

Patients of Asian and black backgrounds more likely to die from COVID-19, large study reveals

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Patients of Asian and black backgrounds suffered disproportionate rates of premature death from COVID-19, according to a study of 1,737

patients by Queen Mary University of London and Barts Health NHS Trust.

The study, published in *BMJ Open*, is one of the most comprehensive studies exploring COVID-19 outcomes in black, Asian and minority [ethnic populations](#) so far reported, from one of the largest and most diverse UK hospital COVID-19 cohorts, representing a majority ethnically diverse population (only 35.2 per cent of [patients](#) identified as White ethnicity).

The work resulted from a new interdisciplinary collaboration between intensive care physicians and HIV physicians. The researchers looked at data from all patients aged 16 years or over with confirmed SARS-CoV-2 infection and admitted to the five acute hospitals within Barts Health NHS Trust, between 1 January and 13 May 2020.

- 1,737 patients were included in the analysis of whom 511 had died by day 30 (29 per cent).
- 538 patients (31 per cent) were from Asian, 340 (20 per cent) black and 707 (40 per cent) white backgrounds.
- Compared with white patients, those from minority [ethnic backgrounds](#) were younger and less frail.
- Asian patients were 1.54 times more likely, and black patients 1.8 times more likely, to be admitted to ICU and to receive invasive ventilation, compared to white patients.
- After adjustment for age and sex, patients from Asian backgrounds were 1.49 times more likely to die compared to those from white backgrounds, and patients from black backgrounds were 1.30 times more likely to die.
- Asian and black patients experienced a 50-80 per cent increased risk of receiving mechanical ventilation in ICU compared with white patients of a similar age.

Dr. Yize Wan, Clinical Lecturer at Queen Mary University of London and Specialty Registrar in Intensive Care Medicine & Anaesthesia at Barts Health NHS Trust said: "Our study shows the disproportionate impact of COVID-19 on Black and Asian groups in the first peak. Black and Asian people admitted to Barts Health hospitals with COVID-19 were significantly younger in age, had greater acute disease severity, and higher mortality relative to white patients of the same age and baseline health.

"As the impact of COVID-19 continues to be seen within our community, the importance of responding to the ethnic disparities unmasked during the COVID-19 pandemic is crucial to prevent entrenching and inflicting them on future generations."

Dr. Vanessa Apea, Consultant Physician in Sexual Health and HIV at Barts Health NHS Trust and Honorary Senior Lecturer at Queen Mary University of London, added: "Authentic community based participatory research to understand the drivers of these differences, and co-creation of solutions are key to achieving health equity in these communities."

The researchers caution that although the study had a large number of patients, it was not possible to assess a more detailed ethnicity breakdown and it may not reflect the vast heterogeneity within ethnic categories (such as Bangladeshi, Pakistani, black African or black Caribbean).

Separately, two of the research team—Dr. Vanessa Apea and Professor Chloe Orkin from Queen Mary and Barts Health—are delivering a new study to understand why Black, Asian and Minority Ethnic communities are so badly affected by the COVID-19 virus and address the lower uptake of the vaccine by people in these groups.

The Amplifying Lives study, funded by Barts Charity, will gain deep

insight into the causes of COVID-19 based on the lived experience of East London's racially diverse communities, through interviews and questionnaires. The researchers will work directly with local residents to understand their life before, and during, COVID-19.

More information: Vanessa J Apea et al, Ethnicity and outcomes in patients hospitalised with COVID-19 infection in East London: an observational cohort study, *BMJ Open* (2021). [DOI: 10.1136/bmjopen-2020-042140](https://doi.org/10.1136/bmjopen-2020-042140)

Provided by Queen Mary, University of London

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