

Population groups at higher risk during the pandemic

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1. Analysis of risk associated with Covid19 across groups

Two papers have used regression analysis to calculate the increased risk associated with Covid19 for particular groups.

They have used odds ratios to express this increased risk: an odds ratio (OR) is a measure of association between a risk factor (or exposure) and an outcome. The OR represents the odds that an outcome will occur given a particular risk factor, compared to the odds of the outcome occurring in the absence of that risk factor. For example, an OR of 1 would indicate the same risk as the reference group (for both papers this is the lowest risk group in each category); an OR of 2 would indicate double the risk compared to the reference group. **If the OR is greater than 1, then that group has a higher risk of harm from Covid19.**

One paper shows the increased risk for different groups of infection with Covid19 (as measured by suspected Covid19 recorded on EMIS – the paper also shows how well this correlates with confirmed cases of Covid19)¹. The other shows the increased risk for different groups of being hospitalised or dying following a diagnosis of Covid19².

These papers show the magnitude of the increased risk for different groups and how this compares between groups. These are in alignment with the risks presented in the QCovid19 paper³ and a paper published in July 2020⁴ – with significantly higher risks of death from Covid19 for: those of South Asian, Indian, Caribbean and Black African ethnicities, those living in care/residential homes, those with LD, those with CKD (increasing risk with increasing severity of CKD), COPD, severe asthma, diabetes, dementia, epilepsy, MND and those undergoing cancer treatment.

The ORs for different groups are summarised in the following table:

¹ <https://bjgp.org/content/70/699/e696>

² Factors associated with COVID-19 related hospitalisations, critical care admission and mortality using primary and secondary care data. L Cummins, I Ebyarimpa, N Cheetham, K Brennan and J Panovska-Griffiths.

³ <https://www.bmj.com/content/371/bmj.m3731>

⁴ <https://www.nature.com/articles/s41586-020-2521-4>

Increased risk (Covid infection and complications) for vulnerable groups		Increased risk (odds ratio compared to lowest risk group in each category)				
		CEG paper	NEL regression analysis			
		Increased risk of infection	Increased risk of hospitalisation	Increased risk of death		
Age	Age 50-69	1.3	2.2	5.3		
	Age 70+	1.3	3.0	12.7		
Ethnicity	Asian/South Asian ethnicity	1.9	1.3	1.7		
	Black ethnicity	1.5	1.5	1.4		
Deprivation	Most deprived national IMD quintile/most deprived 30%	1.3	1.1*	0.9*		
BMI	Overweight (BMI >25)	1.3	-			
	Obese (BMI 30-40)	1.7			1.6	1.2*
	Morbidity obese (BMI >40)	2.2			-	
Dementia			0.7*	2.2		
Learning Disability			2.1	4.8		
Diagnosed Long Term Conditions	1	1.8	-			
	Highest OR for infection: AF, CHD, TIA, PAD, HF, diabetes	2			2.3	
	Highest OR for hospitalisation: cancer, COPD, CKD, diabetes, epilepsy	3			2.6	
	Highest OR for death: cancer, epilepsy, diabetes, CHD, CKD	4+			3.7	

(*wider confidence intervals for these OR than others and/or lower CI is lower than 1)

2. Groups at increased risk linked with the control measures associated with the pandemic⁵

Children and young people

- In the short term: In the short term, children and young people, especially those already facing social and economic deprivation experiencing adverse impacts arising from overcrowding, lack of access to open spaces, digital exclusion, they may be at risk of online abuse or influence from gangs due to lack of parental oversight. Domestic abuse will be a concern for some. Concerns about over-policing of social distancing.
- Longer-term: we are concerned they may experience negative mental health impacts, fall behind with, or lose interest in education and face scarring effects of entering the labour market during a recession

Older people

- Short term: These groups more likely to be shielding and at greater risk to contracting Covid 19. Concern that other emerging condition may go undiagnosed or untreated due to fear of approaching medical services. Older and disabled people among most likely to be digitally excluded.
- Longer term: Some who have contracted Covid 19 may need long-term support.

