



# **FACULTY OF PUBLIC HEALTH MEDICINE**

**ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND**

## **Faculty of Public Health Medicine, Summer Scientific Meeting Abstracts.**

**Venue:** RCPI, Frederick House, Dublin 2.

**Date:** Tuesday 20<sup>th</sup> and Wednesday 21<sup>st</sup> of May  
2025.

## **How urbanicity and neighbourhood conditions shape child mental health: evidence from a population-based longitudinal study in Ireland**

**Topic / Dept:** Health Improvement

**Author:** James O'Connell

### **Abstract:**

Childhood mental health problems can have lifelong consequences. Understanding their social and environmental influences is essential for prevention. As Ireland becomes more urbanised, neighbourhood conditions may be changing.

This study examined the longitudinal relationship between urbanicity, neighbourhood social conditions, and child mental health. Data on 6,483 children were drawn from Growing Up in Ireland, a population-based cohort study. Urbanicity at age 5 was classified as high (cities, large towns) or low (small towns, villages, countryside). Caregiver-reported neighbourhood disorder, safety, cohesion, and built environment quality were measured at age 5. Mental health at ages 5 and 9 was assessed using the Total Difficulties Score (TDS). Regression analyses controlled for age 5 TDS and socioeconomic factors.

High urbanicity was associated with higher age 9 TDS ( $\beta=0.0064$ , 95% CI 0.0016–0.0169). Neighbourhood disorder, safety, and cohesion mediated 34.1% of this relationship, while a better built environment mitigated some effects.

The findings suggest that poor neighbourhood social and environmental conditions must be addressed to prevent mental health problems as Ireland becomes more urbanised.

## **First Suspected Case of Domestically Acquired Tularaemia in Ireland**

**Topic / Dept:** Health Protection

**Author:** Dr Claire Sharkey, Public Health HSE Mid-West

**Co Author:** Dr Foong Ying Wong, Public Health HSE Mid-West

**Co Author:** Dr Kenneth Beatty, Public Health HSE Mid-West

**Co Author:** Dr Breda Cosgrove, Public Health HSE Mid-West

### **Abstract:**

First Suspected Case of Domestically Acquired Tularaemia in Ireland.

There have been no domestically acquired cases of tularaemia in Ireland since it became a notifiable disease in 2012 with one imported case reported in 2023. Here we describe the first suspected case in Ireland and discuss its implications.

In February 2025, Public Health HSE Mid-West were contacted by a tertiary paediatric team reporting a case of suspected tularaemia in a 7-year-old girl. The patient presented with recurrent lymphadenitis requiring multiple courses of antibiotics and repeated incision and drainage procedures. The patient lived on a farm but had limited contact with animals and denied any insect/animal bites or exposure to rodents/rabbits. Her only travel during the incubation period was to a UK urban area. She did have a history of swimming in a nearby lake.

The presence of *Francisella tularensis* IgG antibodies in a serum sample was confirmed by the UKHSA Rare and Imported Pathogens Laboratory who considered it diagnostic.

This case represents the first possible case of tularaemia acquired in Ireland and may change Ireland's Tularaemia-free status. Awareness of its clinical presentations and the requirement for testing is imperative.

## **Evaluation of the RSV Immunisation Pathfinder Programme in Ireland**

**Topic/Dept:** Health Service Improvement

**Author:** Michael Hanrahan<sup>1</sup>

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**Affiliations:**

1. Office of the National Director of Public Health – HSE Public Health
2. Health Protection Surveillance Centre – HSE
3. National Health Protection Office – HSE Public Health

### **Abstract:**

Respiratory syncytial virus (RSV) is a common cause of respiratory infections in infants. Nirsevimab, a long-acting monoclonal antibody against RSV, was provided to a birth cohort from 01/09/24 to 28/02/25 and a defined group of high-risk infants as part of the RSV Immunisation Pathfinder Programme.[1]

This service evaluation used a mixed-methods approach. Nirsevimab uptake was reported by participating sites. Routine RSV surveillance data were compared to previous winter seasons

for similar age cohorts. Views of parents and healthcare staff were captured using online surveys and interviews.

A total of 22,444 infants were immunised (uptake: 83%). There was a 60% reduction in ED presentations, 78% reduction in hospitalisations and 71% reduction in ICU admissions among infants born during September–February compared to the previous season. An estimated 433 hospitalisations (95% CI: 424–441) including 79 ICU admissions (95% CI: 77–82) were averted. Feedback highlighted strong parental and staff support, but noted concerns regarding communication and operational challenges, particularly adequate staffing and data management.

This successful public health initiative provides insights into the feasibility, acceptability and impact of universal infant RSV immunisation and will inform future policy.

#### **References:**

1. Department of Health. Minister for Health announces Government approval for a new Respiratory Syncytial Virus (RSV) Immunisation Pathfinder Programme. Dublin: Department of Health; 2024 Jun 18.

## **Public health implications of a case of maternal and congenital tuberculosis infection**

Topic: Health protection

Author: Sonja Moore

Co-Author: Zaza Abidin

Co-Author: Sivasankari Manickam

Co-Author: Eimear Burke

### **Abstract**

A case of congenital tuberculosis (TB) was diagnosed in a neonate born to a mother with active disseminated TB disease in pregnancy, living in a congregate setting. Due to clinical deterioration, C-section was performed at 34 weeks of gestation. Intraoperative findings indicated diffuse TB disease in the abdomen and pelvis. GeneXpert of neonatal gastric aspirate was MTB DNA positive.

A public health risk assessment and contact tracing were conducted in the household and hospital settings. To date, no secondary cases have been identified.

This case highlights gaps in TB screening and a missed opportunity to prevent maternal and neonatal complications. While guidance recommends TB screening for all new entrants to Ireland from high-incidence countries, it is not systematically implemented. Those living in congregate settings are at an increased risk of exposure to TB. Antenatal care presents a crucial opportunity for TB screening and management. Given both TB testing and preventive

treatment are safe during pregnancy (1), targeted screening should be prioritised, at minimum, for pregnant women from TB-endemic countries living in congregate settings.

## References

1. Morton, A. J., Roddy Mitchell, A., Melville, R. E., Hui, L., Tong, S. Y. C., Dunstan, S. J., & Denholm, J. T. (2024). Mycobacterium tuberculosis infection in pregnancy: A systematic review. PLOS global public health, 4(11), e0003578. <https://doi.org/10.1371/journal.pgph.0003578>

## The Artificial Reviewer: Evaluating Artificial Intelligence and Clinical Approaches to Policy Synthesis for Healthy Ageing

**Topic / Dept:** Health Intelligence

**Author:** Ciara Carroll

**Co Author:** Sarah Heywood

**Co Author:** Stephen Barrett

**Co Author:** Richard Foley

**Co Author:** Mary Browne

### **Abstract:**

A review of international and national policies was undertaken to inform the conceptual framework for a health and wellbeing profile for older adults. This study compared policy syntheses done by large language models (LLMs) (ChatGPT and Google Gemini) and a public health and geriatric medicine team.

A structured review of ten policies was conducted using a standardised data extraction form. The LLM prompts were developed by an Artificial Intelligence specialist with input from the clinical team. Comparative analysis of the key themes identified by the LLMs and the clinical team was undertaken.

Development of the LLM prompts took four hours, while expert review took 20 hours. Similar themes were identified by the LLMs and clinical reviewers, though the reviewers were better able to categorise themes and identify areas of greater public health relevance in an Irish context. ChatGPT provided more structure, while Google Gemini offered broader context.

With well-structured prompts which align with public health priorities, LLMs can improve efficiency in synthesising the large volumes of data contained in policy documents. However, careful refinement of LLM prompts is needed to ensure outputs align with public health requirements.

## **Utility of Ireland's Lobbying Register for Surveillance of the Commercial Determinants of Health**

Topic/Dept: Health Intelligence

Author: Michael Hanrahan<sup>1</sup>

Co-author: Paul Kavanagh<sup>1</sup>

Affiliation:

1. National Health Intelligence Unit – Health Service Executive

### **Abstract:**

The Regulation of Lobbying Act 2015 established a mandatory public register of lobbying activity in Ireland, offering insights into the influence of commercial interests on public health policy.[1] This register provides an opportunity to examine the intersection of commercial determinants and health outcomes.

For this discussion poster, we highlight the key features of the Irish Lobbying Register ([www.lobbying.ie](http://www.lobbying.ie)) to demonstrate its potential as a public health surveillance tool. The register is a free, publicly accessible database that provides information on "who is lobbying whom about what".

The register contains details on lobbying activities, the identity of lobbyists, topics discussed, intended results, communication methods, designated public officials (DPOs) targeted and whether the person responsible for lobbying was previously a DPO.

This resource allows anyone to identify patterns in lobbying activities, detect industry tactics and monitor potentially harmful influences on health policy. As the register expands to cover more public bodies, including the Health Service Executive, it will become an increasingly valuable tool for ensuring transparency in policymaking and combating potentially harmful influences.

#### References:

1. Regulation of Lobbying Act 2015. Irish Statute Book. 2015 Act No. 5. Available from: <https://www.irishstatutebook.ie/eli/2015/act/5/enacted/en/html> (Accessed 26/03/2025)

## **Epidemiology of Severe Acute Respiratory Infection (SARI), 2024-2025, following expansion of the programme in Ireland**

### **Authors**

Róisín Duffy, Margaret Fitzgerald, Neenu Reji, Lisa Domegan HSE - HPSC.

### **Abstract**

Severe acute respiratory infection (SARI) surveillance was established in Ireland at one sentinel hospital site in 2021 and expanded to three sites for the 2024/2025 season increasing the population coverage from 6.1% to 11.2% and now includes paediatric patients. We describe SARI cases from weeks 40 2024-10 2025 [1].

Cases were hospitalised patients presenting to Emergency Departments with an acute respiratory infection and clinical symptoms. Data on laboratory results, symptoms, underlying medical conditions (UMC), vaccination status and outcome were analysed.

In 2024/25, 1713 cases were reported, peaking in week 52. Among those with positive PCR results (n=627; 36.6%), influenza was the predominant virus (64.6%, n=405) followed by RSV (30.9%, n=194) and SARS CoV-2 (6.1%, n=38). Among SARI cases aged <15 years and ≥15 years, the median age was 2 years and 73 years, respectively; 36.7% of cases aged <15 years had a

UMC compared to 95.0% among those  $\geq 15$  years. Overall, 2.7% (n=46) of cases were admitted to ICU; 2.3% (n=39) of cases died.

SARI surveillance informs public health response and health service preparedness. We recommend strengthening and expanding SARI surveillance, to include better representation among <15-year-olds.

