



*A Chosaint agus A Chosc
To Prevent and Protect*

Health Service Executive
Health Protection Strategy 2022-2027

Year Four Implementation Report



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Acronyms

Acronym	Full term
AMR	Antimicrobial Resistance
BCG	Bacillus Calmette–Guérin
CDC	Centres for Disease Control and Prevention
CHA	Climate and Health Alliance
CIDR	Computerised Infectious Disease Reporting
CPD	Continuous Professional Development
DoH	Department of Health
DRC	Democratic Republic of the Congo
ECDC	European Centre for Disease Prevention and Control
ED	Emergency Department
EFSA	European Food Safety Authority
EIS	Event Information Site
EPA	Environmental Protection Agency
EPIC-11	Emergency Preparedness Integrated Courses under Article 11
ESRI	Economic and Social Research Institute
EU	European Union
EU/EEA	European Union/European Economic Area
EWRS	Early Warning and Response System
FAQs	Frequently Asked Questions
GAM	Generalised Additive Model
gbMSM	Gay, bisexual and other men who have sex with men
GOARN	Global Outbreak Alert and Response Network
GP	General Practitioner
HPSC	Health Protection Surveillance Centre
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
ICU	Intensive Care Unit
IHR	International Health Regulations
IPC	Infection Prevention and Control
ISO	International Organization for Standardization
JADE	Joint Assessment and Detection of Events

LAIV	Live Attenuated Influenza Vaccine
MCDA	Multi-Criteria Decision Analysis
MedLIS	Medical Laboratory Information System
NGO	Non-Governmental Organisation
NHPO	National Health Protection Office
NIAC	National Immunisation Advisory Committee
NIIS	National Immunisation Information System
NIO	National Immunisation Office
NITAG	National Immunisation Technical Advisory Group
NZC	National Zoonoses Committee
OCIMS	Outbreak Case and Incident Management System
OECD	Organisation for Economic Co-operation and Development
OH-Allies	One Health: All Ireland for European Surveillance
PCRS	Primary Care Reimbursement Service
PCI	Primary Childhood Immunisation
PHEPA	Public Health Emergency Preparedness Assessment
PHRA	Public Health Risk Assessment
RGDU	Research and Guideline Development Unit
ROSIE	R-based System for Integrated Epidemiological Analysis
RPA	Robotic Process Automation
RSV	Respiratory Syncytial Virus
SIG	Special Interest Group
SIS	Schools Immunisation System
SOP	Standard Operating Procedure
SSRS	SQL Server Reporting Services
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
UCA	United Congolese Association
UKHSA	UK Health Security Agency
WHO	World Health Organization

Executive Summary

The Year 4 Implementation Report for the HSE Health Protection Strategy 2022-2027 shows substantial progress in strengthening Ireland's national health protection system and positioning it within a wider European and global health security context. The report's central theme, "Looking Out", reflects both Ireland's exposure to international health threats and its growing contribution to collective preparedness, surveillance, response and public health intelligence.

Over the reporting period, the National Health Protection Office (NHPO), together with HPSC and NIO, advanced work across surveillance, infectious disease control, immunisation, environmental health, emergency preparedness, health equity, global health collaboration, research, workforce development and national service integration. A key message is that Ireland now has a stronger, more integrated and more outward-facing health protection system, supported by public health reform, national investment and closer alignment with European and international structures.

A major achievement was Ireland's first ECDC-led Public Health Emergency Preparedness Assessment (PHEPA) including an in-country assessment in June 2026. This assessment will inform a National Action Plan, led by the Department of Health with significant NHPO and wider HSE input, and will shape the next phase of health protection planning and development for Ireland. This will be developed alongside a second National Health Protection Strategy which will be launched in 2027, informed by the recently published [National Public Health Strategy 2025-2030](#).

During this year, a new Health Security Unit was established within the NHPO, designed to strengthen preparedness for national and serious cross-border health threats and support Ireland's obligations under the International Health Regulations and EU Regulation 2022/2371. The HSU led out on our preparedness for the PHEPA but also in our response to the threat from Andes hantavirus, linked to the cruise ship the M/V Hondius.

Surveillance modernisation is one of the strongest areas of progress in this year's annual report. The report describes the continued transition from legacy systems toward more integrated, automated and internationally comparable surveillance infrastructure. Key developments include phased implementation of OCIMS, continued strengthening of CIDR, development of ROSIE and eSURE, new Power BI and data hub reporting, integration of vaccination data into respiratory surveillance, and work on a secure data warehouse. The launch of the National Outbreaks Notification Hub and planned reporting by ISO epidemiological week further support more timely, transparent and comparable public health intelligence.

Infectious disease control has been strengthened through standardised datasets, genomic surveillance, case definition updates and One Health approaches. Specific examples include a new national dataset for TB contacts, retrospective upload of TB whole genome sequencing cluster codes from 2011-2021, international collaboration on drug-resistant *Shigella flexnerii*, updates to Hepatitis C surveillance, and the addition of hantavirus to the list of notifiable diseases following the M/V Hondius outbreak. The National Zoonoses Committee also completed a major prioritisation project, moving from 62 zoonotic diseases to 25 priority candidates using a structured multi-criteria decision framework.

Immunisation remains a major pillar of health protection. The report highlights the continued expansion of vaccination programmes, including introduction of varicella vaccine into the Primary Childhood Immunisation Programme, launch of the HPV catch-up programme, phased roll-out of a selective BCG programme, and continued seasonal influenza and COVID-19 vaccination campaigns. Ireland's strong influenza vaccine uptake among older adults was recognised internationally, while the school-based LAIV programme reached 31.2% uptake, its highest level since launch, though still below the 50% target.

The RSV Immunisation Pathfinder Programme is a notable success and a model for future programme design. The first programme achieved a reported 76% reduction in RSV-related hospital admissions among the immunised cohort. RSV Pathfinder 2.0 expanded to include a catch-up cohort and achieved 88% uptake in the birth cohort and 52% uptake in the catch-up cohort. It is estimated to have averted more than 800 RSV-related ED, hospital and ICU cases in the birth cohort and more than 200 in the catch-up cohort. The report identifies earlier planning, stronger communications, NIO governance integration, primary care involvement, mobile teams, digital infrastructure and targeted outreach as priorities for Pathfinder 3.0 and long-term implementation.

Environmental health has become a more defined national health protection function. The appointment of a Consultant in Public Health Medicine for Environment and Health strengthened national leadership, while NHPO led communications during the 2026 summer heatwave, including updated public advice, a press release, media management and guidance for healthcare workers. A new national database of environmental incidents referred to public health departments is a significant development, bringing together data on drinking water exceedances, air pollution detections, bathing water prohibitions, Legionella detections and other incidents for the first time. NHPO also contributed to national advocacy on air pollution through the Climate and Health Alliance and Oireachtas engagement.

All-hazards preparedness has been tested and strengthened through real incidents and simulation exercises. NHPO coordinated national preparedness and response activity for Ebola outbreaks in DRC and Uganda, including guidance for health and care workers, airport traveller information and activation of the Humanitarian Aid Workers Surveillance Programme. During the Andes Hantavirus incident linked to the M/V Hondius, NHPO convened a National Incident Management Team, supported repatriation of Irish citizens, coordinated communications and supported rapid designation of hantavirus as a notifiable disease. NHPO also supported the development of Regional Pandemic Plans across all six HSE Regional Health Areas and participated in the WHO JADE Exercise, focused on a chemical incident scenario.

Equity is central to effective health protection. The report highlights targeted work with Irish Traveller, migrant and gbMSM communities. NIO co-designed childhood immunisation resources with Traveller organisations and primary care partners; NHPO worked with the United Congolese Association to share Ebola information in French, Swahili and Lingala; and NHPO/HPSC participated in cross-border mpox response work with Northern Ireland and community partners ahead of Pride events. These examples demonstrate a growing emphasis on trusted messengers, culturally appropriate materials and community-informed public health action.

Global health collaboration is a consistent theme of this report. NHPO, HPSC and NIO contributed to ECDC, WHO, GOARN, EWRS and international scientific networks. Between October 2025 and June 2026, HPSC assessed and actioned 90 WHO Event Information Site notifications within 24 hours and received 57 EWRS notifications. Ireland also participated in ECDC and WHO initiatives, including the ECDC 20th anniversary, WHO AMR Accountability Index pilot work, ECDC expert panels, ESCAIDE, Five Nations, NITAG and vaccinology forums. These activities reinforce Ireland's role as both a contributor to and beneficiary of international health security systems.

Research and evidence synthesis have become more structured through the Research and Guideline Development Unit (RGDU). The RGDU developed a national framework for health protection guidance, a rapid guidance SOP, and a programme of evidence reviews across topics including varicella zoster vaccination, COVID-19 lessons learned, wind turbines, Ebola guidance, AI in pandemic preparedness, acute respiratory infection isolation periods, TB services, invasive meningococcal disease and PHEPA research capacity. NHPO, HPSC and NIO produced 66 peer-reviewed publications, demonstrating a growing research and evaluation culture.

Workforce and organisational development also advanced. The report highlights progression of a Clinical Nurse Specialist pathway in Health Protection, delivery of 11 nursing CPD events, clinical practice and IPC audits, training for GP nurses, vaccination teams, public health nurses and pharmacists, and continuing contribution to undergraduate, postgraduate and EPIET training. Organisationally, NHPO has strengthened national leadership structures, developed a multidisciplinary Senior Leadership Group, and maintained regular staff engagement through all-staff meetings.

The current Health Protection Strategy is nearing its final year of delivery, while the Public Health Strategy 2025-2030 sets a new direction centred on evidence-informed prevention and control, preparedness and recovery, trusted public information, climate and environmental health, and One Health. The priority for 2027 will be to consolidate progress, sustain momentum, strengthen coordination, make better use of data and evidence, and develop the next National Health Protection Strategy focused on the theme of 'Looking Forward: Health Protection for the 2030s'.

About HSE National Health Protection Office

About us

Health Protection is the prevention and control of infectious disease, environmental and radiation risks, including the emergency response to major incidents and health threats.

The mission of HSE Health Protection is “to protect and prevent”. We aim to protect the people of Ireland from all-hazards and prevent harm from national and international health threats.

Our organisation

The HSE National Health Protection Office is led by the Director of National Health Protection, Dr Éamonn O'Moore, and brings together specialist expertise across Health Protection, surveillance, immunisation and emergency preparedness.

Within the NHPO, the Health Protection Surveillance Centre (HPSC) provides Ireland's specialist service for the surveillance of communicable diseases. The National Clinical Lead for Surveillance is Dr Victor Aiyedun.

The National Immunisation Office (NIO), also part of the NHPO, leads vaccine procurement and distribution to support the delivery of immunisation programmes nationally. The National Immunisation Lead is Dr Lucy Jessop.



Our strategic objectives

In 2021, the HSE published a [Health Protection Strategy 2022-2027](#). This strategy described a goal of delivering an agile, intelligence-led, and evidence-informed Health Protection service for Ireland.

The strategy centred on ten strategic objectives, all of which have now been progressed:

Our Strategic Health Protection Objectives 2022-2027	
1	Strengthen surveillance and epidemiological analysis of health protection threats.
2	Ensure standardised public health approaches to prevention, investigation, surveillance, and response to notifiable infectious diseases .
3	Further develop public health risk assessment of, advice on, and advocacy on non-infectious disease hazards related to the environment .
4	Enable prevention, early detection, and optimal public health preparedness and response of major incidents for all hazards.
5	Deliver a high level of prevention and control of vaccine-preventable diseases across population groups through immunisation programmes.
6	Employ evidence-informed approaches to mitigate the impact of inequities on the prevention and control of infectious diseases and other defined hazards.
7	Enhance our understanding of and health protection approaches to global health issues and their impact on the population of Ireland.
8	Develop a health protection research strategy for Ireland that includes both local and international collaboration.
9	Expand and enhance the capabilities, education, and training of the multidisciplinary health protection workforce .
10	Provide direction and support to the development of a nationally integrated health protection service , rooted in strong governance.

Foreword from Dr Éamonn O'Moore



Looking out: Ireland's role in global health security

Since the [HSE Health Protection Strategy 2022-2027](#) was published, there have been significant challenges to international security, including major conflicts in the Middle East and the ongoing war in Ukraine, with associated economic, humanitarian and health security risks. Further, there have been several significant public health emergencies, including two Public Health Emergencies of International Concern (PHEICs) declared by the WHO in relation to mpox; a large outbreak of Ebola Bundibugyo centred on the Democratic Republic of the Congo (DRC), which is ongoing at time of writing, and an international health response to an outbreak of Andes Hantavirus linked

to a cruise ship, the M/V Hondius. These international health threats directly impact on Ireland's health security, including direct impacts on some of our citizens but also wider risks relating to importation and transmission of high-consequence infectious diseases (HCIDs). This has underscored the need for robust health security capabilities in Ireland as well as our role in supporting international efforts to manage the risk of outbreaks of infectious diseases. We do this through our collaboration with the European Centre for Disease Prevention and Control (ECDC) and World Health Organization (WHO) in international efforts to understand, contain and control emergent health threats, including participating in international research efforts and joint analysis of emergent epidemiological, modelling and other intelligence to understand better the threat and the impact of mitigations such as infection prevention and control measures, vaccination or other medical countermeasures (MCMs). During this time, we have also been increasingly mindful of the need to take a 'One Health' approach to health security, recognising the complex interplay between human health, animal health and the environment. This is evidenced in the risks associated with influenza of zoonotic origin (IZO) with reports during the past year of transmission of avian influenza from birds to mammalian hosts including humans in several parts of the world, highlighting risk to human health.

“Global public health security is defined as the activities required, both proactive and reactive to minimise the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries”

World Health Organization

Ireland is well placed to respond to emerging health threats, supported by strengthened National Health Protection capacity and the timely development of guidance and resources for healthcare workers, partners and the public. During this year, we have undergone an external assessment of our [Public Health Emergency Preparedness](#), conducted by the ECDC as part of its extended mandate through the EU Regulation 2022/2371 on Serious Cross Border Threats to Health which establishes a robust framework for prevention, preparedness, and response to serious cross-border health threats. The report highlights the strengths of our system and identifies further work required to enhance our abilities further. This work will be progressed through a National Action Plan, led by the Department of Health, and we in the HSE have a major role in this work. Through this effort we will also address one of the strategic priorities described in the HSE's [Public Health Strategy 2025-2030](#) on ensuring robust preparedness, response to, and recovery from public health incidents and emergencies, and ensuring learning from all such events informs the approach to future events.

Our Progress

NHPO has made strong progress this year across the main areas of the Health Protection Strategy. Key achievements include:

- Strengthening surveillance systems, data flow and automation
- Responding to emerging and cross-border health threats
- Expanding immunisation programmes and improving vaccine uptake
- Advancing Ireland's role in European and global health security
- Strengthening public health guidance, evidence reviews and research
- Improving equity-focused engagement with at-risk or marginalised communities
- Building workforce capabilities through training and specialist development
- Supporting a more integrated National Health Protection function

Dr Éamonn O'Moore,

Director of National Health Protection, HSE

An Dr Éamonn Ó Mórdha

Stiúrthóir um Chosaint Sláinte Náisiúnta, FSS

Strategic Objective 1: Surveillance

Strengthen surveillance and epidemiological analysis of Health Protection threats



Introduction

Disease surveillance and epidemiological analysis are core foundations of Health Protection. They enable Ireland to monitor infectious disease trends, identify emerging risks, understand patterns of transmission and target public health action where it is needed most.

