Impact of COVID-19 on migrant populations

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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?
Methods

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
Methods

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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
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https://doi.org/10.1016/S0140-6736(21)01339-8
Adverse clinical outcomes

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

Statens Serum Institut, 2020
Folkehelseinstituttet, 2020
Adverse clinical outcomes

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).

Kondilis et al, 2021
Adverse clinical outcomes

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)

21 studies

Guttmann et al, 2020
Adverse clinical outcomes

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21 studies

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

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

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)

21 studies
4 studies

Folkhälsomyndigheten, 2021
Adverse clinical outcomes

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

Deaths

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

Public Health England, 2020
Adverse clinical outcomes

21 studies

Cases

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

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

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

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).

Drefahl, 2020
COVID-19 pandemic

Indirect impacts

Socio-economic impacts
- Job loss and economic hardship
- Exclusion and discrimination

Indirect health impact
- Mental health
- Compromised access to health services
Barriers to healthcare

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

- Inadequate and misinformation
- Language and cultural barriers
- Legal entitlement and immigration fears

The pandemic has amplified existing inequalities in healthcare access

- Digitalisation and virtual consultations
- Restricted access to services
- Difficulties in communication

“It don’t have a scanner, I don’t have printers, then how can I kind of download it, scan?”

“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.”

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

“People are wondering whether you’re wanting to shop them in to the immigration police”
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 Deal1,*, Sally E Hayward1,*, Mashal Huda1, Felicity Knights1, Alison F Crawshaw1, Jessica Carter1, Ghana B Hassan1, Yasmin Farah1, Yusuf Cilcic1, May Rowland-Pompson1, Kieran Rustage2, Lucy Goldsmith2, Monika Hartmann2, Sandra Mourier-Jack2, Rachel Burns2, Anna Miller2, Fatima Wurie2, Ines Campos-Matos1, Aseeem Majeed2, Sally Hargreaves1,*, on behalf of the ESCMID Study Group for infections in Travellers and Migrants (ESGITM)

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

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 Vandrevala, 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, FRCP

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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
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