

Assessing the Efficacy of School-Based Vaccination Campaigns in Increasing Immunization Rates

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DESCRIPTION

Vaccination remains one of the most effective public health interventions to prevent infectious diseases, protect vulnerable populations and reduce healthcare burdens. Yet despite global efforts, immunization rates in many regions continue to fall short of targets set by national and international health authorities. Vaccine hesitancy, access barriers, socioeconomic disparities and misinformation contribute to this persistent challenge. In response, school-based vaccination campaigns have emerged as a key strategy to increase coverage, particularly among children and adolescents. Evaluating their efficacy is essential to shaping future public health policy.

School-based vaccination programs are not a new concept. They have long been used for vaccines such as measles, rubella, hepatitis B and, more recently, Human Papilloma Virus (HPV) and COVID-19. Their central premise is accessibility: By bringing vaccination directly to students in an organized, familiar setting, barriers such as transportation, clinic availability and parental time constraints are reduced or eliminated. Additionally, schools offer a structured environment for delivering health education and consent processes, especially when coordinated effectively with parents, teachers and healthcare providers. Evidence from high-income countries strongly supports the effectiveness of this model. In Australia, the National HPV Vaccination Program, launched in 2007 and delivered primarily through schools, achieved coverage rates exceeding 80% within a decade. Similar success has been documented in Canada and the United Kingdom, where school-based platforms helped achieve widespread uptake of meningococcal, influenza and HPV vaccines. These outcomes reflect not only the logistical efficiency of in-school delivery but also the potential of schools as trusted institutions that influence parental and adolescent attitudes toward immunization.

School-based campaigns also present a unique opportunity to target age-specific vaccination windows. For instance, the HPV vaccine is most effective when administered before exposure to the virus, typically during early adolescence. Ensuring students receive the vaccine during this critical window is far more

feasible when delivery is coordinated through school systems. Moreover, schools serve as data-rich environments that can support follow-up, documentation and equitable distribution of vaccines, especially when integrated with national immunization registries. However, the efficacy of these programs is not uniform and depends heavily on implementation factors. Parental consent remains a significant hurdle. In some cases, consent forms are not returned or are declined due to misinformation or cultural concerns. The administrative burden on school staff can also be a barrier if sufficient resources and training are not provided. Furthermore, students who are home-schooled or attend alternative education settings may be inadvertently excluded from such campaigns unless alternative outreach strategies are established.

Equity remains a critical issue. Although school based programs can increase access for marginalized populations, disparities may persist. Language barriers, differing levels of health literacy and distrust in health systems can all influence participation. Thus, while school-based campaigns may raise overall coverage, they must be designed with an equity lens to ensure inclusivity across socio-demographic groups. There is also a growing need to assess the long-term impact of these programs beyond initial coverage rates. Studies show that school-based delivery can positively influence vaccine confidence and future health-seeking behaviours among adolescents. However, continuous evaluation is needed to understand how these programs influence booster uptake, parental attitudes and responsiveness to future public health campaigns.

Digital technologies can enhance these efforts. Automated reminders, electronic consent forms, and school health portals can streamline communication, reduce administrative burden and track participation more accurately. Several pilot programs in the United States and Europe have used mobile apps and SMS-based notifications to increase parental engagement and improve completion of multi-dose vaccine series. In the context of pandemic preparedness, school-based campaigns have shown their value as rapid response platforms. During the COVID-19 pandemic, schools in several countries were leveraged as vaccination sites, demonstrating the adaptability of this

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infrastructure. This experience offers valuable funderstanding into how schools can be integrated into national emergency vaccination plans, especially during outbreaks or public health crises.

CONCLUSION

School-based vaccination campaigns are a proven, effective strategy to boost immunization rates among children and adolescents. By capitalizing on the accessibility, structure and trust that schools provide, these programs can overcome many logistical and social barriers to vaccine uptake. High-income countries have demonstrated significant success using this model, yet challenges related to equity, parental engagement and follow-up remain.

To maximize impact, school-based vaccination efforts must be designed with cultural sensitivity, backed by strong policy frameworks and supported by adequate funding and inter-sectoral coordination. As the global health landscape evolves with emerging diseases and changing vaccine technologies schools will remain vital partners in achieving and maintaining high immunization coverage. Moving forward, integrating these campaigns into broader public health strategies, using digital tools for communication and tracking and ensuring no child is left behind will be essential to sustaining gains in vaccine coverage and protecting population health for generations to come.