



# Vaccine Hesitancy and Refusal for Childhood Vaccines and the COVID-19 Vaccine

## Çocukluk Çağı Aşıları ve COVID-19 Aşısında Aşı Tereddüdü ve Reddi

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### Dear Editor,

We would like to share ideas on the publication “The Evaluation of Vaccine Hesitancy and Refusal for Childhood Vaccines and the COVID-19 Vaccine in Individuals Aged Between 18 and 25 Years (1)”, in which Soysal et al. (1) concluded that “The rates of hesitation and rejection in the COVID-19 vaccines are quite high compared...” The problem of vaccine hesitancy exists worldwide and there are many factors that can contribute to the problem.

In a recent study, it has also shown that there is a discrepancy between hesitancy for vaccination specific to parents and their children. The parents might accept vaccination for themselves but refuse for their children (2). Focusing on the present report, there is a concern on methodology. Soysal et al. (1) used an online survey, which cannot control the reliability, and the focused group was aged between 18 and 25 years. The question on their children might mean that these subjects are parents at a very young age and some are still teenagers. Hence, the

observed rate of vaccine hesitancy in the present report might not reflect the actual ideas of the general parents whose age should be higher than the study group.

### Authorship Contributions

Concept: P.S., V.W.; Design: P.S., V.W.; Data Collection or Processing: P.S., V.W.; Analysis or Interpretation: P.S., V.W.; Literature Search: P.S., V.W.; Writing: P.S., V.W.

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### References

1. Soysal G, Durukan E, Akdur R. The Evaluation of Vaccine Hesitancy and Refusal for Childhood Vaccines and the COVID-19 Vaccine in Individuals Aged Between 18 and 25 Years. Turk J Immunol. 2021;9:120-7.
2. Dubé E, Gagnon D, Pelletier C. COVID-19 vaccination in 5-11 years old children: Drivers of vaccine hesitancy among parents in Quebec. Hum Vaccin Immunother. 2022;18:2028516.

## Response to the Letter

### Dear Editor,

Dr. Pathum Sookaromdee and Prof. Dr. Viroj Wiwanitkit are right about that online survey applications are less reliable than face-to-face ones.

As is known, all research paths have advantages and disadvantages. In this study, the researchers preferred the online method due to the existence of the pandemic and its advantages such as cost, manpower opportunities and short time. The results were accepted and presented to the reader, taking into account the security level of the online survey application.

The fact that the population of the research is limited to the age group of 18-25 years is for determining the rejection and hesitation rates of the COVID-19 vaccine and childhood vaccines in this age group and comparing them with each other. It was an expected result that the rate of rejection and hesitation for COVID-19 vaccine would be

much higher than the childhood vaccines due to the process of the production and licensing of COVID-19 vaccines.

The idea that the results of the study do not represent the older age groups is also correct, and the researchers did not generalize the findings of the age group of 18-25 years to the older age groups in their articles.

In conclusion, the points stated by Mr. Pathum Sookaromdee and Ms. Viroj Wiwanitkit are not a methodological error but only related to the choice made by the researchers considering their own possibilities and goals. Of course, researchers would also want a study that covers all age groups with face-to-face interviews.

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