and evidence on public attitudes towards prevention and its perceived opportunities is limited.

As part of a national needs assessment on prevention, a nationally representative online survey of Irish adults aged 16 and over (n=1,577) was conducted in partnership with Ipsos B&A in December 2025 using quota sampling and demographic weighting. It examined use and attitudes towards alcohol and drugs, exposure to and views on prevention.

Overall, 6% reported participation in an alcohol or drug prevention programme in the past year; this rose to 18% among 16- 24-year-olds. 35% reported exposure to alcohol or drug prevention messaging. Among women pregnant in the previous year 43% received advice not to drink during pregnancy; 28% reported receiving no advice. 70% of respondents believed funding prevention activities was worthwhile.

These findings highlight significant opportunities for prevention of drug and alcohol-related harms in Ireland. Strengthening prevention across communities and healthcare settings is critical to shaping the future Public Health response.

Submission Title: Hypertensive disorders of Pregnancy and the long-term risk of maternal peripheral vascular disease –a systematic review and meta-analysis.

Topic / Dept: Health Protection

Author: Hio Weng Chu

Co Author: Shane McCarthy

Co Author: Louise Kelly

Co Author: Fergus McCarthy

Co Author: Ali Khashan

Co Author: Karolina Kublickiene

Co Author: Peter Barrett

The Abstract:

Hypertensive disorders of pregnancy (HDP), including preeclampsia (PE) and gestational hypertension (GH), are common pregnancy complications linked to later cardiovascular disease. Their relationship with maternal peripheral vascular disease (PVD) is less well understood. This study synthesised available evidence on the association between HDP and long-term maternal risk of peripheral artery disease (PAD) or PVD broadly.

PubMed, Web of Science and Embase were searched from inception to 15 June 2025. Eligible studies aligned to inclusion criteria were included. Two reviewers independently screened abstracts, extracted data, and assessed study quality. Random-effects meta-analyses were conducted.

14 studies including 13,951,352 participants were analysed. HDP was associated with increased PAD risk (risk ratio (RR) 1.40,95% CI 1.23–1.60; I^2=10). PE showed an association (RR 2.20,95% CI1.58–3.06;I^2 = 80), while GH was also associated with PAD (RR 1.63, 95% CI 1.25–2.13;I^2 = 51).

HDP appears associated with increased long-term PAD risk among parous women. Recognising HDP as an early indicator of vascular risk may support targeted monitoring and preventive strategies to improve long-term cardiovascular health in women.

Submission Title: Ready, steady, action plan. International lessons to shape Ireland's future strategy for the early diagnosis of symptomatic cancer- a scoping review.

Topic / Dept: Health Service Improvement

Author: Dr. Síle A. Kelly

Co Author: Dr. Louise Lyons-Mehl

Co Author: Dr. Breeda Neville

The Abstract:

Early diagnosis of cancer is central to improving survival and quality of life.[1] However, there is no agreed international approach. The aim is to map and synthesis existing international policies for the early diagnosis of cancer, and identify key components and gaps to inform the future direction of the National Cancer Control Programme (NCCP).

Arksey and O'Malley scoping review methodology was used. Documents in English on the early detection of *symptomatic* cancer were included. A policy evaluation framework was used for data extraction. Deductive thematic analysis synthesised policies' aims and objectives.

Only 3/20 of included documents were specifically for *early diagnosis*. Common themes were public awareness, education, pathways, access to diagnostics, research, and cancer intelligence. Governance, funding, and measurable KPIs were frequently unclear or absent. Screening was often conflated with *symptomatic* early diagnosis.

International approaches remain heterogenous. A strong policy specifically for early diagnosis of symptomatic cancer is built upon clear objectives, strengthening governance, embedding equity, and providing funding transparency. These findings offer practical direction for the next NCCP plan.

Submission Title: Invasive Pneumococcal Disease and PPV-23 Vaccination in the West North West 2010-2025 – A Review of Regional Data

Topic / Dept: Health Protection

Author: Neil Hyland

Co Author: Emer O'Connell

The Abstract:

In Public Health West North West, invasive pneumococcal disease (IPD) data has been recorded since 2010. This study aimed to analyse regional data, assessing disease trends and vaccination impact.

A review of IPD cases from 2010 to 2025 was conducted for the two groups eligible for pneumococcal-23 vaccination: adults ≥65 years and adults under 64 years with underlying conditions. Outcomes measured were case numbers over time, vaccination status, mortality, and serotype.

In total, 648 cases were identified: 489 in adults ≥65 years (mean 31.5 annually) and 159 in the younger group (mean 10.2 annually). Cases peaked in 2018 then declined but have risen again since 2022. Vaccination coverage was low: 31.7% in the ≥65 group and 10.7% in the 18–64 group. Mortality was higher in older adults (19.6%; 96 deaths) compared with the younger group (6.9%; 11 deaths). In ≥65s, 69% of serotyped cases were due to PPV-23 strains, though non-vaccine strains increased over time. In the 18–64 group, 82.3% were vaccine-type strains.

IPD continues to cause considerable morbidity and mortality, particularly in older adults. Recent rises in cases and non-vaccine serotypes show the need for sustained surveillance and improved vaccination uptake.

Submission Title: A regional evaluation of RSV catch-up immunisation programme – Importance of local flexibility and knowledge

Topic / Dept: Health Service Improvement

Author: Brian Keating

Co Author: Niamh Dever

The Abstract:

We present a regional evaluation of RSV immunisation catch-up programme, to highlight the impact that regional teams and mobile vaccination units can have due to local knowledge and flexibility.

A survey collected data on knowledge, motivations and clinic experience from those who attended for catch-up immunisation for their infant. Data from the Swift Queue booking system for the region was also analysed to identify temporal changes in service engagement associated with outreach and communication efforts. Regional outreach efforts were also captured.

Attendees rated the programme very highly across all domains, with 98% of respondents rating their experience as good or very good. First time parents were significantly less aware of RSV prior to the programme. Fear of hospitalisation was the most common motivation for attending and shows national and local messaging highlighting the protective effects were highly effective. There was a strong association with text reminders and increased clinic bookings.

Regional engagement and knowledge is important in developing and implementing such programmes. Text message is an effective direct communication method, and highlighting the protective effects of Nirsevimab is an important motivator.

Submission Title: A comparison of hospital inpatient length of stay (LoS) and its drivers before and after the COVID-19 pandemic in Ireland.

Topic / Dept: Health Intelligence

Author: Conor Blain

Co Author: Ian Darbey

Co Author: Heba Habib

Co Author: Marian Keane

Co Author: Tiana Toolin

Co Author: Lorraine Fahy

Co Author: Paul Kavanagh

The Abstract:

Hospital flow remains a health service challenge in Ireland, revealing important system-level and population health challenges. This study compared length of stay (LoS) and its drivers in 2019 and 2024 across Irish acute hospitals.

