# Evidence Search Service Results of your search request

## Covid-19 and BME patients and staff

**ID of request:** 23047  
**Date of request:** 4th May, 2020  
**Date of completion:** 4th May, 2020

If you would like to request any articles or any further help, please contact:  Kaye Bagshaw at [kaye.bagshaw@nhs.net](mailto:kaye.bagshaw@nhs.net)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Covid-19 and BME patients and staff. Kaye Bagshaw. ( 4th May, 2020). LONDON, UK: Newcomb Library Library and Information Service.

**Sources searched**  
CINAHL (1)  
Google (Custom Search) (7)  
Guardian Online (1)  
King's Fund (2)  
MEDLINE (5)  
Twitter (1)

**Date range used** (5 years, 10 years): All   
**Limits used** (gender, article/study type, etc.): None   
**Search terms and notes** (full search strategy for database searches below):

This is an emerging topic and very little has been published in academic journals as yet.

For more information about the resources please go to: <http://www.homerton.nhs.uk/newcomb>.

## Contents

[A. Institutional Publications](#Content4)

Health Searvice Journal

[Exclusive: deaths of NHS staff from covid-19 analysed](#Research638332)

Intensive Care National Audit & Research Centre (ICNARC)

[ICNARC report on COVID-19 in critical care](#Research638378)

NHS Confederation

[The impact of COVID-19 on BME communities and health and care staff](#Research638376)

NHS Employers

[Risk assessments for staff](#Research638365)

NHS England

[A note for all BAME colleagues working in the NHS](#Research638364)

Nuffield Trust

[Are more black, Asian and minority ethnic people dying with Covid-19 than might be expected?](#Research638358)

Race Equality Foundation (REF)

[Coronavirus information and resources](#Research638331)

The Guardian

[Why BAME people may be more at risk from coronavirus – video explainer](#Research638366)

The King's Fund

[Ethnic minority deaths and Covid-19: what are we to do?](#Research638329)

[B. Original Research](#Content5)

1. [Covid-19: Black people and other minorities are hardest hit in US.](#Research638413)
2. [Covid-19: Disproportionate impact on ethnic minority healthcare workers will be explored by government.](#Research638412)
3. [Covid-19: Two thirds of healthcare workers who have died were from ethnic minorities.](#Research638410)
4. [Ethnicity and COVID-19: an urgent public health research priority](#Research638373)
5. [Is ethnicity linked to incidence or outcomes of covid-19?](#Research638383)
6. [Racial Capitalism: A Fundamental Cause of Novel Coronavirus (COVID-19) Pandemic Inequities in the United States.](#Research638409)
7. [The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities.](#Research638411)
8. [Why are ethnic minorities worse affected?](#Research638414)

### [C. Search History](#SearchHistory)

## A. Institutional Publications

#### Health Searvice Journal

**Exclusive: deaths of NHS staff from covid-19 analysed** (2020)

Tim Cook, Emira Kursumovic, Simon Lennane

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=2fb27c2cada4103a64f7face5c026536)

The deaths of 119 NHS staff have been analysed by three leading clinicians. We present their findings here.

#### Intensive Care National Audit & Research Centre (ICNARC)

**ICNARC report on COVID-19 in critical care** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f68069251931a2deffe0a8b4d5891a35)

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.

#### NHS Confederation

**The impact of COVID-19 on BME communities and health and care staff** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8c1e608c2a1bd463b23d69035928a844)

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.

#### NHS Employers

**Risk assessments for staff** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=883abacf85aaaee22f13a83394111028)

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.

#### NHS England

**A note for all BAME colleagues working in the NHS** (2020)

Nikki Kanani and Prerana Issar

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c6432dcb955d2eb617e231db436c14e4)

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

#### Nuffield Trust

**Are more black, Asian and minority ethnic people dying with Covid-19 than might be expected?** (2020)

Theo Georghiou, John Appleby

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7046f0b2b4f4d700f053772e1c1af2ea)

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.

#### Race Equality Foundation (REF)

**Coronavirus information and resources** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0a98eb8ee8f0a89aa109bcf9c78847ca)

What we know about COVID19 and the risk factors relating to it How do these risk factors affect black and minority ethnic people and communities The wider determinants of health ‘Knock on’ effects Resources

#### The Guardian

**Why BAME people may be more at risk from coronavirus – video explainer** (2020)

Haroon Siddique, Monika Cvorak, Nikhita Chulani and Katie Lamborn

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c96606ddf9bab0762f0545b06a522e8e)

NHS staff from black, Asian and minority ethnic backgrounds may be given roles away from the frontline under plans to reduce their disproportionately high death rate from Covid-19. The Guardian revealed last week that minority groups were over-represented by as much as 27% in the overall Covid-19 death toll. Additionally, 63% of the first 106 health and social care staff known to have died from the virus were black or Asian, according to the Health Service Journal. Senior reporter Haroon Siddique looks at the figures and explains why BAME people may be more at risk.