The [HSE Health Protection Strategy 2022-2027](#) identified five actions to strengthen surveillance and epidemiological analysis of Health Protection threats. Progress under these goals is contributing directly to Ireland's health security by improving the quality, timeliness and integration of public health intelligence.

In year 4, HPSC has continued to strengthen Ireland's surveillance capability by modernising core systems, improving data flows and expanding automation.

What we will do from 2022-2027

- Action 1:** Determine health protection surveillance requirements for an all-hazards approach.
- Action 2:** Expand surveillance capacity and capability for an all-hazards approach, as necessary.
- Action 3:** Modernise or replace information systems to ensure they are fit for purpose, capturing the full scope of data required to inform public health actions and aligned with other HSE client management systems.
- Action 4:** Strengthen collaboration across national health protection and regional Public Health Areas to enhance surveillance/epidemiology methodologies and capacity.
- Action 5:** Ensure timely surveillance data and epidemiological analysis to drive public health action and prioritisation.

About Health Protection Surveillance Centre (HPSC)

The Surveillance Centre (HPSC), working within the governance of the National Health Protection Office (NHPO), provides Ireland's specialist national surveillance function for communicable diseases and other health hazards. During 2025 and 2026, HPSC continued to strengthen the systems, tools and partnerships that underpin national preparedness, early detection and response.

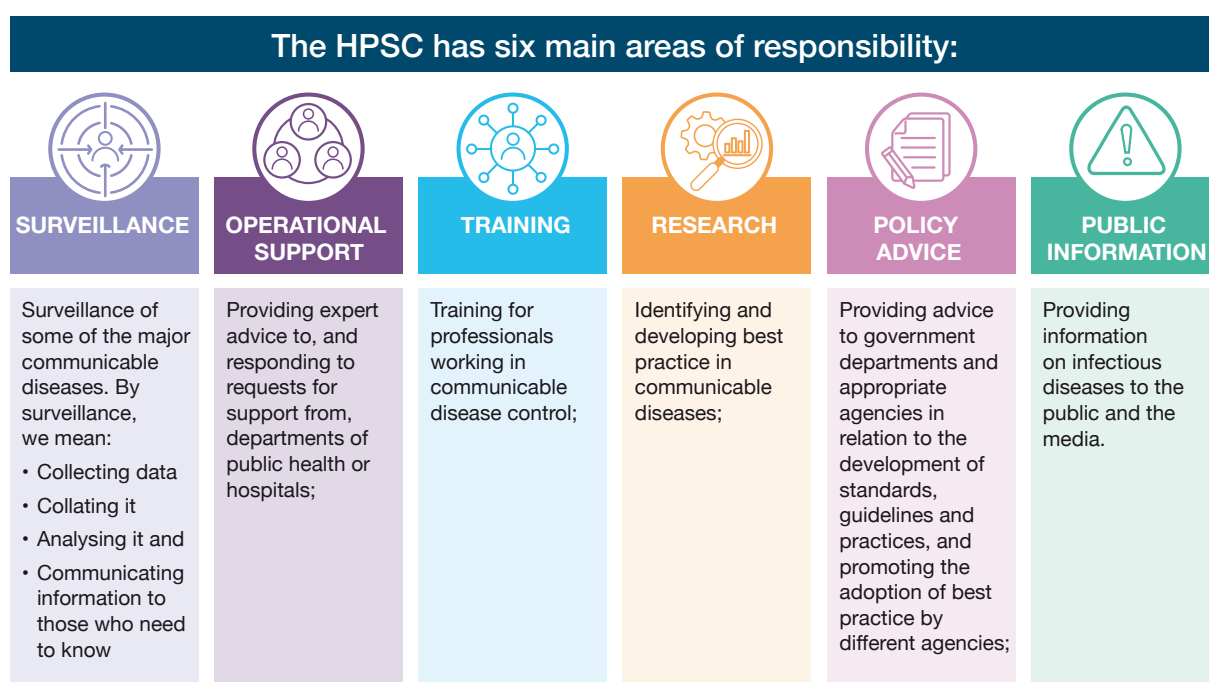


Figure 1: [Main Areas of Responsibility of the HPSC](#)

Development of new surveillance systems

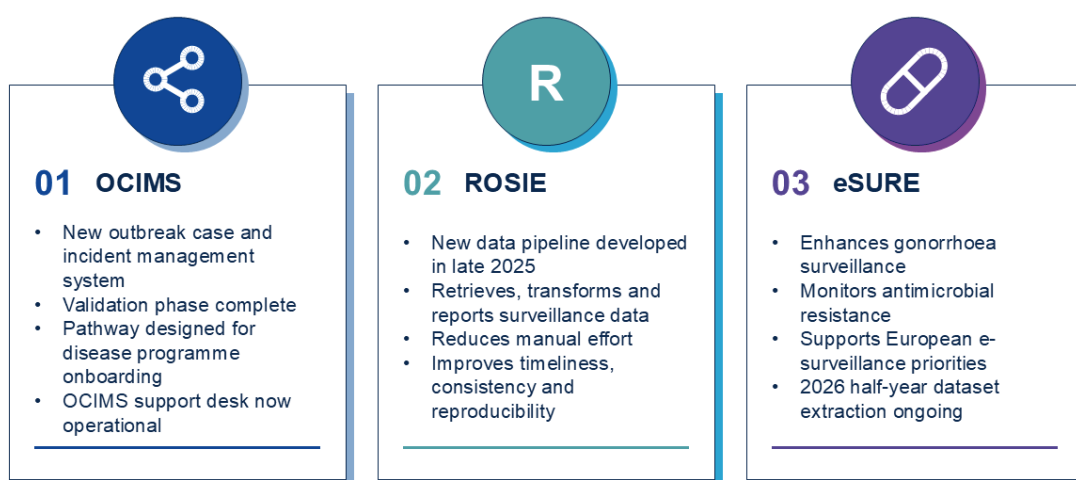
HPSC continued to upgrade existing surveillance systems and progressed the development of new surveillance systems. These new systems will strengthen NHPO's ability to detect, monitor and respond to infectious disease threats.

Achievements include:

- Implementation of the new [Outbreak Case and Incident Management System \(OCIMS\)](#), commissioned by HSE to replace the current CIDR system.
- R-based System for Integrated Epidemiological Analysis (ROSIE)
- Development of a specialised STI surveillance platform (eSURE)

New surveillance systems

Strengthen Ireland's ability to detect, monitor and respond to health threats.



OCIMS Project Management Group

The OCIMS Project Management Group continues to work with the HSE Technology and Transformation Team to oversee implementation, security and technical assurance.

To support the transition to OCIMS, HPSC completed user acceptance testing on the existing Computerised Infectious Disease Reporting (CIDR) system. CIDR was updated with operating system and threat protection enhancements, helping to maintain the security and performance of Ireland’s current national disease surveillance system.

Development of HPSC’s reporting and data architecture has begun, with CIDR integration as the first phase. Deployment to production is planned for Q4 2026 and will support more timely surveillance intelligence, dashboards and reporting.

Enhancements to influenza surveillance within CIDR include data model improvements to support more efficient automated processing of influenza notifications, alongside the development of influenza vaccination data integration. This will strengthen the system’s capacity to monitor vaccine uptake, support vaccine effectiveness analysis and enhance respiratory disease surveillance.

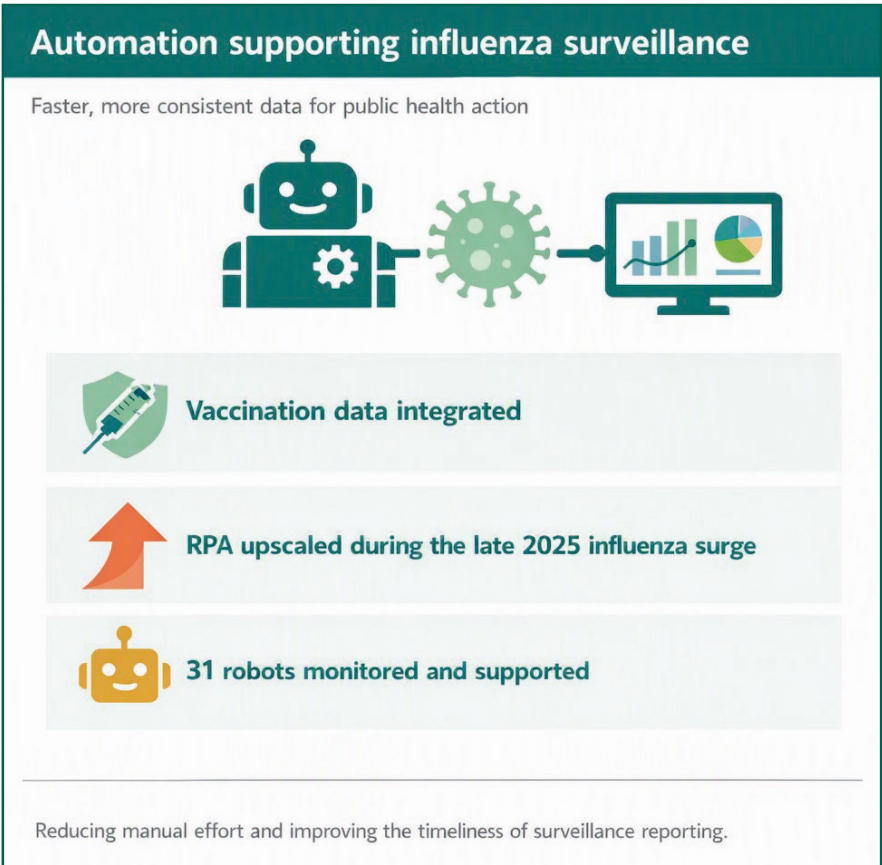
MedLIS integration with CIDR for Cavan General Hospital was completed, further strengthening laboratory reporting pathways and surveillance data flows.

HPSC also continued to manage the CIDR helpdesk, providing technical support to more than 400 users across Ireland.

Automation expanded to reduce manual processing

HPSC continues to develop Robotic Process Automation (RPA) to improve the timeliness, quality and consistency of surveillance data. Work has been undertaken to enhance influenza surveillance on CIDR. Influenza vaccination data has been integrated, strengthening Ireland’s capacity to monitor vaccine uptake and effectiveness, as well as surveillance of influenza cases.

Ongoing improvements to HPSC’s internal Respiratory Power BI dashboards reduced workload, improved efficiency and provided decision-makers with timely respiratory virus epidemiology.



Reporting of surveillance data

HPSC has introduced innovative approaches to presenting disease data. Building on the success of HPSC's National Disease Hub and Respiratory Virus Notification Data Hub, the [National Outbreaks Notification Hub](#) was launched in November 2025. The Hub provides weekly outbreak summaries, with a focus on outbreak burden and impact.

The hubs have been recognised as examples of best practice in Ireland and internationally, with presentations given at The Analytics Institute Munster Analytics and AI Showcase and the [UKHSA Five Nations Conference](#).



HPSC is developing a One Health information hub for Ireland, with Highly Pathogenic Avian Influenza expected to be the first focus area. The hub is being developed as part of the EU-funded One Health: [All Ireland for European Surveillance \(OH-Allies\) project](#).

HPSC will begin reporting cases of notifiable diseases by ISO epidemiological week in the 2026 winter season. This aligns surveillance reporting with international standards and supports greater consistency and comparability with international colleagues.

Building secure data foundations

HPSC progressed the technical foundations for integrated surveillance data management by supporting the establishment of a secure data warehouse infrastructure environment on [Nutanix](#).

This work is strengthening the infrastructure needed for advanced analytics, more resilient reporting and future health security intelligence capabilities.

Spotlight on Sexual Health Surveillance

In 2025, HPSC developed a new solution to extract electronic health record and laboratory result data from the Gay Men's Health Service (GMHS). The GMHS is Ireland's only statutory sexual health and wellbeing service for gay, bisexual and other men who have sex with men (gbMSM). The first report using this data was finalised in December 2025. This development strengthens surveillance by allowing faster access to sexual health data, which can be used to tailor public health interventions.

Spotlight on cluster investigations

HPSC provided epidemiological support to ECDC during the investigation into a cluster of *Salmonella* Bovismorbificans. This was linked to an imported sprouted seed product, which included Ireland in its distribution. An alert was issued to Ireland through the ECDC EpiPulse alert system, allowing HPSC to rapidly respond to the incident.

Strategic Objective 2: Infectious Diseases

Ensure standardised public health approaches to the prevention, investigation, surveillance and response to notifiable infectious diseases



Introduction

Biological threats include a wide range of notifiable infectious diseases that pose health and wellbeing risks to the population of Ireland. Infectious disease threats are associated with significant morbidity, mortality and impact on service delivery.

The [HSE Health Protection Strategy 2022-2027](#) listed six actions for infectious diseases.

What we will do from 2022-2027

- Action 1:** Develop specific plans for the protection of the population from priority infectious diseases, such as tuberculosis.
- Action 2:** Develop and resource systems and SOPs to support sustainable, robust, and efficient health protection action.
- Action 3:** Collaborate with key stakeholders in a One Health approach to notifiable infectious diseases.
- Action 4:** Continue to provide robust surveillance for pathogens with epidemic/pandemic potential, such as Influenza and SARS CoV-2.
- Action 5:** Continue to provide comprehensive disease-specific surveillance and responses, including, case management, vaccine programmes, prophylaxis/treatment, as available.
- Action 6:** Develop a standardised approach, with clear criteria, for the evaluation of public health responses to infectious diseases major incidents.

Reporting of surveillance data

[HPSC continues to routinely report surveillance data](#) relating to infectious diseases in Ireland, informing the CMO and the CCO of any emerging threats, supporting health service planning and response (e.g. in winter surge response), and monitoring impact of incidents or outbreaks of infectious diseases and their control. A full list of routine surveillance reports is contained in [Appendix 1](#).

Contact tracing and response

- **Tuberculosis:** HPSC developed a new nationally standardised data set for contacts of cases of Tuberculosis in Ireland. A project was also conducted to retrospectively upload all whole genome sequencing cluster codes for cases of Tuberculosis in Ireland from 2011 to 2021. Understanding more about the genetic relatedness of cases of TB can help identify previously undetected outbreaks.
- **CPE *Shigella flexnerii*:** In 2025, a case of Carbapenemase-Producing Enterobacterales (CPE) *Shigella flexnerii* carrying a blaOXA181 carbapenemase was notified in Ireland. This case was gbMSM and had travel history, but no reported sexual exposures. NHPO is working with HSE Dublin and North East and authorities in the EU and Brazil to develop treatment guidelines and minimise further spread as part of international efforts to reduce the spread of drug-resistant infectious diseases.

Case Definition updates

- **Hepatitis C:** The Hepatitis C Case Definition was updated in January 2026 with amendments to acute/chronic status criteria. This helps us to better understand the impact of diagnostic testing and treatment on hepatitis C cases in the community and detect new infections or reinfections (in previously treated patients).
- **Hantavirus:** Hantavirus became a new notifiable disease in May 2026 following an outbreak of Andes Hantavirus Infection on the M/V Hondius Cruise Ship and a coordinated international effort to control the spread of infection beyond those potentially exposed on board. This allowed surveillance and control measures to be activated in the event of a case in Ireland, which thankfully did not happen even among the Irish patients who were former passengers on the cruise ship.