A retrospective cohort study of adult discharges in 2019 and 2024 was conducted using the Hospital In-Patient Enquiry System. Negative binomial regression modelled LoS, adjusting for age, admission type, comorbidity, surgical status, hospital model, COVID-19 status and delayed discharge. Changes in mean LoS and regression coefficients were examined.

Mean LoS increased from 8.2 to 8.5 days (+0.3). Versus 2019, patients were older in 2024 (+1.4 years) with lower comorbidity (Charlson Index −0.25). Complex discharge pathways, increasing age and greater complexity remained principle drivers of longer LoS, with COVID-19 emerging as a key driver in 2024. Discharge from a Model 4 hospital also drove longer LoS after adjustment for other factors in 2019 and 2024.

This study delineates system-level and population health opportunities to improve patient flow. The impact of hospital model on LoS is under examination with the HSE Acute Medicine Programme to determine acute medical assessment unit planning.

Submission Title: Changing from a two-dose HPV vaccine schedule to a single-dose: examining the impact on vaccine uptake in secondary schools in Ireland by multi-year analysis 2021/2022-2024/2025

Topic / Dept: Health Protection

Author: Claire Sharkey

Co Author: Christine White

Co Author: Louise Marron

Co Author: Chantal Migone

The Abstract:

Human papillomavirus (HPV) vaccination is central to Ireland's cervical cancer elimination strategy. In 2022/2023, the school-based immunisation programme introduced a single-dose HPV schedule. It was hoped that a single-dose schedule might simplify delivery and improve uptake. The impact of this change on uptake, particularly in disadvantaged schools, has not been examined.

A retrospective register-based cohort study used aggregate school-level data from the Schools Immunisation System linked with Department of Education data. HPV vaccine uptake among first-year students was examined across four academic years (2021/2022–2024/2025). Delivering Equality of Opportunity in Schools (DEIS) status was used as a proxy for socioeconomic status.

Median HPV uptake increased after introduction of the single-dose schedule (80.1% vs. 73.6%) but declined to 76.4% by 2024/2025. Uptake was consistently lower in DEIS schools and DEIS schools were significantly less likely to reach the ≥90% target.

The single-dose schedule produced a short-term improvement in uptake but disparities between DEIS and non-DEIS schools persist. Simplifying the schedule alone is insufficient; targeted equity-focused strategies are required.

Submission Title: Artificial Intelligence and the Future of HSE Public Health Practice: Perspectives from Senior Leaders

Topic / Dept: Health Intelligence

Author: Emma Kearney

Co Author: Louise Hendrick

The Abstract:

Artificial intelligence (AI) is increasingly influencing health systems internationally, with implications for how public health functions are delivered. While AI policy in Ireland is emerging, no formal evidence exists capturing the perspective of Heath Service Executive (HSE) Public Health leaders on its role in practice, and future service delivery.

Nine semi-structured key informant interviews were conducted with senior HSE Public Health and eHealth leaders. Interviews explored opportunities, risks and policy needs for AI in public health. Data were analysed using a hybrid deductive–inductive thematic approach.

Participants identified potential applications in population health analytics, surveillance, evidence synthesis and public communication. Concerns centred on data protection, cognitive offloading, bias and maintaining public trust. All agreed that current organisational guidance is limited and emphasised the need for governance frameworks, workforce training and improved data infrastructure.

AI is already influencing HSE Public Health practice and its leaders will play a key role in ensuring AI strengthens public health functions while safeguarding equity, accountability and professional judgement.

Submission Title: Supportive Care Needs Among Men Living With and Beyond Prostate Cancer in Ireland: A Qualitative Study to Inform Survivorship Care

Topic / Dept: Health Service Improvement

Author: Noa Gordon

Co Author: Martin Sweeney

Co Author: Ella O'Rourke

Co Author: Wasfa Farooq

Co Author: William Watson

Co Author: David Galvin

The Abstract:

An Irish Prostate Cancer Outcomes Research (IPCOR) study revealed that men with prostate cancer (PCa) have unmet needs regarding sexuality, mental health, and information. This qualitative research examines patients' experiences to help improve PCa survivorship programmes in Ireland.

Focus groups with men at various treatment stages were held in Dublin, Cork, Galway-Midlands, and online, facilitated by a moderator with lived experience. Recordings were transcribed, anonymised, and analysed by three researchers via Braun and Clarke's thematic analysis, with results reviewed by a patient advisory panel.

Seven themes emerged: ongoing physical symptoms, psychological distress and identity changes, unmet informational needs and fragmented care, sexual dysfunction and support gaps, social isolation, family strain, and financial burden. Participants cited challenges in post-treatment care, poor communication on long-term effects, and lack of psychological and sexual support.

Men identified priorities, including a structured PCa toolkit, peer-support, care coordination, routine psychological assessment, and better resource signposting. These findings highlight the need for coordinated, person-centred survivorship pathways.

Submission Title: Effective Hospice and Community-based Paediatric Palliative Care: A Literature Review

Topic / Dept: Health Services Improvement

Author: Helen Cooper

Co Author: Helen Clark

Co Author: Claire Lynott

Co Author: Martina Kenny

The Abstract:

This systematic review aimed to identify evidence to inform planning for a new paediatric palliative care facility in the West and North-West of Ireland.

Searches were carried out on MEDLINE and CINAHL to address the review questions: (1) what international policies recommend for hospice or community-based PPC models, and (2) what evidence exists on patient, family and health-system outcomes

18 studies were eligible for inclusion. International policies and guidelines emphasise coordinated, child-centred care delivered in the preferred setting . They highlight the need for a well-trained and adequately resourced workforce, and call for stronger research and evaluation to build the evidence base for PPC.

Care models vary in staffing and service delivery. Care may be delivered in the child's home or in children's hospices, with several models adopting a network approach across providers and regions. Overall, direct evidence on the effectiveness is limited. Potential benefits include reduced caregiver stress and possible cost savings through reduced hospital admissions.

These findings support child- and family-centred services, respite provision, networked service delivery, and evaluation of new community PPC models.

Submission Title: Estimating the impact of Occupational Health services on TB burden among healthcare workers in Ireland using Markov modelling techniques

Topic / Dept: Health Protection

Authors: Áine Varley

Co Author: Noirín Noonan

Co Author: Mary O'Meara

Co Author: Joseph Keane

The Abstract:

Healthcare workers (HCWs) from high tuberculosis (TB) incidence areas are at increased risk of infection and disease. Such risks are particularly salient given future workforce demands in Ireland (1). Occupational Health (OH) services are key in managing TB-related risks in this population; however, coverage in Ireland is incomplete. This study estimates the impact of OH services on TB burden among HCWs.

A Markov model was developed to estimate the impact of OH services on TB burden among HCWs. Data from a Model 4 hospital with high OH service coverage, and TB natural history data, were used to populate the model.

