Message

From: Khunti, Kamlesh (Prof.) I&S

Sent: 04/04/2020 18:59:17

To: Professor Nilesh Samani [samanin@bhf.org.uk]; Whitty, Chris [Chris.Whitty@dhsc.gov.uk]
CC: John Newton [John.Newton@phe.gov.uk]; Khunti, Kamlesh (Prof.)

Subject: Re: COVID-19 and ethnicity
Attachments: Comorbidity systematic review.pdf

Dear Chris

As Nilesh has mentioned below, and I am sure you are also following the fast pace of publications from other countries, elderly people and people with multimorbidities seem to be the highest risk populations for admissions and mortality due to COVID. In particular recent systematic review data show that the multimorbidities with the worst outcomes seem to be cardiovascular disease, diabetes and hypertension and surprisingly not COPD. However, the anecdotal reports and now these data from ICNARC are showing a signal for a higher prevalence for severe disease (and possibly outcomes) for minority ethnic groups. There maybe many reasons for this including socioeconomic, cultural or pathophysiological. I am aware there are number of national data being collected including PHE and ONS and it would be good to look at these data soon. I, Nilesh and others would be happy to contribute if needed.

With very best wishes and wishing you a rapid recovery.

Kamlesh

From: Nilesh Samani <samanin@bhf.org.uk>

Date: Saturday, 4 April 2020 at 18:03

To: "Whitty, Chris" < Chris. Whitty@dhsc.gov.uk>

Cc: Kamlesh Khunti | I&S | John Newton < John.Newton@phe.gov.uk>

Subject: COVID-19 and ethnicity

Dear Chris,

I hope you are recovering well. I would first of like to thank you for your great medical leadership during this very difficult time.

Several colleagues have brought to my attention the observation in the latest ICNARC audit report that Asian and Black subjects represent 27.4% of those admitted to critical care with confirmed COVID-19 infection compared with only 8.4% in the last flu season (Table 1 in the attached report). This many just be an artefact and reflect the fact that the pandemic is currently focused around London where the demography may be different to the whole country. This is possibly suggested by Figure 5 in the report. On the other hand these ethnic groups have higher prevalence of CVD and diabetes and may represent particular vulnerable groups. This may require further exploration and Kamlesh Khunti and his team, who have interest and experience in this, would be very happy to help if needed.

You may already be aware of this but I thought I would bring this to yours and John's attention as it may get into the public domain.

Best wishes

Professor Sir Nilesh Samani

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