

Comment on COVID-19 Vaccine Hesitancy and Health Literacy

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We would like to share ideas on the article “COVID-19 Vaccine Hesitancy and Health Literacy in US Southern States” published in the June 2023 issue of *The American Journal of Managed Care*.¹ Mamudu et al investigated the link between health literacy (HL) and COVID-19 vaccine hesitancy in a population from 14 Southern states. They found that HL was not a significant predictor of vaccine hesitation in the study population, implying that the Southern region's low immunization rates may not be related to lack of information about COVID-19. According to the study authors, this highlights the urgent need for place-based or contextual study on why vaccine hesitancy in the region transcends most socioeconomic inequalities.

According to the study's findings, 23.5% of participants were hesitant to get vaccinations overall, and individuals with low/moderate HL were more likely to be hesitant to get vaccinations than people with high HL. However, there was no statistically significant link between HL and vaccine hesitation. The study also discovered that although race/ethnicity and vaccine hesitation were not statistically substantially correlated, personal opinion of COVID-19 threat was strongly associated with decreased likelihood of vaccine hesitancy. Although the study sheds some light on the potential link between HL and COVID-19 vaccine hesitancy, there are a number of study limitations that should be considered when interpreting the findings. The study's self-reported assessments of HL and vaccine hesitation, which might not correctly reflect people's real HL or vaccine behavior, are the first drawback. Second, the study's target demographic, which was limited to 14 Southern states, may not be indicative of other regions, nations, or continents. Last but not least, the study failed to take into account additional possible factors that can affect vaccine hesitancy, such as political beliefs or inaccurate information regarding vaccines.

It is crucial to stress that initiatives that foster vaccine acceptance ought to be applauded. Every time a new COVID-19 vaccine is developed and made accessible to the general public, concerns are raised by the public about safety and efficacy. Individuals may become apprehensive if they receive bad news about adverse

reactions to a vaccine. Several publications have explored the public's expected negative reactions to COVID-19 immunization.² The beginning of the COVID-19 pandemic, as well as the surrounding environment, had an impact on the pattern of resistance.^{3,4} Because of the irregular character of the hesitancy pattern throughout time, the effect of promoting vaccination at different times may vary. As a result, information about the COVID-19 pandemic must be included in the context of all studies about vaccine hesitancy. Even if the pandemic's circumstances are altered, the vaccination's acceptance percentage is unlikely to change.

If more research is needed, it should focus on identifying and addressing the main causes of vaccine hesitancy, such as false information, mistrust, and access barriers, as well as developing and evaluating effective vaccine hesitancy strategies in various populations and situations. ■

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