

Impact of COVID-19 on migrant populations

Sally Hayward

Migrant Health Research Group, Institute for Infection and Immunity

St George's, University of London

26 October 2021

Background and aims

Ethnic minorities have been disproportionately affected by the COVID-19 pandemic; it is unknown whether the same is true for migrant populations

To what extent are **migrant populations** (foreign-born) in high-income countries impacted by the COVID-19 pandemic?

- Adverse **clinical outcomes**
- Indirect **health and social impacts**



What are the **risk factors**?



Systematic review

To summarise existing evidence on the clinical, health and social impacts of COVID-19 on migrants

- Following PRISMA guidelines
- Registered with PROSPERO (CRD42020222135)
- 82 high-income countries
- Peer-reviewed and grey literature
- WHO COVID-19 database



Systematic review

To summarise existing evidence on the clinical, health and social impacts of COVID-19 on migrants

3016 data sources screened

158 included from 15 countries

35 for primary outcomes

123 for secondary outcomes

Methods



Systematic review

To summarise existing evidence on the clinical, health and social impacts of COVID-19 on migrants

3016 data sources screened

158 included from 15 countries

35 for primary outcomes

123 for secondary outcomes



Clinical outcomes and risk factors for COVID-19 among migrant populations in high-income countries: A systematic review



Sally E Hayward^{a,o}, Anna Deal^{a,o}, Cherie Cheng^a, Alison Crawshaw^a, Miriam Orcutt^b, Tushna F Vandrevalla^c, Marie Norredam^d, Manuel Carballo^e, Yusuf Ciftci^f, Ana Requena-Méndez^g, Christina Greenaway^h, Jessica Carter^a, Felicity Knights^a, Anushka Mehrotra^a, Farah Seedat^k, Kayvan Bozorgmehrⁱ, Apostolos Veizis^j, Ines Campos-Matos^l, Fatima Wurie^m, Martin McKee^o, Bernadette Kumarⁿ, Sally Hargreaves^{a,*}, on behalf of the ESCMID Study Group for Infections in Travellers and Migrants (ESGITM)

<https://doi.org/10.1016/j.jmh.2021.100041>

Methods



Systematic review

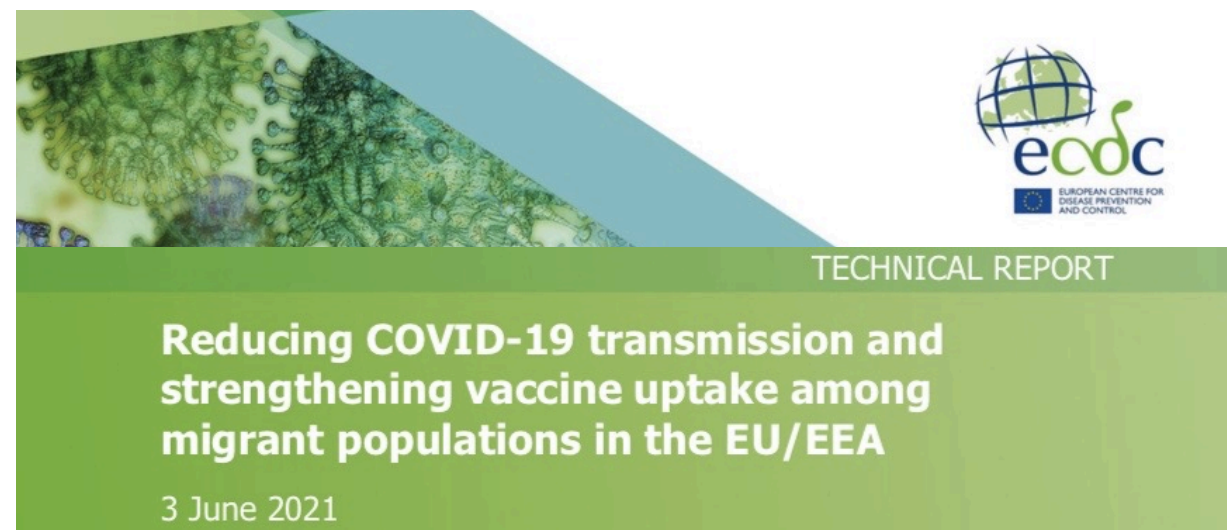
To summarise existing evidence on the clinical, health and social impacts of COVID-19 on migrants