As compared to no coverage, OH intervention reduced the predicted number of active TB cases in the HCW population by 20.8%. Impacts on TB burden not captured via this model include: health and societal costs of active TB; Public Health implications of onward transmission; value of baseline screening in assessing HCWs post-occupational TB exposure.

OH services are central to the population-level prevention and control of TB among this high-risk population in Ireland. These findings support the need for high coverage of OH services for HCWs nationally and extension to other high-risk occupational settings (e.g., prisons).

Submission Title: An exploration of potential application of population segmentation in Ireland

Topic / Dept: Health Intelligence

Author: Conor Blain

Co Author: Cian Dowling Cullen

Co Author: Ian Darbey

Co Author: Paul Kavanagh

The Abstract:

Segmentation can strengthen a population health approach to integrated health services. Its application in Ireland by the Integrated Service Modelling Programme was explored.

K-means clustering was applied to the Hospital In-Patient Inquiry System 2022-2024 to identify distinct segments using patient-level activity and age, entered as standardised numeric variables. Optimal segment count of k=10 was selected using an Elbow Plot. Segments were examined and differences compared using ANOVA with Tukey HSD post-hoc tests.

Ten distinct segments successfully separated low-use younger patients from older, higher-comorbidity and higher bed-day groups. Dialysis and chemotherapy were key clinical features in higher utilisation segments. Opportunities for expert-led refinement of segments were identified. Segments mapped only to some Bridges to Health Groups, highlighting data infrastructure limitations.

Segmentation is technically feasible with HIPE, but of limited value without integrated primary care data. Immediate public health efforts should focus on developing health data infrastructure and building frameworks for use of segmentation, focused on linking intelligence with interventions for better population health.

Submission Title: Modelling complication rates in hospital from routine hospital discharge data

Topic / Dept: Health Intelligence

Author: Anthony Staines

Co Author: Anna Connolly

Co Author: Rachel McAuley

Co Author: Anne Matthews

Co Author: Marcia Kirwan

The Abstract:

Hospital acquired complications, e.g. pneumonia, UTI, delirium and pressure ulcers, contribute to increased costs and mortality, and are poorly recorded in routine data, like the Hospital In-patient Enquiry system (HIPE). Predicting these is the aim of this work. Two models were compared for observed rates of complications in a chart review, and national hospital level predictions.

The study is based on a review of 1000 charts, for people aged 65+, from one year in a university hospital, with 2 reviewers using a defined protocol. Chart review results were combined with patients' HIPE data. National HIPE data for one year were also used. The models were a random forest model in ranger and a Bayesian logistic regression model in stanglm, both in R.

Both models fitted the chart review data well, and gave results close to those observed in the chart review, and the literature. Both predicted similar results, using HIPE data, from the other hospitals, which are broadly credible.

It is feasible to predict complication rates for these complication from routine administrative data. The results were insensitive to the two distinct modelling approaches used. These predictions are useful for performance monitoring or system evaluation.

Bail K, Berry H, Grealish L, Draper B, Karmel R, Gibson D, et al. Potentially preventable complications of urinary tract infections, pressure areas, pneumonia, and delirium in hospitalised dementia patients: retrospective cohort study. BMJ Open. 2013 May 1;3(6):e002770. doi:10.1136/bmjopen-2013-002770 PubMed PMID: 23794540.

Connolly A, Unbeck M, Bane F, Bail K, Craig M, Matthews A, et al. Validating adverse events in administrative healthcare data in Ireland: a retrospective chart review study. BMC Health Serv Res. 2025 Aug 20;25(1):1113. doi:10.1186/s12913-025-13201-x

Submission Title: A National Process Evaluation of the Sláintecare Healthy Communities Programme

Topic / Dept: Health and Wellbeing

Author: Dr. Craig Smith

Co Author: Dr. Eunice Phillip

Co Author: Dr. Aisling Walsh

Co Author: Dr. Paul Kavanagh

Co Author: Dr. Monica O'Mullane

Co Author: Prof. Richard Layte

Co Author: Prof. Debbi Stanistreet

The Abstract:

The Sláintecare Healthy Communities Programme (SHCP) aims to reduce health inequalities in disadvantaged areas in Ireland through a place-based approach (PBA). This process evaluation aimed to identify challenges, enablers and opportunities to strengthen SHCP, develop a theory of change, and inform the programme's future direction.

The evaluation included workshops with Local Development Officers from local authorities (n=14) and with SHCP Co-ordinators from the HSE (n=9), and interviews (n=39) with stakeholders across the programme at macro, meso and micro levels. Data were analysed using thematic analysis, guided by five domains derived from an umbrella review of barriers and facilitators to PBAs.

Findings highlight the need for longer-term planning and sustainable funding; effective governance structures to ensure accountability, role clarity and shared goals across agencies; mechanisms to devolve power to the local level; community-centred and flexible intervention design with greater focus on the social determinants of health; and integrated multi-level process and outcome evaluations.

The evaluation has generated recommendations to support the future development, sustainability and scaling up of SHCP.

Submission Title: Moving health intelligence from describing what happened, to predicting problems and prescribing solutions – applying discrete event simulation to health service planning.

Topic / Dept: Health intelligence

Author: Lorraine Fahy

Co Author: Ian Darbey

Co Author: Paul Kavanagh

The Abstract:

Health intelligence traditionally provides hindsight; but foresight is needed to position health services to meet future challenges. The Integrated Service Model (ISM) is a discrete-event simulation that predicts health service challenges and prospectively tests solutions.

Historic data and expert-views build demand scenarios that are applied to the ISM, which replicates individual patient journeys, at day-by-day and site-by-site level across health services. Projected metrics identify opportunities to improve performance. After action reviews inform ongoing model calibration.

Using demand pressures across winter as a case study, the utility of the ISM for health service planning is illustrated with real-world examples across the last 5 years including COVID-19, admission avoidance initiatives, length of stay reduction, and supported discharge.

The ISM illustrates the role that advanced health intelligence techniques can play in health planning and reform. A robust and transparent approach to model design and calibration together with deep and sustained stakeholder engagement are critical to building trust in and use of health intelligence for impact. ISM deployment across health regions is planned.

Submission Title: Cervical cancer screening participation in women with severe mental illness: a rapid review of inequities

Topic / Dept: Cervical cancer screening, severe mental illness

Author: Ann Marie Murray

Co Author: Laura Heavey

The Abstract:

Women with severe mental illness (SMI) experience a mortality gap, with cancer a leading contributor to preventable death.(1) Cervical cancer screening is an effective intervention, yet participation among women with SMI is lower than the general population.(2) This rapid review aimed to quantify disparities in screening participation and predictors of uptake among women with SMI.

A rapid review was conducted following Cochrane Rapid Review guidance. MEDLINE was searched for studies published between January 2014 and February 2025. Eligible studies included women with SMI (schizophrenia, schizoaffective disorder, bipolar disorder or psychotic disorders) reporting data on cervical screening participation.