Disabled people

- Short term: Problems faced by young people compounded for children with SEND.
- Longer term: The relaxation of the Care, and Mental Capacity Acts has led to concerns that support may be curtailed if adequate funding is not in place.

Ethnicity and Faith

- Short term: Death rate from Covid 19 among those born outside UK 70% in Hackney). Minority ethnic groups are more likely to be exposed to and at risk of Covid 19. Concerns about over-policing of social distancing, magnifying existing anxieties around Stop and Search, concerns that predicted grades will damage prospects of non-white and working class children. Those without English as a main language find it harder to access information and services, especially online. Concerns about cultural appropriateness of food parcels e.g. Kosher and Halal. Some groups don't access the internet for religious reason. Risk of harmful religious practices due to reduced oversight from institutions like schools
- Longer term: Non-white residents likely to be harder hit by recession. Concerns around long-term community cohesion if groups feel they have been treated unfairly or if disproportionate impacts of Covid 19 not recognised or addressed.

Sex

- Short term: Covid 19 infection and fatality rates higher among men. Women with NRPF particularly vulnerable especially if they are or become victims of domestic abuse.

⁵ London Borough of Hackney Cumulative Impact Assessment and City and Hackney Public Health team evidence review of impact of pandemic

- Longer term: The childcare market has been significantly impacted by Covid-19. Concerned about disproportionate impact on women, both as workers in this sector and regards to their own childcare options. Concerns economic impacts may affect women more because of the sectors they work in and the type of work they do.

Sexual identity

- *Sexual orientation:* We are concerned social isolation that many Lesbian, Gay and Bisexual people face due to family estrangement and rejection from the wider community amplified, specialist advice and support including mental health support needed. Higher risk of health inequalities, e.g. number of young homeless and avoidance of treatment for fear of discrimination.
- *Gender reassignment:* In addition to loneliness and isolation, concerned treatment may be delayed, some may be tempted to self-medicate.

Other concerns:

- **Housing:** Increase in reported single homelessness, challenges accessing self-contained accommodation. Some will need long-term support. Households in the rented sectors may face eviction if they cannot meet the cost of rent.
- **Digital exclusion:** While 90% of residents access the internet, 80% are confident, around 14% access computers at school or libraries - Digital exclusion can be caused by lack of, internet access, access to hardware, skill, motivation - all need to be addressed.

3. Ask of primary care

CEG are developing a pop up alert (see below) to highlight to practitioners that a patient is at higher risk of harm from Covid19 (including: patients over 70, residents over 14 with a Learning Disability, and patients with 3 or more LTCs) – based on the risk framework we have developed. This will prompt primary care practitioners to:

- I. Use any opportunistic contact with patients to communicate with patients about their risk of harm from Covid19, what that means for them and signpost to sources of support:
 - a. For patients with non-modifiable risk factors, practitioners should provide advice on infection control: remind patients of **Hands, Face, Space** (hand hygiene, masks and social distancing), getting tested (if symptoms develop) and self-isolation where appropriate.
 - b. For patients with modifiable risk factors (smoking, obesity) and/or LTCs, practices should signpost to sources of support (e.g. Stop Smoking Service or Healthier Together services) and continue to help these patients to manage their conditions (see II below).
- II. The LTC and Time to Talk contract is being repurposed and practices are asked, as per this contract, to proactively contact:
 - c. Patients with 3+ LTCs to ensure their management of LTCs is optimised and that the appropriate sources of support are in place for these patients. CEG will support with an appropriate search for this work.

- d. Practices to undertake the second review for their practice based proactive care register patients
- III. Practices might also consider the risk framework when considering use of Social Prescribers (or other navigation workers including PCN link workers) in proactively contacting higher risk groups.
- IV. For practices that have had Making Every Contact Count (MECC) training, this would be an opportunity to use the MECC approach.

EMIS pop up alert for patients at higher risk of harm from Covid19 (appears when patient record is loaded or updated):

