

Practice factsheet: School vaccination programme in Murcia region (Spain)

The school vaccination programme in the Region of Murcia, Spain, aims at increasing vaccination rates for human papillomavirus (HPV) and meningitis. To promote accessibility and equity, the role of carrying out vaccinations is transferred from health centres to schools, and an information letter and consent form is circulated to children’s parents. These are available in several languages, including Arabic for the Arabic-speaking community of Murcia. In bringing vaccination straight into schools, the practice removes barriers for parents struggling with booking systems or health centre opening hours and provides easy access and clear information on vaccination opportunities. Through its sound implementation, the practice provides solutions to some key challenges.

School vaccination programme in Murcia region	Spain
	Governance level: regional
	Funding source: regional funding
	Vaccine(s) covered: HPV, meningitis
	Barriers that can be removed by the practice: lack of information/awareness; digital skills gap among public; digital skills gap among health professionals; lack of (accessible) information for public; shortages of health care professionals; limited opening hours of vaccination points; contacting hard-to-reach groups.
	Target group: children, 11 years of age
	Approach of the practice: this is a school programme for HPV and meningococcal vaccines intended to increase vaccination rates. It transfers the adolescent vaccination against HPV and meningococcus (given at age 11) from health centres to schools, thereby promoting accessibility and equity. A letter is sent to the parents telling them about the vaccines and their importance, and requesting their consent to vaccinate their children (minors) in the school environment in their absence. School staff collect the consent letters and forward them to the health centre professionals to schedule the day when the vaccination will be carried out. To increase

outreach, information about the vaccination has been translated into several languages including Arabic for the Arabic-speaking population in the region.

The practice shows that the administration is no different from any other vaccine performed outside a health centre, but the process before and after requires organisational support. This is set out in a protocol detailing the responsibilities of each participant in the vaccination process, from circulating information to parents, through obtaining consent to administering the vaccine. The protocol also defines the necessary resources, the activities that need to be carried out, and an approximate schedule for the deployment of the campaign.



Vaccination journey(s) covered:

- Journey 1 for meningitis: a parent/legal guardian getting their child vaccinated for MMR, meningitis, or polio.
- Journey 2: a parent/legal guardian getting their child/teenager vaccinated for HPV.



Reasons for selection:

- Removes barriers for parents struggling with booking systems or the opening hours of vaccination centres.
- Vaccines offered at school are easily accessible, and parents are informed directly by school staff thus removing barriers to accessing vaccination information.
- Well implemented, clear assessment of key problems and solutions (i.e., hesitancy of parents, lack of (accessible) information about vaccination).
- The practice considers the local context – the Arabic-speaking population was identified as a hard-to-reach group in the region and was targeted with information in Arabic to enhance accessibility.
- Continuity of care between the health, social, and education sectors in the public domain with a multidisciplinary approach
- Collaboration and participation are promoted among all stakeholders including teachers and healthcare professionals, with the appropriate preparation and skills; and parents and children, with easily understood health information, encouraging their empowerment and self-care.