Forty-six records were identified; 15 underwent full-text review and 11 met inclusion criteria. Studies reported lower screening participation among women with SMI than women without SMI, with adjusted odds ratios from 0.62 to 0.80. Greater healthcare engagement was the most consistent predictor of higher uptake.

These findings highlight inequity in preventive care and are relevant to emerging initiatives seeking to strengthen integration of cancer screening within physical health supports for people with SMI.

Submission Title: Obesity under the age of 5: Association between childhood obesity and deprived communities in the Mid-west, an ecological study.

Topic / Dept: Health and Wellbeing

Author: Nehal Nour

Co Author: Evangelin Samraj

Co Author: Leah Evans

Co Author: Sol Evans

Co Author: Dervla Kelly

Co Author: Patrick O'Donnell

Co Author: Anne Dee

The Abstract:

This study aimed to examine the association between early childhood weight status and socioeconomic deprivation among children under five years in the Mid-West of Ireland.

This ecological study analysed routinely collected Public Health Record data from children attending scheduled health checks. Two birth cohorts were included; children born in 2009-2010 (n=5,717) and 2019-2020 (n=4,579). Address data were geocoded to small areas linked to the Pobal HP Deprivation index. Weight, height and Body mass index centiles across the six health checks were analysed.

In 2009 cohort, 14% of the children were obese and 29.7% were overweight with 12.5% living in disadvantaged areas. In the 2019 cohort, 59.9% were obese and 2.5% overweight, with 15.9% residing in disadvantaged areas. Obesity trajectories in the later cohort emerged earlier from around 12 months.

These findings highlight socioeconomic inequalities in early childhood weight patterns and suggest a shift towards earlier obesity trajectories(1). Targeted early-life public health intervention in disadvantaged communities are needed(2).

Submission Title: Delivering Person-Centred Community Care: Patient Experience in West Galway and City Integrated Care Chronic Disease Services

Topic / Dept: Health Service Improvement

Author: Niamh Murtagh

Co Author: Maireád Gleeson

Co Author: Sarah O'Brien

The Abstract:

The Integrated Model of Care for Chronic Disease (CD MoC) supports prevention and proactive management of type 2 diabetes, cardiovascular disease, asthma and COPD through community-based, multidisciplinary care aligned with Sláintecare. This pilot evaluated patient-reported experience measures (PREMs) in the West Galway and City Integrated Care Chronic Disease Community Specialist Team.

A once-off quantitative and qualitative mixed-methods survey was co-designed with service users and staff. Invitations were distributed via SMS text messages, staff recruitment and posters. Eighty surveys were completed (target=50), with thematic saturation achieved.

Overall very positive experiences was reported by 99% of participants. 98% reported efficient and accessible care in community or virtual settings. Same-day multidisciplinary access was valued. Participants described improved self-management, quality of life, and consistently reported receiving person-centred care.

The study demonstrated the services at the pilot site are highly valued, and deliver meaningful, person-centred outcomes in line with the CD MoC and Sláintecare, whilst producing insights to support future PREMs collection for national chronic disease services.

Title: **Sunbed use in Ireland and implications for skin cancer policy**

Topic / Dept: Health and Wellbeing

Author: Ciara Reynolds

Co Author: Lauren Rodriguez

Co Author: Louise O'Connor

Co Author: Helen McAvoy

The Abstract:

Sunbed use is an independent risk factor for skin cancer, the most frequently diagnosed cancer in Ireland[1]. In 2025, the Programme for Government committed to exploring a ban on commercial sunbed use[2].

This policy report included a secondary analysis of nationally representative survey data, compliance data regarding the Public Health (Sunbeds) Act 2014, a rapid review examining the effectiveness of international sunbed policy, a case study on the Australian sunbed ban and an overview of international sunbed regulations.

The report found that sunbed exposure was significant in Ireland's high-risk population, particularly among children and those most vulnerable to skin cancer development from sunbed use (<35 years). Information gaps remain in relation to the levels of irradiance emitted from sunbed units and sunbed exposure, frequency and duration. Compliance with existing legislation remains consistently poor. Bans on sunbeds are reported to be cost-effective, even when the costs of accompanying public health campaigns, enforcement costs and tanning industry losses are considered.

Based on best available evidence, this policy report recommends proceeding with a prohibition on commercial sunbed use.

Submission Title: Prostatecheck.ie - testing the feasibility of a digital home PSA based prostate cancer screening pilot in Ireland as part of PRAISE-U

Topic / Dept:
Prostate Cancer Screening / UCD

Author: Gillian Horgan

Co Author: Patricia Fitzpatrick

Co Author: Ajmal Shajahan

Co Author: William Watson

Co Author: Patrick Murray

Co Author: Brenda Molloy

Co Author: Paul Sweeney

Co Author: Alan Smith

Co Author: David Galvin

The Abstract:

An updated Council of the EU recommendation on cancer screening (2022) included prostate cancer as suitable for organised screening, and invited countries to proceed with piloting and further research. An EU-wide consortium (14 countries; 26 institutions) was established under the Prostate Cancer Awareness and Initiative for Screening in the EU (PRAISE-U). Five screening pilot programmes have been established, including one in Ireland. The aim of the Irish pilot is to test a self-administered home-based PSA test with follow-up MRI.

Participants in three locations in Dublin and Waterford enrol via a secure website, provide digital consent, and request home PSA kits. Data are captured in REDCap and linked with Rapid Access Prostate Clinic (RAPCs).

Invitations were sent to 9,000 men;1,666 (18.5%) enrolled. A total of 2,184 kits were issued, with 1,434(65.7%) kits returned. PSA ≥3 ng/mL was identified in 124 participants, who were referred to RAPCs, and 88 completed first risk stratification. 51 MRIs and 12 biopsies were performed, resulting 11 malignancies.

Despite the low uptake, this pilot demonstrates the feasibility of digital home PSA screening with MRI follow-up and may support future national screening approaches.

Submission Title Past, present and future: The road from public health burden to elimination of cervical cancer in Ireland

Topic / Dept: Health and Wellbeing

Author: Caroline Mason Mohan

Co Author: Patricia Fitzpatrick

Co Author: Lucy Jessop

Co Author: Deirdre Murray

Co Author: Noirin E Russell

Co Author: Triona McCarthy

The Abstract:

In Ireland, cervical cancer incidence rates increased significantly from 1999-2009 (annual percentage change (APC) +4.1%) and mortality rates increased from the 1960's despite widely available opportunistic testing.

A pilot screening programme introduced in 2000, driven by strong public health and clinical leadership, became the national CervicalCheck programme in 2008.

The introduction of a call-recall population-based programme with standardised follow up led to a reduction in cervical cancer incidence between 2009-2019 (APC - 2.8%). CervicalCheck has prevented over 5500 cancers since its start. The 2018 CervicalCheck crisis threatened the viability of the programme but recovery, which included implementation of HPV screening, strengthened programme effectiveness, governance and patient-centredness.

