COVID-19 and the BAME community: it's more than just their jobs

Sarah Morton, Alice Sisson, Michelle Hayes

Adult Intensive Care Unit, Chelsea and Westminster Healthcare NHS Trust, Chelsea, London, UK

Correspondence to: Sarah Morton. Adult Intensive Care Unit, Chelsea and Westminster Healthcare NHS Trust, Chelsea, London, SW10 9NH, UK. Email: sarah.morton@doctors.org.uk.

Much media attention has been given to the high incidence rates of Covid-19 in Black, Asian and Minority Ethnic (BAME) population, and also the high incidence of death in this group both within a hospital and critical care specifically (1). Speculation has been made about the cause of this, with much attention on the occupations' of the BAME community, with politicians particularly interested in this aspect (2). However, editorials have pointed out that we cannot simply look at a patient's occupation as an explanation; we must not forget, for example, genetic differences that need further investigation (3).

To further examine this, we have retrospectively reviewed all our intensive care admissions to one central London hospital for ethnicity and occupation. The occupations were classified using the National Statistics Socio-economic Classification eight class and three class respectively (4). Of 72 admissions, 52.7% were from a BAME community, significantly higher than the 29.5% recorded in the 2011 Census for our area (5). Of the 72 admissions, 19 patients died (mortality rate: 26.8%); 9 out of those 19 patients were from the BAME community (47.3%). *Table 1* shows the classification by Occupation (Classification Three), Outcome and Ethnicity (4).

From *Table 1*, of the 19 patients who died, the most significant proportion were either retired (n=9), unemployed (n=1) or not working at the time (n=1) of their admission. The same number (n=3) of patients who died were in higher managerial, administration and professional occupations as were in routine and manual occupations. Thirteen of all the patients are identified as critical workers as per the government's description; of those nine were from the BAME community, with only one of these patients sadly dying.

Whilst we have identified that there is some disparity, with a higher representation of the BAME community within critical worker roles, we do not believe BAME mortality is simply related to occupation in our patient cohort. It remains to be seen if our experience is mirrored throughout the UK. It may be that in other countries, such as the USA, where the healthcare service is not "free

Table 1 Classification of outcomes by occupation and ethnicity (4)

Occupation classification	Ethnicity	Alive, n (%)	Dead, n (%)
Higher managerial, administrative and professional occupations e.g., lawyer, banker, GP	BAME	9 (12.5)	0 (0.0)
	Non-BAME	11 (15.3)	3 (4.2)
Intermediate occupations e.g., taxi driver, customer services	BAME	3 (4.2)	2 (2.8)
	Non-BAME	1 (1.4)	0 (0.0)
Routine and manual occupations e.g., bus driver, shop assistant, cleaner	BAME	13 (18.1)	2 (2.8)
	Non-BAME	5 (6.9)	1 (1.4)
Never worked, long-term unemployed, retired	BAME	5 (6.9)	5 (6.9)
	Non-BAME	6 (8.3)	6 (8.3)

at the point of delivery", the ability to access healthcare is more directly related to occupation. We believe deeper investigation and study to understand genetic and more complex socio-economic factors may enable us to target treatment more effectively and attenuate further surges. There is a requirement for this to be country specific and independent of politics to enable further understanding.

Acknowledgments

Footnote

Provenance and Peer Review: This article was a standard submission to the journal. The article did not undergo external peer review.

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/jphe-20-62). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

References

1. BBC. Coronavirus: Black Britons face "twice the risk" of death, says ONS. 2020. (Accessed 10/06/2020). Available online: https://www.bbc.co.uk/news/uk-52574931
2. The Guardian. British BAME Covid-19 death rate "more than twice that of whites" 2020. (Accessed 10/06/2020). Available online: https://www.theguardian.com/world/2020/may/01/british-bame-covid-19-death-rate-more-than-twice-that-of-whites
3. Khunti K, Singh AK, Pareek M, Hanif W. Is ethnicity linked to incidence or outcomes of covid-19? BMJ 2020;369:m1548.
4. Office for National Statistics. Standard Occupational Classification 2010: Volume 3: The National Statistics Socio-economic Classification: (Rebased on the SOC2010) User Manual. 2010. (Accessed 12/06/2020). Available online: https://www.ons.gov.uk/methodology/classificationsandstandards/standardoccupationalclassificationsoc/soc2010/soc2010volume3thenationalstatisticssocioeconomicclassificationnssecrebasedonsoc2010
5. Baker D. Census 2011: Kensington and Chelsea. 2012. (Accessed 12/06/2020). Available online: https://www.rbkc.gov.uk/pdf/Census%202011%20-%20December%20Release%20Summary.pdf