3016 data sources screened

158 included from 15 countries

35 for primary outcomes

123 for secondary outcomes



<https://www.ecdc.europa.eu/en/publications-data/covid-19-migrants-reducing-transmission-and-strengthening-vaccine-uptake>

Methods



Systematic review

To summarise existing evidence on the clinical, health and social impacts of COVID-19 on migrants

3016 data sources screened

158 included from 15 countries

35 for primary outcomes

123 for secondary outcomes

THE LANCET

CORRESPONDENCE | VOLUME 398, ISSUE 10296, P211-212, JULY 17, 2021

COVID-19: counting migrants in

Sally Hargreaves ✉ • Sally E Hayward • Teymur Noori • Martin McKee • Bernadette Kumar

Published: July 17, 2021 • DOI: [https://doi.org/10.1016/S0140-6736\(21\)01339-8](https://doi.org/10.1016/S0140-6736(21)01339-8)

[https://doi.org/10.1016/S0140-6736\(21\)01339-8](https://doi.org/10.1016/S0140-6736(21)01339-8)

Adverse clinical outcomes

21 studies

Cases

- Migrants are at increased risk of SARS-CoV-2 infection and are disproportionately represented in cases

E.g. In Denmark, 26% of cases in migrants (to Sept 2020), 3x their population share

E.g. In Norway, 42% of cases in migrants (to Apr 2020), 2.5x their population share

Adverse clinical outcomes

21 studies

Cases

- Migrants are at increased risk of SARS-CoV-2 infection and are disproportionately represented in cases

E.g. the risk of SARS-CoV-2 infection among refugees and asylum seekers residing in reception camps in Greece was 2.5 to 3 times higher than the general population (to Nov 2020)



