



COVID-19 and BAME Population

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Briefings/Guidance/ Evidence Reviews/Summaries

[The impact of COVID-19 on BME communities and health and care staff](#) - NHS Confederation

This briefing considers the evidence on the impact of COVID-19 on black and minority ethnic (BME) communities and health and care staff. It explores potential underlying factors, recommends areas for action and offers practical advice on how to mitigate risks. Intended for senior health and care leaders, it aims to inform decision making and influence change.

[A note for all BAME colleagues working in the NHS](#) - NHS England

Supporting our BAME NHS people and communities during and beyond COVID-19

[Disparities in the risk and outcomes of COVID-19](#) -Public Health England

This is a descriptive review of data on disparities in the risk and outcomes from COVID-19.

[BAME women and Covid-19 – Research evidence](#) – Fawcett Society

Research is drawn from data collected by Survation on behalf of the Fawcett Society via online panel, with fieldwork conducted 15 – 21 April 2020. The evidence from this survey offer initial evidence of disproportionate impacts on BAME people and women overall, and particularly BAME women. This briefing also makes recommendations for how to mitigate the impact on BAME women including by removing barriers to social security, increasing economic support and ensuring people can work or isolate safely.

[Emerging findings on the impact of COVID-19 on black and minority ethnic people](#) - The Health Foundation



This article sets out some of the key points emerging from recent research on COVID-19 and health inequalities. It reviews the evidence that black and minority ethnic communities are at greater risk of catching and dying from the virus. It also considers the reasons why these groups are at greater risk. The economic impacts of the pandemic on black and minority ethnic groups are not covered.

[Coronavirus: Which key workers are most at risk?](#) -House of Commons

This Insight published on 2nd June outlines which workers have experienced the biggest health risk, and breaks these groups down by ethnicity, gender, country of birth, disability status, household type, and rates of pay.

[Impact of COVID-19 on Black, Asian and Minority Ethnic \(BAME\) staff in mental healthcare settings | assessment and management of risk](#) –Royal College of psychiatrists

The Royal College of Psychiatrists (RCPsych) has responded to the urgent issue of the high and disproportionate numbers of deaths of BAME staff due to Covid-19, by producing initial guidance on risk mitigation for urgent implementation across all mental health care organisations in the UK.

[BAME COVID-19 DEATHS – What do we know? Rapid Data & Evidence Review](#) – Centre for Evidence Based Medicine

Evidence indicates markedly higher mortality risk from COVID-19 among Black, Asian and Minority Ethnic (BAME) groups, but deaths are not consistent across BAME groups. Similarly, adverse outcomes are seen for BAME patients in intensive care units and amongst medical staff and Health and Care Workers. The exact reasons for this increased risk and vulnerability from COVID-19 in BAME populations are not known. There may be a number of contributing factors in the general population such as overrepresentation of BAME populations in lower socio-economic groups, multi-family and multi-generational households, co-morbidity exposure risks, and disproportionate employment in lower band key worker roles. For Health and Care workers, there are increased health and care setting exposure risks.

[Are some ethnic groups more vulnerable to COVID-19 than others?](#) -Institute for Fiscal Studies

[Ethnic minorities and the UK's COVID-19 response](#) - Global Health Policy Unit, University of Edinburgh

Working paper (24 April 2020). This project is compiling a submission of evidence on the disproportionate impact of COVID-19, and the UK government response, on ethnic minorities in the UK. The working paper (available for download below) sets out why physiological risks associated with the virus cannot be separated from their social



exposures, and makes recommendations for immediate and more long-term interventions. [The second URL links directly to the paper.]

[Risk assessments for staff](#) - NHS Employers

This page contains guidance for employers on how to carry out risk assessments particularly for vulnerable groups, to understand the specific risks staff members face from exposure to COVID-19 and actions which employers can take to keep staff safe. This includes staff returning to work for the NHS, and existing staff who are potentially more at risk due to their race, age, disability or pregnancy.