#### Reference

[1] Health Protection Surveillance Centre. Severe Acute Respiratory Infections (SARI) 2025 Reports [Internet]. Dublin: Health Protection Surveillance Centre; 2025 [cited 2025 Mar 26]. Available from: <https://www.hpsc.ie/a-z/respiratory/acuterespiratoryinfection/surveillance/severeacuterespiratoryinfectionssari/2025reports/>

## Emergency Admissions to Paediatric Hospital Sites in Ireland, 2020-2023

### **Topic / Dept:**

Health Intelligence

National Health Intelligence Unit, Health Service Executive (HSE).

**Author:** Cotter, O.

**Co Author:** Mc Keown, D.

**Co Author:** Sayers, G.

### **Abstract:**

There are increased demands on the acute hospital system during winter. In the adult population, this is driven by respiratory presentations.(1) This review describes the profile of winter and summer paediatric (0-15 years) emergency admissions for 2020-2023.

All emergency admissions from 1 November 2020 to 31 October 2023 were extracted from Hospital Inpatient Enquiry (HIPE) database. Winter was defined as weeks 45 to 9, and summer as weeks 18 to 35.

There was an annual average of 51007 emergency admissions for 2020-2023, with an average weekly rate during winter and summer of 996 and 917 respectively. In winter, respiratory (30.3%) and gastrointestinal (13.4%) issues were the leading causes of admission, while in summer this was injuries and poisonings (22%) and respiratory (18.6%). The average length of stay (avLOS) in winter and summer were 2.53 and 2.25 days respectively.

There were 79 additional paediatric emergency admissions each week in winter, with a longer avLOS. Respiratory diagnoses are the dominant driver of paediatric winter admissions. Winter resilience planning should optimise self-management supports for parents, expand ambulatory care and promote immunisation uptake to minimise a winter surge in admissions.

1. J. Mulroe, F. Donohue, P.M. Kavanagh, S. McCarthy, H. Johnson. A Comparison of Summer and Winter Emergency Hospitalisations in Ireland. IMJ. 2019;112(5).

## **The National Immunisation Office's (NIO) aligns to the targets of the HSE Climate Action Strategy 2023-2050**

**Topic / Dept:** Climate action/ National Immunisation Office

**Author:** Dr Alice Quinn

**Co Author:** Dr Chantal Migone

**Co Author:** Dr Eimear Hayes

**Co Author:** Dr Louise Lyons Mel

**Co Author:** Dr Tom Barratt

**Co Author:** Dr Orla Cotter

**Co Author:** Mary Dowling

**Co Author:** Saraswathi Jujjuri

**Abstract:**

A multidisciplinary green team was formed in 2024, with the aim to review the NIO's energy use, waste, water conservation and climate resilience. Four meetings were held over 8-month. Actions from first meetings were developing a baseline assessment using the HSE sustainability tool and organising an assessment in the NIO by a HSE energy consultant. A green action plan was developed based on the green team's suggestions, the HSE sustainability tool and workplace visit.

The following changes were implemented. Waste: Recycle bins introduced, reusable cups and water bottles adopted. HSE estates were consulted about energy upgrades to the building. Water: Checked for leaks and a low flow shower head was fitted.

Raising awareness: the work of the green team and HSE climate action strategy was presented at the quarterly team meeting. A Journal club on the issue of green procurement was run. As climate champions, green team members switch off heaters and monitor waste segregation. Team members completed sustainability related courses. Data usage in email and storage were flagged for each person to address with a monthly reminder planned.

Addressing the targets of the HSE Climate action strategy takes time and effort.

## **Partnership for Public Health – developing Ireland's Cervical Cancer Elimination Action Plan 2025-2030**

**Author:** Estelle McLaughlin

**Co-authors:** Caroline Mason-Mohan, Lucy Jessop, Triona McCarthy, Deirdre Murray, Grainne Gleeson, Noirin Russell, Laura Heavy, Heather Burns, Louise Lyons-Mehl, Cliona Murphy, Kilian McGrane, Sinead Woods,

**Acknowledgements:** Cervical Cancer Elimination Strategic Advisory Group, Cervical Cancer Elimination Delivery Group and Women's Health Taskforce

**Abstract**

In 2020, the World Health Organization's (WHO) global strategy called on all member states to reach the global 90-70-90 targets by 2030 to eliminate cervical cancer within 100 years. This led to establishing a partnership project to shape Ireland's response to the call to action.

In November 2024, the HSE published its [cervical cancer elimination action plan 2025-2030](#) setting the vision for 2040– to make cervical cancer rare in every community.

The action plan was a culmination of activities over the last 4 years including:

- 1) Building a strategic public health partnership
- 2) Establishing the baseline position and modelling the target date for elimination
- 3) Conducting large scale consultation and engagement
- 4) Launching the action plan on 15<sup>th</sup> November 2024

The action plan sets out 9 strategic actions and 39 sub-actions to be implemented by 2030. The overarching priority is equity. There are ambitious actions and national targets set for each of the three service pillars and four enabling priority areas: partnership, advocacy and communications; workforce and education; research; and data, monitoring and evaluation. Delivering the plan will make cervical cancer rare in every community in Ireland by 2040 or before.

## References

1. WHO Global Strategy to Eliminate Cervical Cancer as a Public Health Problem (2020). Available at: <https://iris.who.int/bitstream/handle/10665/336583/9789240014107-eng.pdf?sequence=1>
2. Ireland's Cervical Cancer Elimination Plan 2025-2030 (2024). Available at: [https://assets.hse.ie/media/documents/Irelands\\_Cervical\\_Cancer\\_Elimination\\_Action\\_Plan\\_2025-2030.pdf](https://assets.hse.ie/media/documents/Irelands_Cervical_Cancer_Elimination_Action_Plan_2025-2030.pdf)

## **'Check that Cough'; An evaluation of a targeted lung cancer awareness campaign in North Dublin**

**Topic / Dept:** Health Improvement, National Cancer Control Programme

**Author:** Dr. Síle Kelly

**Co Author:** Dr. Una Kennedy

**Co Author:** Ms. Áine Lyng

**Co Author:** Dr. Breeda Neville

**Co Author:** Dr. Triona McCarthy,

**Co Author:** Dr. Heather Burns

**Abstract:**

North Dublin (ND) has a higher incidence of lung cancer relative to other parts of Ireland.<sup>1</sup> Low awareness of signs and symptoms of lung cancer is a potential barrier to early presentation. Primary aim of this evaluation was to assess for changes in symptom awareness and behaviour intent. Secondary aim was to examine for changes to rapid access lung cancer (RALC) e-referrals.

A multi-media campaign was launched in ND. Differences between pre and post surveys were assessed using Chi-squared. Changes in RALC referrals were assessed comparing 6 weeks pre, during, and post campaign using Kruskal-Wallis test.

N=600 surveys. 80% of respondents in ND agreed that the campaign increased awareness. There were no significant changes in prompted lung cancer cough symptom awareness, and a decline in unprompted awareness. There was a non-statistical rise in RALC referrals during and post- campaign.

Lung cancer symptom-awareness is an important first step in promoting timely health-care seeking behaviour. The campaign did not translate into significant changes in recognition of 'cough' as a symptom of lung cancer, or RALC referrals. Further work is needed to increase symptom awareness and reduce barriers to early presentation.

**Reference:**

1. NCRI. *Cancer inequalities in Ireland by Deprivation 2004-2018*. Cork, [https://www.ncri.ie/sites/ncri/files/pubs/NCRI\\_CancerInequalityReport\\_01022023.pdf](https://www.ncri.ie/sites/ncri/files/pubs/NCRI_CancerInequalityReport_01022023.pdf) (2023).

## Health Service Improvement

**Spark Innovation:** Tuberculosis service improvement in Dublin Midlands Region

**Authors:** Gráinne Larkin, Mark McLoughlin, Yvonne Williams, Eimear Burke, Fionnuala Cooney, Noel McCarthy.

**Abstract**

In 2024, Public Health Dublin Midlands Region (PHDMR) received 101 Tuberculosis (TB) notifications and traced 442 contacts. A HSE Spark Innovation project is underway to improve access to TB services, facilitate reporting of activities, evaluate outcomes, and ensure equity across PHDMR.

TB contact tracing tools from public health regions nationwide were reviewed, with input from clinical team members and surveillance. New clinical sites were assessed within the Midlands to standardise TB contact tracing clinics, emulating the 'one-stop-shop' clinic run by PHDMR alongside respiratory services in St James' Hospital, Dublin.

A new TB log, case file and public health risk assessment are now in use for 2025. Additional prompts and drop-down menus were added to more accurately and efficiently collect key demographic data of TB contacts. This included accommodation type, country of origin, language and interpreter use.

This Spark service improvement project, combining a complete review of both on-site and data collection practises within PHDMR, aims for a flexible and culturally appropriate TB service that is adept at identifying vulnerable populations and ensuring appropriate clinical care is available to all service users in PHDMR.

## **Identifying principal components of a career satisfaction survey completed by health care assistants and carers in Ireland**

### **Topic / Dept:**

Healthcare service improvement / <sup>1</sup>UCD school of public health, physiotherapy, and sports science; <sup>2</sup>UCD school of nursing and health systems; <sup>3</sup>UCD school of veterinary medicine

**Author:** Parnian Jalili<sup>1</sup>

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**Co Author:** Eamonn Gormley<sup>3</sup>

**Co Author:** Mary B Codd<sup>1</sup>

### **Abstract:**

The long-term residential care (LTRC) sector in Ireland relies heavily on Healthcare Assistants (HCAs) and carers. Challenges for these workers became evident during COVID-19 which profoundly impacted LTRC centres. The study aim was to understand key factors contributing to career satisfaction among HCAs.

A cross-sectional study with ethical approval was conducted in members of '*Care Assistants Ireland*' using the 20-item Minnesota Career Satisfaction Survey (MCSS) Short-Form, representing 20 areas of job satisfaction. Principal component analysis (PCA) was used to identify key areas for this occupational group.

Based on 510 responses (92% female) MCSS showed a strong Cronbach's  $\alpha=0.95$ . Two key areas were identified: PC1 - extrinsic factors (organisational support); and PC2 - intrinsic factors (autonomy and caring responsibilities). With a mean(SD) of 3.65(1.31) PC1 indicated overall satisfaction with extrinsic factors; PC2 with mean(SD) of 2.78(0.71) indicated overall dissatisfaction with intrinsic factors.

MCSS is a reliable tool for assessing HCA work satisfaction. Findings suggest organisational improvement, autonomy and job security are key contributors to HCAs' job satisfaction.

