

Covid-19 Infection:

Can this be a wake-up call for British and Minority Ethnic (BAME) Communities?

The Covid-19 infection caused by SARS-CoV-2 RNA virus was declared a pandemic by the World Health Organisation in March 2020¹. This infection started in Wuhan, the capital of Hubei province in China. The first documented case was in December 2019². Since then it has spread around the world, affecting many countries, with over 4 million confirmed cases and over 300,000 deaths worldwide³. In the western world the number of infected patients has plateaued but this may be related to the various measures taken by the policy makers such as the lockdown period, social distancing, shielding and measures taken by individuals such as improved hygiene measures and the use of personal protective equipments etc⁴. In the western world, Italy was the most significantly affected, followed by Spain and then the United Kingdom.

In the United Kingdom, the first reported case was at the end of January in York, followed by a surge in London, which then spread to the rest of the UK⁵. So far in the United Kingdom nearly a quarter of a million infections have been documented with (at the time of writing) nearly 35,000 deaths⁵.

The Covid-19 infection is highly contagious but the complications are only slightly higher than the annual influenza infections⁶. Over 80% of those infected will recover without much sequel following Covid-19 infection. However around 15-20% require hospital admission for additional oxygen support. Of these, on average 5-

10% need intensive care support and <5% succumb to the disease⁶. Those who recover following organ support can develop complications related to myocardial dysfunctions, arrhythmias, and renal impairment requiring renal replacement, chronic lung impairment. Those who require ventilatory support require this for a prolonged period. Those who recover have severe exhaustion and myalgia for a prolonged period⁶.

It is well documented that there have been many health care workers (HCWs) who have succumbed to the Covid-19 infection. The first ten HCWs were from a Black & Minority Ethnic (BAME) background and as the pandemic has spread in the UK, among the HCWs who have died, 64% were from the BAME community, even though the BAME community forms around 44% of the NHS health care workforce⁵. There have been a disproportionate number of HCWs in the UK who have succumbed to this infection.

It is well known that covid infection is highly contagious and the risks of mortality and significant complications are higher in those over 70 years of age, male and those with compromised immunity^{6,7}.

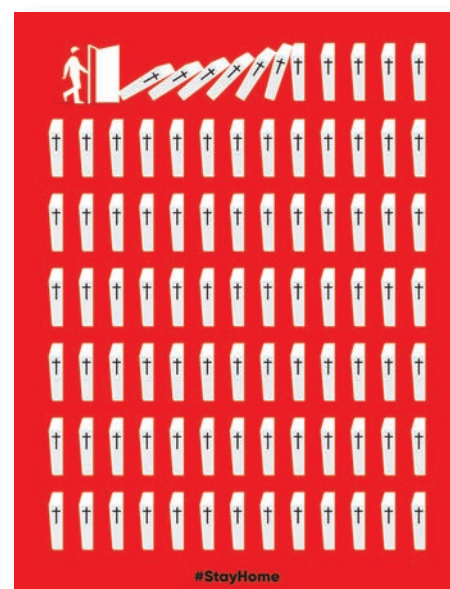
It is also well documented that the BAME community have a higher incidence of modifiable risk factors such as hypertension, diabetes, deranged lipid profile, increased risk of metabolic syndrome⁸. There may be a substantial number of HCWs who may have sub-clinical risk factors but are ignorant due to a lack of awareness and



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Illustrated above are some of a series of 'awareness' posters produced by the United Nations at the outbreak of the Covid-19 Pandemic.

testing. Along with these risk factors it is well known that the BAME community has an impoverished lifestyle, including an unhealthy diet and a lack of regular exercise.

These modifiable risk factors have been postulated to be contributing to the increased risk of complications of Covid-19 infections in the BAME HCWs. The BAME population may have a higher risk to the Coronavirus infection due to people living in crowded joint families. There is also sufficient evidence showing that BAME communities are disproportionately from lower socio-economic circumstances.

Although the socio-economic factor needs to be addressed in the medium to longer term, the modifiable risk factors need immediate attention, as it may influence the complications of Covid-19 infection in the BAME HCWs with a more favourable outcome.

This is the "Wake up call" for all the BAME NHS staff (Box 1). They must have formal health assessments which would help them identify and/or optimally manage their underlying modifiable risk factors, including their BMI, blood pressure, HbA1c, lipid profile, renal function, dietetic review, and also have their exercise plans assessed. This will help monitor those who are known to have risk factors and reassure them that these are under control. At the same time this may provide an opportunity to identify individuals who have sub-clinical risk factors and are at risk of cardiovascular complications.

Conclusion

The Covid-19 pandemic has demonstrated that there are some high-risk populations who are prone to increased mortality and morbidity. Unfortunately the BAME population and NHS staff are at twice the risk of dying compared to the local population. Although the precise reason for this higher risk is not clear, there are a number of hypotheses. We believe that some of the hazards may be attributable to underlying cardio-renal-diabetes modifiable risk factors including metabolic syndrome. These must be addressed by a formal objective risk assessment and there must be a clear action plan to manage these risk factors optimally. Although this may not immediately address the current increased

- **Undergo annual health check:**
Regular check of weight (waist: hip ratio - WHR), blood pressure, pulse (for AF), lipid profile, blood sugar, renal function (eGFR)
- **Manage cardiovascular risks optimally:**
See your GP or Specialist regularly and monitor your weight (WHR<0.9 in male and <0.8 in female), hypertension (home BP <135/85), atrial fibrillation (rate <90), hyperlipidaemia (TC<4 and LDL<2 if coronary disease), diabetes (HbA1c <58) and renal function (eGFR>60)
- **Improve lifestyle:**
 - ◆ Healthy balanced diet with at least five fruits / vegetables per day
 - ◆ Regular exercise: 30min of moderate exercise at least 5 days per week
 - ◆ Reduce weight; Stop smoking; Maintain hydration
 - ◆ Drink alcohol in moderation (<14 units/week with two alcohol free days)
 - ◆ Buy home BP monitor and monitor BP 3-4 weekly

Box 1: "Wake-up call" for BAME NHS staff

risk to Covid-19, it would certainly help to improve the health of the population in general and reduce the risk to coronary artery disease, stroke and renal failure in the future.

References:

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3. <https://covid19.who.int/>. 2020.
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BIDA COVID-19 Fundraiser

BIDA has launched a fundraising effort to support International Doctors and their families in the UK who have suffered from loss of life due to the virus, and also to help aspiring International Doctors who came to the UK and found themselves literally stranded, unable to work due to the licencing exam being cancelled, and unable to fly home.

PLEASE HELP US SUPPORT THESE DOCTORS BY DONATING TO BIDA Covid -19 Fund by typing the link below in your browser.

<https://www.justgiving.com/crowdfunding/bida>