

## **Beyond hesitancy: Centring inclusion in vaccine uptake strategies**

### **Commentary for: Reaching everyone: school nurses' experiences of including refugee and migrant students in the extended school-based HPV vaccination programme in Sweden**

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The World Health Organization (WHO) recommends universal HPV vaccination, starting ideally between ages 9–14, before sexual debut (WHO 2022). Human papillomavirus (HPV) is a group of more than 200 related viruses. Around 40 of these are sexually transmitted and can infect the genital areas, mouth, and throat. Delivering the vaccine to this age group takes advantage of the body's stronger immune response at this age, and provides long-term benefits in preventing HPV infections and associated diseases. Vaccination programmes have been implemented in many countries, and given the recommended age range, these are often school-based to ensure equitable access to vaccination for adolescents. The vaccine was initially delivered to girls only, and more recently recommended for all young people. This ensures that boys, LGBTQ+ individuals, and males with male partners are also protected, along with an overall reduction in the virus circulation in the population. The vaccination programme has had a high success rate. For example, a recent study has shown that in Sweden, the introduction of the HPV vaccination programme has led to a significant decrease in the incidence of genital warts, with reductions of up to 89% in women aged 15–19 years (Astorga Alsina et al 2025).

The authors of this study, Odenbring and Linden (2025), describe how school nurses in Sweden play a pivotal role in the delivery and promotion of HPV vaccination programmes, providing not only the vaccine, but also essential education and support to students and their families. This is particularly timely in a post Covid-19 landscape where vaccine uptake is a global concern. For example, in the UK, HPV vaccination rates have declined since the pandemic. Coverage among girls has dropped from 90% to 73%, and among boys from 82% to 68%. This decline has been attributed to factors such as increased school absenteeism, therefore not receiving the vaccine in a routine delivery session, and vaccine fatigue (NHS England 2025).

Odenbring and Linden's (2025) study specifically explores school nurses' experiences of including refugee and migrant students in the school-based HPV vaccination programme in Sweden. The authors highlight how research has repeatedly shown that refugee and migrant children often have lower vaccination coverage than their non-migrant peers. They describe how this discrepancy has been shown to stem from a host of structural and interpersonal barriers such as: language difficulties, lack of culturally appropriate information, mistrust in healthcare systems, and limited access to resources. For this group school nurses are vital, not only in delivering vaccinations, but also in navigating the complex social determinants of health that affect access and acceptance among such communities.

The paper reports specifically on the qualitative interviews with school nurses within a larger funded study exploring the perspectives of a range of professionals and parents on the HPV vaccination programme in Sweden. The study considers school nurses' accounts of enabling refugee and migrant children, or the children of refugee and migrant parents, access to the HPV vaccination. Their narratives are considered according to structural, professional, material, and external contextual dimensions – with three broad themes identified: 1) social and economic deprivation – including unemployment, overcrowded housing, and language being barriers to vaccination access; 2) ways of communicating – here the nurses showed adaptability and creativity in ensuring refugee and migrant families have written information about the vaccination in their mother tongue; and in some cases,

due to lack of literacy or illiteracy, involving an interpreter; and 3) gratitude – where refugee and migrant families have positive attitudes towards the vaccination and are grateful that their children have access to such health provision.

This latter point, highlights the important finding that is it not a lack of vaccine confidence in such groups that hinders vaccine uptake, which is often suggested as a reason, but pragmatic aspects such as accessible and timely information. Within this context, the act of vaccination becomes part of a broader strategy of social inclusion.

These findings were underpinned by the recognition of the school nurses' ability to build trust with families, especially those navigating the complexities of migration, trauma, and social exclusion, which is crucial in facilitating vaccine uptake in such groups. School nurses create safe spaces where families feel heard, respected, and empowered to make health decisions for their children.

### **Implications for Practice and Policy**

These findings have several implications for nursing practice and public health policy. First, there is a need to invest in training and resources that support culturally competent communication. This includes ensuring the availability of professional interpreters, translated materials, and education on the sociocultural determinants of health.

Second, the infrastructure of school-based vaccination programmes should be strengthened to allow nurses the time and tools needed to conduct holistic assessments and community engagement. Recent studies have shown the resilience and innovation among school nurses working within constrained circumstances (for example Bekaert et al 2024; Bekaert and Sutton, 2024). However, there is currently great demand on the school nurse workforce, faced with increased public health challenges for young people. Hence investment in this crucial frontline service is vital to ensure preventive and early intervention health measures can be put in place by an often-overstretched school health service.

Third, nurses' voices should be included in policy discussions regarding vaccination strategies. Their experience working with diverse populations provides invaluable insights into what works, and what doesn't, on the ground.

Finally, as the authors recommend, future research should prioritise the perspectives of migrant and refugee families themselves. Understanding their experiences, needs, and concerns is crucial for shaping services that are truly inclusive and equitable.

**Keywords:** vaccination, immunisation, school nurse, migrant, refugee

### **References**

- Astorga Alsina, A.M., Herweijer, E. and Lei, J. 2025. Population-level Impact of HPV Vaccination on the Incidence of Genital Warts in Sweden. *The Journal of Infectious Diseases*, p.jiaf052.
- Bekaert, S., Rawlings, M., Shariff, D., Sammut, D. and Cook, G. 2024. New Modes of Practice: A Framework Analysis of School Nurses' Accounts of Working With Children and Young People During COVID-19. *Journal of Advanced Nursing*, 81(5), pp.2572-2585.

Bekaert, S. & Sutton, SA. 2024. The Forgotten Frontline: unveiling the realities of school and public health nursing in the UK. SAPHNA <https://saphna.co/about/inaugural-survey-of-school-nursing-the-forgotten-frontline/>

NHS England. 2025. Over a quarter of pupils missing out on HPV vaccine. <https://www.gov.uk/government/news/over-a-quarter-of-pupils-missing-out-on-hpv-vaccine#:~:text=This%20protection%20is%20now%20provided,since%20the%20COVID%2D19%20pandemic>

Odenbring, Y. and Linden, L. (2025). Reaching everyone: school nurses' experiences of including refugee and migrant students in the extended school-based HPV vaccination programme in Sweden. Journal of Research in Nursing

WHO 2022 WHO updates recommendations on HPV vaccination schedule [https://www.who.int/news/item/20-12-2022-WHO-updates-recommendations-on-HPV-vaccination-schedule?utm\\_source=chatgpt.com](https://www.who.int/news/item/20-12-2022-WHO-updates-recommendations-on-HPV-vaccination-schedule?utm_source=chatgpt.com)

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