[Exclusive: deaths of NHS staff from covid-19 analysed](#) –HSJ

The deaths of 119 NHS staff have been analysed by three leading clinicians.

[BAME groups two to three times more likely to die from Covid-19](#) -UCL

The likelihood of death from Covid-19 is significantly higher among England’s Black, Asian and Minority Ethnic (BAME) groups than the general population, finds a new UCL analysis of NHS data.

[Why are more black and minority ethnic people dying from Covid-19 in hospital?](#) - Race Equality Foundation (REF)

The startling ethnic differences in death rates in hospitals from Covid-19 identified recently highlight a familiar pattern of racial inequality. This analysis provides updated information based on the record of deaths in hospital up to 21 st April 2020.

[Ethnic minority deaths and Covid-19: what are we to do?](#) -Kingsfund

Desperate times offer opportunities for the light to come streaming in. Currently, we are seeing that light in the outpouring of support and love for health and care staff across the world during this pandemic. In the UK, a large proportion of those staff come from ethnic minorities and some are dying at a much higher rate than white staff. The same is true in the general population. People from ethnic minority backgrounds constitute 14 per cent of the population but, according to a recent study, account for 34 per cent of critically ill Covid-19 patients and a similar percentage of all Covid-19 cases. These patterns are not unique to the UK – in Chicago, black people constitute 30 per cent of the population but account for 72 per cent of deaths from the virus.

[Is ethnicity linked to incidence or outcomes of covid-19?](#) – BMJ

Editorial. The UK is the first country in the covid-19 surge with an ethnically diverse population and can therefore contribute to our understanding of the disease’s effects in different ethnic groups, particularly those of South Asian or African Caribbean heritage.



The ethnic minority population of the UK was around 13% at the time of the last census in 2011.

[ICNARC reports on COVID-19 in critical care](#) – Intensive Care National Audit & Research Centre (ICNARC)

This report presents analyses of data on patients critically ill with confirmed COVID-19 reported to ICNARC up to 4pm on 30 April 2020 from critical care units participating in the Case Mix Programme (the national clinical audit covering all NHS adult, general intensive care and combined intensive care/high dependency units in England, Wales and Northern Ireland, plus some additional specialist and non-NHS critical care units). Please note that adult critical care units in Scotland, paediatric intensive care units and neonatal intensive care units do not participate in the Case Mix Programme.

[Submission of evidence on the disproportionate impact of COVID 19, and the UK government response, on ethnic minorities and women in the UK](#) – Aston University

In this submission the authors discuss why women and people from ethnic backgrounds (BAME) are, and will be, negatively affected by the COVID-19 virus and the government response and made recommendations for short and long-term change to the pandemic response to avoid further harm and discrimination of people with these protected characteristics.

[BAME COVID-19 DEATHS - WHAT DO WE KNOW? RAPID DATA & EVIDENCE REVIEW - CEBM](#)

Evidence indicates markedly higher mortality risk from COVID-19 among Black, Asian and Minority Ethnic (BAME) groups, but deaths are not consistent across BAME groups. Similarly, adverse outcomes are seen for BAME patients in intensive care units and amongst medical staff and Health and Care Workers. The exact reasons for this increased risk and vulnerability from COVID-19 in BAME populations are not known. There may be a number of contributing factors in the general populations.

[Summary: What is the evidence on ethnic variation on COVID19 incidence and outcomes?](#) – Ushernetwork for COVID-19 Evidence Reviews, University of Edinburgh

The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data from around the world indicate that racial and ethnic minority groups may be disproportionately affected. This rapid review assesses the latest available data on incidence, severity and mortality from the UK and around the world.

