

# Exploring the disparities in the response and treatment of COVID-19 with regards to ethnicity



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## Introduction and Methodology

Ethnic minorities can face linguistic, cultural, and financial barriers to healthcare. (NASC, 2013)

Ethnic minorities have a disproportionately increased risk of SARS-Cov-2 infection compared to their white counterparts (Lancet 2021; 397: 1711–24)

This has been reported in multiple countries, including Brazil, UK, and USA

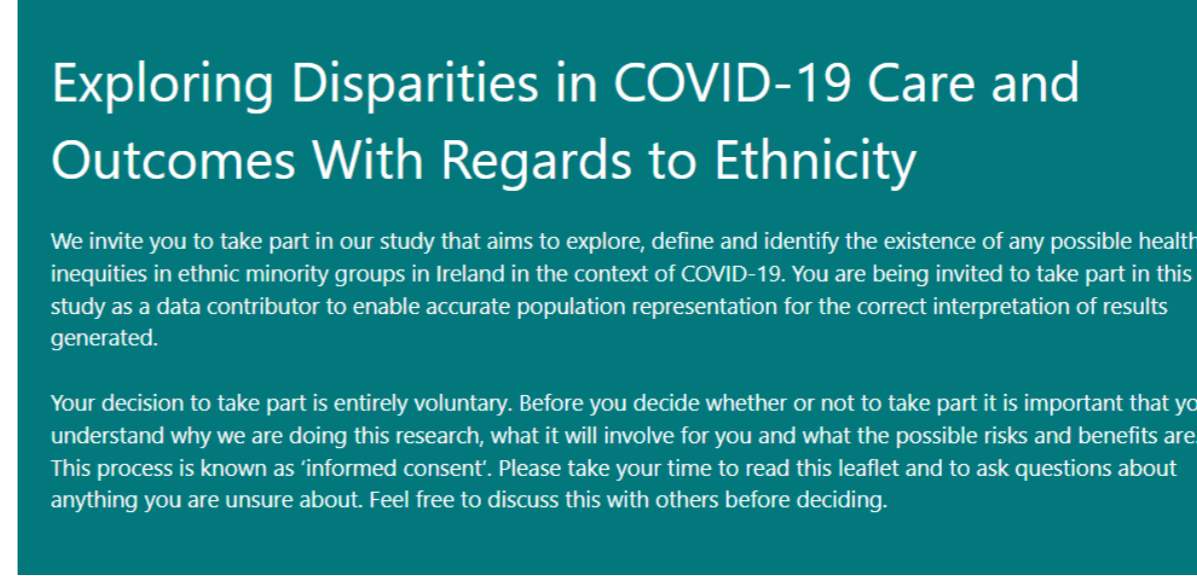
Lack of data collection in this area has created a blind spot in healthcare and population research.

**Hypothesis:** Ethnic minority proportions in Ireland mimic those in the UK but this data is not collected in a standardized way for an increasingly diverse population.

**Research question:** Do we find these same disparities in Ireland, how do we compare our existing data with that of other nations?

**Aim:** Comparing populations between Ireland and the UK and Identify if there are any differences between ethnic groups in the context of COVID-19 response and treatment in Ireland

