**Editorial**

**COVID-19: will you as a mental health nurse get vaccinated?**

The availability of effective immunisations is being hailed as the light at the end of the tunnel, finally enabling the world to emerge from the darkness of the COVID-19 pandemic.

Will mental health nurses grasp this opportunity to protect themselves, their families and their patients? Perhaps surprisingly, many may not, if the history of relatively low rates of influenza immunisation in NHS mental health trusts is at all predictive (Public Health England 2019).

Explanations for non-uptake of immunisation include doubts about its effectiveness, the potential for side effects, a belief in not being personally vulnerable to the disease and distrust of the pharmaceutical industry (Dini et al 2018). Simply urging nurses to put patients first and get immunised is not enough to persuade doubters. Nurses, of course, also have a duty of care to themselves.

I suggest that, as a profession, we might all ask ourselves four questions to inform decisions about immunisation:

1. What is the evidence of effectiveness?

2. What is the risk to me of having or not having immunisation – severe or minor, life threatening or transitory?

3. What is the risk to my patients of myself having or not having immunisation – could I present a real risk to them, or others, if unvaccinated?

4. And, importantly, what evidence will I base these views on – is it anecdotal or verified data?

With these questions answered honestly, I hope I will find most of my colleagues to be standing alongside me in the immunisation queue.

*References*

Dini G, Toletone A, Sticchi L et al (2018) Influenza vaccination in healthcare workers: A comprehensive critical appraisal of the literature. Human Vaccines and Immunotherapeutics. 14, 3, 772-789

Public Health England (2019) Seasonal Influenza Vaccine Uptake in Healthcare Workers (HCWs) in England: Winter Season 2018 to 2019