### **Keywords**

Healthcare Assistants, Carers, Career Satisfaction, Principal Components

**Topic / Dept:** Health Service Improvement

**Author:** McGlacken, T

**Co Author:** Fitzgerald, M.

**Co Author:** Russell, N.

**Abstract:**

This narrative synthesis reviews current evidence and evolving strategies for safely exiting cervical cancer (CC) screening. Screening reduces incidence and mortality, but benefits decline with age as risk profiles change. Key exit factors include age and screening history. Though 20% of CC deaths occur in women over 65, most involve under-screened individuals. Vaccination lowers risk, but HPV unvaccinated cohorts remain vulnerable. Optimal exit age remains unclear due to limited evidence. Studies suggest HPV-negative women over 55 have low lifetime risk, with a 70% lower incidence of invasive CC. Ireland's screening ends at 65, in line with most high-income countries, though some extend beyond 70. Primary HPV screening every five years is recommended, but distinguishing benign persistent from active infections is challenging. Age-based exit is simple but overlooks risks like HPV status or immunosuppression. History-based strategies are more tailored but need strong data systems and access. A hybrid model—including a final HPV test at 65–69—shows promise but may prolong screening and colposcopy follow up for HR-HPV-positive. Exit strategies must be evidence-based and standardised. Global consensus, led by WHO or IARC, is needed

**Artificial intelligence for pandemic preparedness: bridging the gap between  
promise and practice**

**Topic / Dept:** Health Protection / Research and Guideline Development Unit, National Health Protection Office

**Co Author:** Rachel Kiersey

**Co Author:** James O'Connell

**Co Author:** Randal Parlour

**Co Author:** Keith Ian Quintyne

### **Abstract**

Artificial intelligence (AI) is widely considered revolutionary for public health systems. Aspects of AI, including disease modelling, genomic analysis, and real-time surveillance, have been identified as having potential to enhance pandemic preparedness. Yet health systems must be in a state of technical and regulatory readiness to adopt AI. This review aimed to identify the infrastructural landscape necessary for adopting AI for public health and pandemic preparedness in Ireland.

A systematic literature review was conducted across Medline, Embase, and citation lists. Of 291 papers screened, 38 were included; eligible papers comprised reviews, perspectives, and research articles published since 2019.

The literature provided little high-quality evidence situating AI as an effective tool for pandemic preparedness. However, iterative, diverse, well-managed datasets were identified as essential to train AI models effectively. Robust data governance is thus critical to enable health systems to harness AI; infrastructure gaps and regulatory deficits hinder integration.

Ireland must focus on unifying its diverse digital health landscape to implement a strategic, well-regulated approach to AI for pandemic preparedness.

## **The impact of a mental health disorder co-diagnosis with diabetes in Ireland from 2015-2023**

Topic/ Department - Health Intelligence

Author – Declan McKeown

Co-Author – Anne O’Farrell

Co-Author – Gerardine Sayers

Co-Author – Pat Dack

Co-Author – Mary Morrissey

### **Abstract:**

The impact of a mental health disorder co-diagnosis with diabetes in Ireland from 2015-2023. Diabetes mellitus (DM) and mental health disorders (MHD) are frequently observed to co-occur. This study describes how DM with one or more mental health disorders impacts on DM emergency admissions to acute hospitals from 2015-2023. All DM cases with and without MHD were extracted from Hospital Inpatient Enquiry System (HIPE). JMP was used for statistical analysis. There were 34,283 DM emergency admissions for DM, of which 803 (11.1%) also had MHD. This increased significantly from 9.8% in 2015 to 12.1% in 2023 ( $p < 0.001$ ). The most common co-occurring MHDs were psychoactive substance abuse (48.3%) and mood disorder (18.1%). After controlling for age, gender, co-morbidities and medical card status, DM patients with MHD were 1.5 times more likely to die in hospital; were 1.6 times more likely to have had an ITU stay and were twice as likely to have a longer length of stay (LOS) than those without a MHD co-diagnosis. The results shows the impact of MHD on diabetes in hospitalisations resulting in poorer outcomes. Psychological support to patients with diabetes should be prioritised to improve outcomes for this patient group.

## **Infection Prevention and Control Challenges in Health Promotion Events: Lessons from a Blood Glucose Testing Incident**

### **Topic / Dept:**

**Topic:** Health Protection

**Preferred presentation format:** Oral Presentation

### **Departments:**

- 1) Department of Public Health, HSE Dublin and Midlands, Dr Steevens' Hospital, Dublin 8
- 2) National Viral Reference Laboratory, University College Dublin

**Author:** Ralph Hurley O'Dwyer<sup>1</sup>

**Co Author:** Ethel Murphy<sup>1</sup>

**Co Author:** Gráinne Larkin<sup>1</sup>

**Co Author:** Cillian de Gascun<sup>2</sup>

**Co Author:** Desmond Hickey<sup>1</sup>

### **Abstract:**

Improper use of glucometry equipment at health promotion events run by a clinical and social care service in the Dublin and Midlands region revealed infection prevention and control (IPC) challenges. At three events in 2024, single-person lancet devices were inadvertently reused on multiple individuals, comprising service users and staff. The issue was identified post-event, requiring Public Health and virology input to assess bloodborne virus (BBV) transmission risk.

A rapid literature review found risks of Hepatitis B and C virus transmission from inadequate IPC during glucometry, with minimal risk for HIV. A risk assessment was completed using these findings and expert input. Open disclosure was undertaken, with information and BBV testing offered to all affected.

Of 220 attendees, approximately 120 had blood glucose testing. Despite very low risk, no BBV cases were found among 25 staff and 7 service users tested. Findings support mandatory IPC training for glucometry, communication on risks linked to shared use of glucometry devices, and structured incident reporting. Health promotion event guidance should include IPC considerations.

This study highlights the need for stronger IPC oversight in non-clinical settings.

## **Unveiling Non-Demographic Factors on Irish Emergency Department Activity, 2015-2024**

Topic/Dept: Health Intelligence

Author: Michael Hanrahan<sup>1</sup>

Co-author: Paul Kavanagh<sup>1</sup>

Affiliation:

1. National Health Intelligence Unit – Health Service Executive

### **Abstract:**

While population growth and ageing are known drivers of healthcare demand, understanding other non-demographic factors is crucial for effective planning and resource allocation. This study examines trends in Emergency Department (ED) activity from 2015 to 2024 to assess the impact of non-demographic factors.

We analysed ED attendance data from the Patient Experience Time system. Annual attendances were totalled and crude population rates were derived using census data and intercensus estimates. Direct age-standardised rates were calculated using the European Standard Population.[1] Annual percentage change in rates were estimated.

ED attendances increased from 1.139 million in 2015 to 1.597 million in 2024. Age-standardised rates rose from 24,308 to 29,681 per 100,000 between 2015 and 2024. The annual percentage change more than doubled from +3.2% to +6.9% when comparing 2015-2019 with 2020-2024.

The findings suggest significant non-demographic factors driving on ED attendance. Increased efforts to implement Sláintecare reform and ongoing monitoring of trends are required.

### **References:**

1. European Commission. Revision of the European Standard Population — Report of Eurostat's task force. Luxembourg: Publications Office of the European Union; 2013.

**“The itch that needed scratching”: Using a Good Practice Guidance methodology to develop a standardised approach to support effective management of scabies cases and outbreaks**

Category: Health Protection

Authors:

Jane Salmon<sup>1</sup>, Claire Gilbourne<sup>2</sup>, Emma Coughlan<sup>1</sup>, Helen Byrne<sup>1</sup>, Paul Ryan<sup>3</sup>, Fiona Lyons<sup>4</sup>, Randal Parlour<sup>2</sup>, Keith Ian Quintyne<sup>5</sup>, Derval Igoe<sup>5</sup>

1 HSE Health Protection Surveillance Centre

2 Research and Guideline Development Unit, National Health Protection Office

3 HSE Antimicrobial Resistance and Infection Control

4 HSE Sexual Health Programme

5 HSE Public Health: National Health Protection Office

**Abstract:**

In September 2023 clinicians reported an increase in scabies cases to the National Health Protection Office (NHPO). An increase in outbreak notifications was also seen. Public health regions reported issues managing outbreaks in congregate settings.

A risk assessment recommended review of current guidance, in particular for congregate settings. Inconsistencies were seen in national and international guidance and a literature review noted a weak evidence base for managing cases and outbreaks.

An ad-hoc multi-disciplinary Expert Advisory Group (EAG) was set up to agree consensus on specific clinical, environmental, infection prevention and control and contact tracing parameters using a Good Practice Guidance (GPG) methodology. Available evidence and expert opinions of the EAG were considered for each parameter and consensus was pursued and achieved using the World Health Organization definition of consensus<sup>1</sup>. Recommendations were published in February 2024 followed by algorithms for outbreak management in various settings. Translated patient information videos were also produced.

The GPG approach has successfully enabled the development of a national standardised approach to the management of scabies cases and outbreaks.

Reference:

1. World Health Organization. WHO handbook for guideline development – 2nd edition. Chapter 16. Decision-making for guideline development at WHO. 18 December 2014. Available from: [https://iris.who.int/bitstream/handle/10665/145714/9789241548960\\_chap16\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/145714/9789241548960_chap16_eng.pdf)

## Sun Protection Awareness and Behaviours in Irish Travellers

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<sup>2</sup>School of Nursing, Midwifery & Health Systems, University College Dublin

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**Co Author:** Patricia Fox<sup>2</sup>

### Abstract

Skin cancer rates in Ireland are rising. The aim of this study was to determine awareness of risk factors, recognition of skin cancer signs in Irish Travellers, and the sun protection methods used.

A face-to face survey of Travellers adapted from National Cancer Control Programme's 2022 Survey on Cancer Awareness (1), was conducted by Traveller Community Health Workers.

483 Travellers responded. UV-related cancer risk factors were identified (spontaneously/prompted added) as follows: sunbeds 70%/92%, awareness of limiting sun exposure 60%/85% and sunburn 50%/78%. Change in a mole was recognised by 55%/86%. Use of sun block (factor 30), limiting sun exposure and wearing a hat, long sleeves or sunglasses (HLSS) were sun protection methods used by 89%, 76%, and 66% respectively in summer. Sun protection was higher in females and lowest in 18–24-year-olds. Adults with children (n=169) provided sun protection to children in summer as follows: sun block (factor 50) 89%, limited sun exposure 76%, HLSS 66%.

Sunbeds and mole changes are well recognised by Travellers. The results reflect that skin protection educational work conducted with Travellers regarding is having an impact but needs to be continued.