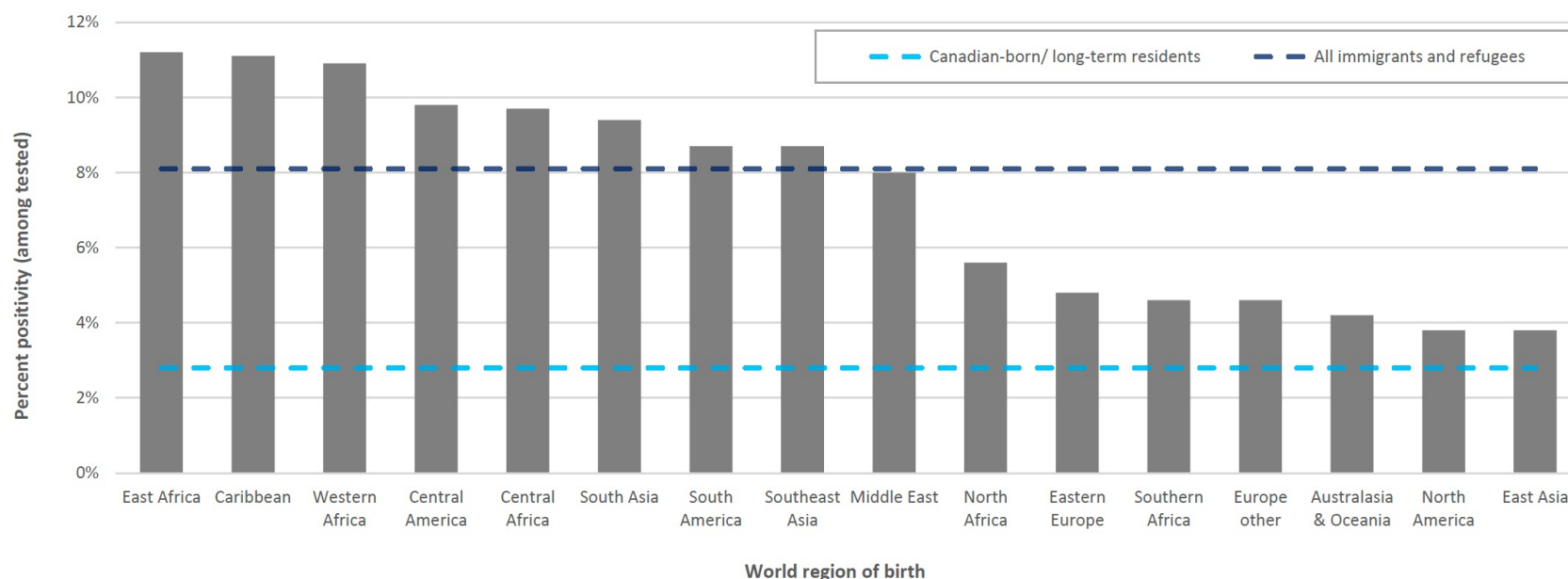
Adverse clinical outcomes

21 studies

Cases

- Migrants are at increased risk of SARS-CoV-2 infection and are disproportionately represented in cases

E.g. In Ontario, Canada, the percentage of those tested who were positive was higher among migrants than Canadians (refugees 10%, other migrants 8%, Canadian-born 3%) (to Jun 2020)



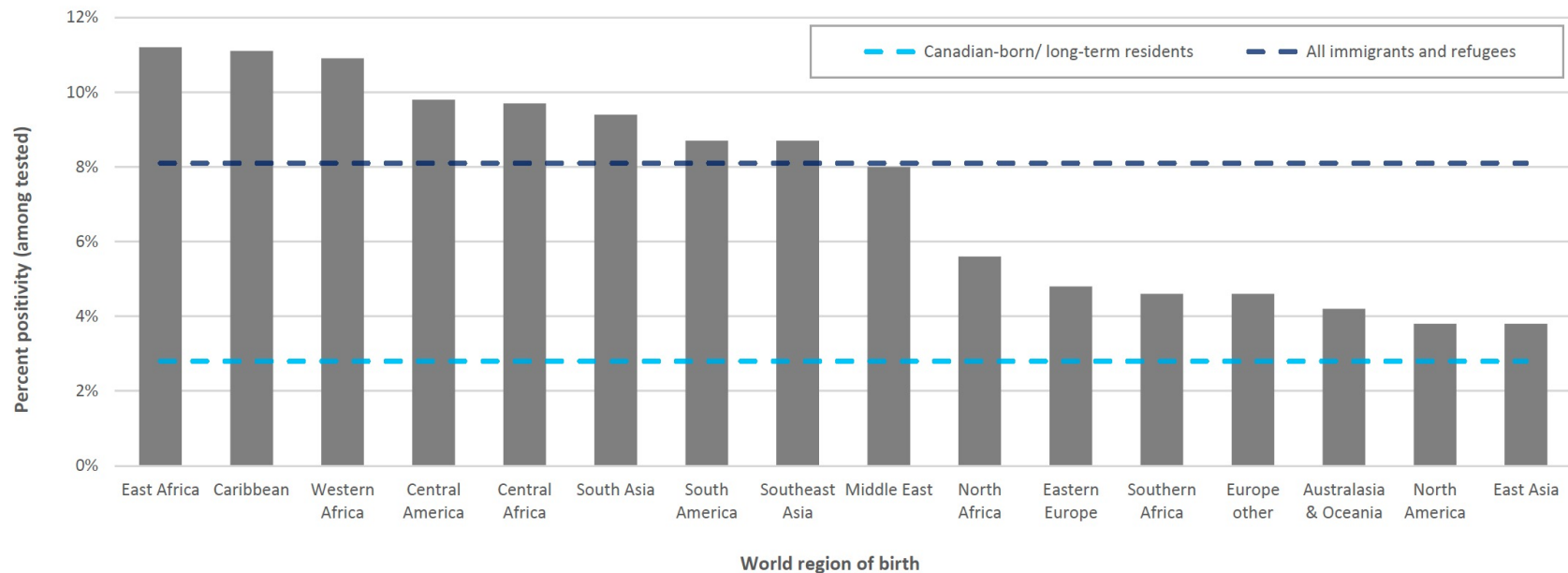
Adverse clinical outcomes

21 studies

Cases

- Migrants are at increased risk of SARS-CoV-2 infection and are disproportionately represented in cases

