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05/03/2024

Deputy Murphy
Dáil Éireann,
Leinster House
Dublin 2

PQ 7759/24: To ask the Minister for Health if sperm retrieval and storage is available to kleinfelters syndrome patients in Ireland; and if he will make a statement on the matter

Dear Deputy Murphy,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

A commitment to "introduce a publicly funded model of care for fertility treatment" is included in the Programme for Government. The Model of Care for Infertility was developed by the Department of Health in conjunction with the HSE's National Women & Infants Health Programme (NWIHP) in order to ensure that infertility issues are addressed through the public health system at the lowest level of clinical intervention necessary. This Model of Care comprises three stages, starting in primary care (i.e., GPs) and extending into secondary care (i.e., Regional Infertility Hubs) and then, where necessary, tertiary care (i.e., IVF, and other advanced assisted human reproduction (AHR) treatments), with patients being referred onwards through structured pathways.

Phase One of the roll-out of the Model of Care has involved the establishment of Regional Fertility Hubs at secondary care level within the six maternity networks, in order to facilitate the management of a significant proportion of patients presenting with infertility issues at this level of intervention. The completion of Phase One of the roll-out will result in six fully operational Regional Fertility Hubs in each of the six Regional Health Areas across the country.

Phase Two of the roll-out of the Model of Care will see the introduction of tertiary fertility services provided through the public health system to deliver advanced AHR treatment including IVF, ICSI and IUI. Pending the development of this public capacity, the HSE has national Service Agreements in place with HSE authorised private AHR Providers, such that appropriate public patients can be referred onwards for treatment.

In relation to public patients presenting to the six regional fertility hubs, karotype testing will be requested by the treating public consultant in reproductive medicine in scenarios where a male patient presents with severe oligospermia or azoospermia. In such scenarios one of the most common medical conditions identified is Kleinfelter Syndrome. Further to such being identified, these male patients are referred for a urology consultation with a view to determining what the next appropriate clinical steps are.

Depending on the findings of that consultation, it may be determined that sperm retrieval via a surgical retrieval process may be worth pursuing with a view to obtaining a sperm sample from the male for use in ICSI or alternative it may be advised that donor sperm is the only option.

In such circumstances, if the former clinical recommendation is made and the couple meets the criteria for publicly funded AHR treatment, the cost of the surgical sperm retrieval procedure and its storage for a limited period prior to its use in an ICSI treatment will be paid for under the publicly funded care pathway.

I trust this clarifies the matter.

Yours sincerely,

Mary-Jo Biggs, General Manager, National Women and Infants Health Programme