(1) National Cancer Control Programme. National Survey on Cancer Awareness and Attitudes Report 2022. Available at : <https://www.hse.ie/eng/services/list/5/cancer/prevention/nccp-national-survey-on-cancer-awareness-and-attitudes-report.pdf>

## **Launch of a Health Protection Education Programme in Department of Public Health HSE Dublin & Southeast: Results from Staff Survey**

**Authors:** J. Gannon, A. Spratt, N. Conroy

### **Abstract:**

A health protection education programme was established in regional department DSE in October 2024 by one CPHM and one SpR, to enhance staff knowledge and skills through fortnightly educational sessions in hybrid format.

All staff were invited to attend and encouraged to present. Sessions would either be Evidence Updates (on recent research or guidance with potential to influence clinical practice), Hot Topics (areas relevant to presenter expertise) or Scenarios (table-top exercises or simulations). A pre-post survey evaluated feedback and impact.

Mean number of attendees was 28.6 (23 – 33). There were 8 responses to the pre-survey, and 10 to the post-survey (after 9 sessions). Likert scale (1–5) showed improvements in perceived amount of teaching (from 1.5 to 3.9), teaching quality (2.6 to 4.3), emergency preparedness (3.2 to 3.7) and tendency to review recent evidence in decision-making (2.8 to 4.5). Other feedback included benefits of highlighting work done by colleagues, identifying process gaps, and different branches of staff working and learning together.

This education programme was well-received by staff and demonstrated subjective enhanced knowledge and practice of health protection within the department.

## Health Assets and Needs Assessment (HANA) in Tallaght 2024

**Topic:** Health Service Improvement

**Author:** Catherine Darker

**Co-Author:** Kaye Stapleton

**Co-Author:** David Loughery

**Co-Author:** Noel McCarthy

### **Abstract**

The 2024 Health Assets and Needs Assessment (HANA) aimed to update findings from previous assessments conducted in 2001 and 2014, identifying health needs and mapping health and wellbeing assets in Tallaght. The study sought to provide an evidence base for targeted health interventions and service improvements. A cross-sectional household survey was conducted across 13 Electoral Divisions in Tallaght using a cluster sampling method. A total of 420 households were randomly invited to participate, with 274 completing the survey (response rate: 65.2%). Data collection involved structured in-person interviews, and asset mapping was conducted using geographic information system (GIS) technology. Statistical analysis included descriptive and comparative methods to identify changes over time and current health service gaps. Demographic shifts were identified, including a tripling of the population aged 65+ years since 2001. Health service utilisation was high, with 47% attending Tallaght University Hospital in the past year and 64.8% consulting a general practitioner for chronic illness management. However, unmet healthcare needs and long waiting lists were reported. Physical activity levels improved, smoking rates declined (32.2% of households had at least one smoker), and financial stress increased (19.6% reported worrying about debt constantly). Community

engagement with social prescribing and chronic disease management was low. Findings highlight the need for improved access to healthcare, expanded chronic disease management, enhanced mental health supports, and increased community engagement. The data underscore the importance of localised, integrated health services aligned with Sláintecare objectives to promote health equity and wellbeing in Tallaght.

## Prevalence of problematic opioid use in Ireland, 2020–2022

Topic/Dept: Health Intelligence

Author: Michael Hanrahan<sup>1</sup>

Co-Authors:

- Seán R Millar<sup>1,2</sup>
- Deirdre Mongan<sup>2</sup>
- Brian Galvin<sup>2</sup>

Affiliations:

<sup>1</sup> School of Public Health, University College Cork, Cork, Ireland

<sup>2</sup> Health Research Board, Dublin, Ireland

### Abstract:

Problematic opioid use (POU) is a significant public health concern. Monitoring the prevalence of POU is crucial in order to assess the scale of the problem, identify trends and inform interventions. The aim of this study was to estimate the prevalence of POU in Ireland from 2020–2022.

This study used a four-source capture-recapture methodology. Data sources included the Central Treatment List (clinics, GPs and prisons) and the Probation Service. Analysis was performed for 20 subunit areas by age group and sex.

In 2022, there were an estimated 19,460 POUs (95% CI: 19,348–23,158) aged between 15–64 years in Ireland (5.79 per 1,000 population). The majority were male (67.9%) and aged 35–64 years (75.3%). County Dublin had a significantly higher prevalence (11.17 per 1,000) compared to the rest of Ireland (3.53 per 1,000). A statistically significant decrease in users aged 15–24 years was observed from 2020 to 2022.

The overall number of POUs since 2015 is relatively stable but there has been a notable decrease among younger age groups.[1] This research provides valuable insights for targeted interventions and service planning, highlighting the need for continued monitoring and evaluation of opioid use trends in Ireland.

#### References:

1. Hanrahan MT, Millar SR, Phillips KP, Reed TE, Mongan D, Perry IJ. Problematic opioid use in Ireland, 2015–2019. Dublin: Health Research Board, 2022.

## Bringing Public Health to the Community: Library-Based Talks for Engagement and Empowerment

### Topic / Dept:

**Topic:** Health Improvement

### **Departments:**

- 1) Department of Public Health, HSE Dublin and Midlands, Dr Steevens' Hospital, Dublin 8
- 2) Dublin City Libraries

**Author:** Ralph Hurley O'Dwyer<sup>1</sup>

**Co Author:** Grainne O'Kane<sup>1</sup>

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**Co Author:** Ciara Ward<sup>2</sup>

**Co Author:** Una Fallon<sup>1</sup>

**Abstract:**

Community engagement is vital to health promotion, yet access to reliable health information remains a challenge. This project, developed with Dublin City Libraries, aimed to enhance public engagement through ten talks in Ballyfermot, Walkinstown, Dolphin's Barn, and Rathmines Libraries. Topics, tailored to local demographics and interests, covered child health, women's health, breastfeeding, vaccines, health literacy, the Irish health system, childhood autism, and pandemics. Talks were delivered by public health specialist registrars and a specialist nurse.

Guided by the Ottawa Charter for Health Promotion and the Social Ecological Model, the initiative aimed to foster trust in public health, develop personal skills, and use social structures to enhance health literacy and empower individuals. Talks were interactive, encouraging discussion.

Evaluation is underway to assess participant feedback and the scalability of the project.

This innovative model bridges public health and community engagement, showing the potential of libraries as public learning spaces. The initiative responds to demand for in-person health education and offers a replicable model for other regions.

## **Alignment of the ASPHER Core Curriculum for Public Health with the WHO Global Competency & Outcomes Framework: A Case Study using Emergency Preparedness & Disaster Management**

**Topic / Dept:** School of Public Health, Physiotherapy & Sport Science, University College Dublin

**Author:** Conor O'Rourke

**Co Author:** Karl F. Conyard

**Co Author:** John Middleton

**Co Author:** Mary Codd

**Abstract:**

The 2024 ASPHER Core Curriculum for Public Health (CCP), incorporating 35 Subject Areas in 4 domains, is a comprehensive guide for Public Health (PH) education (1). The 2024 WHO

Global Competency and Outcomes Framework (GCOF) addresses education and training of PH Practitioners for 12 Essential PH Functions (EPHFs) (2). This case study examines the alignment of the CCP and the GCOF in relation to education and training for Emergency Preparedness and Disaster Management (EPDM).

CCP Subject Areas are organised into Themes and Curricular Elements (CEs) with 42 CEs in EPDM. EPHFs of the WHO GCOF are organised into 5 subfunctions supported by Practice Activities (PAs). The alignment of CCP CEs and PAs of GCOF EPHF2 (Effective PH Emergency Preparedness and Response) and selected PAs of EPHFs 5,6,9,10,11 was assessed.

There is strong alignment of curriculum and competencies between the CEs of CCP EPDM and PAs of GCOF EPHF2 and with selected PAs of EPHFs 6,9,10. Two important PAs in EPHFs 5,11 are moderately aligned, with two very important PAs of EPHFs 5,6 weakly aligned.

Two recent comprehensive guides to PH curricula developed from different perspectives show remarkable alignment, with attention warranted on specific areas.

**Submission Title:** Comparing winter and summer emergency admissions in Irish hospitals, 2020-2023.

**Topic:** Health Intelligence

**Author:** Declan McKeown

**Co-Author:** Gerardine Sayers

**Co-Author:** Anne O'Farrell

**Co-Author:** Doireann Waldron O'Loughlin

**Co-Author:** Carney Kerr

**Co-Author:** Naomi Petty-Saphon

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**Co-Author:** Peter Barrett

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**Co-Author:** Judy Cronin

**Co-Author:** Hugh Duane

**Co-Author:** Marie Casey

**Co-Author:** Mark O'Loughlin

**Co-Author:** Mai Mannix

**Co-Author:** Aine McNamara

**Co-Author:** Paul Kavanagh

**Abstract:**

In collaboration between national and regional Health Intelligence, we examined winter emergency admissions in Irish hospitals. This repeats an earlier study to examine any trend changes since COVID-19.

All emergency admissions to acute Irish hospitals from November 2020 to October 2023 were extracted from Hospital In Patient Enquiry (HIPE). Health Atlas' HIPE Analyser was used to cross-tabulate data.

Average Weekly emergency admissions reduced during winter, except for respiratory causes. However, the increase in respiratory admissions and increased length of stay during winter resulted in 2570 extra bed days used per week in winter vs. summer. Infective respiratory conditions comprised the majority of the respiratory emergencies. Time trends showed a gradual return to pre-COVID winter peaks with Week 49 as the approximate onset of respiratory demand.

The results provide a timeline for planners to prepare for winter surges, and coordination of management of community respiratory infection, particularly in the congregated setting, may help to reduce the impact on the population and on hospitals of winter respiratory admissions.

**References:**

1. Mulroe J, Donohue F, Kavanagh PM, McCarthy S and H. Johnson H. A Comparison of Summer and Winter Emergency Hospitalisations in Ireland. IMJ 2019; 112(5).

## **Review on the evolution of WHO recommendations and evidence base for oseltamivir (Tamiflu) for treatment and prevention of Influenza**

**Topic / Dept:** Health Protection / Research and Guideline Development Unit (RGDU)

**Author:** Dr Michelle Williams, Senior Researcher and Project Manager (RGDU), HSE: Public Health, National Health Protection Office, Dublin

**Co Author:** Dr Randal Parlour, RGDU Coordinator, HSE: Public Health, National Health Protection Office, Dublin

**Co Author:** Dr Keith Ian Quintyne RGDU Lead, and Consultant in Public Health Medicine sí Health Protection, HSE: Public Health, National Health Protection Office, Dublin

**Abstract:**

Prompted by recent changes to World Health Organization (WHO) guidelines<sup>1</sup>, the Research and Guideline Development Unit (RGDU) undertook a focused retrospective review examining the evolving role of oseltamivir in treating and preventing influenza disease.