Ireland's Cervical Cancer Elimination action plan harnesses a multi-sectoral approach to tackle a public health problem. With strong public health leadership and continued efforts to ensure a modern evidence-based HPV screening programme along with strong HPV vaccination services and evidence-based pathways for the treatment of pre-invasive cervical abnormalities, Ireland will eliminate cervical cancer by 2040.modern evidence-based HPV screening programme along with strong HPV vaccination services and evidence-based pathways for the treatment of pre-invasive cervical abnormalities, Ireland will eliminate cervical cancer by 2040.

Submission Title: Brighter Beginnings: Traveller Child Health Needs Assessment, South East of Ireland

Topic / Dept: Health and Wellbeing

Author: John Gannon

Co Author: Michael Hanrahan

Co Author: Irene Gorman

Co Author: Anna McCollum

Co Author: Tuba Yavuz

Co Author: Laura Fennell

Co Author: Anna Egan

Co Author: Zoe Doheny

Co Author: Catherine Lynch

Abstract

The Traveller Brighter Beginnings Pilot Project is a national initiative to identify priorities for improving health outcomes for Traveller children. The South East (SE) is a pilot area.

In the SE, a Health Needs Assessment (HNA) using a mixed-methods approach was used to generate a comprehensive evidence base. Four complementary workstreams were undertaken: (1) a literature review examining Traveller child health; (2) facilitated focus groups with parents and community representatives to capture lived experience and identify priorities; (3) population profiling using routinely collected data; and (4) health service mapping of existing programmes, service access points, and gaps in provision. Findings from each workstream were triangulated to identify key themes and priority areas.

The combined approach generated a multidimensional understanding of Traveller child health, integrating quantitative population data with qualitative insights and service system analysis.

This methodology provides a practical framework for regional Traveller child HNA and may support other regions conducting similar work by demonstrating how diverse evidence sources can be integrated to inform locally relevant priorities.

Submission Title: Exploring the views and experiences of frailty among people experiencing homelessness in Ireland

Topic / Dept: Health and Wellbeing

Author: Thomas Cronin

Co Author: Susan M Smith

Co Author: John Travers

The Abstract:

People experiencing homelessness (PEH) have high levels of frailty, yet their perspectives on frailty, resilience and the contextual factors shaping these experiences remain underexplored.

This qualitative study involved semi-structured interviews with 25 adults aged ≥18 years with pre-frailty or frailty who were homeless and had participated in a primary care-based feasibility trial. Convenience sampling was used, inviting only those who completed in-person follow-up. Interviews were analysed thematically using Braun and Clarke's framework, and reporting was guided by the COREQ checklist.

Three main themes were identified: (1) Frailty and homelessness – how homelessness contributes to and magnifies frailty; (2) Survival – resilience built through coping strategies and informal support; and (3) Systemic neglect – structural barriers and inadequate services.

Participants described frailty as a multidimensional challenge shaped by homelessness. Mental health was central to this experience and should be prioritised in service responses. Addressing frailty in PEH requires holistic approaches that consider structural disadvantage and psychosocial context alongside physical interventions.

Submission Title With falling rates of smoking overall, are current smokers still happy to accept smoking cessation support? A study of outpatients attending a large tertiary referral hospital 2017-2023
Topic / Dept: Smoking cessation / St Vincent's University Hospital

Author: Patricia Fitzpatrick

Co Author: Louise Murphy

Co Author: Ana Mattson

Co Author: Sinead Stynes

Co Author: Mary Kerley

Co Author: Cecily Kelleher

Co Author: Ailsa Lyons

The Abstract:

Ireland has implemented considerable smoking prevention & cessation supports but a hard core of resistant smokers persist. Aim was to determine the trends in acceptance of smoking cessation (SC) support in outpatients in a large tertiary referral hospital providing a comprehensive smoking cessation service (SCS).

We explored the outpatient SC database, to determine patterns in setting a quit date (SCD), agreeing to smoking cessation (ASA) and accepting referral to SCS, 2017-2023.

1440 outpatients were seen, with annual increase from 103 to 295. However, proportions accepting any of SCD, ASA or accept SCS) fell from 75% (2017) to 58% (2022) and 65% (2023). 454 (31.5%) declined follow up, ranging from 33.1% to 48.6%, highest in COVID-19. Men were more likely to SCD (16.3% vs 11.3%; $p=0.005$), however women were more likely to ASC (11% vs 7.6%; $p<0.05$) and not decline a referral for SCS (71.7% vs 65.3%; $p<0.01$).

More outpatients were seen annually over the period, but an overall decline in proportions accepting SC support. Gender differences are complex, with men SCD but less likely to accept longer term intervention, fitting with recent population increase in male smoking.

Submission Title: Gathering the learning from a co-designed health and wellbeing profile for older adults

Topic / Dept: Health Service Improvement

Author: Muireann de Paor

Co Author: Mary Browne

Co Author: Stephen Barrett

Co Author: Julianne Harte

The Abstract:

This study reports early learning from the development of the "Ageing Well in Later Life" health and wellbeing profile (co-designed by older adults and cross-sectoral partners). Health profiling is valuable for planning services, but profiles are often produced within single disciplines, limiting relevance and use. The 'Gathering the Learning' initiative was undertaken as a rapid, formative review to capture insights to inform profile development and a later, more comprehensive evaluation.

A survey and structured workshops gathered reflections on strengths and challenges. Outputs were analysed to identify themes across project phases.

Findings showed strong early commitment and co-design as key strengths, especially engagement with older adults and service planners. Challenges included late resource mapping, data access barriers, evolving timelines and limited dataset returns. Iterative work between technical and creative teams supported refinement but required sustained engagement.

The review shows interdisciplinary co-design enhances relevance and ownership of profiling outputs. The learning offers insights to improve planning and feasibility in future public health profiling and service improvement initiatives.

Submission Title: HSE Public Health Department Dublin and North East experience of Highly Pathogenic Avian Influenza in 2025

Topic / Dept: Health Protection

Author: Thomas Cronin

Co Author: Gabriel Fitzpatrick

Co Author: Mary O Meara

Co Author: Suzanne Cotter

Co Author: Paul Mullane

The Abstract

Highly pathogenic avian influenza (HPAI) is a zoonotic infection with pandemic potential. In 2025, five outbreaks occurred in commercial poultry in Ireland, the first reported since 2022. Three of these arose in Public Health Dublin and North East. We undertook a descriptive review of all HPAI incidents managed in this region in 2025.

Risk assessment of human contacts considered exposure setting and use of personal protective equipment. Management included passive monitoring, respiratory swabbing and antiviral chemoprophylaxis where indicated.

Six incidents were managed: three involved commercial poultry and three wild birds. Ninety-one contacts were identified, of whom 87 were risk assessed. Median contacts per incident was 24 (range 16–35) for poultry and 5 (5–6) for wild bird(s). Fifteen high-risk contacts, all linked to poultry, received chemoprophylaxis; 10 underwent swabbing, with all negative.