National Zoonoses Committee

In early 2026, the National Zoonoses Committee (NZC) undertook a disease prioritisation project to inform their workplan. The NZC Zoonotic Disease Prioritisation Project strengthened a standardised and evidence-informed public health approach to infectious disease surveillance, preparedness and response through the development of a nationally agreed zoonotic disease prioritisation framework.

The project undertook a comprehensive review of international best practice, including CDC, ECDC and EFSA prioritisation methodologies, to identify key principles for transparent, reproducible and multidisciplinary decision-making. A systematic process was then implemented, including development of a longlist of 62 zoonotic diseases, refinement to 25 priority candidates, selection of agreed prioritisation criteria (human health impact, animal burden and transmission, epidemic potential, economic impact, and feasibility of control), and a formal weighting exercise involving multidisciplinary stakeholders.

The weighted Multi-Criteria Decision Analysis (MCDA) framework was applied through a national workshop, where diseases were scored, ranked and validated through expert consensus. The project produced prioritised groups of zoonotic diseases using a traffic light system and a separate list of priority vector-borne diseases.

The next steps will be to undertake a SWOT analysis for each priority disease to make recommendations on surveillance, prevention, preparedness and response activities, and identify opportunities to address surveillance and control gaps. This work is part of collaborative actions between NHPO, DOH, DAFM, and other statutory partners to improve preparedness and response for zoonotic infections as part of a shared One Health Programme. This work is overseen by the One Health Oversight Committee Co-Chaired by the Chief Medical and Chief Veterinary Officers, on which members of the NHPO sit.

European Union Reference Laboratory for Public Health on Legionnaires' Disease

From 6–10 October 2025, ECDC and the European Union Reference Laboratory for Public Health on Legionnaires' Disease conducted a country visit to Ireland. Hosted by HPSC, the visit included a stakeholder meeting with regional Directors of Public Health and other key stakeholders to support the development of *Legionella* reference services and strengthen laboratory surveillance for Legionnaires' disease in Ireland.

Ireland identified three priority areas for support:

- standardising and enhancing laboratory diagnostic methods for *Legionella* spp.
- establishing a national reference service for *Legionella*
- reviewing and improving current water testing processes for *Legionella*

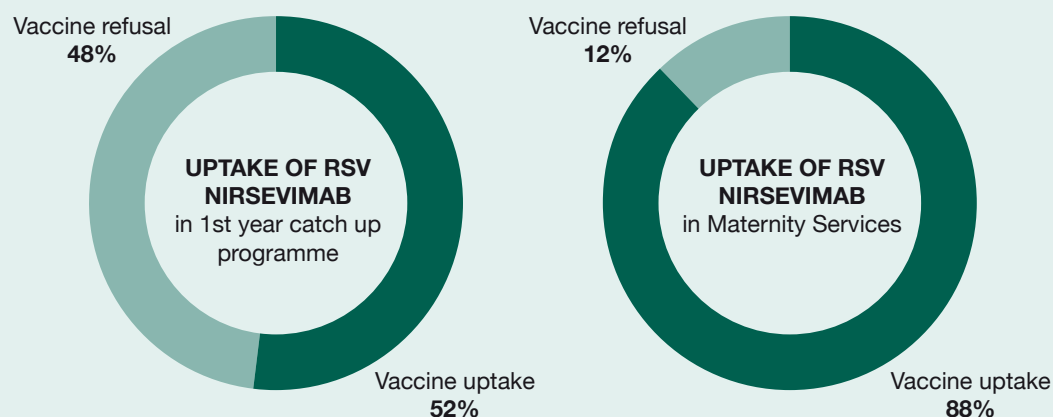
The meeting reviewed the epidemiology of Legionnaires' disease in Ireland, including notification rates, case profiles and current testing strategies. Stakeholders discussed limitations in regional referral pathways for *Legionella* diagnostic and reference services and highlighted the need for more coordinated national arrangements. The value of referring respiratory specimens to the Public Health Laboratory Dublin for culture was also emphasised, particularly for surveillance, outbreak investigation and enhanced laboratory characterisation.

Ireland has whole genome sequencing capability. To strengthen national surveillance and outbreak detection, laboratories and public health regions proposed engaging with UKHSA Colindale to obtain *Legionella* sequence data from Irish clinical samples previously referred there, so these data can be incorporated into an Irish database.

The visit reinforced the need for a coordinated national *Legionella* reference service, clearer diagnostic and surveillance pathways, and better use of culture and genomic data to support outbreak detection and public health response in Ireland.

Spotlight on Respiratory Syncytial Virus (RSV)

Building on the success of the first [RSV Pathfinder Programme](#), a second RSV Pathfinder programme (RSV Pathfinder 2.0) was delivered by the NHPO in autumn/winter 2025/2026, which included for the first time a 'catch-up' cohort of infants aged six months or under at the start of the RSV season (expanding on the newborn and highly-vulnerable cohorts included in the first Pathfinder Programme).



High uptake levels resulted in significant reductions in RSV-related emergency department presentations, hospitalisations and ICU admissions among infants.

It was estimated that infant immunisation in maternity services averted over 800 RSV-related ED presentations, hospitalisations, and ICU admissions, which was a decrease of 70-71%. For infants in the catch-up programme, it was estimated that over 200 RSV-related ED presentations, hospitalisations, and ICU admissions were averted, which was a decrease of 29-40%. An evaluation focused on the new 'catch-up' component of the programme and concluded that RSV immunisation is highly effective. Overall, the report emphasised that earlier planning, integration with primary care, and comprehensive communication to stakeholders and the target population are the key priorities for Pathfinder 3.0, being delivered from September 2026, and long-term national implementation once final policy is implemented by the Department of Health.

The evaluation recommended:

- Earlier programme confirmation and stakeholder engagement
- Implementing a stronger, year-round, multi-channel communications strategy to include SMS reminders and targeted outreach to underserved communities
- Integrating RSV immunisation governance within the NIO and routine childhood immunisation programmes
- Adopting a hybrid delivery model with routine catch-up cohort immunisations through general practice supported by HSE mobile vaccination teams
- Sustaining the highly successful maternity-based delivery model for newborns
- Strengthening workforce and funding arrangements
- Improving digital infrastructure
- Enhancing equity through targeted communications
- Culturally appropriate engagement and real-time monitoring of uptake among populations at risk of being missed

Immunising infants during winter 2025/2026 reduced RSV-related infant morbidity in Ireland. To maintain optimal protection, annual immunisation should continue to include both groups, with sustained efforts to increase uptake.

Strategic Objective 3: Hazards Related to the Environment

Further develop public health risk
assessment of, advice on, and
advocacy on non-infectious disease
hazards related to the environment



Introduction

Environmental hazards pose growing direct and indirect health threats to individuals and populations. Six actions were identified in the [HSE Health Protection Strategy 2022-2027](#) to strengthen Ireland's response to environmental hazards.

What we will do from 2022-2027

- Action 1:** Collaborate with key stakeholders to develop clear health protection roles and responsibilities for environment and health issues.
- Action 2:** Expand surveillance of environmental hazards.
- Action 3:** Develop preparedness plans for health protection hazards which are exacerbated by climate change.
- Action 4:** Expand the health protection role in advocacy on environment and health issues.
- Action 5:** Collaborate with key stakeholders (e.g. Environmental Protection Agency) to support public health advocacy submissions to government departments on environmental threats to health.
- Action 6:** Reduce carbon emissions across the HSE health protection work environment and service delivery

Over the past year, the NHPO has strengthened Ireland's capacity to assess, advise on and respond to hazards related to the environment. Progress has been made in extreme weather preparedness, public communications, workforce capability, collaboration and air quality advocacy.

Dr Caitriona Kelly was appointed in 2026 in the role of Consultant in Public Health Medicine Environment and Health. This appointment strengthens NHPO's capacity in environment and health, supporting clearer leadership, expert public health advice and a more coordinated response to environmental hazards.

Protecting the Irish population during extreme weather events: Summer heatwave event 2026

NHPO led a multi-channel communications response during a period of extreme heat in summer 2026. NHPO collaborated with the Department of Health, HSE Emergency Management and the HSE Press Office to provide timely public health advice. Public-facing website content was reviewed and updated for carers and people working outdoors, a press release was issued advising the public to take precautions during the hot weather, and 16 media queries were managed during the period.

NHPO also developed guidance for health and care workers on keeping patients cool during the heatwave, which was circulated through the HSE internal communications bulletin.

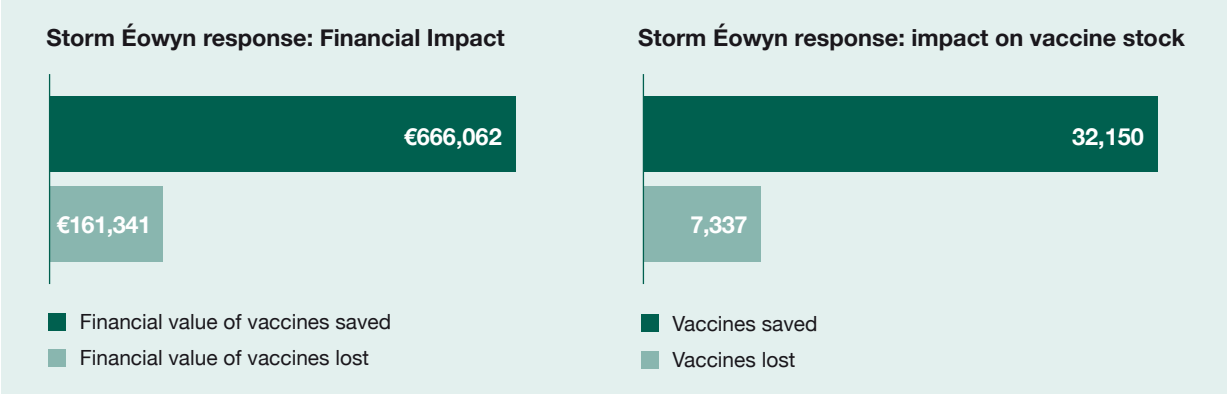
Work is underway to strengthen preparedness for future extreme weather events, enabling similar public health communications responses for storms, flooding and periods of cold weather building on materials previously developed.

Spotlight on protecting vaccine supply during extreme weather events

The NIO led a cold chain and temperature excursion response to Storm Éowyn. This storm hit Ireland in 2025 and resulted in widespread loss of electricity. In advance of this, the NIO developed guidance for GPs and community pharmacies on how to maintain cold chain during power cuts. Immediately after the storm, 768,000 premises were without power, resulting in fridge temperatures above 8°C.

Temperature excursion queries were assessed by pharmacists in the NIO and advice was given on which vaccines were suitable for use, and which should be destroyed.

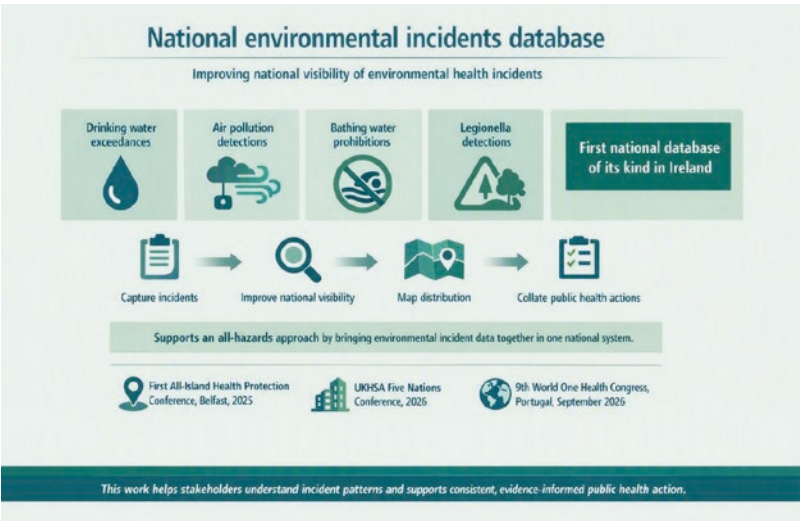
More extreme weather events are likely in the future. Vaccine service delivery to patients can be maintained by prompt and appropriate action. Timely reporting and pharmacist review of vaccines affected by power cuts results in significant cost savings and helps mitigate vaccine interruption for patients.



Surveillance of environmental hazards

HPSC, in collaboration with HSE Regional Departments of Public Health, has developed a new database to capture information on environmental incidents referred to public health departments. These include exceedances in biological and chemical drinking water parameters, air pollution detections, bathing water prohibitions, legionella detections and other incidents. This is the first time these data have been brought together in a single national database in Ireland, helping stakeholders understand the distribution of incidents and supporting the collation of recommended actions.

The database, including its development and early findings, was presented at the First All-Island Health Protection Conference in Belfast in 2025, the [UKHSA Five Nations Conference](#) in 2026, and the [9th World One Health Congress | global One Health Community](#) in Portugal in September 2026.



National environmental incidents database

Development of an Environment and Health Special Interest Group

Dr Caitriona Kelly, Consultant in Public Health Medicine at the NHPO, leads the HSE Environment and Health Special Interest Group (SIG). The SIG is a national expert advisory group reporting to the NHPO that promotes consistent, evidence-informed public health practice in environment and health, supporting operational response, workforce development and national programme delivery.

In 2025/26, SIG members provided public health input to several national groups, including:

- HSE National Drinking Water Group
- Drinking Water Expert Group
- HSE National Bathing Water Group
- [EPA's Air Quality Index for Health](#) working group

The SIG contributed to national work arising from these groups, including updates to national drinking water resources and Ireland's public health input to the European Environment Agency's discussion on its Air Quality Index.

SIG members are also supporting the current review of [HPSC Environment and Health webpages](#). Priority areas include heat and heatwave guidance, wildfire FAQs and new asbestos content, which is at an advanced stage of development.

The SIG also acts as a community of practice, providing a forum for knowledge sharing. Recent sessions have covered Seveso site incidents and risk assessment and management of fires involving asbestos-containing materials.

In 2025, SIG members contributed to national Health Protection teaching by delivering three CPD sessions:

- PHRA of Environmental Complaint Asphalt Plant in Kerry (Odour Issues) on 12/03/2025
- Planning and Licensing System Service Evaluation on 11/06/2025
- Air Quality on 10/12/2025

Advocacy in Environment and Health issues

NHPO contributed to the public health coalition [Climate and Health Alliance \(CHA\)](#), which published the *Clean Air – Healthier Ireland* report in February 2026. The report highlights that there is no safe level of air pollution and that it contributes to heart and lung disease, stroke, dementia, pregnancy complications and mental health issues, underlining the urgent need for government action on this invisible health threat.

Dr Keith Ian Quintyne, NHPO Consultant in Public Health Medicine, represented Health Protection at the Oireachtas. He advised that air pollution is one of Ireland's most significant public health challenges and affects everyone across Ireland.



Dr Keith Ian Quintyne representing NHPO as part of the Climate and Health Alliance

Strategic Objective 4: All-hazards Preparedness and Response

Enable prevention, early detection
and optimal response in public health
preparedness and response of major
incidents for all hazards



Introduction

The [HSE Health Protection Strategy 2022-2027](#) identifies all-hazards preparedness and response as a key strategic objective. The [International Health Regulations \(IHR\) 2005](#) require that all State parties have the ability to detect, assess, report and respond to public health emergencies.

In Ireland, the NHPO is responsible for the alert, surveillance and response functions required under the IHR, including the assessment of cases, outbreaks and hazards. HPSC acts as the National Focal Point for IHR alerts and their action working within the NHPO structure.

