

Article

Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England: 10 January 2022 to 16 February 2022

Estimates of COVID-19 mortality rates by ethnic group using linked data from the Office for National Statistics Public Health Data Asset

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1 . Main points

- Patterns in rates of deaths involving COVID-19 between ethnic groups have changed over the course of the coronavirus (COVID-19) pandemic; this release presents mortality rates by ethnic group for the period since Omicron became the main variant, as well as mortality rates for each wave since the start of the pandemic.
- Between 10 January 2022 and 16 February 2022 (when Omicron was the main variant), rates of deaths involving COVID-19 were higher for many ethnic minority groups compared with the White British group and highest for the Bangladeshi and Pakistani groups (similar to patterns observed earlier in the [third wave](#) of the pandemic, before Omicron became the main variant).
- Since the start of the period when Omicron was the main variant, males in the Bangladeshi ethnic group had the highest rate of death involving COVID-19, 2.7 times higher than males in the White British ethnic group; this was followed by Pakistani males (2.2 times) and Black Caribbean males (1.6 times); females in the Pakistani ethnic group had the highest rate of death involving COVID-19, 2.5 times higher than females in the White British ethnic group, followed by Bangladeshi females (1.9 times) and females in the Mixed ethnic group (1.4 times).
- All-cause mortality rates for the entire period since the coronavirus pandemic began (24 January 2020 to 16 February 2022) were higher for males and females in the Bangladeshi ethnic group and males in the Black Caribbean and Pakistani ethnic groups compared with the White British ethnic group; this differs from [pre-coronavirus \(COVID-19\) pandemic all-cause mortality rates](#), which were highest for the White British and Mixed ethnic groups compared with all other ethnic minority groups.
- Although the low number of deaths in this short study period since Omicron became the main variant makes it difficult to assess the statistical significance of comparisons between groups, several main patterns are similar to those observed earlier in the [third wave](#) of the pandemic before Omicron became the main variant; in the future analyses over longer time periods with more data should allow for more precise estimates.

Figure 1: Rates of deaths involving coronavirus (COVID-19) were highest for the Bangladeshi and Pakistani ethnic groups for both males and females, in the period when Omicron was the main variant.

Age-standardised mortality rates (ASMR) of deaths involving COVID-19 for those aged 10 to 100 years by ethnic group and sex, England: 10 January 2022 to 16 February 2022

Notes:

1. Office for National Statistics (ONS) figures based on death registrations up to 2 March 2022, for deaths involving COVID-19 that occurred between 10 January 2022 to 16 February 2022, of people aged 10 to 100 years that could be linked to the 2011 Census and General Practice Extraction Service Data for Pandemic and Planning Research; these figures are provisional.
2. The age-standardised mortality rate (ASMR) for groups with low deaths (10 to 19) should be interpreted with caution because of small numbers. As fewer than 10 deaths involving COVID-19 for females in the Chinese ethnic group were recorded in the data, the ASMR has not been calculated and is denoted as [x] in the data downloads.

Download the data

[.xlsx](#)

2 . Ethnic contrasts in COVID-19 deaths data

[Updating ethnic contrasts in deaths involving the coronavirus \(COVID-19\), England](#)

Dataset | Released 7 April 2022

Age-standardised mortality rates (ASMRs) (deaths occurring between 24 January 2020 and 16 February 2022) for deaths involving COVID-19 by ethnic group, England.

3 . Measuring the data

These analyses use data from the Office for National Statistics' (ONS) Public Health Data Asset (PHDA), and build on the methods used in [previous publications](#). The PHDA combines Census 2011 records, death registrations, [Hospital Episode Statistics \(HES\)](#) and primary care records retrieved from the [General Practice Extraction Service \(GPES\) Data for Pandemic Planning and Research \(GDPPR\)](#), with England coverage only. Information about these data sources, how they have been linked, and the methods used for previous publications can be found in the [deaths involving COVID-19 by religious and ethnic group methodology](#).

The study population comprised 40.2 million people (aged 10 to 100 years) enumerated at the 2011 Census and living in either private households or communal establishments in England at the start of coronavirus (COVID-19) pandemic (24 January 2020). To maximise use of the data available for this relatively short study period, we widened the age range compared with previous publications, which only included those aged 30 to 100 years. Because of the low number of deaths in this study period, we did not calculate hazard ratios and focused on ASMRs.

We updated the previous analyses to present provisional analysis of deaths involving COVID-19 by ethnic group for deaths occurring in England between 10 January 2022 (21 days after [Omicron became the main variant](#) to allow for a lag between new infections and effects on death rates) and 16 February 2022, that were registered by 2 March 2022.

The strengths and limitations of this analysis are described in a [previous release of this bulletin](#).

4 . Glossary

Age-standardised mortality rates

Age-standardised mortality rates (ASMRs) are used to allow comparisons between populations that may contain different proportions of different ages. The 2013 European Standard Population is used to standardise rates.

Deaths involving coronavirus (COVID-19)

Deaths involving coronavirus (COVID-19) include those with an underlying cause, or any mention, of ICD-10 codes U07.1 (COVID-19, virus identified), U07.2 (COVID-19, virus not identified) or U09.9 (post-COVID condition). A doctor can certify the involvement of COVID-19 based on symptoms and clinical findings – a positive test result is not required.

5 . Related links

[Updating ethnic contrasts in deaths involving coronavirus \(COVID-19\), England: 8 December 2020 to 1 December 2021](#)

Bulletin | Released 26 January 2022

Estimates of COVID-19 mortality rates by ethnic group for deaths occurring up to 1 December 2021, using linked data from the 2011 Census, death registrations, primary care and hospital records, and National Immunisation Management System.

[Mortality from leading causes of death by ethnic group, England and Wales: 2012 to 2019](#)

Article | Released August 2021

Experimental analysis of ethnic differences in life expectancy and cause-specific mortality in England and Wales based on 2011 Census and death registrations.

[Coronavirus \(COVID-19\) Infection Survey, characteristics of people testing positive for COVID-19, UK: 19 January 2022](#)

Bulletin | Released 19 January 2022

Characteristics of people testing positive for COVID-19 from the Coronavirus (COVID-19) Infection Survey. This survey is being delivered in partnership with the University of Oxford, University of Manchester, UK Health Security Agency and Wellcome Trust. This study is jointly led by the ONS and the Department for Health and Social Care (DHSC) working with the University of Oxford and Lighthouse Laboratory to collect samples.