An evidence synthesis of key outcomes from 38 randomised controlled trials (RCTs) was performed, and guideline recommendations from the period 1999-2024 were analysed, drawing on grey literature published by the WHO.

The findings from this review demonstrated that WHO recommendations around oseltamivir during this period evolved in tandem with the evidence base, and were influenced by key events such as the 2009 H1N1 pandemic. There was limited evidence identified for the effectiveness of oseltamivir in preventing and treating serious influenza outcomes. Notably, there were significant biases identified across many of the early RCTs reviewed.

The findings of this review suggest a shift in the role of oseltamivir in recent years, as WHO priorities move towards preventative strategies such as vaccination, and improved diagnosis. The role of oseltamivir may continue to evolve as further RCTs are undertaken, and as newer antivirals become available.

## **‘AI-Powered Systematic Review Screening: A 2024 Meta-Analysis and Open-Source Prototype’**

**Authors: Gareth Morgan, Carla Perrotta (UCD, School of Public Health)**

### **Abstract:**

Systematic reviews are essential for evidence-based policymaking and clinical guidelines, yet they are notably resource-intensive, often requiring 6-18 months and significant financial and human resources. Screening papers for inclusion constitutes a substantial proportion of this effort, typically involving extensive human labour with low yield, as fewer than 3% of screened studies meet inclusion criteria.

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<sup>1</sup> World Health Organization (WHO), Clinical practice guidelines for influenza, updated September 2024. Available online here: <https://www.who.int/publications/i/item/9789240097759>

Artificial Intelligence (AI) has long promised to alleviate these burdens through automation of the screening process; however, earlier tools outside licensed paid software frequently failed to deliver the anticipated efficiency or accuracy. Recently, the advent of advanced Large Language Models (LLMs), such as GPT-4, has rekindled interest in AI's potential, evidenced by approximately 30 publications in 2024 alone, providing robust empirical assessments of AI-driven screening accuracy.

This paper presents a rapid, targeted systematic review and meta-analysis of the most robust studies conducted in 2024, critically assessing their accuracy for screening and study selection through a QUADAS-2 risk of bias evaluation. The pooled Meta-analysis of five studies testing LLM prototypes resulted in a sensitivity of 92% and specificity of 93%.

It identifies best practices and highlights areas requiring further innovation. Additionally, this research introduces an open-source, easily accessible, no-code web-based AI screening prototype designed explicitly for flexibility, enabling researchers and policy makers to tailor human-AI collaboration levels according to their specific accuracy and efficiency preferences with a preliminary accuracy of 90%.

## **What's in a database – findings from a study of Emergency Department (ED) admissions across two acute hospital sites and the case for standardisation**

### **Topic / Dept:**

Health Service Improvement Dept. of Public Health, HSE-South

### **Author:**

Heather Hegarty

### **Co Author:**

Niamh Bambury

**Abstract:**

In the context of Urgent and Emergency Care, there is increased focus on time experienced in EDs. Maintaining patient flow is essential for excellence in quality of care. This study explores attendances to inform planning efficiencies, experiences and outcomes but database variance makes analysis challenging.

All ED attendances in two acute hospital sites are included. Data between 2022 and 2023 was extracted from iPIMS (Integrated Patient Management System) and a descriptive frequency analysis of more than 120,000 records conducted using Excel.

Results show inconsistencies in how the data is interpreted between the two sites and even within a single site. Discharge Method and Discharge Destination are not differentiated in many instances, 999 calls account for only 5 records in one site versus 5000 in the other, and 97.5% are assigned one Presenting Complaint where there is provision for six.

It is currently not possible to benchmark across the region. Recommendations include the need for a data dictionary to ensure data is being used and interpreted in the same way. The value of interrogating data being routinely collected is demonstrated and disprove the perception that iPIMS is standardised and uniformly maintained.

**A hub-and-spoke approach to deliver national and regional data solutions**

Topic: Health Intelligence

**Author:** Declan McKeown

**Co-Author:** Gerardine Sayers

**Co-Author:** Anne O'Farrell

**Co-Author:** Doireann Waldron O'Loughlin

**Co-Author:** Carney Kerr

**Co-Author:** Naomi Petty-Saphon

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**Co-Author:** Judy Cronin

**Co-Author:** Hugh Duane

**Co-Author:** Marie Casey

**Co-Author:** Mark O'Loughlin

**Co-Author:** Mai Mannix

**Co-Author:** Aine McNamara

**Co-Author:** Paul Kavanagh

### **Abstract**

National and Regional Health Intelligence joined to furnish regional and national data on winter emergency admissions to Irish hospitals from November 2020 to October 2023. This is one of the first hub-and-spoke partnerships under the new Public Health structure.

System training, project management support and data retrieval/reporting templates were provided by National Health Intelligence Unit (NHIU). Regional Health Intelligence gathered, analysed and interpreted data for each area for reporting to the Regional Executive Officer (REO). NHIU facilitated a lessons learned session after the project.

Value was added by providing a local narrative and context, proposing a range of practical recommendations to reduce winter hospital burden. Regional colleagues developed greater familiarity with the Hospital In Patient Enquiry (HIPE) dataset via the HIPE Analyser.

The importance of regular communication and early co-design were reinforced as part of this process. The structure provided by a project management input kept the project within scope

and within timeframe. The importance of local knowledge adds significant value to the provision of data.

**References:**

Mulroe J, Donohue F, Kavanagh PM, McCarthy S and H. Johnson H. A Comparison of Summer and Winter Emergency Hospitalisations in Ireland. IMJ 2019; 112(5).

**Integrating Diversity and Health Determinants in Public Health Education: A  
European Approach**

**Topic / Dept:** Health and Wellbeing

**Author:** Karl F Conyard

**Co Author:** Uma Divya Kudupudi

**Co Author:** Lisa Wandschneider

**Co Author:** Conor O' Rourke

**Co Author:** Mary B Codd

**Abstract:**

The ASPHER Core Curriculum Programme aims to unify and enhance public health education across Europe. Health determinants and their multifactorial influences shape population health for better or worse. Public health education, viewed through diversity and intersectionality, fosters a more holistic approach to training practitioners. Addressing the complex interplay of social, economic, and environmental factors ensures equitable and inclusive health strategies.

ASPHER member schools were surveyed on curricula covering health determinants, diversity, and intersectionality. Twelve institutions contributed, and their curricula were analysed and mapped into themes. A modified Delphi process assessed inclusion and educational delivery levels.

Seven core themes emerged for health determinants and twelve for diversity and intersectionality with multiple separate elements in each team. Strong consensus supported integrating this content across public health education.

Amid global shifts in diversity, equality, and misinformation, a well-educated workforce is essential to uphold equitable public health practices for all populations.

## **Improving skills in evidence-based practice through TREAT Journal Club: a quality improvement project**

**Topic / Dept:** Health intelligence

**Author:** Helen Cooper

**Co Author:** Cian Dowling-Cullen

### **Abstract:**

Journal clubs traditionally involve a single presenter critically appraising a journal article. The 'Tailoring Research Evidence And Theory' (TREAT) process, in contrast, involves a structured approach where all members participate in real-time, collaborative critical appraisal, focussing on relevance to local practice. This quality improvement project assessed the impact of the TREAT format journal club on skills and attitudes towards Evidence-Based Practice (EBP) in a regional department of public health.

Departmental journal club was changed to the TREAT format. The Evidence Based Practice Questionnaire was distributed electronically at baseline and 6 months. Qualitative feedback was also collected.

There were improvements in self-reported EBP skills and in frequency of use, though many staff do not report high confidence in EBP skills at baseline. Staff preferred the TREAT format to standard format across a range of criteria including developing critical appraisal skills and enabling group discussion/ engagement.

In conclusion, the TREAT journal club improved EBP skills and use over 6 months and was well-received by the department. Further training will also be offered to strengthen skills and confidence in EBP.

## **ADOLESCENCE IN THE DIGITAL AGE: THE INFLUENCES OF SMARTPHONE AND SOCIAL MEDIA USE ON A COHORT OF IRISH TEENAGERS**

**Authors : Dr Fionn Donnelly, Dr Naomi Petty-Saphon**

### **Abstract**

This study investigated the relationship between smartphone use and mental health outcomes in Irish adolescents, addressing a gap in understanding the impact of online activities such as cyberbullying and sexting. Given concerns about the impact of this technology on young people, this research aimed to identify which specific online behaviours, if any, were most detrimental to mental health.

Cross-sectional data on 4,544 secondary school students from the Planet Youth Partner 2023 survey were analysed. Multivariable logistic regression models assessed associations between social media use, specific online activities and mental health outcomes.

Significant associations were found between higher social media use ( $\geq 4$  hours daily) (aOR=1.58) and worse mental health. Cyberbullying strongly predicted poor mental health (aOR=2.40), and types of sexting were also significantly associated (aOR=1.71). Females were more likely to experience negative online behaviours and poorer mental health.

These findings underscore the need for targeted public health interventions in Ireland, including evidence-based guidelines for parents and teachers, and a national campaign to mitigate risks associated with adolescent smartphone and social media use.

## **STOP-CVD: Evaluating NT-proBNP -based CVD screening in the HSE Chronic Disease Management Programme – a health service evaluation within EU4Health JACARDI**

Topic: Health service improvement

|                          |         |           |
|--------------------------|---------|-----------|
| Author:                  | Sonja   | Moore     |
| Co-Author:               | Joe     | Gallagher |
| Co-Author:               | Kenneth | McDonald  |
| Co-Author: Katie Ellwood |         |           |

### **Abstract**

Early detection of cardiovascular disease (CVD) risk is crucial for prevention. NT-proBNP offers superior prognostic value in detecting subclinical heart failure and CVD risk compared to traditional risk scores and is now recommended in several international guidelines. As part of EU Joint Action for CVD and diabetes (JACARDI), the HSE STOP-CVD study is evaluating NT-proBNP-based screening within the Chronic Disease Management (CDM) programme. Here we describe the aims and methodology of this programme of work, co-funded by EU4Health (2023–2027).

STOP-CVD follows a multi-phase approach. A scoping literature review on natriuretic peptides in risk stratification is underway. A cost-effectiveness analysis will assess NT-proBNP screening over a 30-year horizon. The study will incorporate direct medical costs, QALYs, and transition probabilities from CDM data. A strategic toolkit will then be developed for JACARDI partners to support international implementation.

By generating robust evidence for NT-proBNP screening, STOP-CVD will inform national and EU-level health policy decisions, fostering collaboration for earlier detection and more cost-effective CVD prevention strategies across Europe and beyond.