What we will do from 2022-2027

- Action 1:** Develop a health threats strategy and implementation framework, including early detection and cross-/intra operational planning for chemical/biological/radiological/nuclear (CBRN) threats.
- Action 2:** Develop early warning surveillance systems and response plans (e.g. for high consequence infectious diseases [HCIDs]).
- Action 3:** Strengthen capacity at Points of Entry.
- Action 4:** Work with communities, including vulnerable and marginalised communities to improve prevention of, preparedness for and response to health threats.
- Action 5:** Enhance collaborative working on preparedness and response to major incidents across the HSE and relevant external agencies.
- Action 6:** Develop health threats/major incident training to contribute to public health staff development.
- Action 7:** Strengthen Ireland's capacity to detect and report potential public health emergencies.

Response to cross-border threats

A key milestone in 2026 was the establishment of the Health Security Unit (HSU) within the National Health Protection Office (NHPO). The HSU was created to strengthen Ireland's preparedness for, and response to, national and serious cross-border health threats by bringing together existing health security functions, expertise and resources within a coordinated multidisciplinary structure within the NHPO. Operating as a cross-cutting function across the NHPO and Health Protection Surveillance Centre (HPSC), the Unit consists of the Health Security Team (formerly the On Call Support Team) who deliver the day-to-day IHR National Focal Point function, four Consultants in Public Health Medicine, and health security programme administrative staff. The Unit enhances national capability in emergency preparedness, health threat intelligence, environmental health, pandemic preparedness, and implementation of obligations under the International Health Regulations (IHR) and EU Regulation 2022/2371. The establishment of the HSU has also strengthened organisational integration across health protection functions, improved coordination with key national and international partners, and supported Ireland's preparedness for the 2026 ECDC Public Health Emergency Preparedness Assessment (PHEPA).

Ebola

In 2026, major Ebola outbreaks were reported in the Democratic Republic of the Congo, with cases also identified in Uganda. In response, the NHPO established a Scoping and Control Committee to assess the potential implications for Ireland and support a coordinated national response, informed by international guidance, epidemiological and modelling data from the WHO and ECDC. NHPO also provided advice through engagement with the Department of Foreign Affairs and Trade (DFAT) to embassy and consular staff working in the impacted region to ensure Irish citizens and our consular staff were supported and given appropriate public health advice.

The NHPO Research and Guideline Development Unit working with the Health Security Unit [developed algorithms for health and care professionals](#), setting out clear pathways for the assessment and management of possible Ebola cases.

Ebola poster which was displayed at airports across Ireland



The NHPO Communications team developed traveller information posters for display at airports across Ireland, raising awareness of Ebola risk, key symptoms and the need to seek advice if symptoms developed after travel.

The NHPO also activated the [Humanitarian Aid Workers Surveillance Programme](#) to keep Departments of Public Health and key stakeholders informed about humanitarian aid workers returning to Ireland. This helped reduce the risk of onward transmission if an imported Ebola case was identified. Due to uncertainty about potential geographical spread, the programme was extended to the ten countries bordering the Democratic Republic of the Congo and Uganda.

This work is important for health security because it strengthens Ireland’s ability to detect, assess and respond rapidly to high-consequence infectious disease threats, reducing the risk of imported cases leading to onward transmission and supporting national preparedness for cross-border public health emergencies.

Andes Hantavirus outbreak linked to the M/V Hondius

In May 2026, an outbreak of Andes Hantavirus infection was linked to the M/V Hondius cruise ship. In response, the National Director for Health Protection, Dr Éamonn O’Moore, convened a National Incident Management Team, bringing together representatives from HSE Emergency Management, the HSE National Ambulance Service and the Department of Health.

The NHPO supported the safe repatriation of Irish citizens on board through coordinated action with the HSE, the Department of Health and the Department of Defence.

HPSC supported collaborative work with ECDC and other partners to understand the clinical course of illness including clinical symptoms and laboratory results from Irish citizens on board. NHPO and HPSC coordinated the public information response, providing timely and accurate updates for clinicians, the media and the public.

Hantavirus Response

- Establishment of a National Incident Management Team
- Successful Repatriation of Irish citizens
- Maintenance of a database with information about contacts
- Making Hantavirus a notifiable disease

To support the response, the Minister for Health signed regulations on 14 May 2026 adding hantavirus and hantavirus disease to Ireland’s list of notifiable diseases. This requires doctors and laboratory directors to immediately notify public health authorities of confirmed, probable or suspected cases, enabling national surveillance and control measures to be activated.

The repatriated passengers completed quarantine in Ireland and are clinically well.



**Jet used to repatriate Irish passengers on board M/V Hondius Cruise Ship.
Image Credit: Department of Defence**

Pandemic planning

NHPO continued to support the development of Regional Pandemic Plans across all six Regional Health Areas in the HSE. The plans were delivered through the production of national guidance, technical support and shared learning initiatives. This work has strengthened regional preparedness and promoted a more consistent approach to pandemic planning. The planning process has also strengthened awareness of pandemic preparedness responsibilities and fostered broader engagement with emergency preparedness across regional stakeholders beyond public health, supporting a more integrated and resilient all-hazards approach.

Regional Pandemic Plans are intended to operate within a continuous improvement cycle of planning, exercising, evaluation and review. The next phase of work will focus on implementation, exercising and evaluation of Regional Pandemic Plans, in partnership with regional teams across the HSE. This will ensure that plans remain operational, evidence-informed and aligned with evolving national preparedness priorities.

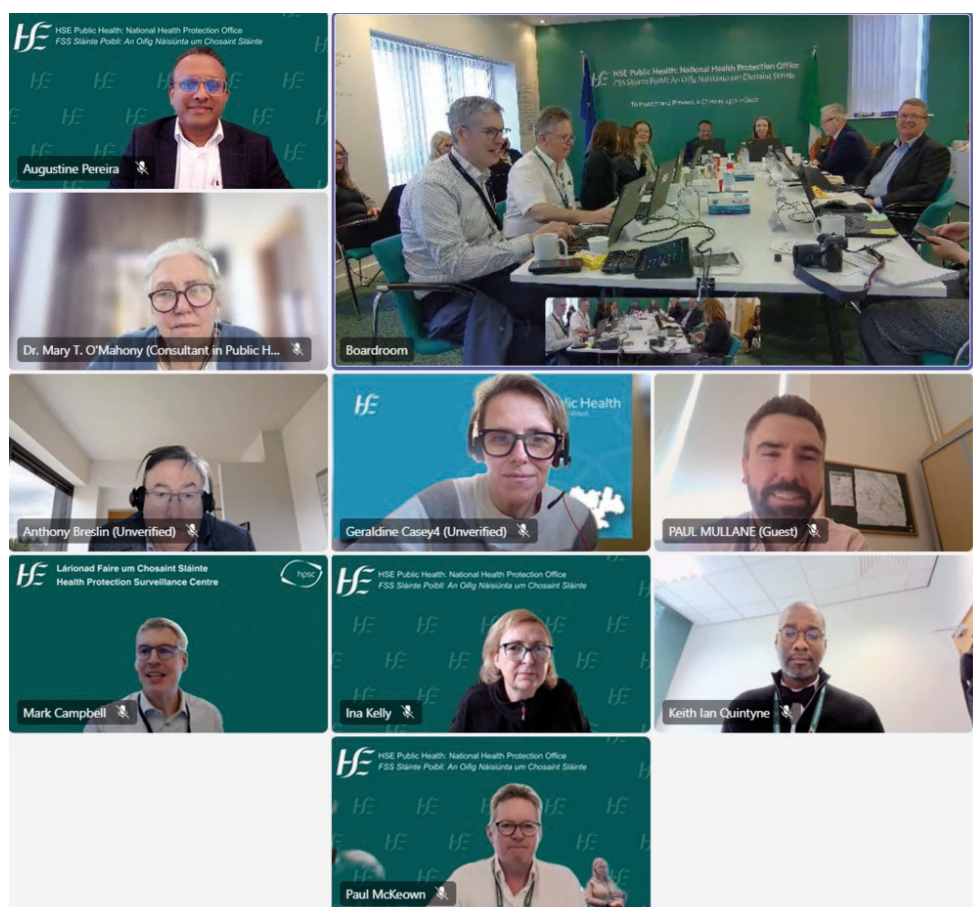
Simulation events

In November 2025, a multidisciplinary team from NHPO and HSE Emergency Management participated in the annual [WHO Joint Assessment and Detection of Events \(JADE\) Exercise](#).

The 2025 exercise focused on a chemical incident at a large industrial facility which handled hazardous chemicals. Colleagues at the UK Health Security Agency (UKHSA) also provided support to the exercise preparation and response, given the long-standing arrangement to provide chemical threats support to the HSE through a Memorandum of Understanding.

The exercise tested Ireland's public health event detection, risk assessment, notification and communication processes under the International Health Regulations, including use of the WHO Event Information Site (EIS) and the EU [Early Warning and Response System \(EWRS\)](#).

It provided a valuable opportunity to strengthen multidisciplinary coordination, test all-hazards preparedness arrangements and identify learning to support future responses to chemical and other health security threats.



WHO Joint Assessment and Detection of Events (JADE) Exercise

Spotlight on Yellow Fever Vaccination Centre Certification

This year, the NHPO led the development of updated [national guidance for the certification and re-certification of Yellow Fever Vaccination Centres](#). A multidisciplinary working group was established to review existing national and international practice and address known variation in certification processes across the HSE.

The new guidance sets out a standardised national framework aligned with the International Health Regulations (2005), while retaining delivery through regional HSE structures. It moves the certification process to a fully electronic model and introduces clearer governance arrangements, defined clinical roles, structured training requirements, and standardised application and assessment processes.

This strengthens Ireland's compliance with international obligations for Yellow Fever vaccination, the only disease for which proof of vaccination may be required for international travel. By improving consistency, clinical governance and competency assurance, the guidance supports safe, high-quality delivery of this specialised service nationally. Structured re-certification cycles and proposed annual returns will also support ongoing quality assurance, national monitoring and reporting on vaccination activity, adverse events and medical exemptions.

Overall, the guidance reinforces Ireland's outward-facing role in global health security by supporting safe international travel and reducing the risk of cross-border disease transmission.



Strategic Objective 5: Immunisation

Deliver a high level of prevention and control of vaccine-preventable diseases across population groups through immunisation programmes



Introduction

Vaccine-preventable diseases are a source of significant morbidity and mortality in the population.

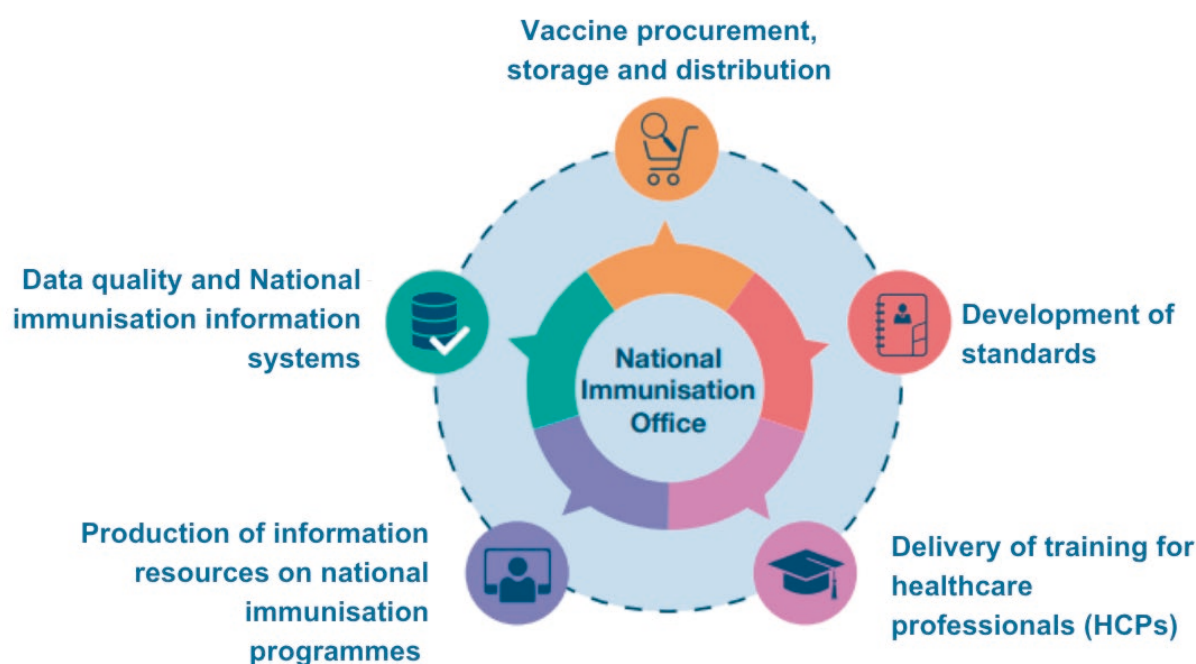
The HSE Health Protection Strategy 2022-2027 identified seven actions to deliver a high level of prevention and control of vaccine-preventable diseases. Immunisation strengthens health security by preventing vaccine-preventable disease, reducing outbreak risk and building population resilience through sustained high vaccine uptake.

What we will do from 2022-2027

- Action 1:** Develop a national immunisation end-to-end information system.
- Action 2:** Ensure robust and timely monitoring of uptake and enable estimation of vaccine effectiveness at population level and in defined risk populations.
- Action 3:** Review and make recommendations for future service delivery of national immunisation programmes.
- Action 4:** Collaborate with all immunisation providers, promoting collective responsibility to increase vaccine uptake.
- Action 5:** Identify groups within the population with low vaccine uptake and develop tailored immunisation programmes for them.
- Action 6:** Continue to integrate the COVID-19 vaccine programme into the same governance structure as other routine vaccination programmes within the HSE.
- Action 7:** Develop processes for administration of vaccines in outbreak situations.

About National Immunisation Office (NIO)

The National Immunisation Office (NIO), working within the governance of the National Health Protection Office, is responsible for managing vaccine procurement and distribution, developing training and communication materials for the public and health professionals of all National Immunisation Programmes.



New vaccination programmes

Introduction of varicella vaccine to Primary Childhood Immunisation Programme

In 2025, Ireland introduced the varicella vaccine into the Primary Childhood Immunisation Programme for the first time. This means that the varicella vaccine was offered to babies who turned 12 months old on or after 1 October 2025. This marked an important milestone in strengthening prevention of vaccine-preventable disease from early childhood and supporting wider health security by reducing the risk of illness, complications and future outbreaks.

The NIO partnered with the NHPO, HPSC, Irish College of General Practitioners (ICGP), National Immunisation Advisory Committee (NIAC) and HSE Health Regions to develop this programme.