E.g. In Ontario, Canada, the percentage of those tested who were positive was higher among migrants than Canadians (refugees 10%, other migrants 8%, Canadian-born 3%) (to Jun 2020)



Undocumented migrants, migrant health and care workers, and migrants housed in camps and labour compounds are especially vulnerable

Adverse clinical outcomes

21 studies

Cases

- Migrants are at increased risk of COVID-19 infection and are disproportionately represented in cases

4 studies

Hospitalisations

- There is some evidence that migrants are at greater risk of hospitalisation and ICU admission due to COVID-19

E.g. In Sweden, 5x higher risk of ICU admission among those born in Africa and the Middle East vs Swedish-born (to Feb 2021)

Adverse clinical outcomes

15 studies

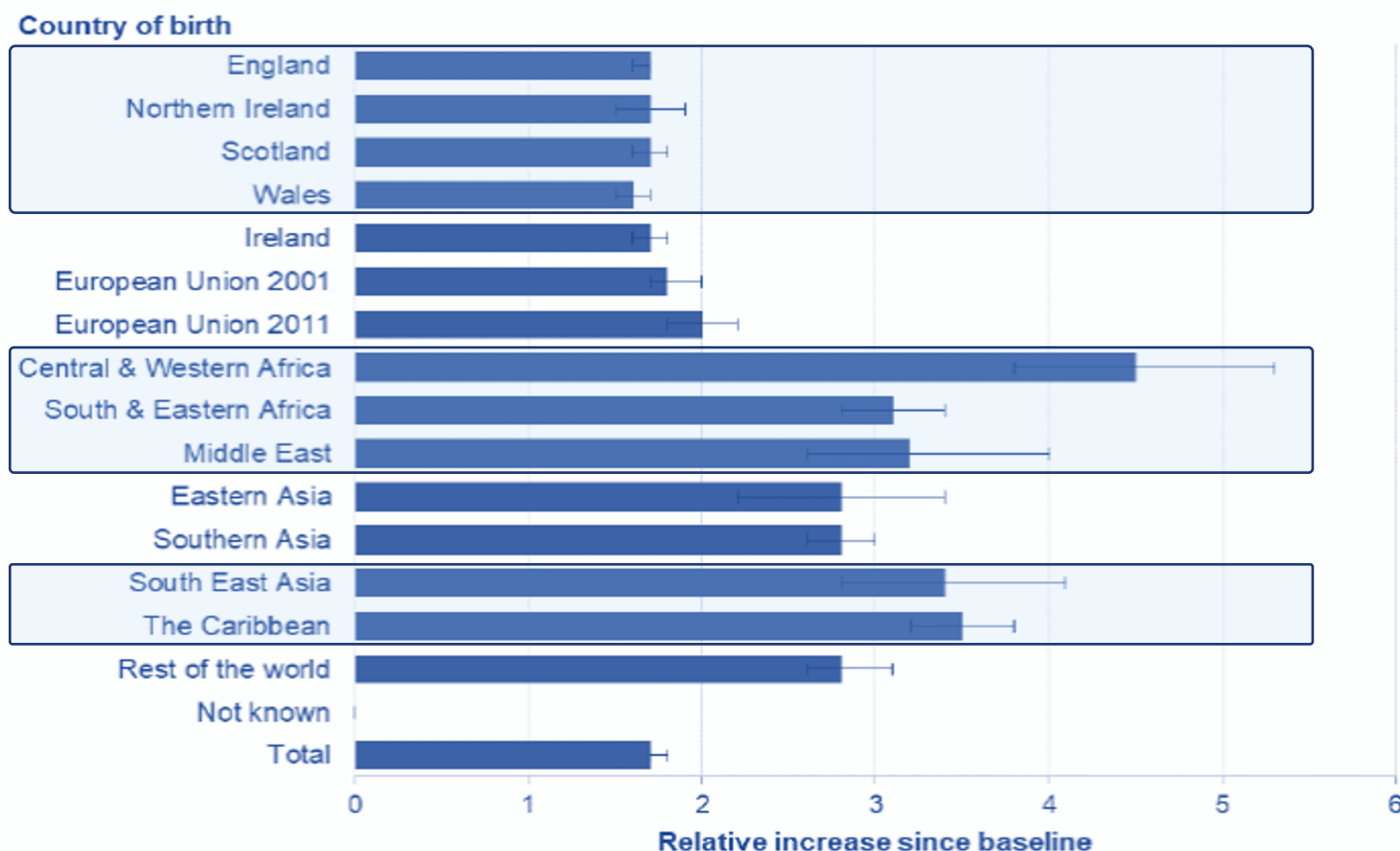


Deaths

E.g. In the UK, migrants were overrepresented in deaths in 2020 vs 2014-18

- Migrant groups experienced higher all-cause mortality during the pandemic, and potentially COVID-19 specific mortality

Adverse clinical outcomes



15 studies

Deaths

- Migrant groups experienced higher all-cause mortality during the pandemic, and potentially COVID-19 specific mortality

Figure 6.1. Relative increase in total deaths registered in England in 2020 compared to the average for 2014 to 2018, 21 March to 8 May, by country of birth.* Source: Public Health England analysis of ONS death registration data.

Adverse clinical outcomes

21 studies

Cases

E.g. In Sweden, migrants from North Africa and the Middle East had 2 to 3x higher mortality from COVID-19 vs Swedish born (to May 2020)