### Figure 1: Methodology:

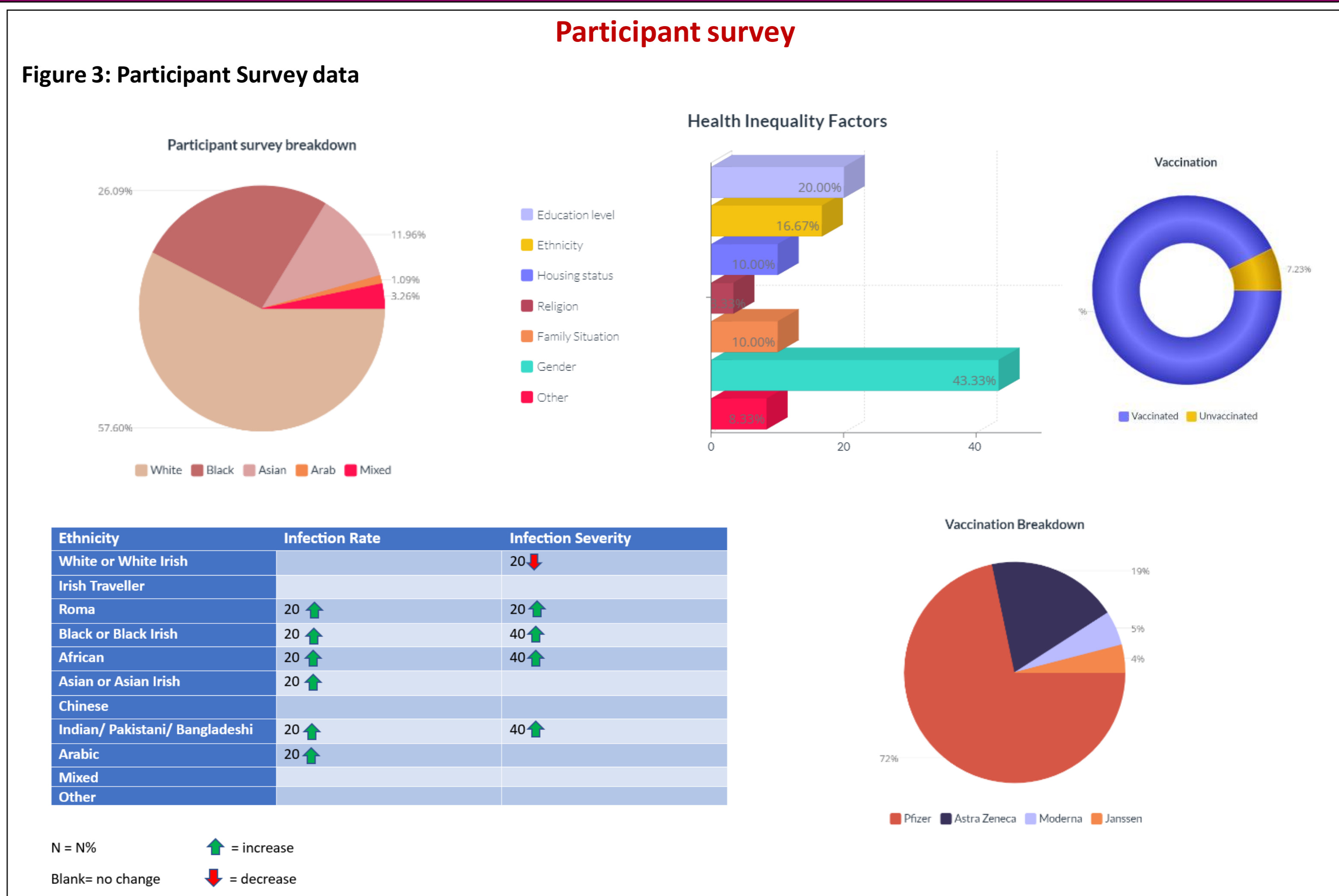



**Figure 1: Methodology:** Data from existing records e.g. St James' Hospital datasets, and publicly accessible data sources (Central Statistics Office) and Participant Surveys. Statistical analysis was used to examine the differences in COVID-19 reaction and treatment between various Ethnic populations, association between demographic characteristics and COVID-19 treatment received