[Syndemics of COVID-19 and "pre-existing conditions"](#) - Somatosphere

At the most proximal level, the pronounced COVID-19 vulnerabilities of ethnic minority groups reflect greater levels of pre-existing chronic health conditions, such as



cardiovascular disease, hypertension and diabetes, which are the most common co-morbidities observed in COVID-19 fatalities. These conditions are not only more prevalent in many UK ethnic minority groups than in the ethnic majority, but manifest at an earlier age of onset: a striking finding from the Health Survey for England is that the health of White English people aged 61-70 is comparable to that of Caribbean and Indian people aged 46-50, Pakistani people aged 36-40 and Bangladeshi people aged 26-30. This makes ethnic minority populations more susceptible to critical complications if they contract COVID-19, not because ethnic and racial categories are themselves a causal factor but because they map on to underlying social determinants which generate these conditions.

[Coronavirus will increase race inequalities](#) - Runnymede Trust

Black and ethnic minority (BME) groups in the UK are among the poorest socio-economic groups. There are structural inequalities that place BME groups at much higher risk of severe illness from COVID-19, as well as experiencing harsher economic impacts from government measures to slow the spread the virus. There is substantial evidence to show that BME communities experience high rates of child poverty and ill-health. Bangladeshis and Pakistanis, for instance, have much higher rates of heart disease compared to their white British counterparts. Meanwhile, black African and African Caribbean people have higher rates of hypertension compared to other ethnic groups.

[Racial injustice in the COVID-19 response](#) - Charity So White

A Live Position Paper by #CharitySoWhite. This live position paper provides an overview of the risks and impact of COVID-19 on racial inequalities within the UK. It outlines an urgent call to action, including specific recommendations for civil society and its funders, to put BAME communities at the heart of their response to ensure it addresses root issues and maximises impact.

[Are more black, Asian and minority ethnic people dying with Covid-19 than might be expected?](#) -NuffieldTrust

Amid worrying recent media reports that a disproportionate number of BAME people are dying from Covid-19, Theo Georghiou and John Appleby take a look at how the demographics of the areas worst hit by the coronavirus can affect attempts to assess the extent of the problem.

Institutional Publications

BMJ

- [Transforming the health system for the UK's multiethnic population.](#)
- [The disproportionate impact of covid-19 on ethnic minority healthcare workers.](#)
- [Is ethnicity linked to incidence or outcomes of covid-19?](#)



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- [Differential Effects of COVID-19 by Gender and Ethnicity.](#)
 - [Covid-19: Two thirds of healthcare workers who have died were from ethnic minorities.](#)
 - [Covid-19: Black people and other minorities are hardest hit in US.](#)

LANCET

- [Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities](#)
- [Ethnicity and COVID-19: an urgent public health research priority](#)

Health Service Journal

- [Exclusive: deaths of NHS staff from covid-19 analysed](#)

Nursing Times

- [BME nurses 'feel targeted' to work on Covid-19 wards.](#)
- [Latest figures on Covid-19 deaths spark fresh calls to protect BME population](#)

Nursing in Practice

- [Understanding the increased Covid-19 risk in men and BAME communities](#)

The Lancet Infectious Diseases

- [Targeting COVID-19 interventions towards migrants in humanitarian settings.](#)

Institute for Fiscal Studies

- [Are some ethnic groups more vulnerable to COVID-19 than others?](#)

JAMA

- [COVID-19 and Health Equity—A New Kind of “Herd Immunity”](#)

Original Research Publications

Covid-19: Black people and other minorities are hardest hit in US.

Dyer Owen BMJ (Clinical research ed.) 2020;369:m1483.

In the United States, black people are being admitted to hospital and dying in disproportionate numbers from the covid-19 pandemic. The Trump administration acknowledged the issue after a Washington Post analysis found that black majority counties had three times the coronavirus infection rate and almost six times the death rate of white majority counties.

Covid-19: Disproportionate impact on ethnic minority healthcare workers will be explored by government.

Rimmer Abi BMJ (Clinical research ed.) 2020;369:m1562.



Data from the Intensive Care National Audit and Research Centre, published on 10 April, show that of 3883 patients with confirmed covid-19, 14% (486) were Asian and 12% (402) were black. This is nearly double the 14% ethnic minority population in the UK. Reports also show that most doctors who have died from the virus are from ethnic minority backgrounds, although doctors from ethnic minority backgrounds make up only about a third of doctors working in the NHS.