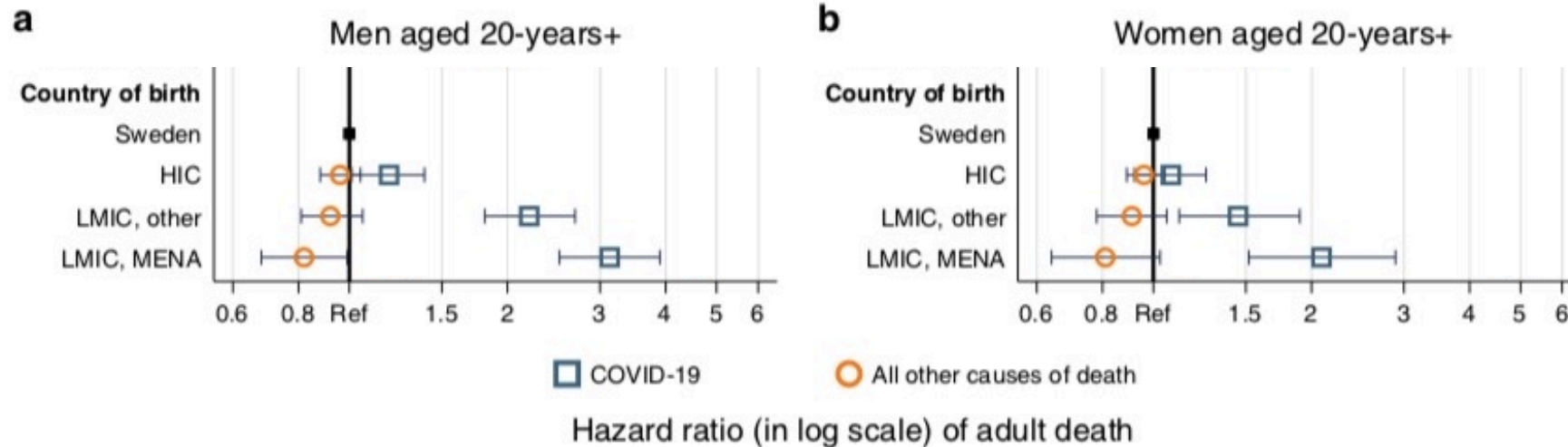
4 studies

Hospitalisations

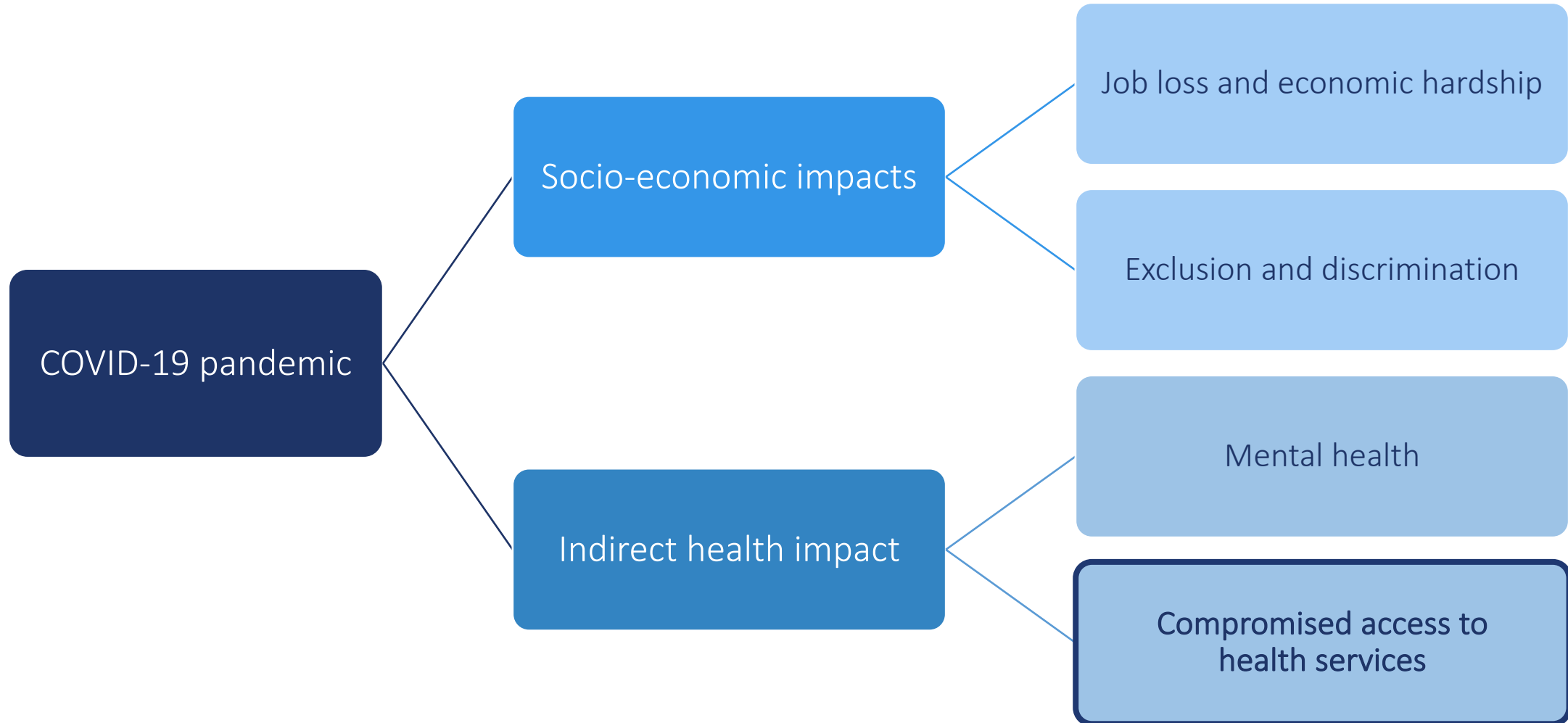
15 studies

Deaths

- Migrant groups experienced higher all-cause mortality during the pandemic, and potentially COVID-19 specific mortality



Indirect impacts



Barriers to healthcare

Migrants face barriers to testing, treating and isolating due to COVID-19

Inadequate and misinformation

'They follow advice not necessarily from doctors but from, let's say, elders within their family society, local community places of worship'

Language and cultural barriers

"People are wondering whether you're wanting to shop them in to the immigration police"

Legal entitlement and immigration fears

The pandemic has amplified existing inequalities in healthcare access

Digitalisation and virtual consultations

"I don't have a scanner, I don't have printers, then how can I kind of download it, scan?"