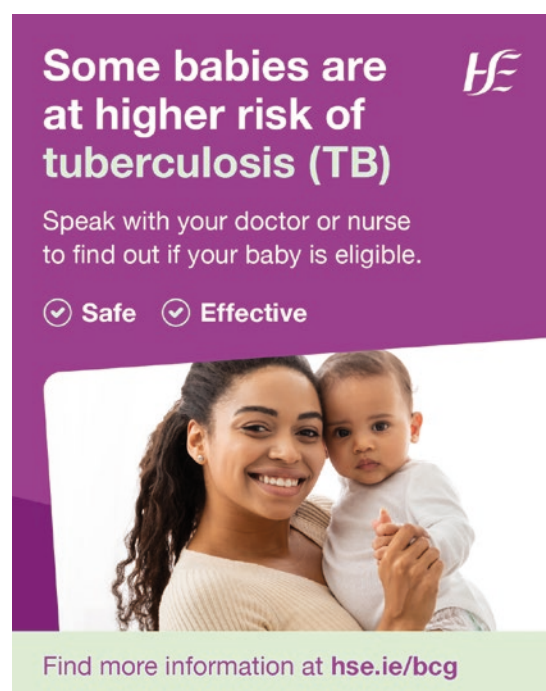
NIO led and coordinated the communications response and implementation of the vaccine, including the development of public information materials, communications for health and care workers and a national social media campaign for parents and guardians.

HPV catch-up programme

The HSE aims to eliminate cervical cancer by 2040. The NIO continues to work with the HSE National Screening Service to improve HPV vaccine uptake.

In January 2026, the NIO launched a human papillomavirus (HPV) catch-up programme which offers additional opportunities for people to get vaccinated if they didn't get the vaccine in their first year of secondary school. This vaccine protects against cancers associated with HPV especially cervical cancer in women.

The NIO delivered a national press statement in partnership with the Department of Health and a social media campaign to raise awareness of the Phase 1 HPV Catch-up Programme. Extension of this catch-up programme is planned for the 2026/2027 academic year.



Selective BCG programme

In 2026, the NIO supported the regional roll-out of a selective BCG programme, in line with NIAC guidelines and the [HSE Striving to End Tuberculosis – A Strategy for Ireland 2024-2030](#). The programme will target those most at risk of TB and will be implemented in phases over time.

A comprehensive communications programme was developed to support implementation, including public information resources, healthcare professional materials, translated resources in 15 community languages, low-literacy infographics, stakeholder engagement and a national webinar. The programme supports targeted protection for higher-risk groups and demonstrates the role of communications in supporting the introduction of new immunisation programmes.

Winter vaccinations

The NIO supported the continued delivery of national COVID-19 and seasonal influenza vaccinations during the 2025-2026 season. This included autumn and spring COVID-19 campaigns and the seasonal flu vaccine programme.

The NIO provided clinical advice and public-facing information, as well as supporting vaccination supply chains as part of the HSE's wider winter resilience plans.

SEASONAL INFLUENZA PROGRAMME

75%

Target achieved



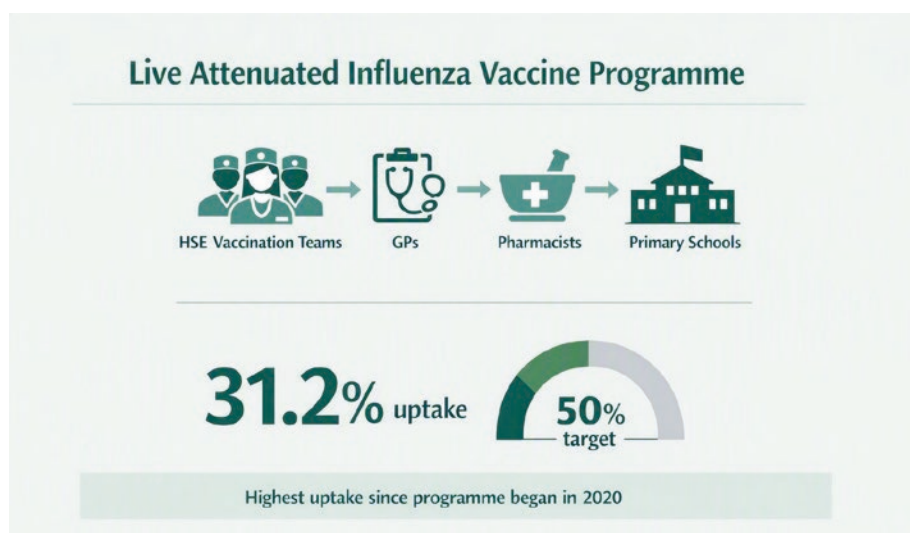
People aged 65 years and older



Residents of residential care facilities

During European Immunisation Week 2026, Ireland was recognised as [one of only four countries in Europe to achieve the WHO influenza vaccination target for older people](#) and was ranked among the leading OECD countries for influenza vaccine uptake in older adults. This recognition reflects the continued success of the national seasonal influenza vaccination programme.

The Live Attenuated Influenza Vaccine programme was delivered by HSE vaccination teams, GPs and pharmacists in primary school settings and expanded in 2025-2026 to reach more primary schools. Uptake among primary school-aged children reached 31.2%, the highest level since the programme began in 2020, although further improvement is required to meet the 50% target. Learning from Ireland's school-based LAIV programme was shared internationally through publication and presentation, including an evaluation published in *Vaccine* and a presentation at the Spanish Association of Vaccinology.



The NIO also progressed work to improve influenza vaccine uptake among healthcare workers, recognising this as a challenge nationally and internationally. This included leading a narrative literature review on strategies to improve uptake, sharing findings through winter resilience structures, developing materials to support local implementation, and extending the NIO's collaboration with the ESRI to examine behavioural drivers of influenza vaccine uptake among healthcare workers.

Strengthening rabies preparedness and response

In 2025, the NIO worked closely with the NHPO and regional colleagues to implement a new national process for the assessment of rabies-prone exposures and the timely provision of rabies vaccine and immunoglobulin where required.

This work strengthened Ireland's preparedness for a rare but high-consequence infectious disease threat, ensuring that clear pathways were in place to support rapid risk assessment and access to potentially life-saving post-exposure treatment.

The introduction of the new process resulted in a significant increase in national requirements for rabies vaccine and immunoglobulin, coinciding with heightened public and clinical awareness following a travel-related rabies death in the UK. Despite this increased demand and the additional challenge of global shortages of rabies products, the NIO undertook substantial operational work to maintain national supplies and support timely access for those who needed them. This achievement reflects the critical role of the NIO in managing complex vaccine logistics, supporting frontline decision-making and strengthening health security through preparedness, responsiveness and continuity of supply.

Communications and engagement

This year, the NIO developed its first Communications Strategy. This provides a strategic framework to support immunisation communications across the life course. The strategy strengthens programme planning by embedding communications into programme development from the outset and includes a focus on stakeholder engagement, healthcare professional communications, health literacy, accessibility, underserved communities, evaluation and addressing misinformation through evidence-based communications.

Communications priorities for 2026-2027 will focus on:

- strengthening vaccine confidence,
- supporting infodemic management,
- addressing misinformation and disinformation,
- improving accessibility,
- supporting underserved communities,
- and expanding the use of behavioural science and community engagement approaches to improve vaccine uptake across the life course.

Building trust and addressing misinformation

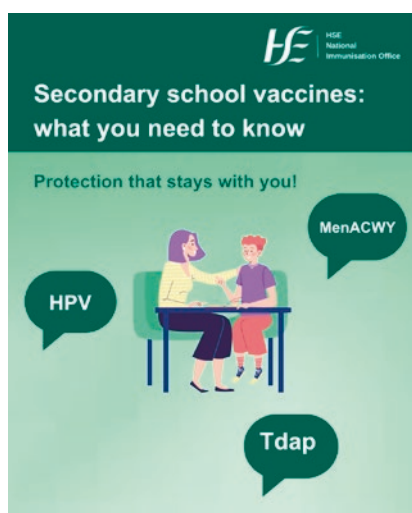
Recognising the growing impact of misinformation and disinformation on vaccine confidence, the NIO strengthened its approach to community engagement and trust-building. Drawing on World Health Organization (WHO) guidance, communications activity incorporated principles of health literacy, trusted messengers and community engagement. Work focused on ensuring people could access clear, evidence-based and culturally appropriate vaccine information to support informed decision-making.

Visit 3 – 6 months

6 in 1+PCV
2 Injections

No Rotavirus vaccine on
or after 8 months 0 days





Young people's vaccine confidence initiative

Working in partnership with young people, a 2026 Transition Year student, Emily Phair, led the development of vaccine communications informed directly by the views, experiences and information needs of adolescents. Through engagement and co-design approaches, young people helped shape messaging, content and communications materials to ensure information was relevant, accessible and meaningful to their peers. This work reflects the NIO's commitment to involving communities in the development of vaccine information and applying behavioural science principles to improve vaccine confidence and informed decision-making.

School Vaccination Programme

A national communications campaign was delivered to support the September 2025 and February 2026 School Vaccination Programme. Activity included a social media campaign, stakeholder engagement, healthcare professional communications and public information resources designed to support informed consent and vaccine uptake.

Immunisation information systems

School Immunisation System (SIS)

The Schools Immunisation System (SIS) is an electronic dataset which records all childhood vaccinations for children of school-going age. The NIO continued development of the system over the past year. The system underwent a server upgrade and a migration project was completed, ensuring continued Microsoft support and reducing the risks associated with managing a legacy software application. Upgrades to system logic significantly improved system response times for users, while the implementation of a script to automatically deactivate expired vaccine batches reduced the manual resources required for maintenance and helped minimise the risk of data quality errors. The latest security certificates were also added to the SIS application and SSRS reporting servers to support compliance with current HSE security policies.

National Immunisation Information System (NIIS)

The National Immunisation Information System (NIIS) continued to be enhanced during 2025-2026. The National COVID-19 Immunisation System, CoVax, has now been adopted as the NIIS and includes COVID-19, influenza and pneumococcal vaccines. NIIS is designed to capture vaccination data across all stages of life. Once all immunisation programmes have been added to NIIS, it will support reporting on vaccine uptake by population groups and geographic areas, enable automated invitations and reminders to enhance coverage and assist with outbreak and pandemic response efforts.

The Primary Childhood Immunisation (PCI) Programme was prioritised as the first schedule to be added to NIIS, with PCI vaccination records from GPs being received into NIIS from 1 December 2025. For babies born on or after 1st October 2025, vaccination data is also sent to the Primary Care Reimbursement Service (PCRS) team to facilitate GP payment processing.

Data linkage was improved between immunisation records on the NIIS and respiratory virus surveillance systems. This resulted in improved data quality on vaccination status and enabled monitoring of vaccine effectiveness. Further work is ongoing to automate and improve data linkage for the 2026/2027 season.

Strategic Objective 6: Driving Down Health Inequalities and Inequities

Employ evidence-informed approaches to mitigate the impact of inequities on prevention and control of infectious diseases and other defined hazards



Introduction

Certain population groups are more at risk of acquiring or experiencing poor clinical outcomes from Health Protection hazards. Examples of these population groups include Irish Travellers, people who are homeless, those who engage in problematic drug use, those in prison and migrants. The NHPO continues to develop intensive, innovative, and tailored approaches to ensure their Health Protection needs are met.

The [HSE Health Protection Strategy 2022-2027](#) identified five goals to mitigate the impact of inequities on prevention and control of infectious diseases.

Progress under these goals strengthens Ireland's health security by improving data on at-risk groups, supporting more targeted prevention, and building trusted partnerships with communities most affected by infectious disease risks. This helps ensure health protection responses are more equitable, effective and resilient.

What we will do from 2022-2027

- Action 1:** Ensure data collection systems for surveillance and immunisation include ethnicity and other variables to capture at risk groups.
- Action 2:** Proactively engage with at risk groups on health protection issues affecting them.
- Action 3:** Work collaboratively with HSE Social Inclusion, communities, and their advocates in responding to health protection incidents.
- Action 4:** Act as strong public health advocates for at risk populations within the HSE and externally.
- Action 5:** Support further development of the migrant health protection programme including infectious disease screening and treatment, and catch-up vaccination.

Collaboration with the Irish Traveller community

In 2026, the NIO led a project with the Irish Traveller community on the Primary Childhood Immunisation Programme. The resources include an information video, available on YouTube, and a co-created leaflet available to download from healthpromotion.ie.

The resources are designed for Traveller primary care workers, primary care projects, public health nurses, general practice teams, and other staff to support conversations with parents about childhood vaccines.

These resources were co-designed with:

- Brú Bhríde Family Resource Centre
- The Coolock Traveller Primary Healthcare Project
- The Eastern Region Traveller Health Unit
- Pavee Mothers
- Pavee Point Traveller Primary Healthcare Project
- HSE National Social Inclusion Office, and representatives from Public Health Nursing and General Practice Nursing.



Dr Fiona McGure, SpR at the NIO launching the resources at Pavee Point

Collaboration with migrant communities

Following the WHO declaration of an Ebola outbreak in the Democratic Republic of the Congo, NHPO worked with the United Congolese Association (UCA) to develop messages for members of the Congolese community in Ireland. These outlined symptoms of Ebola and encouraged people returning from the DRC to contact their doctor if symptoms developed. The messages were translated into French, Swahili and Lingala, and were shared through UCA WhatsApp distribution lists.

This strengthened Ireland's health security by enabling rapid, targeted risk communication with an at-risk community during an international outbreak, helping people recognise symptoms early and seek care promptly.

Collaboration with the gbMSM community

The NHPO has been working in partnership with NGOs supporting gay, bisexual, and other men who have sex with men (gbMSM) in Ireland. Collaborative efforts involve working together on regional and national incident management teams, co-designing and delivering public health campaigns and interventions such as vaccination.

Mpox

Following the detection of an mpox outbreak within the gbMSM community in Northern Ireland in May, HPSC and NHPO were invited to participate in the Northern Ireland Mpox Incident Management Team (IMT). While no cases had yet been detected in the Republic of Ireland, several contacts of Northern Ireland cases were identified here, highlighting the cross-border nature of transmission and the importance of close collaboration. Cases were subsequently detected in the Republic of Ireland in late June, reinforcing the need for ongoing information sharing, joint risk assessment and coordinated public health action across both jurisdictions.



The IMT provided a forum for shared situational awareness across Northern Ireland and the Republic of Ireland, enabling regular exchange of information on epidemiological trends, case numbers, transmission patterns and emerging issues. This supported a more complete understanding of the evolving situation on the island of Ireland. Sharing response activities, control measures and communications plans also helped align public health actions and allowed both jurisdictions to address common challenges together. This was particularly important ahead of planned Pride festivals in Dublin and Belfast, where consistent public health advice and risk communications helped reduce the risk of confusion among the public and healthcare professionals.

Overall, collaboration through the Northern Ireland Mpox IMT strengthened cross-border surveillance, risk assessment, communications and outbreak response. It also reinforced professional networks and improved information-sharing mechanisms for future cross-border infectious disease incidents.

Collaboration with people in prison

NHPO continues to support the health of people in prisons. People in prison are disproportionately affected by hepatitis B and C, with risks linked to injecting drug use, unsafe injecting, tattooing and unprotected sexual contact. Prevention, testing and treatment are often inconsistent, particularly during movement between custody, community and prison sites. Addressing these gaps is essential to meeting WHO viral hepatitis elimination targets by 2030.

EuroHePP, developed by ECDC and the EU Drug Agency with support from the NHPO, HSE and the Irish Prison Service, supports national action on viral hepatitis in prisons. Based on evidence review, stakeholder consultation and expert validation, it provides practical guidance across prevention, testing, treatment, monitoring and post-release continuity of care. It promotes prison-focused micro-elimination through opt-out testing, simplified and decentralised care, harm reduction and linkage to care after release, helping strengthen prison health systems, reduce inequalities and accelerate hepatitis elimination.