[Covid-19: Two thirds of healthcare workers who have died were from ethnic minorities.](#)

Rimmer Abi BMJ (Clinical research ed.) 2020;369:m1621.

Two thirds of healthcare workers who have died from covid-19 were from an ethnic minority background, and at least half were not born in the UK, researchers have found.

[Ethnicity and COVID-19: an urgent public health research priority](#)

Manish Pareek The Lancet 2020;395(10234):1421-22.

As the coronavirus disease 2019 (COVID-19) pandemic continues advancing globally, reporting of clinical outcomes and risk factors for intensive care unit admission and mortality are emerging. Early Chinese and Italian reports associated increasing age, male sex, smoking, and cardiometabolic comorbidity with adverse outcomes.¹ Striking differences between Chinese and Italian mortality indicate ethnicity might affect disease outcome, but there is little to no data to support or refute this.

[Is ethnicity linked to incidence or outcomes of covid-19?](#)

Kamlesh Khunti BMJ 2020;369(m1548):1-2.

The novel disease covid-19, caused by severe acute respiratory syndrome coronavirus SARS-CoV-2, is now a pandemic with devastating implications for populations, healthcare systems, and economies globally. Systematic reviews of ethnically homogenous cohorts from China suggest that the key risk factors for hospital admission include age, male sex, and comorbidities such as cardiovascular disease, hypertension, and diabetes. The UK is the first country in the covid-19 surge with an ethnically diverse population and can therefore contribute to our understanding of the disease's effects in different ethnic groups, particularly those of South Asian or African Caribbean heritage. The ethnic minority population of the UK was around 13% at the time of the last census in 2011.

[COVID-19 and African Americans.](#)

Yancy CW JAMA 2020;:No page numbers.

In Chicago, more than 50% of COVID-19 cases and nearly 70% of COVID-19 deaths involve black individuals, although blacks make up only 30% of the population. Moreover, these deaths are concentrated mostly in just 5 neighborhoods on the city's South Side.⁶ In Louisiana, 70.5% of deaths have occurred among black persons, who represent 32.2% of the state's population.⁷ In Michigan, 33% of COVID-19 cases and 40% of deaths have occurred among black individuals, who represent 14% of the population.⁵ If New York City has



become the epicenter, this disproportionate burden is validated again in underrepresented minorities, especially blacks and now Hispanics, who have accounted for 28% and 34% of deaths, respectively (population representation: 22% and 29%, respectively).

[COVID-19 and Racial Disparities.](#)

Shah M. Journal of the American Academy of Dermatology 2020;:Article in press.

Letter to the Editor: Epidemiological evidence of age and sex-related differences for Coronavirus disease 2019 (COVID-19) suggest that males, and older adults with underlying health conditions including hypertension, obesity, chronic lung disease, diabetes and cardiovascular disease have increased vulnerability to COVID-19. To date, the literature is very limited on data exploring racial disparities.

[Racial Variations in COVID-19 Deaths May Be Due to Androgen Receptor Genetic Variants Associated with Prostate Cancer and Androgenetic Alopecia. Are Anti-Androgens a Potential Treatment for COVID-19?](#)

McCoy J. Journal of cosmetic dermatology 2020;:No page numbers.

Racial disparities in COVID-19 infection rates and disease severity are due to a multifactorial etiology that can include socioeconomic as well as other factors. Nevertheless, genetic factors in different ethnic groups often contribute to disease severity and treatment response. In particular, the frequency of genetic variations in the androgen receptor differs by ethnicity and gender. For example, the increased prevalence of prostate cancer and androgenetic alopecia among African Americans correlates with the frequency of these variants. In this communication, we propose that androgens may be implicated in COVID-19 disease severity. As such, special attention may need to be given to African Americans infected by the SARS-CoV-2 virus. Finally, if a link to genetic variations in the androgen receptor and COVID-19 disease severity can be established, it would suggest new treatment options.