Restricted access to services

"They should not use just one way of contact which is like via the phone ... please find some way to help. Rather than just putting the blame on that patient."

Difficulties in communication

COVID-19 vaccination

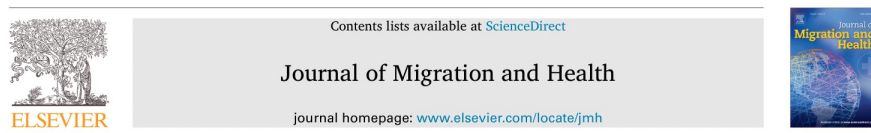
Vaccination

- Early data suggests lower COVID-19 vaccine uptake in some migrant groups

E.g. data from Norway (to May 2021) shows that percentage vaccinated aged 75+ is highest in those born in Nordic countries (over 90%) and lowest in people born in Iraq (51%) and Somalia (34%)

E.g. data from Sweden (to Sept 2021) shows that percentage fully vaccinated aged 16-39 is highest in those born in Sweden (69%) and lowest in Africa (35% North Africa, 29% rest of Africa)

COVID-19 vaccination



Strategies and action points to ensure equitable uptake of COVID-19 vaccinations: A national qualitative interview study to explore the views of undocumented migrants, asylum seekers, and refugees

Anna Deal^{a,b}, Sally E Hayward^{a,b}, Mashal Huda^a, Felicity Knights^a, Alison F Crawshaw^a, Jessica Carter^a, Osama B Hassan^a, Yasmin Farah^a, Yusuf Ciftci^c, May Rowland-Pomp^a, Kieran Rustage^a, Lucy Goldsmith^a, Monika Hartmann^c, Sandra Mounier-Jack^b, Rachel Burns^d, Anna Miller^c, Fatima Wurie^c, Ines Campos-Matos^c, Azeem Majeed^e, Sally Hargreaves^{a,*}, on behalf of the ESCMID Study Group for Infections in Travellers and Migrants (ESGITM)

<https://doi.org/10.1016/j.jmh.2021.100050>

JOURNAL of TRAVEL MEDICINE

What must be done to tackle vaccine hesitancy and barriers to COVID-19 vaccination in migrants?