**Ní Neart Go Cur Le Chéile – There's No Strength Without Unity.  
Review of Public Health (PH) Dublin North East (DNE) Actions in the First  
Imported Case of MPOX Clade 1A.**

**Topic:** Health Protection

**Author:** Elizabeth O'Donoghue

Co-Author: Suzanne Cotter

Co-Author: Paul Mullane

Co-Author: Mary O'Meara

Co-Author: Gabriel Fitzpatrick

Co-Author: Colette Reilly

Co-Author Sarah McNally

**Abstract**

Review of PH DNE actions in the first imported case of MPOX Clade 1A in an unvaccinated 39 year old Congolese male who presented to an emergency department (ED) in Hospital A & notified to PH DNE in February 2025 following return flight from Democratic Republic of Congo.

Case confirmed via PCR analysis of skin swabs positive for MPOX Clade 1A. PH DNE worked with secondary care in contact tracing of taxi driver & the ED patients deemed at medium risk. All offered vaccination & active surveillance for 21 days from exposure. Active surveillance initially involved daily calls to contacts to monitor any potential symptoms & then we moved to standard daily texts to rationalise workload.

There were 37 contacts in total identified from taxi & ED exposure in DNE with vaccination & active surveillance offered to all. Vaccination accepted by one contact in DNE & 34 contacts consented to active surveillance. No secondary cases by end of the monitoring period.

This case highlights the importance of increasing awareness of MPOX vaccination for those travelling to endemic areas. The use of a standard texts proved equally effective for identifying potential contact concerns & may be used for other infectious diseases requiring active surveillance.

## **Unveiling disparities – overrepresentation of Roma among measles cases in regional Irish data**

### **Department**

HSE Dublin and Midlands Department of Public Health, Dr Steevens'

### **Author**

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### **Abstract**

The Roma community faces exclusion and poor health outcomes.(1) The incidence of vaccine-preventable illnesses like measles has been shown elsewhere to be higher among Roma compared to non-Roma populations.(2) We investigated the incidence of measles among Roma in our health region.

To do this, we obtained measles surveillance data for our region from September 2023 to September 2024, including case age, ethnicity status and sex. We used odds ratios to see if the association between Roma ethnicity and risk of measles was significant.

The 2022 Census reported 1,077,639 residents in our region, of whom 4,196 are Roma (0.4%). There were 36 cases of measles from September 2023 to September 2024. Eleven cases occurred in Roma individuals and 25 in persons of other ethnicities. Using Fisher's exact test, the odds of having measles were 112.5 times higher in the Roma population than non-Roma, which was statistically significant (CI 50.1–239.6,  $p < 2.2 \times 10^{-16}$ ). The median age of Roma cases was 16 years, versus 9 in non-Roma cases.

This community has a disproportionate burden of measles. Efforts to address this disparity will need to target underlying factors such as low vaccination rates and barriers to accessing healthcare.

**References:**

1. Pavee Point. Roma in Ireland: A National Needs Assessment [Internet]. 2024 [cited 2025 Mar 26]
2. Council of Europe. Council of Europe Strategic Action Plan for Roma and Traveller Inclusion (2020-2025) [Internet]. 2019 [cited 2025 Mar 26].

## **The BOTP-IPA Catch-Up Vaccination Programme: Enhancing Immunisation Coverage in Ireland**

**Topic/Dept:** Health Protection

**Author:** Michael Hanrahan<sup>1</sup>

**Co-Authors:**

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- Orla Weldon<sup>3</sup>
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3. National Vaccination Programmes – HSE Access & Integration
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5. HSE National Social Inclusion Office

**Abstract:**

Ireland has experienced significant immigration since 2022, particularly from Beneficiaries of Temporary Protection (BOTPs) and International Protection Applicants (IPAs). The BOTP-IPA Catch-Up Vaccination Programme was implemented to address immunisation gaps among these groups. This review evaluates the programme's design, implementation and outcomes.

This was a mixed-methods evaluation. Data on vaccination delivery were collected between 01/01/23 and 31/12/24. Online surveys with key stakeholders were conducted to explore barriers and facilitators to vaccine delivery.

The programme conducted 3,037 preparatory visits and 2,195 clinics, with 5,478 BOTP and 8,840 IPA vaccination episodes recorded. Uptake rates were 55% for BOTPs and 80% for IPAs. Stakeholders identified preparatory visits and peer supporters as particularly effective in encouraging vaccine uptake. Vaccinators would welcome more training on complex scenarios, consistent staffing levels and safer vaccination spaces.

This programme demonstrates an innovative approach to addressing immunisation gaps in displaced populations. Its flexible operational model and emphasis on community engagement offer valuable insights for similar challenges elsewhere.

## **Verotoxigenic Ecoli (VTEC) O26 Outbreak in a Childcare Facility**

**Topic/Dept:** Health Protection

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**Co-Author:** Conor Hayden, Environmental Health Officer

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**Co-Author:** Dr Anne Carroll, Chief Medical Scientist, Public Health Laboratory

**Co-Author:** Dr Niall O Mara, Medical Microbiologist, Public Health Laboratory

**Co-Author:** Dr Tee Keat Teoh, Medical Microbiologist, Public Health Laboratory

**Co-Author:** Dr Niall Conroy, HSE Department of Public Health Dublin South East

**Co-Author:** Dr Ruth McDermott, HSE Department of Public Health Dublin South East

**Abstract:**

This case report details a VTEC outbreak resulting in the hospitalisation of 2 children with haemolytic uraemic syndrome (HUS) in an urban childcare facility where a childminder operates from their home. 10 children attend the facility and 7 household members live onsite.

The facility was closed to prevent ongoing transmission. A site visit was conducted by the Department of Public Health (DPH) and Environmental Health Officers. Stool samples were requested on all children and household members. Children required 2 negative samples to return to childcare.

There were 11 cases associated with this outbreak. The attack rate among children attending facility was 70%. There was no transmission to other childcare facilities. No source for the outbreak was identified. The epidemiological profile and infection prevention and control issues identified supported person to person spread within the facility. The facility was not registered with Tusla.

The DPH was notified of the outbreak 11 days after the index case was diagnosed with HUS. This outbreak highlights the importance of notifying clinical cases of HUS, adherence to the regulation which govern childminders operating from their home and the risk of outbreaks in these settings.

## **Higher Specialist Training in Public Health Medicine - An Outcomes Based Education Curriculum Evaluation**

### **Authors:**

Niamh Bambury<sup>1,2</sup>, Nicola Murphy<sup>3</sup>, Maurice Kinsella<sup>2</sup>, Aoife O'Connell<sup>4</sup>, Rebecca Marshall<sup>1</sup>, Lucinda Ryan<sup>5</sup>, Mary Ward-Barrett<sup>2,6</sup>, Anne Sheahan<sup>1,2</sup>.

### **Affiliations**

1. Department of Public Health, HSE Southwest.
2. Royal College of Physicians Ireland.
3. National Screening Service.
4. Child Health Public Health.
5. Department of Public Health, HSE Dublin and Southeast.
6. Department of Public Health, HSE Dublin and Midlands.

### **Introduction:**

Outcomes Based Education (OBE) is an educational approach focusing on clearly defined learning outcomes. First introduced to the Higher Specialist Training in Public Health Medicine in 2021, this is the first evaluation to encompass four years of trainee and trainer experience.

### **Methods:**

A literature review guided an evidence based evaluation survey framework, which was circulated to all trainers and trainees who have used the OBE Public Health Curriculum since 2021.

### **Results:**

Trainees found learning outcomes clear and useful for goal-setting, but admitted low clarity on progression evidence. Support sessions were valued, though time constraints were a concern. Trainees highlighted administrative burden and usability issues with the E-Portfolio. Trainers showed full awareness and good understanding of the OBE curriculum, rated themselves highly on availability and teamwork, but noted moderate clarity in applying the curriculum.

### **Discussion**

The evaluation highlights improved curriculum engagement but ongoing challenges with E-portfolio usability, unclear progression criteria, and inconsistent assessment practices. Both trainees and trainers call for clearer guidance, better feedback systems, and streamlined digital tools to support effective implementation.

### **References:**

1. Spady, W. G. (1994). *Outcome-Based Education: Critical Issues and Answers*. American Association of School Administrators.

## **An analysis of factors associated with attendance at University Hospital Limerick Emergency Department and socioeconomic position**

**Topic / Dept:** Health Intelligence

**Author:** Dr Emma Kearney

**Co Author:** Ms Leah Evans

**Co Author:** Dr Dervla Kelly

**Co Author:** Dr Anne Dee

### **Abstract:**

Lower socioeconomic position (SEP) is associated with poorer health and higher emergency department (ED) attendances globally.<sup>1,2</sup> This is the first known Irish study to examine the

relationship between SEP and ED attendance at Census 2022 Small Area (SA) level and distance using geocoding. Statistical analysis was conducted using 'R'. Of 9449 randomly chosen University Hospital Limerick (UHL) ED attendees, adults from 'very disadvantaged' SAs were 2.64 (95% CI 2.06-3.39,  $P < 0.001$ ) times more likely to attend than those from 'affluent' SAs. Children from 'extremely disadvantaged' SAs were 1.81 (1.28-2.58,  $p < 0.001$ ) more likely to attend. Self-referral and ambulance transfer were more common among patients from disadvantaged SAs. Increased distance was associated with lower ED attendance (IRR 0.97, 95% CI 0.97–0.98,  $p < 0.001$ ), but when adjusting for distance, those from deprived SAs still had significantly higher attendance rates. This study provides robust evidence of the link between higher ED attendance rates at UHL among adults and children and low SEP, with a clear social gradient observed. It highlights the need to consider SEP in healthcare policy and planning, and will inform the establishment of a Mid West Health Equity region.

### **References:**

1. Marmot M, Allen J, Boyce T, Goldblatt P, Morrisson J. Marmot Review 10 Years On. Institute of Health Equity. London. 2020. <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>
2. Morley C, Unwin M, Peterson GM, Stankovich J, Kinsman L. Emergency department crowding: A systematic review of causes, consequences and solutions. PLoS One 2018;13(8). <https://pmc.ncbi.nlm.nih.gov/articles/PMC6117060/>

## **Rapid Diagnostic Testing for Blood Borne Viruses in International Protection Applicants**

**Topic / Dept:** Health Protection

**Author:** Dr Sarah Murray and Dr Claire Dunne – joint first authorship

**Co Author:** Dr Douglas Hamilton

**Co Author:** Dr Ksenia Davenport

### **The Abstract:**

We piloted rapid diagnostic testing (RDT) for blood borne virus (BBV) screening in International Protection Applicants (IPAs).

