Comment issued to the Science Media Centre, in response to UK Office for National Statistics release of [coronavirus-related deaths by ethnic group](https://www.ons.gov.uk/releases/coronavirusrelateddeathsbyethnicgroupenglandandwales2march2020to10april2020), 7 May 2020

**Professor Sylvia Richardson, MRC Biostatistics Unit, University of Cambridge, on behalf of the Royal Statistical Society Covid-19 Task Force**

“We welcome all the efforts that ONS is making to give as full a picture as possible of the deaths resulting from Covid-19. The work linking various administrative data records is impressive and offers insight, increasingly in the months to come.

The current analysis concerns 12,805 COVID-mention deaths in England and Wales that occurred between 2 March and 10 April and were registered by 17 April 2020, 2,079 (16.2%) of whom were non-white. Within these 2,079 Black, Asian and Minority Ethnic (BAME) COVID-mention deaths, the two largest sub-groups were 766 Black and 483 Indian.

Some caution against overinterpretation is warranted as the modest number of deaths up to 10 April in major sub-groups makes it difficult to have certainty over the conclusions. In terms of the socio-demographic adjustment factors extracted from the 2011 census, we note that response rates to the census and other surveys are famously low among some groups and in parts of London, where the bulk of the outbreak was in March and early April.

While the report highlights a disproportionate risk of COVID-mention death for those from ethnic minorities, the higher rate could be due to factors that the ONS admits it could not control for: the professions followed by ethnic minorities, for example, in health or transport, are not inherently anything to do with ethnicity. It will thus be important to investigate further why the risk is being disproportionately experienced in ethnic minorities.

While the death-rate in the black community might be substantially higher than in the white community, it is important to keep in mind that other factors have an overall larger impact in determining the risk to an individual. In particular, the risk of COVID-mention death to anyone who is neither elderly nor suffering from one or more of a number of specific pre-existing conditions is small.”

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