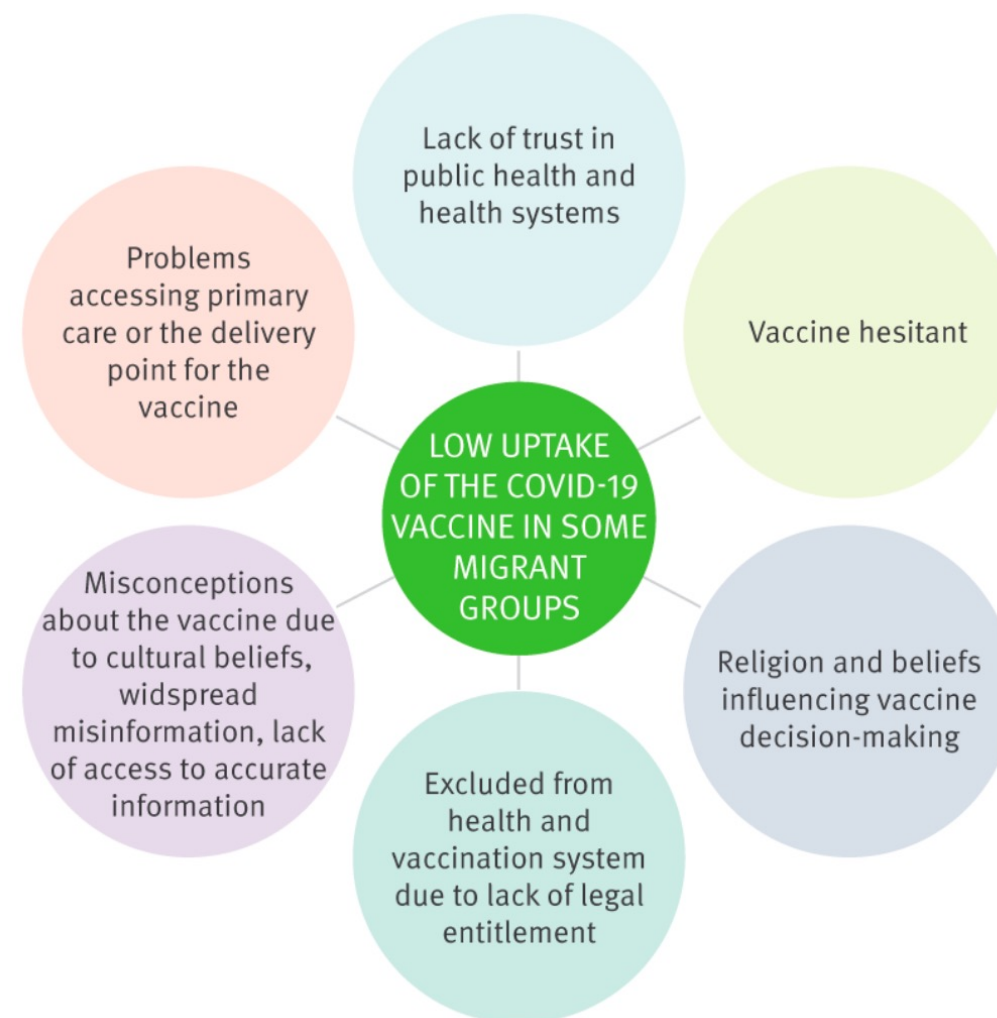
Alison F Crawshaw, MSc, Anna Deal, MSc, Kieran Rustage, MPhil, Alice S Forster, PhD, Ines Campos-Matos, MD, PhD, Tushna Vandrevalla, PhD, Andrea Würz, MA, Anastasia Pharris, PhD, Jonathan E Suk, PhD, John Kinsman, PhD, Charlotte Deogan, PhD, Anna Miller, MA, Silvia Declich, MSc, Chris Greenaway, MD, Teymur Noori, MSc, Sally Hargreaves, FRCPE 

Journal of Travel Medicine, Volume 28, Issue 4, May 2021, taab048,

<https://doi.org/10.1093/jtm/taab048>

Published: 26 March 2021 **Article history** ▼

<https://doi.org/10.1093/jtm/taab048>



Conclusions & Implications

- Migrants in HICs are overrepresented in SARS-CoV-2 infections and COVID-19 deaths
- Migrants face indirect social and health impacts, including barriers to healthcare
- Some migrant groups show lower vaccine uptake

Migrants must be specifically included and targeted in all aspects of the pandemic response

- *Robust data collection*
- *Targeted public health messaging*
- *Accessible health systems*

Acknowledgements



Correspondence to Sally Hayward shayward@sgul.ac.uk

The Migrant Health Research Group,
St George's, University of London

Sally Hargreaves

Anna Deal

Felicity Knights

Jessica Carter

Alison Crawshaw

Lucy Goldsmith

Kieran Rustage

Cherie Cheng



Collaborators

Miriam Orcutt

Martin McKee

Teymur Noori

Bernadette Kumar

Marie Norredam

Tushna F Vandrevalla

Manuel Carballo

Yusuf Ciftci

Ana Requena-Méndez

Christina Greenaway

Anushka Mehrotra

Farah Seedat

Kayvan Bozorgmehr

Apostolos Veizis

Ines Campos-Matos

Fatima Wurie

The authors declare no conflicts of interest