The pilot consisted of two phases. In Phase 1 finger prick RDTs screened for HIV, Hepatitis B and C (HBV, HCV). Due to excessive complexity reported in undertaking 3 finger prick tests consecutively, Phase 2 changed to salivary RDTs screening for HIV and HCV, a finger prick RDT remained for HBV. All were also tested via phlebotomy. Feedback was collected from service users and providers.

Oral HIV RDTs were reactive in 4/106, 6/106 tested positive on phlebotomy. The divergent results were in persons on anti-retroviral treatment, for whom this RDT is not WHO pre-qualified. HBV RDTs were reactive in 5/227, 6/227 tested positive via phlebotomy, with the false non-reactive in a person with undetectable viral load. Oral HCV RDT was reactive in 1/106, 0/106 tested positive via phlebotomy. 94% of service users rated their experience as excellent in Phase 2. Service providers stated testing in Phase 2 was quick, straightforward and less invasive.

RDTs can provide a convenient, accurate and acceptable means of BBV screening in IPAs.

## **An evaluation of acute respiratory illness outbreaks in residential care facilities in the HSE Dublin and Southeast Region in January 2025**

Authors: J. Gannon, J. Woods, M. Connolly, L. Fennell, A. O'Connell, B. Murphy, T. Donnelly, C. Mullaney, N. Conroy

### **Abstract**

This study aimed to describe characteristics of acute respiratory illness (ARI) outbreaks in residential care facilities (RCFs) over one month of the 2024/25 winter season, including bed closures and oseltamivir prophylaxis recommendations.

Case records for ARI outbreaks in January 2025 were retrospectively analysed.

There were 38 outbreaks, averaging 16.1 days (5-33). Primary pathogen in 21 outbreaks was Influenza A. Proportion of residents who were symptomatic was 18.3% (3.2-88.9%) and 10.4% were lab confirmed. Fourteen were hospitalised (4.3% of cases). In Influenza outbreaks, 128 (89%) of cases were vaccinated. Oseltamivir prophylaxis was recommended for 719 residents. There were 291 bed closure days.

Oseltamivir was recommended for many possible contacts (often entire facilities), which can create unsustainable workload for RCF staff and GPs. Extensive bed closure days were noted, exacerbating pressures on hospitals. These could potentially be offset and healthcare costs reduced by implementing recent guideline updates permitting risk assessment by RCFs to consider admissions in outbreaks with appropriate IPC measures, and to target Tamiflu to confirmed close contacts at extremely high risk of hospitalisation.(1,2)

#### References:

1. Guidance on the use of antiviral agents for the treatment and prophylaxis of Influenza. Health Protection Surveillance Centre. Published 03/12/2024. Accessed 12/02/2025. Available from: <https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/guidance/antiviraltreatmentandprophylaxisguidance/>
2. Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities. Health Protection Surveillance Centre. Published 05/12/2024. Accessed 12/02/2025. Available from: <https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/guidance/residentialcarefacilitiesguidance>

## A Plan for a Fairer, Healthier Future: The Health Improvement Operational and Strategic Plan 2025

**Topic / Dept:** Health Improvement

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**Abstract:**

The Health Improvement Operational and Strategic Plan 2025, developed by Public Health – Health Improvement, outlines priority challenges for HSE Public Health in the year ahead. As the first plan of its kind, it establishes a framework to address health inequalities and improve outcomes across all population groups.

It was developed using a structured, evidence-informed approach, including a focused literature review and two stakeholder workshops involving regional and national Health Improvement teams. Priority-setting meetings further refined the priority areas.

The plan aims to reduce health inequalities, enhance mental health, promote healthy behaviours, and address social determinants of health. Rooted in equity, collaboration, and evidence-based action, it takes a whole-system, life-course approach to build a fairer, healthier society, especially for vulnerable populations.

Key objectives include enhancing health inequality reporting, implementing preventative mental health interventions, addressing social determinants, and advocating for policies that promote healthier behaviours. The plan reaffirms a commitment to equity, intergenerational health, and promoting public health principles to drive sustainable health outcomes.

**Hospital campus smoking bans; an important component of the settings  
approach to tobacco control**

**Topic / Dept:**

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**Co Author:** P Fitzpatrick<sup>1,2</sup>

**Abstract:**

We examined trends in smoking prevalence and attitudes to the smoking campus ban among inpatients and staff at St Vincent's University Hospital, the site of the first campus smoking ban in Ireland.

Two studies were undertaken: a census survey of 187 eligible inpatients on a single day (November 2023) and a staff survey (2024), employing quota sampling based on staff groupings (n=200).

Smoking prevalence among 187 inpatients was 13.3%, reflecting a continuous reduction from 21.4% in 2013 and 15.1% in 2016. Awareness of the campus smoking ban was 89.7% vs 91.3% in 2016. Support for the smoking ban rose from 79.2% in 2010 to 91.3% in 2016 with a small decrease to 89.7% in 2023. Smoking prevalence in staff was 7.5%, vs 17.8% in 2006, 10.7% 2010-11 and 9.5% 2017. Staff awareness of the campus ban has risen to 90% from 85.9% in

2017; agreement with the ban has risen from 83.3% in 2010 to 87.4% in 2017 with a further increase to 90% in 2024.

Support for campus ban in inpatients and staff is strong in Ireland; policing of bans is difficult. It is important to continue to promote awareness of smoke-free hospital campuses. Governmental support is needed to ensure healthcare settings can play their role in international tobacco control.

## **The Evolution of Ireland's National Serosurveillance Programme 5 Years on from the COVID-19 Pandemic**

**Topic: Health Protection**

**Author: Jane Finucane**

**Co-Author: Katie O'Brien**

**Co-Author: Fiona Culkin**

**Co-Author: Claire Dillon**

**Co-Author: Ellen Perry**

**Co-Author: Laura Whitton**

**Co-Author: Melissa Brady**

**Co-Author: Miriam Kelly**

**Co-Author: Michael Carton**

**Co-Author: Lois O'Connor**

### **Abstract**

Serosurveillance provides a measure of immunity due to past infection or vaccination for a range of infections, and supports health planning including emergency response. Ireland's National Serosurveillance Programme (NSP) was established in 2021 in response to the COVID-19 pandemic to provide enhanced surveillance, insights into community spread of SARS-CoV-2 infection and estimates of population immunity levels. The data were used by NPHET in COVID-19 disease modelling and by NIAC to inform immunisation recommendations.

As the COVID-19 public health threat decreased the NSP evaluated and prioritised non-COVID-19 pathogens for surveillance with stakeholders in 2022. This supported strategic and responsive serosurveillance of other pathogens alongside decreasing SARS-CoV-2 serosurveillance.

Hepatitis C surveillance supported intelligence needs for the National Hepatitis C Control Programme and measles surveillance mapped immunity to guide the National Incidence Management Team vaccination.

Seroepidemiology contributes to Irish public health decision-making and can be strengthened further by enriching the dataset collected, expanding beyond notifiable disease to all hazards and by establishing a national bio-bank of samples.

## **Development of an equity framework. A strategic approach to improving equity in the National Screening Service, Ireland.**

**Authors:** P Kenny; Dr L Heavey; S Mulcahy Simmons; L Swinburne; S. Woods; C. Walsh; Dr C Mason Mohan

### **Abstract**

The National Screening Service (NSS), Ireland delivers three population-based cancer screening programmes. Improving equity is an objective of the NSS Corporate Strategy. The NSS has previously undertaken ad hoc projects to address access for under-screened populations to increase uptake.

This proposal describes the process to develop a strategic framework to improve equity in screening; the key gaps identified; and the action plan.

The project team performed a literature review; a stakeholder engagement process with over 200 partners including staff, screening participants and organisations representing under-screened populations.

The framework describes five priority areas - research and data; education, learning and development; partnership; accessibility and inclusion; and communications.

The engagement to develop the framework established buy-in from key stakeholders, including staff, and along with the evidence from the literature review and the stakeholder consultation, has guided the development of the action plan.

The Framework is influencing work within NSS and is achieving the aim of prioritising equity.

## **New adventures in Surveillance**

**Topic / Dept:** Health Service Improvement

**Author:** Martha Neary

**Co Author:** Phil Downes

**Co Author:** Louise Cullen

**Co Author:** Grainne Courtney

**Co Author:** David Field

**Co Author:** Santosh Nair

**Co Author:** Yvonne Williams

**Co Author:** Caitlin Ni Shuilleabhain

**Co Author:** Kate O Donnell

**Co Author:** Angeline McIntyre

**Co Author:** Christina Dillion

**Co Author:** Mark Campbell

**Co Author:** Derval Igoe

### **Abstract:**

New adventures in Surveillance.

Since 2022, European countries have seen an increase in *Neisseria gonorrhoeae* diagnoses. Without behavioural data it is difficult to interpret and respond to trends. The European Centre for Disease Prevention and Control (ECDC) is assisting countries to develop and/or expand electronic surveillance systems. Ireland is one of 10 participating countries in this Electronic Health Record – Sexually Transmitted Infections (EHR-STI) project.

This proof-of-concept project will inform the development and implementation of the new Outbreak, Case and Incident Management and Surveillance System (OCIMS). The project future proofs, digitalises and strengthens our national surveillance systems, while working with European partners.

Using the Gay Men's Health Service (GMHS) as the initial pilot site, a mechanism that allows electronic transfer of laboratory, demographic and behavioural data from the STI clinic system directly to public health is being developed.

This project commenced in February 2024. To date, a dataset has been agreed and IT solutions to extract this dataset from the STI clinic system are developed. Deployment of the IT solution, collection and analysis of data are in progress.

## **Predicting 2-year cognitive outcomes in very preterm infants using machine learning methods**

**Topic** – Health and Wellbeing

**Author** – Andrea Bowe

**Co-Author** - Gordon Lightbody

**Co-Author** – Anthony Staines

**Co-Author** – Deirdre Murray

**Co-Author** – Mikael Norman

### **Abstract**

Early intervention can improve cognitive outcomes for very preterm infants but is resource intensive. Identifying who needs it most is important. The objective was to develop a model to predict cognitive delay at age 2 using clinical and sociodemographic data.

This prognostic study included data from surviving infants with a gestational age <32 weeks in the Swedish Neonatal Quality Register. The outcome was cognitive function at 2 years, categorised as cognitive delay (cognitive score on the Bayley Scales of Infant Development <90) or typical cognitive development (score ≥90). A variety of machine learning models were trained and tested.

A logistic regression model containing 26 features achieved an area under the receiver operating curve of 0.77 (95% confidence interval 0.71-0.83). The three most important predictors were non-Scandinavian family language, prolonged duration of hospitalisation, and low birthweight. At discharge from the neonatal unit, the full model identified 93% of infants with cognitive delay at 2-year follow up, with a specificity of 46%.

