

Protect your baby against RSV

You can now protect your new born baby against Respiratory Syncytial Virus (RSV).

What is RSV and why should I protect my baby against it?

RSV is a common virus that causes respiratory infections in young babies. Babies under three months old get sicker with RSV than older children.

Each winter in Ireland one in two new born babies will get RSV and many will need medical care from their GP or the emergency department of a children's hospital. Four out of a hundred new born babies are hospitalised due to RSV, with some babies needing special treatment in intensive care units.

Nirsevimab is the best way to protect your baby from RSV.



How can I protect my baby from RSV?

An immunisation called nirsevimab is being recommended for your baby. This will protect your baby from severe RSV infection over the coming months.

What is nirsevimab and how does it work?

Nirsevimab is an antibody that can protect against RSV. It is different from a vaccine, which stimulates the immune system to produce antibodies. Instead, nirsevimab provides antibodies directly to protect your infant. Nirsevimab does not interfere with other infant vaccines or medicines and can be given at the same time as other injections.

Table 3. Summary of RSV cases notified among those born between 1st September and 28th February by RSV season, Ireland, 2018/2019 – 2024/2025

RSV season	ED Presentation	Hospitalised	Non-ICU	ICU^a	Total cases^b
2018/2019	240 (24%)	501 (52%)	-	-	967 (100%)
2019/2020	263 (26%)	573 (58%)	-	-	996 (100%)
2020/2021	2 (100%)	0 (0%)	-	-	2 (100%)
2021/2022	340 (42%)	400 (50%)	-	-	801 (100%)
2022/2023	468 (47%)	488 (49%)	-	-	997 (100%)
2023/2024	395 (35%)	676 (59%)	587 (51%)	89 (8%)	1142 (100%)
2024/2025^c	169 (42%)	164 (41%)	133 (33%)	31 (8%)	398 (100%)

a) Surveillance of RSV in ICU began in October 2023

b) All laboratory confirmed RSV notifications (including primary care and outpatients)

c) **This data only covers up to Week 16, 2025**

RSV Epidemiology (those born September – February
and notifications occurring September – February)

2023/2024

2024/2025

Total cases

1,142  398
-65%

ED presentations (non-hospitalised)

395  169
-57%

Hospitalisations (including ICU admissions)

676  164
-76%

ICU Admissions

89  31
-65%

**Nirsevimab, a
monoclonal antibody,
was offered to all children
born from 01/09/2024 to
28/02/2025 in all
maternity hospitals in
Ireland. In accordance
with national
recommendations,
Children's Health Ireland
and TCP Homecare also
offered nirsevimab to
high-risk infants**

RSV IMMUNISATION PATHFINDER PROGRAMME 2024/25

RSV Season
— 2023/2024
— 2024/2025

IMPACT

Infants born Sept-Feb
2024/25 compared to
2023/24

Total cases -65%
ED Presentations -57%
Hospitalisations -76%
ICU Admissions -65%



POSITIVE FEEDBACK

Parents described the programme as a **“good measure to protect babies”**. Paediatricians described it as a **“game changer”** and commented that they saw fewer kids in A&E, and the ones they did see **“seemed to be turning around quicker and needed less support”**.

AVERTED OUTCOMES



Estimated

433 – 532

**Hospitalisations
Averted**

Est.

440

**Emergency
Department
Presentations
Averted**

Est.

79

**ICU
Admissions
Averted**

TRANSFERS

Neonatal transfers -86%
Paediatric transfers -74%



22,444

Infants immunised



**UPTAKE
83%**



During the **2023/2024 RSV season**, 395 ED presentations and 676 hospitalisations, of which 89 ICU admissions, were notified among children born between 1st September 2023 and 28th February 2024. In **2024/2025**, ED presentations dropped to 169 (57% reduction), hospitalisations to 164 (76% reduction), and ICU admissions to 31 (65% reduction).