Our HPAI response was operationally demanding despite no confirmed human cases. Rapid risk assessment, large-scale contact management and interagency coordination were key challenges. Preparedness, clear communication pathways and occupational health support are essential to mitigate HPAI risk at the animal–human interface.

Submission Title: Audit of Tuberculosis Screening in Pilot Migrant Health Clinic

Topic / Dept: Health Service Improvement

Author: Gemma Farmer

Co Author: Michael Cash

Co Author: Jennifer Cosgrave

Co Author: Una Manning

Co Author: Ashwin DelmonteSen

The Abstract:

Globally 10.8 million people fell ill with Tuberculosis (TB) in 2023, with 87% of the global total in 30 high TB burden countries (1). Guidelines recommend migrants from countries with high prevalence of TB should be assessed using TB screening questions and referred for chest X-ray (2). A newly established Migrant Health Clinic aims to address difficulties accessing healthcare experienced by Migrants Seeking Protection in Ireland.

This study was a retrospective review of data from 44 patients who attended the pilot Migrant Health Clinic from 10th Sept 2025 to 18th February 2026.

TB screening questions were documented in 75% (33) of patients. There was concern for TB requiring further investigation in 15% (5) of cases. 55% (24) of patients had a CXR completed and abnormalities were seen on CXR in 17% (4) of cases.

These results highlight the need for improved TB screening and access to chest X-ray. Only 55% of patients attended for an X-ray despite referral from the clinic. This may be due to barriers patients experience accessing healthcare. Focused TB screening pathways and increased support for patients to attend for investigations are required to improved screening and ensure early diagnosis of active TB cases.

Submission Title: Developing Ireland's first national maternity population health profile to inform the next national maternity strategy

Topic / Dept: Health Service Improvement

Author: Ellen Cosgrave

Co Author: Irene Gorman

Co Author: Davinia O'Connell

Co Author: Emma Kearney

Co Author: Julianne Harte

Co Author: Siobhan Reynolds

Co Author: Aparna Keegan

Co Author: Kilian McGrane

Co Author: Cliona Murphy

Co Author: Jennifer Martin

The Abstract:

Ireland's maternity population has changed markedly in the past decade,[1] yet data needed to assess evolving population health needs remain fragmented across multiple datasets. This project aimed to produce a national maternity profile to inform development of the next maternity strategy in 2026 and support population needs-based planning for maternity services.[2]

A structured analytic framework across seven domains was developed through evidence review and co-design with clinicians, service planners and public and patient partners. Anonymised aggregate data from four national datasets were used to assess trends of up to 10 years (2015-2024) across 56 indicators.

From 2015-2023 across all 530,763 maternities nationally the proportion aged ≥35 years rose from 34.3% to 39.8%, births to mothers born outside Ireland rose from 22.6% to 28.8%, unbooked pregnancies rose from 1.9% to 2.8% and caesarean rates rose from 31.3% to 39.7%. Across all 540,795 births preterm births increased by 14.7% and low birthweight in term infants by 16.7%.

The profile supports population based planning by providing critical insights into past trends and current needs, highlighting emerging priorities and data gaps to guide future service improvement.

Ireland's maternity population has changed markedly in the past decade,[1] yet data needed to assess evolving population health needs remain fragmented across multiple datasets. This project aimed to produce a national maternity profile to inform development of the next maternity strategy in 2026 and support population needs-based planning for maternity services.[2]

A structured analytic framework across seven domains was developed through evidence review and co-design with clinicians, service planners and public and patient partners. Anonymised aggregate data from four national datasets were used to assess trends of up to 10 years (2015-2024) across 56 indicators.

From 2015-2023 across all 530,763 maternities nationally the proportion aged ≥35 years rose from 34.3% to 39.8%, births to mothers born outside Ireland rose from 22.6% to 28.8%, unbooked pregnancies rose from 1.9% to 2.8% and caesarean rates rose from 31.3% to 39.7%. Across all 540,795 births preterm births increased by 14.7% and low birthweight in term infants by 16.7%.

The profile supports population based planning by providing critical insights into past trends and current needs, highlighting emerging priorities and data gaps to guide future service improvement.

Submission Title: A scoping review of equity stratifier definitions used in Irish health inequality reporting 2015-2025.

Topic / Dept: Health Improvement

Author: Seán Fennessy

Co Author: Nicola Murphy

Co Author: Marie Casey

Co Author: Christopher Carroll

The Abstract:

This scoping review aimed to identify definitions of equity stratifiers (ES) used in health inequality (HI) reporting in Ireland over the past decade and discuss their relevance across six dimensions of inequality. The review is part of ongoing work to define ES for the measurement and monitoring of HI as outlined in the Public Health Strategy 2025-2030(1).

The review followed the Joanna Briggs Institute framework and reported using the PRISMA-ScR protocol. Cochrane database, PubMed, PsycInfo, Lenus and Health Research Board databases were searched for articles published between 2015 and 2025. Grey literature was searched via Google Scholar and reference-trawling.

From the database search of 508 records, 35 met inclusion criteria, plus 13 grey-literature sources, thus 48 studies in total. ES use was reported by the following dimensions: disability (n=7), ethnicity (n=17), gender/sex (n=10), residence (n=8), sexual orientation (n=6), socioeconomic status (n=30). Several studies used more than one ES, and substantial heterogeneity was noted between definitions used.

A significant barrier to understanding and addressing HI remains the lack of standardised definitions of ES which could be universally employed across datasets.

1. Health Service Executive. Public Health Strategy 2025-2030 . Dublin: HSE; 2025. Available from: www.hse.ie/eng/services/list/5/publichealth/ publichealthdepts/hse-public-health-strategy-2025-2030-.html

Submission Title: Once is enough. Optimising the management of asymptomatic VTEC close contacts in Ireland; an evaluation of repeated sampling results.

Topic / Dept: Health Protection

Author: Síle A. Kelly

Co Author: Tee Keat Teoh

Co Author: Mary Ward

Co Author: Christopher Carroll

The Abstract:

The evidence for excluding asymptomatic close contacts (ACC) of VTEC until microbiological clearance (two negative stool samples) is limited. This practice can impose a significant burden on individuals and their families. This study aimed to determine the proportion of asymptomatic cases (AC) testing positive on their first stool sample compared with those first testing positive on the second sample, and to estimate associated costs of VTEC screening.

AC in the Dublin and Midlands region (2018-2023) were identified using CIDR. Demographic and lab variables were extracted and linked with National Public Health Laboratory data. An economic model estimated the cost burden.

All AC who were included in this study were detected on the first stool sample. Mean cost of processing one VTEC sample kit was €115.59. A second sample incurred an additional €102.39 per kit from the perspective of the HSE, with total societal cost of €533.89 pp for two samples.

These findings suggest that reducing screening to one sample in ACC defined risk groups is sufficient to capture cases, lessen the burden of exclusion and generate cost savings for the HSE. This new evidence can help inform a more proportionate modern approach to VTEC control.