Predictive modelling in neonatal care could enable early and targeted intervention for very preterm infants most at risk for developing cognitive impairment.

## **Good news for STIs: reducing trend in chlamydia notifications in young people**

**Topic / Dept:** Health Protection

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### **Abstract:**

Following increasing trends for several years, Ireland, like other European countries, is experiencing a recent decrease in chlamydia notifications, notably in males and females aged 15-24 years.

Data on chlamydia notifications between 2019 and 2024 were extracted from the Computerised Infectious Disease Reporting (CIDR) system. Data on numbers tested and positivity rates were obtained from the HSE STI home testing service.

In 2024, chlamydia notifications decreased by 16% when compared to 2023, with a 19% decrease in females and a 13% decrease in males. Among young people, the decrease was

21% overall. Data from HSE home testing service show a decrease in chlamydia positivity rate from 7.4% in 2023 to 6% in 2024.

Although there have been no changes in testing policy, the HSE home testing service increased testing capacity potentially leading to earlier detection and treatment, and a reduced pool of infection in the community. Social media information campaigns targeting people under 25 years may have contributed to awareness of STI and the need to test and treat. Timely behavioural data is needed to understand the reasons for this trend.

## **Child developmental needs in IPAS emergency accommodation in HSE Dublin South East region**

**Topic / Dept:** Health Improvement

**Author:** Dr. Ruth Ceannt

**Co Author:** Dr. Breedan Neville

**Co Author:** Dr. Fiona Cianci

### **Abstract:**

There are 16 emergency accommodation IPAS centres which house children in the DSE region. We surveyed these to assess basic equipment and resources required to support age-appropriate development, in order to make recommendations to DCDEIY to ensure that this basic provision is met in state provided accommodation.

We constructed a survey based on the HIQA standards for direct provision, developmental resources on mychild.ie and feedback from HSE staff. The survey was deployed in person/by phone, and covered nine areas: communication, safeguarding, nutrition, sleep, personal hygiene and toileting, play, access to health care, safety and transport.

Overall, the results were positive with most resources across the nine survey areas available in most centres, however concerning issues arose around perinatal provision, such as unsafe newborn and infant sleeping arrangements, a lack of antenatal and postnatal education and support for new mothers, and transfer of new mothers to new centres immediately post partum.

The report highlights the need for national standards for state provided international emergency accommodation centres, particularly around sleeping arrangements and appropriate transfer of new mothers and babies.

## **Exercise PANDORA: A National Command Post Exercise to Test the Operational Pandemic Plan**

**Topic / Dept:** Health Protection

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**Co Author:** Tom McGuinness - Assistant National Director for Emergency Management

**Co Author:** Eoin Ryan, Head of National Disease Control Centre at Department of Food, Agriculture and the Marine.

**Co Author:** Mairin Boland - Consultant in Public Health Medicine, National Clinical Lead, Health Security Programme

**Abstract:**

On 06/03/2025, the HSE National Health Protection Office conducted Exercise PANDORA, a national command post exercise to test the HSE Operational Pandemic Plan (OPP) via a highly pathogenic avian influenza scenario. One national and six regional teams participated, including senior leadership, the Chief Medical Officer, and observers from Northern Ireland.

The exercise assessed OPP gaps, focusing on early detection, resource management, stakeholder coordination, and medical interventions. Planning began in July 2024, involving multiple HSE agencies, with an evaluation framework incorporating Hot and Cold Debriefs.

Successes included effective communication, interagency collaboration, and utilisation of existing structures. Challenges involved new regional structures, workforce management, infrastructure, IT, psychological impacts, and resources.

Findings highlight the need for strengthened operational preparedness, infrastructure and resource management, governance clarity, technological advancements, and psychological support. Exercise PANDORA reinforced the HSE's commitment to continuous improvement, ensuring an agile, coordinated and resilient pandemic response.

## **Updating the RCPI Public Health Medicine clinical audit/quality improvement projects guidance**

**Topic / Dept:** Health Service Improvement

**Author:** Dr Ellen Cosgrave

**Co Author:** Dr Therese McGlacken

**Co Author:** Dr James O'Connell

**Co Author:** Mr Brian O'Murchu

**Co Author:** Dr Regina Kiernan

**Co Author:** Dr Paul Kavanagh

**Co Author:** Dr Keith Ian Quintyne

### **Abstract:**

As Ireland transitions to a new model of public health medicine (PHM),<sup>1</sup> the RCPI Faculty of PHM has updated its audit and quality improvement (QI) guidance to support public health physicians in meeting revised Irish Medical Council (IMC) competency requirements.<sup>2</sup>

The update was informed by a comprehensive review conducted by a Guidance Development Group using an evidence-informed framework, including the Grading of Recommendations Assessment, Development and Evaluation approach and informal consensus methods. An evidence synthesis matrix was used to guide review of global guidelines. Collaboration and consensus tracking were facilitated through shared draft content and a decision log on Teams.

The updated guidance offers structured methodologies and best practice examples across all PHM domains, promoting a systematic approach to audits and QI projects. The limited availability of international guidance, with the exception of the UK, underscores Ireland's leadership in formalising PHM audit and QI processes.

This updated guidance equips public health physicians with practical, evidence-based tools to drive service improvements through audits and QI projects, aligning with the new PHM model, IMC regulations, and best practices.

#### **References:**

1. Smyth B, O'Reilly E, Jakubowski E, Aragón de León E. Large scale public health system transformation: Ireland. Eur J Public Health. 2024;34(Suppl 3):ckae144.622.
2. Irish Medical Council. Guide to Professional Conduct and Ethics for Registered Medical Practitioners. 9th ed. Dublin: Irish Medical Council; 2023.

### **A case for establishing a public health observatory in Ireland**

**Topic** – Health Intelligence

**Author** – Anne Doyle

**Co-Author** – Deirdre Mongan

**Co-Author** – Zubair Kabir

**Co-Author** – Jean Long

**Co-Author** - Paul Kavanagh

#### **Abstract**

Health observatories are an important source of accurate and timely information on which policymakers, researchers and health professionals can monitor the health status of a country/region.

A health observatory in Ireland would facilitate addressing government objectives including identifying health inequalities, prioritising resource allocation, monitoring health trends, evidence-informed decision-making, evaluating the impact of policy/legislation, and allow effective responses through preparation and ability to respond in a health crisis.

We examined 5 existing health observatories in Scotland, New Zealand, the Netherlands, Norway and Belgium to identify best-practices, operational costs, outcomes monitored, to discover how a health observatory could be effectively implemented in Ireland.

We have many valuable data sources already in place in Ireland that could be utilised to their maximum potential to contribute to a health observatory's function. However, we need a single place to gather and store the information so that researchers can analyse the data, and produce effective, timely, accurate outputs for policymakers, health professionals, and the public.

## **Working towards a national End Stage Kidney Disease data system for Ireland**

**Topic:** Health Service Improvement

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## **Abstract**

The goal of the project was to support the development of a national End Stage Kidney Disease data system in Ireland by identifying core needs and exploring potential designs from stakeholders.

A structured approach guided the consultation process. Two multi-stakeholder workshops employed a Design Thinking methodology to capture and prioritise needs. A subsequent conference provided opportunities for national and international experts to discuss technical and governance aspects as well as ethical considerations. Key outputs focused on building consensus and producing a strategic roadmap for the data system.

The workshops identified essential requirements of different stakeholder groups. Patients prioritised real time access to personal data and treatment information; clinicians emphasised integration with existing systems; health planners sought standardised quality indicators and geographic service mapping and researchers stressed the need for accessible data.

The stakeholder engagement process successfully identified core requirements and governance priorities. Next steps involve developing working groups to operationalise the agreed requirements and to advance the project towards the development and launch of the data system.

## **AN ACUTE INFECTIOUS GASTROENTERITIS OUTBREAK LINKED TO A CATERED LUNCH EVENT**

**Topic:** Health Protection

**Author:** Muireann De Paor

**Co-Author:** Paul Mullane

### **Abstract:**

In May 2024, an outbreak of acute infectious gastroenteritis (AIG) occurred among attendees of a school graduation lunch. An outbreak control team was convened to investigate.

Epidemiological, environmental and microbiological investigations were conducted. A retrospective cohort study was undertaken to investigate potential food source(s) as the vehicle of transmission. The National Environmental Health Service investigated the food

business operator and the school. Water, food and stool samples were sent for microbiological lab analysis.

33% of attendees reported being unwell after the event. Univariable analysis showed a statistical association with consumption of chicken curry with rice. Three stool samples, and a remnant food sample had *Clostridium perfringens* (*C. perfringens*) detected on culture. No issues were noted from the environmental investigation. Control measures were implemented, and no secondary cases were identified.

Overall, the evidence strongly supported the hypothesis of a point-source outbreak, with *C. perfringens* implicated as the offending pathogen, and chicken curry and rice as the suspected food vehicle. This was the first general AIG outbreak involving *C. perfringens* since CIDR records commenced.

## Identifying Principal Components of Career Satisfaction among Health Care Assistants and Carers in Ireland

### **Topic / Dept:**

Healthcare Service Improvement / <sup>1</sup>School of Public Health, Physiotherapy and Sports Science, University College Dublin, Ireland/ <sup>2</sup>School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland/ <sup>3</sup>School of Veterinary Medicine, University College Dublin, Ireland

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**Abstract:**

**Introduction:** The long-term residential care (LTRC) sector in Ireland relies heavily on Healthcare Assistants (HCAs) and carers. Challenges for these workers became particularly evident during COVID-19 with a profound impact on LTRC.

**Aim:** The aim is to understand key factors contributing to career satisfaction among HCAs.

**Methods:** A cross-sectional study with ethical approval was conducted among members of 'Care Assistants Ireland' using the 20-item Minnesota Career Satisfaction Survey (MCSS) Short-Form representing 20 areas of job satisfaction. Principal component analysis (PCA) was used to identify key areas for this occupational group.

**Results:** Based on 510 responses (92% female), MCSS showed a strong Cronbach's  $\alpha=0.945$ . Two areas were identified: extrinsic (organisational support) and intrinsic (autonomy and caring responsibilities); PC1 obtained a mean of 2.88 (SD: 1.01) indicating slight dissatisfaction with extrinsic factors; and PC2 obtained a mean of 3.53 (SD: 0.90), implying slight satisfaction with intrinsic factors.

**Conclusions:** The MCSS is a reliable tool for assessing HCA work satisfaction. Findings suggest organisational improvement, autonomy and job security are important contributors to HCA job satisfaction.

**Keywords**

Healthcare Assistants, Carers, Career Satisfaction, Principal Components