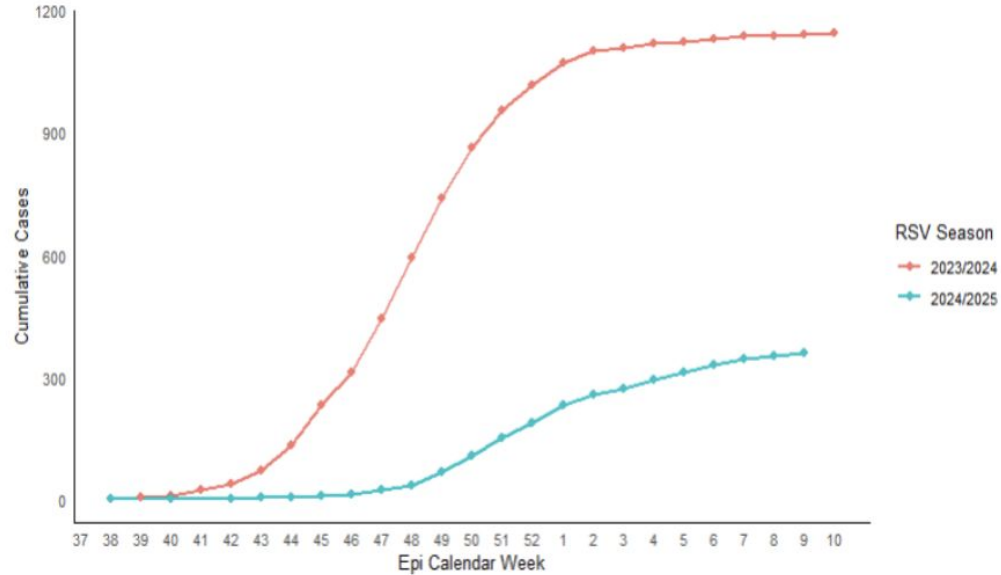


Table 3. Estimated number of RSV cases averted by health outcome among infants born between 1st September 2024 and 28 February 2025

Outcome	Observed	Expected	95% CI	Averted	95% CI
ED Presentations (non-hospitalised)	157	597	586–606	440	432–447
Hospitalisations (including ICU)	149	582	573–592	433	426–440
ICU admissions	26	105	103–108	79	77–81

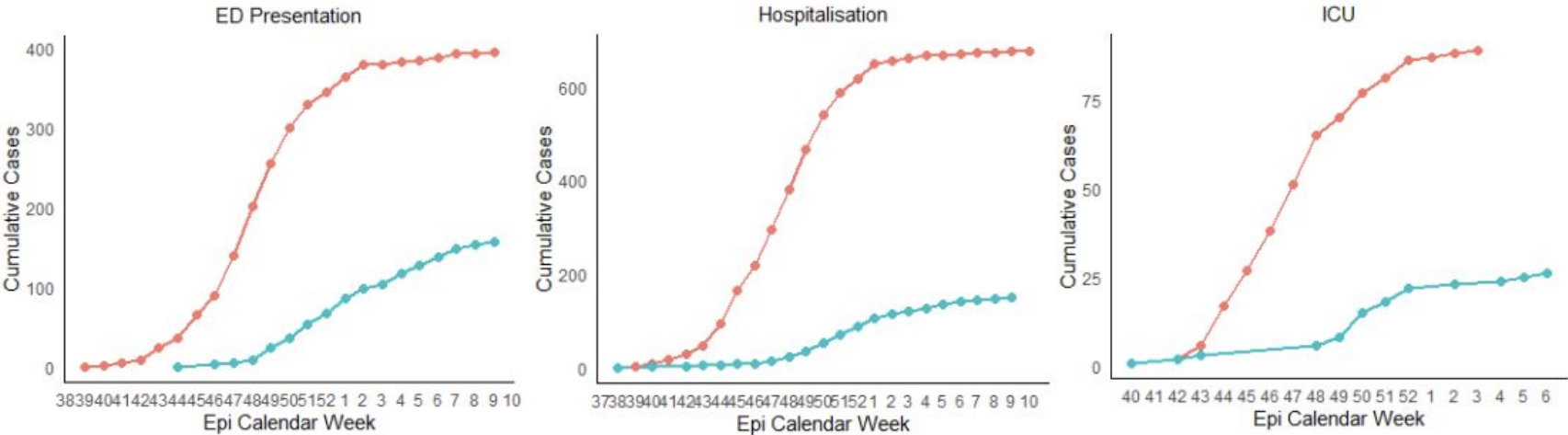


Figure 2: Admissions based on month of Birth for infants born 2023.