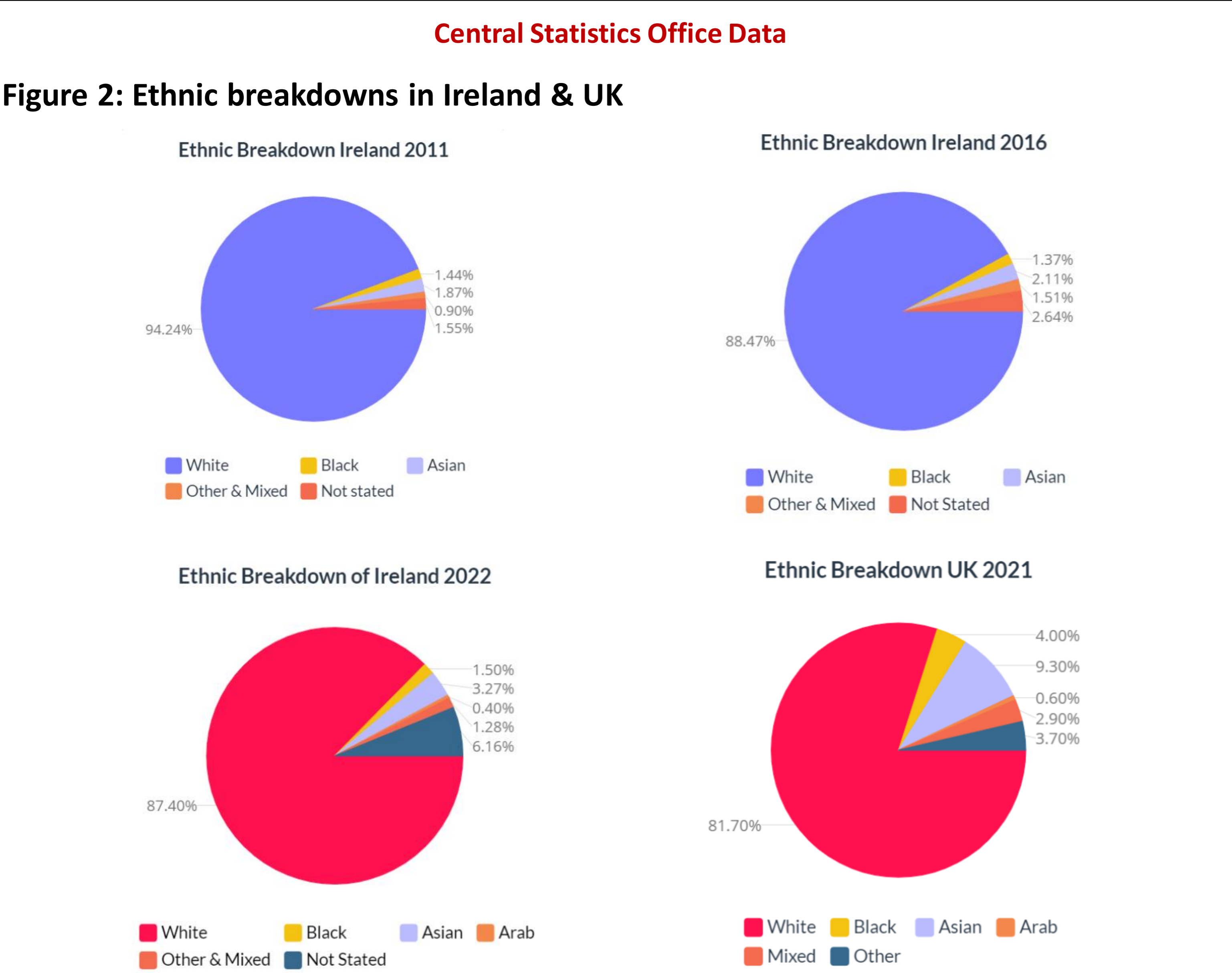
## Results

CSO data		Participant survey	
N	millions	N	92
Age (yrs)	0-85+	Age (yrs)	18-75+
Sex % (Male, Female)	49%, 51%	Sex % (Male, Female)	28%, 72%
Ethnicity	White	Ethnicity	White
	Black		Black
	Asian		Asian
	Arab		Arab
	Other		Other
St James' Dataset			
N	231		
Age (yrs)	20-90+		
Sex % (Male, Female)	48%, 52%		
Ethnicity	White		
	Black		
	Asian		
	Arab		
	Other		