To support EUROHePP implementation, ECDC is facilitating country exchanges to promote peer learning across jurisdictions. Following an initial exchange in Luxembourg, the next event will be hosted in Ireland by the Irish Prison Service and HSE's NHPO. Prison-based clinicians and public health experts from Finland, Estonia, Portugal and the Netherlands will attend the two-day visit in Dublin on 17–18 November, which will include visits to a Dublin prison and the NHPO in Middle Gardiner Street.

Spotlight: ethnicity data on School Immunisation Consent Forms

A recent review by Dr Christine White of the NIO and Vaccine Services in Dublin and North East, presented at the RCPI Summer Scientific Conference 2026, showed very high completion rates for ethnicity information by parents on secondary school immunisation consent forms.

The review examined 3,665 consent forms from 44 secondary schools during the 2024/2025 academic year to assess how consistently parents completed the ethnicity section. Of the forms reviewed, 99.3% included completed ethnicity information.

Collecting ethnicity data plays an important role in understanding vaccine uptake across different communities and identifying potential inequalities in access to immunisation services. The findings support the feasibility of collecting this information to strengthen equity monitoring and improve targeted public health interventions in the future.

The review also highlighted the diversity of school populations across both regions, with families identifying across a broad range of ethnic backgrounds.

Strategic Objective 7: Global Health

Enhance our understanding of and health protection approaches to global health issues and their impact on the population of Ireland



Introduction

The HSE Health Protection Strategy 2022-2027 identified “a need to build stronger collaborative relationships with existing global health structures including with the World Health Organization (WHO) Global Outbreak Alert and Response Network (GOARN), and European Centre for Disease Prevention and Control (ECDC).”

Through this work, NHPO has strengthened Ireland’s contribution to international health security, from preparedness assessment and cross-border alerts to shared learning with European and global partners.

What we will do from 2022-2027

Action 1: Maintain an awareness of current global health issues, including changes in global health policies and information on emerging and novel pathogens.

Action 2: Develop collaborative relationships with existing global health structures in the HSE and externally.

Action 3: Strengthen connections with other States to support global health security.

Action 4: Advocate for and support actions to reduce global health inequities, including vaccine inequity.

Public Health Emergency Preparedness Assessment (PHEPA) held to strengthen Ireland’s Health Protection response

From 8–12 June 2026, the European Centre for Disease Prevention and Control (ECDC) carried out Ireland’s first [Public Health Emergency Preparedness Assessment \(PHEPA\)](#). The assessment is part of the implementation of national prevention, preparedness and response plans under [Article 8 of Regulation \(EU\) 2022/2371 on serious cross-border threats to health](#). The PHEPA process helps countries assess their ability to prevent, detect and respond to public health emergencies, including infectious disease outbreaks and other serious health threats.

The assessment consists of four phases:

- Phase 1: Desk review
- Phase 2: Country visit
- Phase 3: ECDC assessment report
- Phase 4: Country development or review of their action plan

Phase 1: Desk review

The main aim of Phase 1 is to assess Ireland’s capacity under each of the 16 capabilities. The assessment team identifies which aspects should be discussed further at the country visit. This allows ECDC to understand the structure and functioning of Ireland’s prevention, preparedness and response planning. The NHPO reviewed Ireland’s key systems, policies and operational practices as part of the assessment.

Phase 2: Country visit

The country visit took place in June 2026. The purpose of the country visit is to identify challenges, bottlenecks, gaps or areas for improvement following discussions with national experts, like Dr Éamonn O’Moore, Director of National Health Protection. NHPO staff attending found it to be a very useful experience, and it strengthened connections with European colleagues and other national partners.

Phase 3: ECDC Assessment Report

ECDC has published the final assessment report from the desk review and country visit. This report provides an overview of the assessment, including key findings and recommendations.

The report acknowledged that Ireland continues to strengthen its health security and preparedness capabilities through major health system reform, investment in digital infrastructure, and enhanced emergency preparedness arrangements. While challenges remain in areas such as data integration, laboratory coordination, and emergency management, ongoing reforms and strong national and international collaboration are supporting a more resilient public health system.

Key themes which emerged through the report's recommendations included workforce surge planning; an expanded programme of exercising; enabling the [HSE Laboratory Services Strategy](#); the integration of IT, laboratory and surveillance systems; and the finalisation of plans and frameworks currently in development, including the national medical countermeasures strategy.

Phase 4: Country action plan

NHPO will work with DoH and other national partners to develop the national action plan, addressing the recommendations from the report, together with corresponding actions and milestones. The PHEPA action plan will inform NHPO's programme of work for the next three years, including the development of a new National Health Protection Strategy, and will align with health protection priorities set out in the [National Public Health Strategy 2025-2030](#). NHPO will lead on Surveillance recommendations, and through the HSE Port Health Network, the Points of Entry and Border Health recommendations but will input into many more capabilities.

Overall, PHEPA strengthens national preparedness by translating learning from international assessment into practical actions across surveillance, emergency response, laboratory systems, workforce planning and cross-border collaboration. In this way, PHEPA acts as an important bridge between national strategy and operational preparedness. The process supports a coordinated European approach to health security, helping countries respond quickly and effectively to emerging threats and better protect populations.



Dr Éamonn O'Moore contributing to the Public Health Emergency Preparedness Assessment (PHEPA)

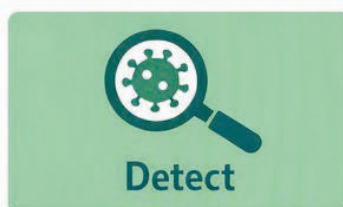
At a glance: Ireland's first Public Health Emergency Preparedness Assessment

8–12 June 2026

Strengthening Ireland's capacity to prevent, detect and respond to serious cross-border health threats.



Prevent



Detect



Respond



Desk
review



Country
visit



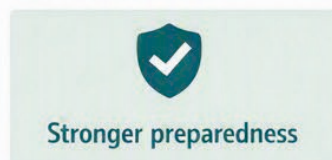
ECDC
report



Action
plan

NHPO Role

- ✓ Reviewed preparedness systems
- Participated in country visit
- 🔍 Will lead on Points of Entry and **Surveillance**



Stronger preparedness



Better coordination



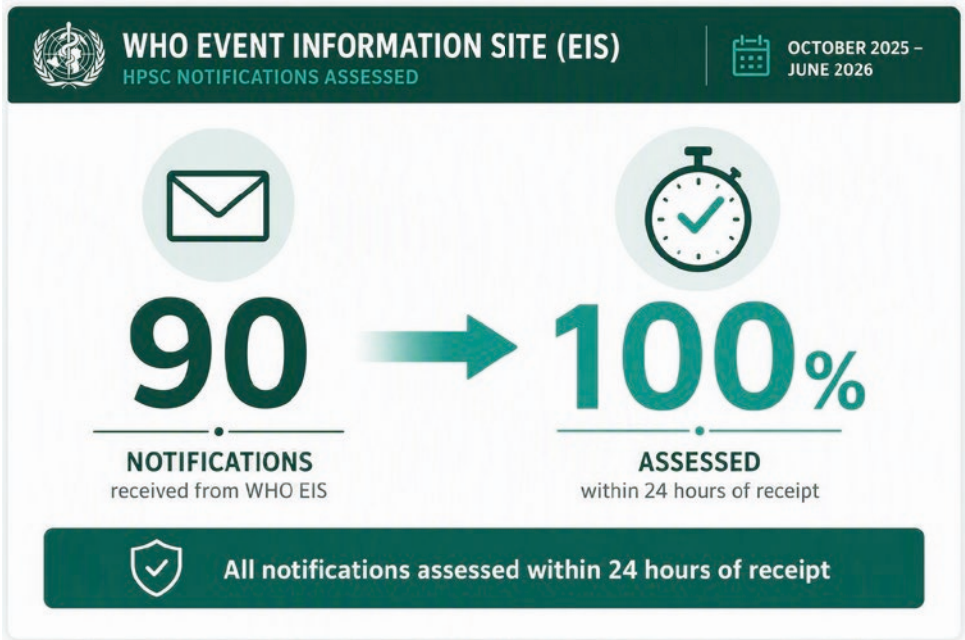
Clearer priorities

The PHEPA action plan will help shape future health security work, including development of a new National Health Protection Strategy.

Cross border alerts

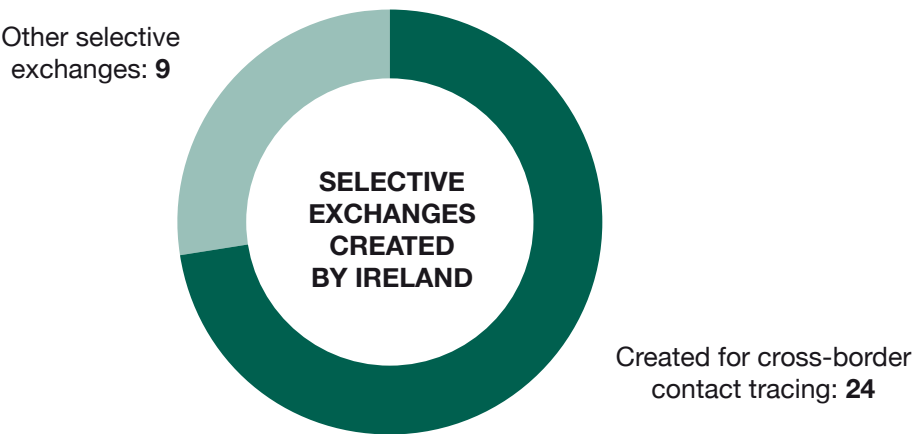
An International Health Regulations (IHR) Focal Point is a designated National Centre which operates 24/7 to communicate with the World Health Organization regarding Public Health Emergencies. HPSC is Ireland’s National International Health Regulations (IHR) Focal Point.

Between October 2025 and June 2026, HPSC received 90 notifications from WHO’s Event Information Site (EIS), all of which were assessed and actioned within 24 hours of receiving them.



Within the European Union, EU/EEA Member States use an [Early Warning and Response System \(EWRS\)](#) to share information about serious cross-border threats to health. This system operates in accordance with Regulation (EU) 2022/2371 and includes events requiring notification to WHO under Annex 2 of IHR (2005). The online portal facilitates sharing of personal data between member states for the purposes of contact tracing and medical evacuation using a selective exchange function.

Between 1 October 2025 and 30 June 2026, Ireland received 57 notifications through EWRS.



NHPO and HPSC continue to review and circulate relevant alerts from:

- ECDC Communicable disease threats reports
- ECDC notifications
- WHO Event information alerts
- Global Outbreak Alert and Response Network (GOARN) threat reports
- UKHSA alerts

NHPO and HPSC representatives serve as Operational Contact Points for Epidemic Intelligence at ECDC, attending fortnightly meetings with Member States to discuss cross-border threats. NHPO representatives also act as National Focal Points for the [WHO Global Outbreak Alert and Response Network \(GOARN\)](#), a collaborative network of technical institutions and organisations that supports responses to public health emergencies. Representatives attend weekly operational calls to gather intelligence from outbreak response missions and activities.



Dr Éamonn O'Moore in attendance at the 20th anniversary celebration of ECDC in Stockholm

International collaboration

20th Anniversary celebrations of the European Centre for Disease Prevention and Control (ECDC)

Dr Éamonn O'Moore, Director of National Health Protection, attended the 20th anniversary celebration of ECDC in Stockholm, where they reflected on the key achievements over the past 20 years but also on the work ahead, including new priorities or actions needed.

ECDC was born from a simple idea – no country in Europe should face public health threats alone. NHPO, HPSC and NIO all contribute actively to the work of the ECDC with our national experts providing subject matter expertise to a range of programmes and projects as well as to the ECDC Advisory Forum and the EU Health Task Force. Through this engagement, NHPO not only adds value to the work of the ECDC but enhances international health security.

WHO AMR Accountability Index

Ireland has been selected as a pilot country for the development of the WHO Antimicrobial Resistance (AMR) Accountability Index. The Index aims to turn scattered data into comparable performance insights, build on existing tools and monitoring mechanisms, and help countries identify AMR gaps and prioritise action.

The multi-agency meeting brought together representatives from WHO Europe, the HSE, including AMRIC, the Health Products Regulatory Authority and the Department of Health.



HPSC Staff pictured with colleagues at WHO AMR Accountability Index



ECDC Scientific Expert Panel

Dr Lisa Domegan, Principal Epidemiologist at HPSC, was selected for an ECDC Scientific Expert Panel. This panel will support the development of technical guidance on respiratory syncytial virus (RSV) vaccination to protect adults in the European Union and the European Economic Area (EU/EEA).

Dr Lisa Domegan, HPSC Principal Epidemiologist

International Meetings

ECDC Respiratory Virus Surveillance Annual Meeting

HPSC staff presented at and moderated this event in Vienna, Austria, in May 2026. HPSC staff were also on the Scientific Coordination Committee.



Dr Margaret Fitzgerald, HPSC Senior Epidemiologist, presenting at the ECDC Respiratory Virus Surveillance Annual Meeting

National Immunisation Technical Advisory Group (NITAG)

Anita Ghafoor-Butt participated in the NITAG at ECDC, Stockholm. She shared Ireland's experience of transitioning to a one-dose HPV vaccination schedule.



Anita Ghafoor-Butt at the National Immunisation Technical Advisory Group (NITAG)

Five Nations Health Protection Conference

NHPO, HPSC and NIO staff attended and presented at this event in Glasgow, Scotland in June 2026.

Presentations given by Irish colleagues included:

- *A strategy to visualise infectious disease notification data in dynamic customisable dashboards for policymakers, health practitioners, academics, the media and the public in Ireland* by Dr Patricia Garvey, Principal Epidemiologist at HPSC
- *Developing a national surveillance system for recording Environmental Incidents of Public Health concern in Ireland* by Mairead Madigan, EPIET fellow at HPSC
- *Learning from Delivery: A Qualitative Exploration of Stakeholder Perspectives on the Infant RSV Immunisation Programme 2025/2026 in Ireland* by Dr Jane Finucane, Senior Medical Officer at HPSC
- *Re-introduction of BCG Vaccination, Opportunities and Challenges for Public Health* by Toney Thomas, Director of Nursing at NHPO

Advanced Vaccinology Course

Dr Lucy Jessop, NIO, was selected as one of 75 participants from 37 countries to attend the Advanced Vaccinology Course in France in May 2026. This course was designed to enhance knowledge and skills across all aspects of vaccination research and practice.



Dr Lucy Jessop pictured with Dr Kamel Senouci (ADVAC programme director, left) and Sakurako Merchand (right) at the Advanced Vaccinology Course in France, May 2026

European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE)

HPSC and NHPO staff attended ESCAIDE in Warsaw, Poland in November 2025. Laura Paris, who spent two years as an EPIET fellow at HPSC, graduated as a member of the EPIET fellowship cohort. Laura also presented a project which she carried out during her fellowship at HPSC – Protecting infants from respiratory syncytial virus (RSV) in Ireland: High impact of a novel infant immunisation with nirsevimab, 2024/2025.



Laura Paris presenting at ESCAIDE, November 2025

Strategic Objective 8: Research

Develop a health protection research strategy for Ireland that includes both local and international collaboration



Introduction

A culture of research and evidence synthesis promotes consistent best practice, sharing of learning, and development of new ways of thinking and working.

