Message

From: Whitty, Chris [Chris.Whitty@dhsc.gov.uk]
Sent: 18/04/2020 19:52:31
To: Khunti, Kamlesh (Prof.) [I&S]; Professor Nilesh Samani [samanin@bhf.org.uk]
CC: John Newton [john.newton@phe.gov.uk]
Subject: RE: COVID-19 and ethnicity

Dear Kamlesh and Nilesh

This issue is (rightly) rising up the agenda. I think there is a sufficient signal this needs to be looked at by academic groups with expertise in addition to the work ongoing from PHE, ICU data and Biobank.

We will put out a themed NIHR call, really just to signal this.

My concern is mainly to see if there is something we actively can do (both in the general population, and specifically in healthcare workers).

Best wishes

Chris

From: Khunti, Kamlesh (Prof.) <I&S>
Sent: 05 April 2020 21:25
To: Whitty, Chris <Chris.Whitty@dhsc.gov.uk>; Professor Nilesh Samani <samanin@bhf.org.uk>
Cc: John Newton <john.newton@phe.gov.uk>; Khunti, Kamlesh (Prof.) <I&S>
Subject: Re: COVID-19 and ethnicity

Dear Chris

Thank you for getting back so quickly. The reason for writing to you was just to alert you regarding these initial descriptive findings. What we now need to do is to get good quality data that could be robustly analysed with adjusted analysis to determine if this is indeed a true signal. If it is then the strategies you mention could be targeted including a more intensive effort regarding social distancing and isolation in BME populations.

In terms of research – this would come after if a signal was indeed confirmed.
So the question was to see if we have any COVID data such as PHE or HES data that we could get some early adjusted analysis completed on.

With best wishes
Kamlesh

From: "Whitty, Chris" <Chris.Whitty@dhsc.gov.uk>
Date: Sunday, 5 April 2020 at 20:44
To: Kamlesh Khunti <I&S>, Nilesh Samani <samanin@bhf.org.uk>
Cc: John Newton <john.newton@phe.gov.uk>
Subject: RE: COVID-19 and ethnicity

Dear Kamlesh and Nilesh

Thanks for your emails.

It is an important point. If we end up having strategies which depend on identifying those at greatest risk, the better we can target to those who stand to benefit most the more effective they will be. This may be the rather crude tool of shielding, but could also include a targeted partially effective vaccine, drug prophylaxis etc. So determining high risk groups is not an academic exercise but rather likely to be important in future policy choices.

Kamlesh, as you say this could be an artefact of geography (London and Midlands) or ethnicity may be a confounding factor in the pathway between CVD/diabetes and more severe disease. But it is important to test. One of the observations is that people on ICUs are probably younger than the cohort who sadly die. So it is probably worth putting in an age factor here.

Is there anything you need me to do? I am trying to stay out of the way of the proper NIHR funding processes but if what you need is encouragement this is an important policy question I can absolutely confirm this.

Best wishes

Chris

From: Khunti, Kamlesh (Prof.) <I&S>
Sent: 04 April 2020 18:59
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.) <I&S>
Subject: Re: COVID-19 and ethnicity

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

Nilesh

Professor Sir Nilesh Samani
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DD: Irrelevant & Sensitive

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