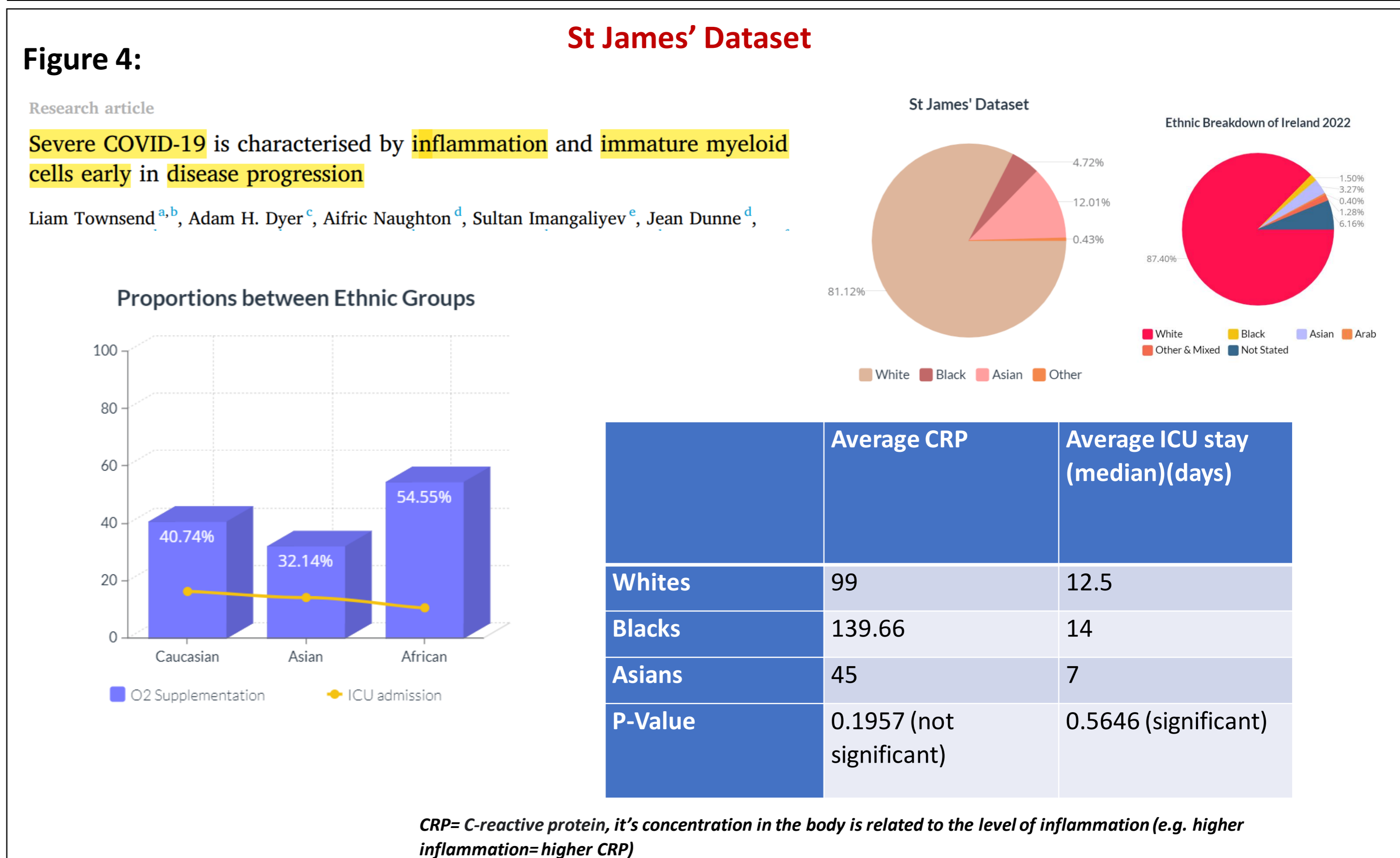
Table 1: Participant Demographics: The graphs above show the pools from which the data was collected



**Figure 3: Participant Survey Data:** Vaccinations were spread very evenly between groups. The highest factor of health inequalities faced is Gender, bearing in mind that participation was disproportionately split between males and females. According to observations from healthcare workers who participated, there was an increase in infection severity in Roma, Black, and South Asian Ethnicities. This is in comparison to the decrease in the White ethnic group.



**Figure 2: Ethnic breakdowns in Ireland & UK**  
Census data from both nations was gathered and broken down into various ethnicities  
The population of Ireland has shown an increase in ethnic diversity throughout the years from 2011- 2022  
A similar diversity proportion to that of the UK seen in 2022



**Figure 4: St James' Hospital Dataset:** A cohort of COVID-19 patients overseen by Dr Liam Townsend. It looks at the differences in moderate and severe responses based on immunological factors. His data is now being broken down into various ethnic groups and used to shine a light on the growing blind spot in research in this country. Collection of this type of information isn't a standard practice in Irish Healthcare. A high proportion of African individuals receive O2 supplementation despite a low ICU admission rate. A significance can be seen in the ICU stays between ethnic groups.

## Summary

- COVID-19 impacts Ethnic Minorities more than Whites
- Ireland and the UK have a similar diversity breakdown
- Collection of information on diversity isn't a standard practice in Irish Healthcare, contributing to potential blind spots in research.

## Concluding Remarks

There is a growing need to acknowledge diversity and gather data reflective of the population. Collecting this type of data for analysis may be beneficial across multiple sectors and should incorporate a holistic understanding of the factors that influence health, including (but not limited to) race and ethnicity. In this way, these data may be able to influence policy and practice.