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Letter to the editor

Covid-19, vaccine decision and schizophrenia

Covid-19, decision vaccinale et schizophrénie

Several recent studies reported that mental disorders particularly schizophrenia increase the risks of severity and mortality following infection with SARS-CoV-2 [1]. The French High Authority of Health updated its recommendations and added people with psychiatric disorders among the priority audiences of the French vaccine strategy [2]. On March 13, 2021, Tunisia inaugurated its vaccination campaign against COVID-19 by launching the Evax.tn vaccination platform [3].

We carried out a study between April and May 2021 to assess the adherence of Tunisian patients with schizophrenia to the vaccine and to examine the impact of the psychotic symptoms on the vaccine decision. A total of 112 patients were included. The participants were predominantly males with a sex ratio of 2.29. The mean age was 47 ± 57 years. Twenty-four percent of patients had risk factors for severe cases of COVID-19.

The absence or occasional use of protective measures was found in 65.2% of patients. Awareness of somatic vulnerability was found in 53.6% of patients. Regarding awareness of psychiatric vulnerability, 83.9% of patients did not consider their psychiatric disorder as a risk factor for severe cases of COVID-19.

The majority of the participants (81.2%) knew that the vaccination campaign was already underway. The different modes of access to vaccination information were as follows: the media represented 55.4%, their close relatives represented 20.5%, their attending physicians represented 3.6% and social networks represented 2.7%.

Only 5.4% of participants were registered on the Evax.tn vaccination platform and 52.7% of patients refused to be vaccinated. 35.7% of our subjects were afraid of the side effects of the vaccine. Regarding the severity of psychotic symptoms, the median Clinician-Rated Dimensions of Psychosis Symptom Severity score (CRDPSS) was 7.5 ± 6 and it was significantly associated with refusal to be vaccinated ($P = 0.02$).

The role and responsibility of a psychiatrist in the process have been highlighted: the World Psychiatric Association ethics committee has recommended that psychiatrists should have an accurate knowledge about COVID-19 and act accordingly [4]. In case of refusal of the vaccine, the psychiatrist could be confronted with an ethical dilemma: on the one hand the autonomy and the free decision of the patient must be respected. But on the other hand, the health prerogative of the patient and the community must also be taken into consideration [5].

At the start of the vaccination campaign, the present study highlighted the fact that patients with severe mental illnesses were not a priority and risked being excluded from this campaign.

This lack of access and adherence has raised ethical and social issues.

Many clinical and neurocognitive factors linked to the nature of psychotic disorders lead us to think that despite the wide availability of Covid-19, the vaccination rate in the psychiatric population might be low. Larger studies will be needed to assess access to the COVID-19 vaccine in Tunisians with mental disorders. The role of the psychiatrist is fundamental in informing the patient of his own vulnerabilities to COVID-19 in order to provide him with optimal vaccination guidance.

Disclosure of interest

The authors declare that they have no competing interest.

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