What we will do from 2022-2027

- Action 1:** Support a culture of research in health protection.
- Action 2:** Resource evidence generation and synthesis capacity.
- Action 3:** Engage with Higher Education Institutions (HEIs) to provide continuing professional development programmes on health protection research for staff in line with service need.
- Action 4:** Collaborate with academic and strategic partners to develop a health protection research strategy.
- Action 5:** Develop multidisciplinary joint health protection/academic posts with academic partners.
- Action 6:** Facilitate multisectoral working and protected time for publication.
- Action 7:** Promote Ireland as a partner for European research studies relevant to health protection.

About Research and Guideline Development Unit (RGDU)

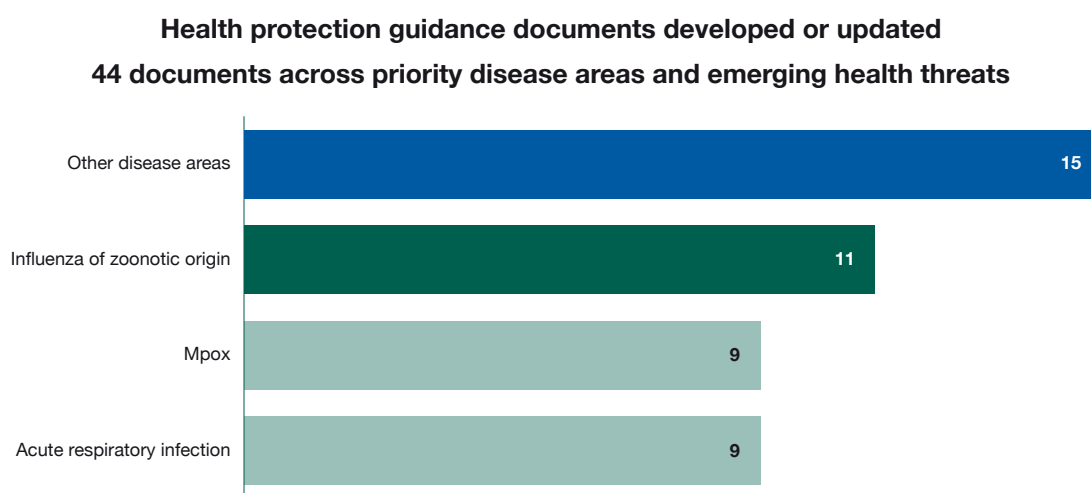
The Health Protection Research and Guideline Development Unit (RGDU) sits within the NHPO and continues to support an evidence-informed, quality-assured and strategically aligned public health function within the HSE.

Over the past year, the RGDU has worked to improve Health Protection outputs, including updating and producing new guidance documents, systematically reviewing legacy website content, completing and progressing evidence reviews, and delivering research-related publications and capacity-building workshops.

The RGDU is led by Dr Keith Ian Quintyne, Consultant in Public Health Medicine at NHPO.

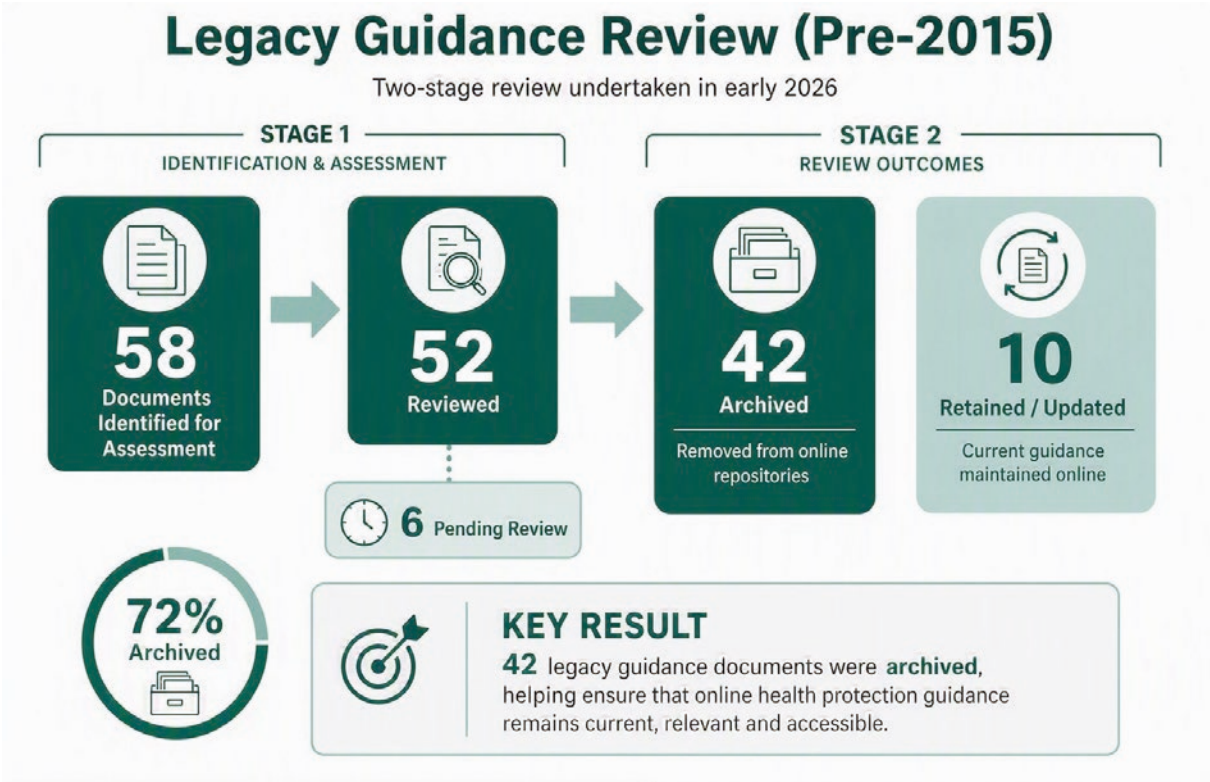
Production and review of guidance documents

Production of guidance documents



Other disease areas include iGAS, measles, seasonal influenza, tuberculosis, Ebola and Andes hantavirus guidance updates.

Review of legacy guidance documents



Framework for Health Protection Guidance Development in Ireland

The *Framework for Health Protection Guidance Development in Ireland* outlines the structured, evidence-informed process used by the NHPO to develop high-quality health protection guidance. Produced by the RGDU, the framework draws on international methodologies including Public Health Scotland, GIN-McMaster, WHO and NICE, adapting and contextualising them for the Irish public health system.

Guidance is reviewed at least every three years, with mechanisms for rapid updates when new evidence emerges. The framework ensures consistency, transparency and methodological rigour in national health protection guidance. Documents are available on the HPSC website at the following link: <https://www.hpsc.ie/p/researchandguidelinedevelopmentunit/guidance>.

RGDU also produced a [Rapid Health Protection Guidance Development SOP](#). It outlines a clear, streamlined process for producing high-quality, evidence-informed rapid guidance within urgent timeframes.

This SOP strengthens RGDU's ability to respond quickly to public health emergencies while maintaining rigour and transparency.

Evidence reviews and knowledge synthesis

RGDU completed and progressed a range of evidence reviews, evidence tables, narrative reviews and comparative analyses. These outputs provided an evidence base for decision-making on priority issues relating to national Health Protection, preparedness, guidance development and cross-government policy engagement.

EVIDENCE REVIEW AREA	STRATEGIC PURPOSE/OUTPUT
Varicella zoster vaccination	Evidence summary table on shingles vaccination and associations with cardiovascular disease and dementia outcomes; included 18 articles across systematic reviews, cohort studies, a narrative review and a nested case-control study.
COVID-19 lessons learned	Evidence table addressing lessons from Ireland's COVID-19 response, identifying themes including coordinated decision-making, sustainable capacity, surveillance/data integration, protection of vulnerable populations and governance reform.
Wind turbine evidence synthesis	PRISMA-aligned narrative review of evidence on direct and indirect health impacts of wind turbines and wind farms, supporting policy, planning and precautionary decision-making.
Ebola disease guidance	Jurisdictional scan and comparative analysis of international Ebola disease guidance, with specific focus on returning healthcare and humanitarian aid workers.
AI in pandemic preparedness	Published and protocol work addressing AI opportunities, governance, ethics, trust, research coordination, evidence synthesis and guideline development.
ARI isolation periods	Planned July/August 2026 narrative review of national and international evidence and guidance relating to isolation periods for SARS-CoV-2, influenza and RSV.
TB service organisation	Narrative review on identification of vulnerable groups, completion of treatment, joint public health/TB clinics and care/referral pathways.
Invasive meningococcal disease	Narrative review of secondary transmission in childcare settings and identification of preschool children requiring public health consideration.
PHEPA	Narrative summaries to support ECDC Public Health Emergency Preparedness Assessment reporting under Capacity 14: Research and Evaluation to Inform and Accelerate Emergency Preparedness.

Public Health Research Capacity Workshops

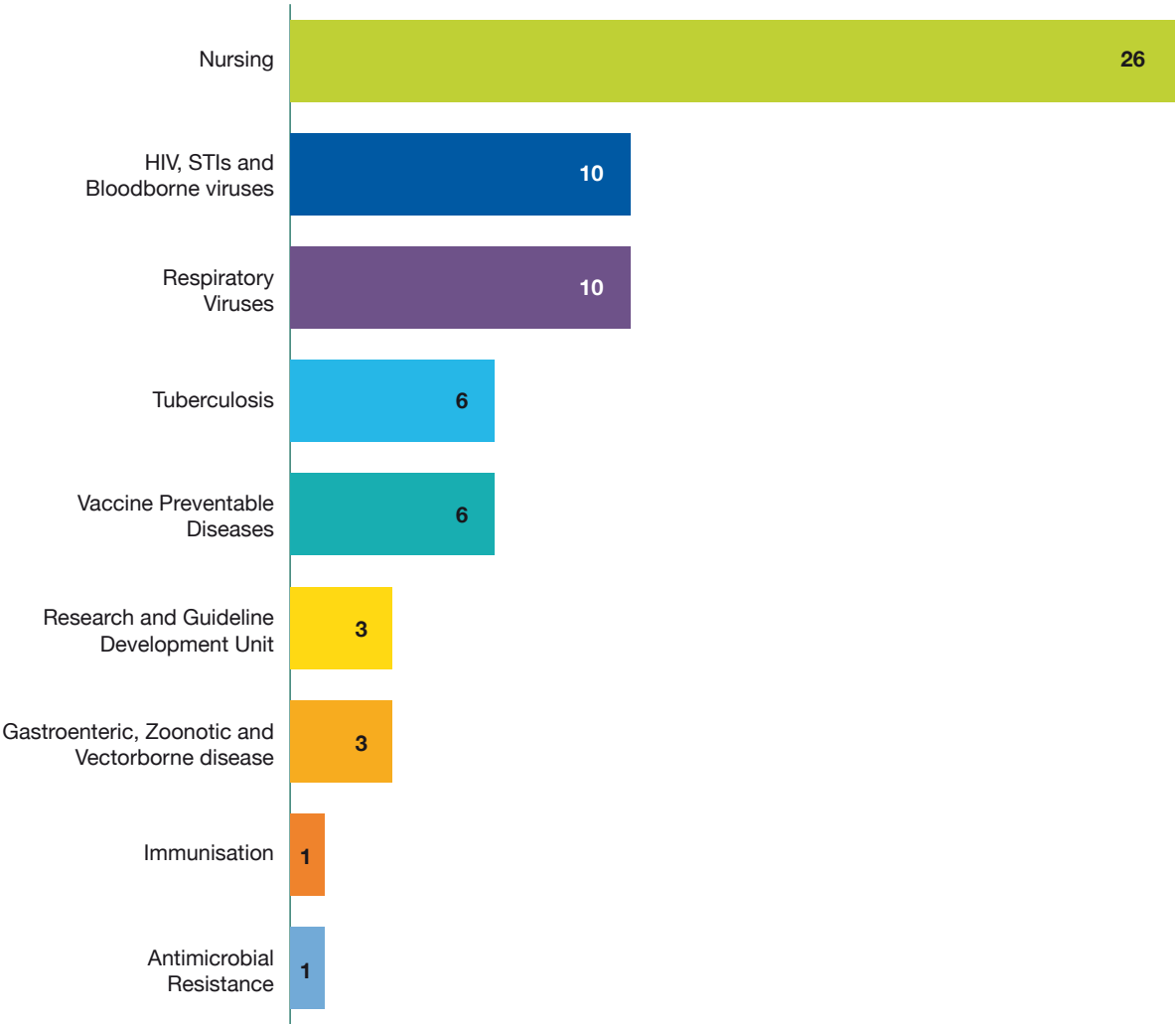
In February and March 2026, RGDU convened a two-part Public Health Research Workshop: Enabling Research in Health Protection, bringing together colleagues from Public Health, the wider HSE, academic partners and external agencies. The workshops supported the HSE Action Plan for Health Research and contributed to a more connected, evidence-driven Health Protection research ecosystem.

RGDU also contributed narrative summaries to support the ECDC Public Health Emergency Preparedness Assessment (PHEPA) of Ireland’s progress under Capacity 14: Research and Evaluation to Inform and Accelerate Emergency Preparedness. This work positions RGDU as a strategic contributor to preparedness, evaluation and research-readiness within national Health Protection.

The workshops provided a platform for strengthening collaboration between public health practitioners, researchers and partner organisations, while promoting the integration of research and evaluation into routine public health practice.

Health Protection peer-reviewed publications

Across NHPO, HPSC and NIO, 66 peer-reviewed publications were produced.





Strategic Objective 9: A Multidisciplinary Health Protection Workforce

Expand and enhance the capabilities,
education, and training of the
multidisciplinary Health Protection
workforce



Introduction

The provision of an optimal, nationally integrated, HSE Health Protection service hinges on the capability, education, and training of each and all members of the multidisciplinary workforce.

What we will do from 2022-2027

- Action 1:** Determine the skill mix and capabilities required of the HSE health protection workforce to ensure current and future service needs are met.
- Action 2:** Develop a multidisciplinary education implementation plan and establish a programme of education and training for the HSE health protection workforce including: leadership and management development, team working, communications, good governance, quality assurance and quality improvement.
- Action 3:** Further implement the training strategy for Specialist Registrar Public Health Medicine to meet all aspects of health protection, in collaboration with the RCPI.
- Action 4:** Promote and expand the use of multidisciplinary European training programmes across health protection.
- Action 5:** Undertake job/role planning and appraisals aligned with service plans.

Health Protection nursing

Health Protection Nursing remains an important stream in the development of a nationally integrated Health Protection service. The nursing workforce is led by Dr Toney Thomas, Director of Nursing in the NHPO.

The NHPO continued to progress the Clinical Nurse Specialist pathway in Health Protection, supporting the development of advanced nursing roles and clearer career progression within the service. This work strengthens workforce capability by recognising specialist expertise, building capacity across Health Protection teams and supporting a more consistent national approach to service delivery.

Regular continuous professional development (CPD) is important for maintaining specialist skills and ensuring that the Health Protection workforce can respond effectively to emerging threats, outbreaks and service needs. The NHPO Nursing team hosted 11 CPD events over the reporting period.

The NHPO Nursing team conducted several clinical audits over the past year. Five audited clinical practice documentation, while seven were IPC audits and site visits undertaken as part of outbreak management.

In 2025, the NIO delivered training to healthcare professionals. Working closely with the professional development coordinators for GP nurses, NIO funded and presented at four General Practice Nurses conferences around the country with attendance from general practice nurses. Webinars were also delivered to HSE vaccination teams, GP nurses, Public Health Nurses, and pharmacists with training provided on the PCI programme, COVID-19, flu vaccines and interpersonal communication about vaccines.