[Racial Capitalism: A Fundamental Cause of Novel Coronavirus \(COVID-19\) Pandemic Inequities in the United States.](#)

Laster Pirtle Whitney N. Health education & behavior : the official publication of the Society for Public Health Education 2020;:1090198120922942.

Racial capitalism is a fundamental cause of the racial and socioeconomic inequities within the novel coronavirus pandemic (COVID-19) in the United States. The overrepresentation of Black death reported in Detroit, Michigan is a case study for this argument. Racism and capitalism mutually construct harmful social conditions that fundamentally shape COVID-19 disease inequities because they (a) shape multiple diseases that interact with COVID-19 to influence poor health outcomes; (b) affect disease outcomes through increasing multiple risk factors for poor, people of color, including racial residential segregation, homelessness, and medical bias; (c) shape access to flexible resources, such as medical knowledge and freedom, which can be used to minimize both risks and the consequences of disease; and (d) replicate historical patterns of inequities within pandemics, despite newer intervening mechanisms



thought to ameliorate health consequences. Interventions should address social inequality to achieve health equity across pandemics.

[The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities.](#)

Laurencin Cato T. Journal of racial and ethnic health disparities 2020;:No page numbers.

The Coronavirus disease 2019 (COVID-19) pandemic has significantly impacted and devastated the world. As the infection spreads, the projected mortality and economic devastation are unprecedented. In particular, racial and ethnic minorities may be at a particular disadvantage as many already assume the status of a marginalized group. Black Americans have a long-standing history of disadvantage and are in a vulnerable position to experience the impact of this crisis and the myth of Black immunity to COVID-19 is detrimental to promoting and maintaining preventative measures. We are the first to present the earliest available data in the peer-reviewed literature on the racial and ethnic distribution of COVID-19-confirmed cases and fatalities in the state of Connecticut. We also seek to explode the myth of Black immunity to the virus. Finally, we call for a National Commission on COVID-19 Racial and Ethnic Health Disparities to further explore and respond to the unique challenges that the crisis presents for Black and Brown communities.

[Why are ethnic minorities worse affected?](#)

Liverpool Loyal New Scientist 2020:11-11.

Inequalities mean a disproportionate number of covid-19 patients are from minority ethnic backgrounds, reports Loyal Liverpool

[Vitamin D concentrations and COVID-19 infection in UK Biobank](#)

Hastie CE ,et al. Diabetes & Metabolic Syndrome: Clinical Research & Reviews. Volume 14, Issue 4, July–August 2020, Pages 561-565.

COVID-19 and low levels of vitamin D appear to disproportionately affect black and minority ethnic individuals. We aimed to establish whether blood 25-hydroxyvitamin D (25(OH)D) concentration was associated with COVID-19 risk, and whether it explained the higher incidence of COVID-19 in black and South Asian people.

[Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19: indirect standardisation of NHS mortality data \[version 1; peer review: 1 approved with reservations\]](#)

Robert L Aldrich. et al. Open Research 2020

International and UK data suggest that Black, Asian and Minority Ethnic (BAME) groups are at increased risk of infection and death from COVID-19. This research article is aimed to explore the risk of death in minority ethnic groups in England using data reported by NHS England.



[Use of Rapid Online Surveys to Assess People's Perceptions During Infectious Disease Outbreaks: A Cross-sectional Survey on COVID-19.](#)

Geldsetzer P. Journal of medical Internet research 2020;22(4):e18790.

This study aimed to apply rapid online surveying to determine knowledge and perceptions of coronavirus disease 2019 (COVID-19) among the general public in the United States and the United Kingdom.

Covid-19 and the BAME population Evidence updates from other health libraries

- [Greater Manchester Mental Health NHS Foundation Trust Library weekly update](#)
- [Library and Knowledge Service for NHS Ambulance Services in England - COVID-19 and BAME](#)

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