Rapid Response:

COVID-19 and Black Africans in the UK: Disparities linked to underlying inequalities in health

by

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Rapid response to: Is ethnicity linked to incidence or outcomes of covid-19?

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Dear Editor,

The COVID-19 pandemic has drawn attention to the impact of health inequality on the virus outcome. In response to the important conversations in the BMJ and Lancet around Black and Ethnic Minorities (BAMEs) and the disproportionate severity of COVID-19 among this group in the UK [1,2]. BAMEs account for more than 34% of critically ill patients from COVID-19, keeping in mind that this group only make up 14% of the total population in the UK [3]. In comparison to the White population have only 73.6% of deaths while representing more than 85% of the total population, this brings -14% deaths in this group when compared to the total population representation.

However, we would like to focus this conversation on disproportionate infection and mortality of the black-African population due to COVID-19 in the UK. This is important because Black-African has been reported to be more disadvantaged than other BAMEs [4]. It has been reported that black-Africans make up 5.8% of the cases of COVID deaths while representing only 3.5% of the total population. They have highest hospital deaths with three times that of the White population [5]. In comparison, Asian group made up 7.6% of deaths due to COVID-19 while representing 7.7% of the total population. Similarly in London, black-African accounted for more than 16% of the deaths while only representing 13% of the total population. This is higher in comparison to Whites 55.9% deaths with 59.8% representation of the population and Asian 16.4% deaths while representing 18.5% of the population [6]. This prompted us to review publications in relation to COVID-19 outcome among BAMEs in the UK and found that no study has focused on Black-Africans and the severity of COVID-19 outcome among individuals from this group.

Black- African population in the UK have continuously faced health inequality which has disadvantaged this group in relation to COVID-19 outcome. African population have a higher burden of non-communicable diseases such as diabetes, hypertension, mental health in the UK [7]. Furthermore, cultural beliefs in regard to conditions such as HIV and AIDs and

tuberculosis have contributed to the higher burden of these diseases among African populations in the UK [8]. These burdens of chronic disease among black-African populations have implications for the higher burden of COVID-19 reported within these groups.

Other factors such as genetic composition, vitamin D deficiency, vaccine from country of birth, immune system performance might be important in COVID-19 outcome among Africans in the UK [9]. In addition, limited access to health-care services, working in high-risk jobs such as care worker, health worker has made African immigrants more susceptible to COVID-19 infection and mortality. This is in addition to the overly-representation of this group in low socio-economic status which has important implications on health and wellbeing.

Finally, COVID-19 has highlighted the disparity of African population health in the UK as compared to the general population. We feel it is time that policy address this long-overdue inequality in health among BAMEs and African population in particular. It should not be expected as normal that these groups are worse hit by COVID-19 or any other diseases. Targeted research is needed to understanding the implications of inequality on health of Black-Africans that are disproportionately affected by disease conditions.

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