#### The King's Fund

**Ethnic minority deaths and Covid-19: what are we to do?** (2020)

Suzie Bailey and Michael West

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=46708131ae9787ce695f63339b894f17)

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.

## B. Original Research

1. **Covid-19: Black people and other minorities are hardest hit in US.**  
   Dyer Owen BMJ (Clinical research ed.) 2020;369:m1483.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7bae8887f19aa9df643707444a75c676)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4a27db8e50c6ec45dac20ae49f796ff9)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=caf4a3d71a5c0955e2eb125a10204b7d)

1. **Covid-19: Disproportionate impact on ethnic minority healthcare workers will be explored by government.**  
   Rimmer Abi BMJ (Clinical research ed.) 2020;369:m1562.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=755e19896ce78be13ec7c99d9cdd46d2)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4a27db8e50c6ec45dac20ae49f796ff9)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=46f71f89c86c3a0cb1949c18be993d83)

1. **Covid-19: Two thirds of healthcare workers who have died were from ethnic minorities.**  
   Rimmer Abi BMJ (Clinical research ed.) 2020;369:m1621.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4823f2c13c7fed913f03a5affa6fa855)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4a27db8e50c6ec45dac20ae49f796ff9)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ff335408d821210c2756f9f8244232a3)

1. **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.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=928eea29fbd033b1fdd912667a2f6a1c)

1. **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.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e1e3cca70f34c141a762b191b5032647)

1. **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.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=acedc490d71e181df4838a8d87ac3940)

1. **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.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c914c2b455a0f2b62aec85452846bb7d)

1. **Why are ethnic minorities worse affected?**  
   Liverpool Layal New Scientist 2020;:11-11.

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

### Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## C. Search History

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 1. | Medline | (covid-19).ti,ab | 4515 |
| 14. | Medline | ("Severe Acute Respiratory Syndrome" OR "Middle East Respiratory Syndrome").ti,ab | 6655 |
| 16. | Medline | ("covid-19").ti,ab | 5006 |
| 17. | Medline | (coronavirus OR "corona virus" OR SARS OR MERS).ti,ab | 21174 |
| 18. | Medline | ("2019-nCoV" OR "SARS-CoV" OR "MERS-CoV").ti,ab | 5252 |
| 19. | Medline | "CORONAVIRUS INFECTIONS"/ OR "SEVERE ACUTE RESPIRATORY SYNDROME"/ | 10218 |
| 20. | Medline | (1 OR 14 OR 16 OR 17 OR 18 OR 19) | 28806 |
| 21. | Medline | (bme OR bame).ti,ab | 1488 |
| 22. | Medline | "AFRICAN AMERICANS"/ OR ARABS/ OR "ASIAN AMERICANS"/ OR "ETHNIC GROUPS"/ | 119869 |
| 23. | Medline | "AFRICAN CONTINENTAL ANCESTRY GROUP"/ OR "ASIAN CONTINENTAL ANCESTRY GROUP"/ OR "RACE FACTORS"/ | 98937 |
| 24. | Medline | "MINORITY GROUPS"/ OR "MINORITY HEALTH"/ | 14111 |
| 25. | Medline | ("ethnic minorit\*").ti,ab | 10524 |
| 26. | Medline | ("ethnic group\*").ti,ab | 31408 |
| 27. | Medline | ("afro-caribbean" OR asian OR black\* OR afrocaribbean).ti,ab | 210625 |
| 28. | Medline | (21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27) | 395731 |
| 29. | Medline | (20 AND 28) | 220 |
| 30. | CINAHL | (covid-19).ti,ab | 1233 |
| 31. | CINAHL | ("Severe Acute Respiratory Syndrome" OR "Middle East Respiratory Syndrome").ti,ab | 1727 |
| 32. | CINAHL | ("covid-19").ti,ab | 1233 |
| 33. | CINAHL | (coronavirus OR "corona virus" OR SARS OR MERS).ti,ab | 4495 |
| 34. | CINAHL | ("2019-nCoV" OR "SARS-CoV" OR "MERS-CoV").ti,ab | 577 |
| 35. | CINAHL | exp "CORONAVIRUS INFECTIONS"/ | 3247 |
| 36. | CINAHL | (30 OR 31 OR 32 OR 33 OR 34 OR 35) | 6420 |
| 37. | CINAHL | (bme OR bame).ti,ab | 827 |
| 38. | CINAHL | ("ethnic minorit\*").ti,ab | 7395 |
| 39. | CINAHL | ("ethnic group\*").ti,ab | 11961 |
| 40. | CINAHL | ("afro-caribbean" OR asian OR black\* OR afrocaribbean).ti,ab | 64324 |
| 41. | CINAHL | "MINORITY GROUPS"/ | 12584 |
| 42. | CINAHL | "NURSES, MINORITY"/ | 1354 |
| 43. | CINAHL | "ETHNIC GROUPS"/ OR ARABS/ OR ASIANS/ OR BLACKS/ OR "CULTURAL DIVERSITY"/ | 113511 |
| 44. | CINAHL | (37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43) | 164536 |
| 45. | CINAHL | (36 AND 44) | 48 |

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