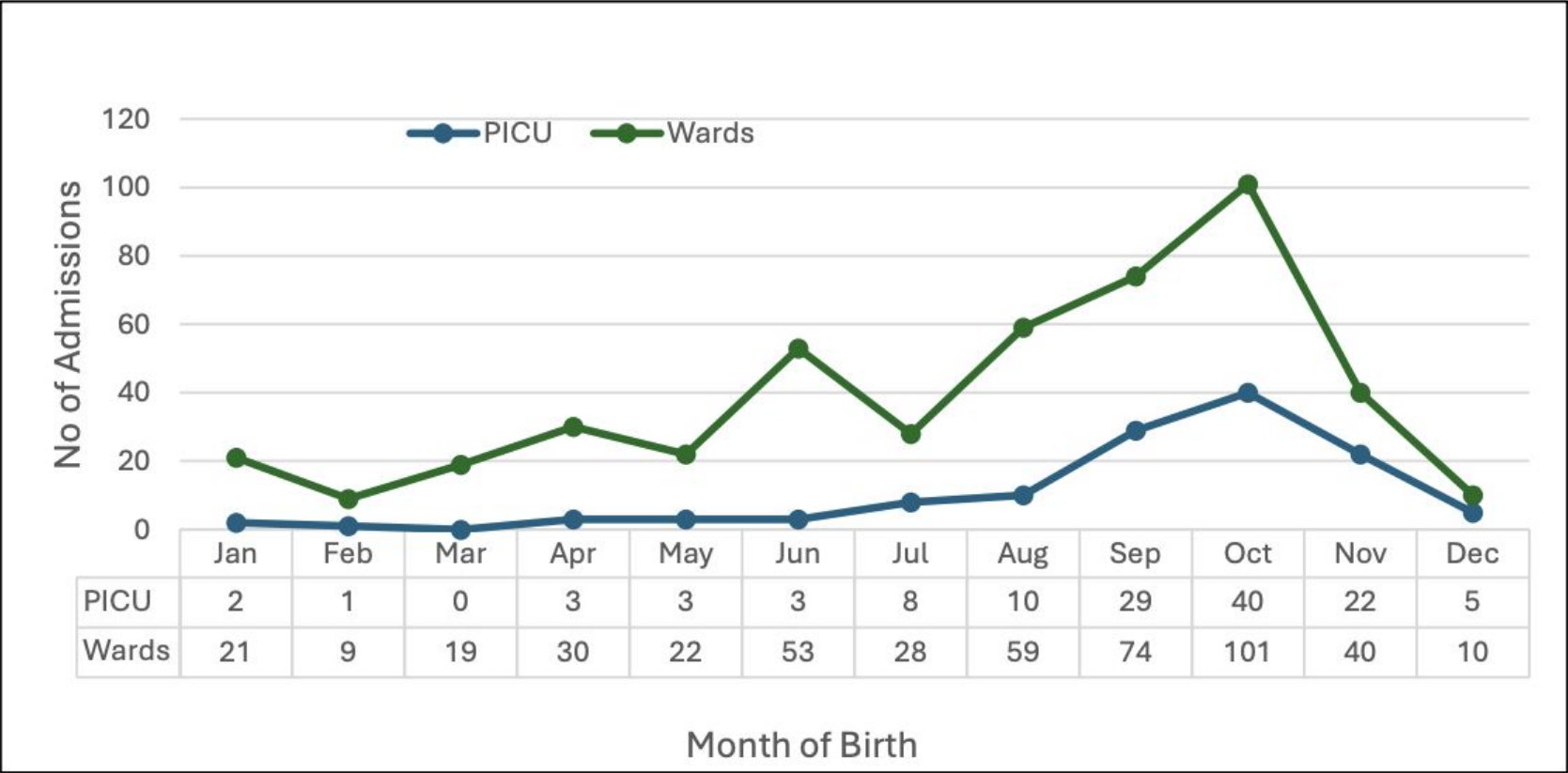


Table 1: Patient Demographics across Ward and PICU cohorts.

	Wards (Non PICU)			PICU	Total
	Crumlin	Temple St	Combined	Combined	Wards & PICU
Number of Admissions	343	369	712	157	869
Length of stay (Median days, IQR)	3(2-4)	3(1-4)	3(1-4)	4(3-7)	-
Number of Bed Days	1226	1202	2428	796	3224
Gender					
Males (%)	177(51.6)	189 (51.2)	366 (51.4)	90(58.8)	456(52.7)
Females (%)	166 (48.4)	180 (48.8)	346 (48.6)	63(41.2)	409(47.3)
Age on admission. (Median weeks, IQR)	23(8.5-61.9)	26(8.7-62.5)	24.6(8-62.4)	8.3 (4.6-24.9)	-
< 1 month (%)	31(9)	40(10.8)	71(10)	35(22.3)	106 (12.2)
≥1 month and <6 months (%)	148(43.1)	143(38.8)	291(40.9)	83(52.9)	374 (43)
≥ 6months and < 1 years (%)	60(17.5)	64(17.3)	124(17.4)	11(7)	135 (15.5)
≥ 1 years (%)	104(30.3)	122(33.1)	226(31.7)	28(17.8)	254(29.2)
Comorbidity (%)	47(13.7)	85(23)	132(18.5)	33(21.6)	-
Additional Viruses (%)	112 (32.7)	34 (9.2)	146 (20.5)	43(28.1)	189 (21.7)