Submission Title: Early cognitive disadvantage and school outcomes at age 9: Findings from a national prospective cohort study

Topic / Dept: Health and Wellbeing

Author: Andrea Kate Bowe

Co Author: Anthony Staines

Co Author: Mathias Urban

Co Author: Deirdre Murray

The Abstract:

Early cognitive disadvantage may impede equitable access to, and benefit from, education. We examined whether below average cognitive ability (BACA) at age 5 predicts adverse school experiences at age 9.

Data were from 7,392 children in the Growing Up in Ireland cohort. Cognitive ability was measured using the British Abilities Scales. Scores >1 standard deviation below the mean were classified as BACA. Outcomes included child-reported school experience and self-concept, and teacher-reported class engagement. Adjusted logistic regression models estimated associations.

Compared to children with typical cognitive development, those with BACA were more likely to experience socioeconomic disadvantage. At age 5, 26% of children with BACA had additional resources in school. By age 9, compared with typical cognitive development, BACA was associated with higher odds of never liking school (Adjusted odds ratio (AOR) 1.82), low learning motivation (AOR 2.29), being bullied (AOR 1.27), and low self-concept (AOR 1.20).

Early cognitive disadvantage is associated with poorer educational and psychosocial outcomes. Public health policy should prioritise early identification and intervention to mitigate downstream inequalities.

Submission Title: A National Analysis of Socioeconomic Context and Surveillance in Sudden Infant Death Syndrome, Ireland 2002–2024

Topic / Dept: Health Intelligence

Author: John Gannon

Co Author: Cliona McGarvey

Co Author: Michael McDermott

Co Author: John O'Neill

Co Author: Michael Barrett

Co Author: Emma Hogan

Co Author: Abigail Collins

Co Author: Fiona Cianci

The Abstract:

Sudden infant death syndrome (SIDS) is a leading cause of post-neonatal mortality in Ireland. Declines following safe-sleep campaigns have plateaued.[1] Limited surveillance of social and environmental context constrains prevention.

A national retrospective analysis of SIDS cases (2002–2024) was conducted (n=462) using post-mortem, National Paediatric Mortality Register and hospital records. Addresses were linked to the Pobal HP Deprivation Index and deaths in emergency accommodation (EA) were identified. Documented sleep-related risk factors were analysed by housing and deprivation.

Two-thirds of cases were in areas below the national average for deprivation, and 4.1% occurred in EA. Co-sleeping, prone sleeping and non-cot sleep environments were frequently observed. No significant association was observed between deprivation or EA and recorded sleep practices. Interpretation was limited by incomplete documentation.

SIDS in Ireland shows a clear social gradient, clustering in disadvantaged housing contexts. Findings suggest structural determinants extend beyond recorded sleep practices. Strengthened surveillance, standardised death scene investigation and child death review are recommended to support equitable prevention.

Submission Title: Testing current utility of Medical Officer of Health legislation in public health practice

Topic / Dept: Health Service Improvement

Author: Emer Liddy

Co Author: Gerardine Sayers

Co Author: Mary T O'Mahony

Co Author: Ina Kelly

Co Author: Catherine Lynch

The Abstract:

In 2025, the Department of Health (DOH) requested Public Health (PH) undertake a national Neural Tube Defect (NTD) audit, to inform national folic acid policy to reduce NTDs by 50-70%. This audit necessitated access to multiple data sources both within and external to the Health Service Executive (HSE). This offered the opportunity to test how well Medical Officer of Health (MOH) legislation facilitated timely access to data necessary for PH practice.

An official request letter for access to relevant data was drafted and sent to all identified data controllers. This letter cited key pieces of MOH legislation that provide PH with statutory obligation to access and analyse data for PH practice.

Four PH doctors spent an estimated 82 hours trying to access data for this study. While the request citing MOH legislation led to increased data controller engagement and approval to access data from two data controllers, both external to the HSE, it did not enable access to other data sources (HSE and non-HSE). Awareness of MOH legislation was low amongst those outside PH Medicine.

This study highlights data protection barriers, preventing timely statutory MOH/PH practice that needs to be addressed at national level.

Submission Title: Spreading the good word: can communications boost RSV immunisation booking rates in the Regions?

Topic / Dept: Health Protection

Author: Fiona McGuire

Co Author: Shona Gallagher

Co Author: Geraldine McDarby

Co Author: Aine McNamara

The Abstract:

Following expansion of the national respiratory syncytial virus (RSV) programme beyond maternity hospitals, uptake in community settings was initially slower than expected. This evaluation examined whether targeted communication interventions increased booking rates for RSV immunisation in infants in HSE West and North West.

Weekly booking data (2,799 appointments) and timing of interventions (press releases, GP letters, radio interviews, SMS reminders) were analysed. Changes in booking rates before and after each intervention were examined to assess impact.

Overall, 1,631 bookings were made (58.3%). Rates rose from 46.6% in week 1 to a peak of 78.3% in week 4 following SMS reminders. Counties with slower early uptake saw the largest gains (e.g. +229% in Donegal, +106% in Roscommon). Bookings declined during communication gaps.

Targeted SMS reminders were the most effective intervention for boosting RSV community clinic bookings, while layered communication sustained momentum. A future robust national media campaign could further enhance reach and awareness by including targeted SMS reminders and region-specific outreach.

Submission Title: Scabies Outbreaks in Residential Care: A Three-Year Mixed-Methods Regional Review, HSE DSE

Topic / Dept: Health Protection

Author: John Gannon

Co Author: Nandakumar Ravichandran

Co Author: Emma Brackett

Co Author: Eimear Dwan

Co Author: Kieran O'Connor

Co Author: Aibhlinn Kelly

Co Author: Claire Dunne

Co Author: Gráinne Larkin

Co Author: Sinéad O'Riordan

Co Author: Caroline Meegan

Co Author: Michelle Connolly

Co Author: Brian Keating

Co Author: Niall Conroy

The Abstract:

Scabies outbreaks pose major challenges to residential care facilities (RCFs). We reviewed regional trends and identified barriers and enablers to outbreak control using a mixed-methods approach.

Retrospective quantitative analysis included all outbreaks notified between 2023-2025 (excluding facilities <5 residents), while qualitative analysis explored challenges and experiences across RCFs. Data on outbreak duration, resident caseload and treatment regimens were analysed in SPSS; qualitative analysis using Braun & Clarke framework.

Thirty-eight outbreaks were identified (6 in 2023, 11 in 2024, 21 in 2025), with resident caseloads (43, 113, 210; mean 7–10 cases per outbreak) and mean duration (44, 90, 141 days) increasing over 2023-2025. Delayed notification was associated with higher case numbers ($r=0.407$, $p=0.019$). Qualitative analysis highlighted delayed diagnosis, limited GP and medication access, coordination challenges and IPC knowledge gaps.