Training delivery

- HPSC provided training on monitoring vaccine effectiveness. This resulted in the provision of national influenza and COVID-19 vaccine effectiveness estimates for the 2025/2026 season. Annual estimates will be provided on an ongoing basis.
- Training was also delivered to hospital staff on a new *Clostridioides difficile* infection (CDI) protocol. This was conducted in partnership with the HSE Antimicrobial Resistance and Infection Prevention and Control (AMRIC) team. This training was recorded and is now available on HSE LanD.
- The NHPO Director of Nursing organised intradermal (ID) injection training for BCG vaccinators with the Office of the Nursing and Midwifery Services Director (ONMSD) and NIO.

Future Health Protection workforce

HPSC has delivered lectures and training on outbreak investigations to undergraduate and postgraduate students at University College Dublin and Technological University Dublin. The centre has also hosted undergraduate and postgraduate students from University College Cork and Trinity College Dublin for short internships, giving them insight into working in a national public health agency.

HPSC is currently hosting two EPIET fellows as part of ECDC's EPIET fellowship programme. Fellows at HPSC support epidemiological investigation of outbreaks and take part in surveillance and preparedness activities. Each fellowship lasts for two years, and HPSC will have a new fellow from September.

The NHPO Director of Nursing developed learning objectives for undergraduate student nursing clinical placement.



Delivering lectures on outbreak investigations to students at University College Dublin

Spotlight on TB Nursing Competency Framework

The Striving to End Tuberculosis: A Strategy for Ireland 2024-2030 sets out a clear ambition to eliminate TB in Ireland by improving access to diagnosis and treatment, supporting better outcomes for people with TB and reducing the wider impact of the disease. Developing the multidisciplinary TB workforce is an important part of achieving this.

To support this work, the NHPO developed an Irish Health Protection TB Nurse Competency Framework, using the Royal College of Nursing UK TB Nurse competency framework as a starting point. The four core themes from the RCN framework have been retained, with updated descriptors and indicators to reflect Irish service needs and the way TB services are delivered here.

An Excel-based self-assessment tool was also developed and built into the framework to help establish baseline learning needs for Health Protection Nurses working at beginner level.

Health Protection Nurses working in TB services were encouraged to use the self-assessment tool as part of reflective practice and professional development planning. A summary report was developed from the responses and shared to support workforce planning. A TB Nurse Competency Framework resource pack was also developed to guide nurses as they work towards competence and continued professional development.



Strategic Objective 10: An Integrated National Health Protection Service

Provide direction and support to the ongoing development of a nationally integrated Health Protection service, rooted in strong governance



Introduction

The NHPO was established to meet the needs of the population and adjust to existing and emerging challenges.

What we will do from 2022-2027

- Action 1:** Deliver on the objectives outlined in this strategy.
- Action 2:** Provide expert advice to the HSE Public Health Reform Programme to create an optimal health protection service (configured and resourced to meet the needs of the population).
- Action 3:** Further develop a national health protection service based on the HSE values of care, compassion, trust and learning; and a culture of trust, openness, respect and caring.
- Action 4:** Ensure clarity around roles and responsibilities, including leadership, with clear lines of accountability and clarity around organisational structure and governance.
- Action 5:** Support team development and promote integrated, collaborative working across a national health protection service.
- Action 6:** Develop branding for a new integrated national health protection service.

A problem shared: NHPO hosts first all-island Health Protection conference

In October 2025, NHPO and Public Health Agency Northern Ireland held the first ever joint conference in the Titanic Conference Centre in Belfast. Focusing on the theme of “A problem shared”, the conference brought together a wide range of public health professionals, partners and key stakeholders across the island of Ireland to consider shared challenges and common approaches to address them in order to protect and improve the health of our populations.

National and international speakers shared insights on a wide range of topics, including:

- Equity in immunisation programmes
- Perspectives on vaccination from people living in prison
- Cross-border molecular epidemiology using whole genome sequencing
- Responses to measles outbreaks across the island

This multidisciplinary conference highlighted shared challenges and the urgent need for collaboration to address current and future public health threats. Both public health agencies reaffirmed their commitment to tackling health inequities by engaging with communities in culturally competent ways – building the trust essential to protecting and promoting health across the island.



Left to right: Sir Michael McBride, Dr Mary Horgan, Dr Éamonn O'Moore, Dr Joanne McClean, Dr John Cuddihy

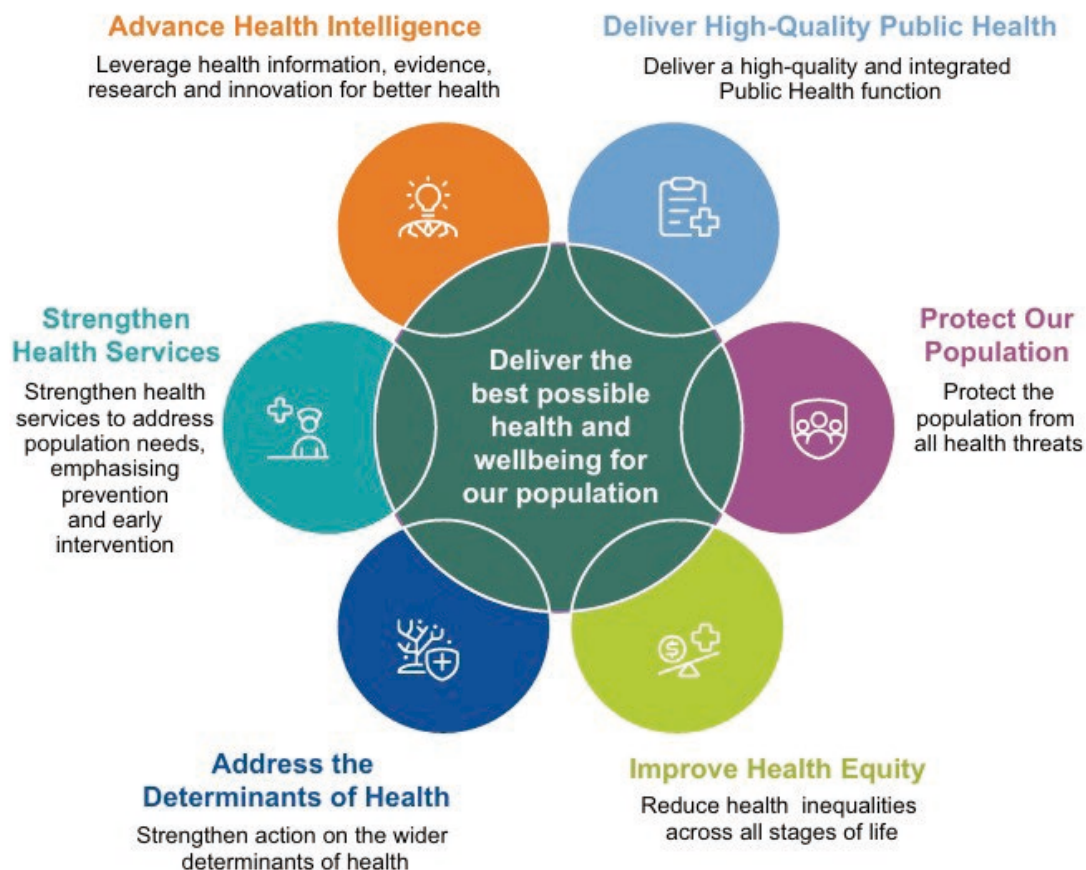


Dr Lucy Jessop (left), Dr Victor Aiyedun (middle) and Dr Helen O'Brien (right) photographed at the Health Protection Conference



Development of a new Public Health Strategy

In December 2025, the HSE published its [Public Health Strategy 2025-2030](#), setting out the direction for public health services over the next five years. Health Protection is an important part of this work, with a strong focus on preparedness, surveillance, prevention and response. The NHPO contributed to the strategy by sharing expertise on Health Protection priorities and future service needs, helping to make sure this area is clearly reflected in national public health planning. The strategy clearly outlines the priorities for public health, including health protection, recognising the importance of cross-domain working in public health as well as collaboration between central and regional teams to achieve these shared objectives.



This new Public Health Strategy recognises a transition point, from the current National Health Protection Strategy, now reaching its final year of delivery, to a new focus on five key priorities, namely:

1. Ensuring a high-quality evidence-informed collaborative public health approach to prevention, surveillance, investigation and control of health threats – encompassing current, emerging and future health threats and all hazards, and including climate change.
2. Ensuring robust preparedness, response to, and recovery from public health incidents and emergencies, and ensuring learning from all such events to inform the approach to future events.
3. Being the trusted source of health information to counter the spread of mis-, dis- and malinformation and advocate for and support improved health literacy.
4. Identifying and collaborating with key stakeholders to address the public health impacts of climate change and environmental degradation, and to drive adaptation and sustainability.
5. Supporting a One Health approach, through working in partnerships, to reduce the impact of cross-cutting issues such as emerging zoonotic infections and antimicrobial resistance in diseases impacting human and animal health.

The work in 2027 will focus now on consolidating the changes driven over the course of this first National Health Protection Strategy and developing a Second Health Protection Strategy based on the five key objectives above.

NHPO Communications is also working with the Office of the National Director for Public Health on a new Public Health Communications Strategy. This will help support more coordinated and consistent communications across public health, with clearer messaging for the public, health and care workers, partners and communities. It will also help strengthen the role of communications in public health planning, preparedness and response. The strategy is expected to be finalised in late 2026.

Leadership and organisational structure

NHPO has continued to provide national leadership for integrated health protection action, working closely with Regional Directors of Public Health (RDsPH) and their teams. The Director of National Health Protection (DNHP) sits on the Public Health Senior Leadership Team alongside the RDsPH as well as other Public Health Domain Directors to ensure an integrated public health approach and to integrate health protection across this shared work. The DNHP also sits on the Executive Management Team of the National Director of Public Health (Dr John Cuddihy) to ensure the integrated delivery of national public health programmes and projects including development of a Public Health Action Plan to support implementation of the National Public Health Strategy.

Within the NHPO, organisational change continues including the creation this past year of a new Health Security Unit, to enhance our capabilities in delivering effective preparation and response to emergent health threats within and outside our borders. This has included the appointment of four new consultants over this past year. Ensuring we have an effective multidisciplinary leadership structure has informed the development of the Senior Leadership Group (SLG) which includes representatives from across all the structures within the governance of the NHPO and from all disciplines. This group supports the DNHP and his Senior Management Team to deliver on the objectives of the current Health Protection Strategy as well as to improve ways of working, effectiveness and efficiencies to ensure our health protection function is not only fit for purpose but delivers to a high-quality standard. The NHPO also holds monthly all-staff meetings across the Health Protection network. These meetings provide a regular opportunity to share updates from senior management, highlight key decisions and staff changes, and give staff a space to ask questions, raise issues and contribute their views.

Provision of public information

NHPO provides clear and timely public information through regular engagement with the media, the Oireachtas and members of the public. This work helps ensure that accurate Health Protection information is available when questions arise, particularly during outbreaks, emerging incidents or periods of heightened public interest.

Since November 2025, HSE Health Protection has responded to 110 media queries, 152 Parliamentary Questions and 11 requests for data under the Freedom of Information (FOI) Act. These responses support transparency, public understanding and confidence in national Health Protection work.

Dr Éamonn O'Moore (DNHP) and Dr Lucy Jessop (National Clinical Lead for Immunisation) both presented to a Joint Oireachtas Committee alongside the CMO and the CCO on questions relating to the performance of our national vaccine programmes, demonstrating our commitment to public and political accountability for our work.

HPSC published eight issues of Epi Insight between November 2025 and July 2026. Epi Insight is Ireland's bulletin on infectious disease. It aims to improve the health of the Irish population by providing timely information on infectious diseases. Articles are developed and reviewed by a multidisciplinary Editorial Committee, helping to ensure the content is accurate, relevant and useful for readers.

The HPSC website is regularly updated, with epidemiological data and strategic updates. A dedicated Health Protection Nursing webpage was developed and maintained to describe the work of Health Protection Nurses.

HPSC's website has undergone a significant upgrade to modernise and enhance the organisation's digital presence. Reflecting the broader role of the NHPO, the upgraded platform provides a more accessible, user-friendly and intuitive experience for healthcare professionals, partner organisations and other stakeholders. Improvements include enhanced accessibility, improved content management processes, better organisation of information and easier navigation, helping users access trusted public health guidance, surveillance reports, data hubs, and resources more efficiently.

The project has included a comprehensive review and migration of existing content, together with ongoing refinement informed by user feedback. By strengthening how information is presented and managed, the upgraded website supports NHPO's ability to communicate effectively with stakeholders and respond to evolving information needs. The result is a stronger, more sustainable online presence that supports the delivery of health protection information across Ireland.

Looking Ahead: The Future of Health Protection in Ireland

This report is published during Ireland's Presidency of the Council of the European Union, putting a spotlight on our contribution to the life of people across the Union, including health protection and health security. The theme of our report and of the National Conference this year is 'Looking Out' – reflecting on how we contribute to global health security and how international health threats impact on us. We value our international partnerships and collaborations within Health Protection and wider Public Health. And our contribution to the ECDC, the WHO and other international public health collaborations and organisations is also valued by others. Ireland underwent its first PHEPA assessment this year, highlighting our national strengths and development needs in the face of international health threats and considering our national health protection needs and capabilities. We can rightfully boast of an empowered and capable system, developed following the Public Health Reform Programme and significant investment by the Department of Health, the Government and the taxpayers of Ireland. There are high expectations from the people we serve to protect them from all hazards, national and international. We recognise those expectations and strive every day to live up to them. The challenges are manifold and the threat environment has been escalating in recent years. Diseases once thought exotic have now tested our national and collective health security capabilities and capacities. Through each engagement we learn, and we improve and we develop, working with national and international partners in a collective endeavour.

Next year, NHPO will publish an updated strategy setting out our priorities for the next phase of Health Protection in Ireland. This will build on the progress made under the current strategy as well as the new National Public Health Strategy, and help guide how we continue to strengthen surveillance, preparedness, prevention, response and partnership working across the system.

As we move into the final phase of the current strategy, there is a strong foundation to build on. The focus will be on sustaining this momentum, strengthening national coordination, making better use of data and evidence, and continuing to work with partners and communities to protect health in modern Ireland.

We thank all staff across NHPO, HPSC, NIO and wider Health Protection who have contributed to this progress so far, and whose commitment will continue to shape the next phase of this work. We remain focused on our duty to serve the people of Ireland, the people of Europe and the international community. We are stronger together – ní neart go cur le chéile.

Appendix 1:

Routine Surveillance Reports

Routine surveillance reports

- [Carbapenemase-producing Enterobacteriaceae \(CPE\) Surveillance Reports](#)
- [COVID-19 Vaccination Uptake Report](#)
- [Gastroenteric and Zoonotic Surveillance Reports](#)
- [HIV, Mpox and Sexually Transmitted Infections trends in Ireland](#)
- [HPV/Tdap/MenC/MenACWY uptake statistics](#)
- [Immunisation uptake statistics at 12 and 24 months of age](#)
- [Immunisation uptake statistics for Junior Infants](#)
- [Integrated Respiratory Virus Bulletin](#)
- [Seasonal flu immunisation uptake statistics](#)
- [Severe Acute Respiratory Infections \(SARI\) Surveillance Reports](#)
- [Wastewater Surveillance Report](#)

HE