Scabies outbreaks in RCFs are becoming more frequent and prolonged. Earlier notification, strengthened IPC and coordinated treatment strategies may reduce severity. Findings informed enhanced regional education resources, including a bespoke scabies management video for RCFs.

Submission Title: With falling smoking prevalence in an era of strong smoking prevention policies, how accepting of smoking cessation support are current hospital inpatients who smoke?

Topic / Dept: Smoking cessation / St Vincent's University Hospital

Author: Patricia Fitzpatrick

Co Author: Lila Neal

Co Author: Ana Mattson

Co Author: Sinead Stynes

Co Author: Mary Kerley

Co Author: Cecily Kelleher

Co Author: Ailsa Lyons

The Abstract:

Ireland has strong smoking prevention and good cessation support. The aim was to determine trends in acceptance of smoking cessation supports in hospital inpatients in a specialist cancer, tertiary referral hospital in Dublin 2017-2023.

Using the inpatient smoking cessation database we examined patterns regarding smoking, setting quit date (SCD) and accepting referral to smoking cessation service (SCS).

1321 inpatients were seen, referred by clinical teams (after inpatient agreement). The numbers referred to the SCS team fell from 257 in 2017 to 191 in 2022/182 in 2023. There was a fluctuating trend in SCD, from a peak of 64% in 2019 to 48% in 2023. The proportions agreeing to SCS fell from 51.8% in 2017 to 31.3% in 2023($p<0.001$). The proportions smoking ≥20 cigarettes per day fell from 41% in 2017 to 22.4% in 2023 ($p<0.001$). There was no difference by gender in SCD or agreeing to referral for SCS follow-up.

The period includes the COVID-19 pandemic, limiting trend analysis. However we see an overall reduction in proportions SCD and accepting SCS, while noting a reduction in those smoking ≥20 cigarettes daily. The findings suggest a need to reinvigorate smoking policies

Submission Title: A feasibility study to reduce frailty in people experiencing homelessness

Topic / Dept: Health and Wellbeing

Author: Thomas Cronin

Co Author: Susan M Smith

Co Author: John Travers

The Abstract:

People experiencing homelessness (PEH) are disproportionately affected by frailty, yet few interventions have targeted this syndrome in this population. This study assessed the feasibility and potential impact of a combined exercise and nutritional intervention for PEH living with frailty.

A single-arm feasibility trial was conducted in a GP clinic for PEH in Ireland. A two-month tailored exercise and nutritional programme was offered to pre-frail and frail individuals attending the clinic. The primary outcome was feasibility, assessed using Bowen's framework. Secondary outcomes included frailty scores (Clinical Frailty Scale [CFS] and SHARE-Frailty Index [SHARE-FI]) and weight. A process evaluation explored participant experience.

Of 124 eligible individuals, 108 (87.1%) enrolled and 75 (69.4%) completed follow-up. Among those followed up, 70 (93.3%) engaged with at least one component, and most found the intervention easy to follow. CFS and SHARE-FI scores improved among those reassessed.

This study supports the feasibility and safety of a primary care-based exercise and nutritional intervention for PEH with frailty and informs the design of a definitive trial.

Submission Title: Counting the cost of extreme weather – vaccines saved & vaccines lost

Topic / Dept: National Immunisation Office (NIO)

Author: Leah Gaughan

Co Author: Cora Kerrigan

Co Author: Achal Kumar Gupta

Co Author: Eileen Butler

Co Author: Dr. Lucy Jessop

The Abstract:

In 2025 Storm Éowyn hit Ireland, resulting in widespread loss of electricity. GPs and community pharmacies were issued advance guidance on maintenance of cold chain during power cuts. 768,000 premises were without power immediately after the storm, resulting in fridge temperatures increasing above +8˚C. This study analysed the impact of the storm on vaccine viability.

All temperature excursion queries sent to NIO Pharmacy team from sites must follow a predefined format. Queries were assessed and advice was given on what vaccines were suitable for use and what should be destroyed. A financial value was assigned for each vaccine involved.

NIO received 197 queries as a result of Storm Éowyn. Following pharmacist review, 32,150 vaccines were saved. 7,338 vaccines were lost. The value of the vaccines saved was €666,061.97 while the value of the vaccines lost was €161,340.50.

More extreme weather events are likely in the future. Vaccine service delivery to patients can be maintained by prompt and appropriate action. Pharmacist review of vaccines affected by power cuts in extreme weather results in significant cost savings and helps mitigate vaccine interruption for patients.

Submission Title: Completeness of the ethnicity field on secondary school immunisation consent forms in Dublin North West and Dublin North Central

Topic / Dept: Health Protection

Author: Christine White

Co Author: Donna Harris

Co Author: Chantal Migone

The Abstract:

Ethnicity data plays an important role in monitoring equity and identifying and improving disparities in vaccine uptake. Ethnicity is collected on school consent forms. However, it is not currently recorded in an Immunisation Information System.

A review was undertaken to examine if the ethnicity field on the Schools Immunisation consent form is completed by parents. 3665 secondary school consent forms from 44 schools in Dublin North West and Dublin North Central were reviewed for the academic year 2024/2025.

Of the 3665 forms, 123 were excluded due to being blank or verbal consent indicated. Overall, 99.3% had a completed ethnicity field. Irish was the most common representing two thirds. The remaining were Other White 10.9% (387), Black or Black Irish 4.6% (162), Asian or Asian Irish 11.5% (407), Arab 1.1% (38), Mixed 2.4% (85), Other 1.1% (39). 1% (36) selected the option prefer not to say. Due to low numbers in sub-categories e.g. Irish Traveller data is not presented here to avoid risk of disclosure.

The findings show that there is a high level of completeness of the ethnicity field by parents on school immunisation consent forms and supports the feasibility of reporting vaccine uptake by ethnicity.

Submission Title: Developing an equity focused cervical cancer prevention map for the Dublin and Midlands region: current gaps and future data requirements

Topic / Dept: Health Intelligence

Author: Fionn Donnelly

The Abstract:

Introduction
Cervical cancer is largely preventable through HPV vaccination and screening. In Ireland, inequalities in access to and uptake of these services exist across socioeconomic and geographic gradients. This study aimed to identify datasets and indicators required to develop a regional equity focused cervical cancer prevention map.

Methods
A scoping assessment of surveillance, screening, vaccination, cancer incidence and demographic datasets was undertaken. Data sources and equity stratifiers were evaluated for geographic resolution, linkage potential and relevance to prevention pathways.

Results
Datasets were generally available at county level, but small area spatial analysis was limited by data suppression, incompatible geographic units, and a lack of geocoded vaccination and screening records. These constraints limit the ability to map deprivation gradients and identify localised inequalities in prevention uptake.

Conclusions
Improved geocoding and alignment between datasets would enable integrated spatial analyses of vaccination, screening and cancer incidence. Developing an equity focused prevention map could support targeted public health interventions to improve screening participation and reduce inequalities in cervical cancer prevention.