CONGRÈS 2021
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COVID-19 : ISTS FACE AU COVID-19

Institut Pierre Louis d'Épidémiologie et de Santé Publique
Pierre Louis Institute of Epidemiology and Public Health
Pierre Louis (French physician, 1787-1872) contributed to the development of epidemiology

Inserm
La science pour la santé
From science to health

SORBONNE UNIVERSITÉ
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À quand une prise en compte des disparités ethnoraciales vis-à-vis de l'infection à COVID-19 en France ?

Utilisez le hashtag **#SFSP2021**
pour en discuter sur les réseaux sociaux

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COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Last Updated at (M/D/YYYY)
12/10/2021, 16:21

Total Cases	Total Deaths	Total Vaccine Doses Administered
238 421 217	4 860 593	6 506 722 004

28-Day Cases	28-Day Deaths	28-Day Vaccine Doses Administered
12 904 271	217 426	727 514 775

Cases | Deaths by Country/Region/Sovereignty

US
28-Day: 3 133 690 | 51 021
Totals: 44 461 752 | 714 242

United Kingdom
28-Day: 942 159 | 3 580
Totals: 8 232 354 | 138 167

Turkey
28-Day: 792 251 | 6 251
Totals: 7 475 085 | 66 368

India
28-Day: 696 341 | 7 750
Totals: 33 985 920 | 450 963

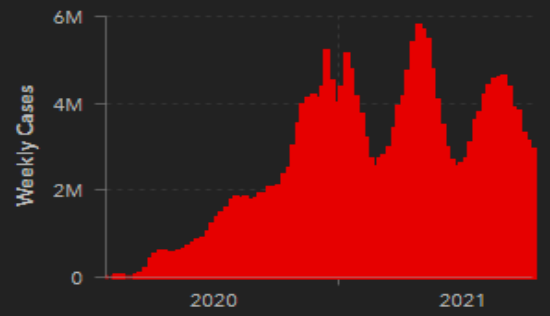
Russia
28-Day: 632 263 | 23 491
Totals: 7 714 973 | 214 476

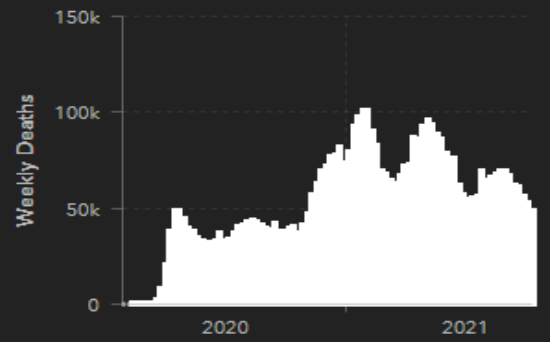
Brazil
28-Day: 576 314 | 14 147

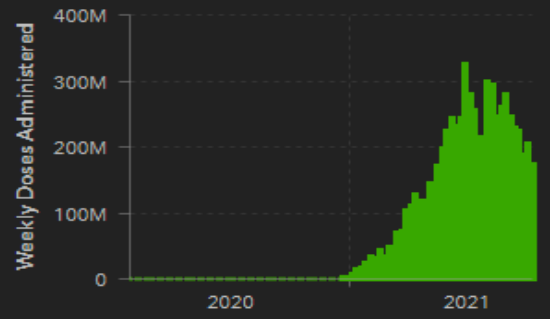
Admin0

Esri, FAO, NOAA | Powered by Esri

28-Day

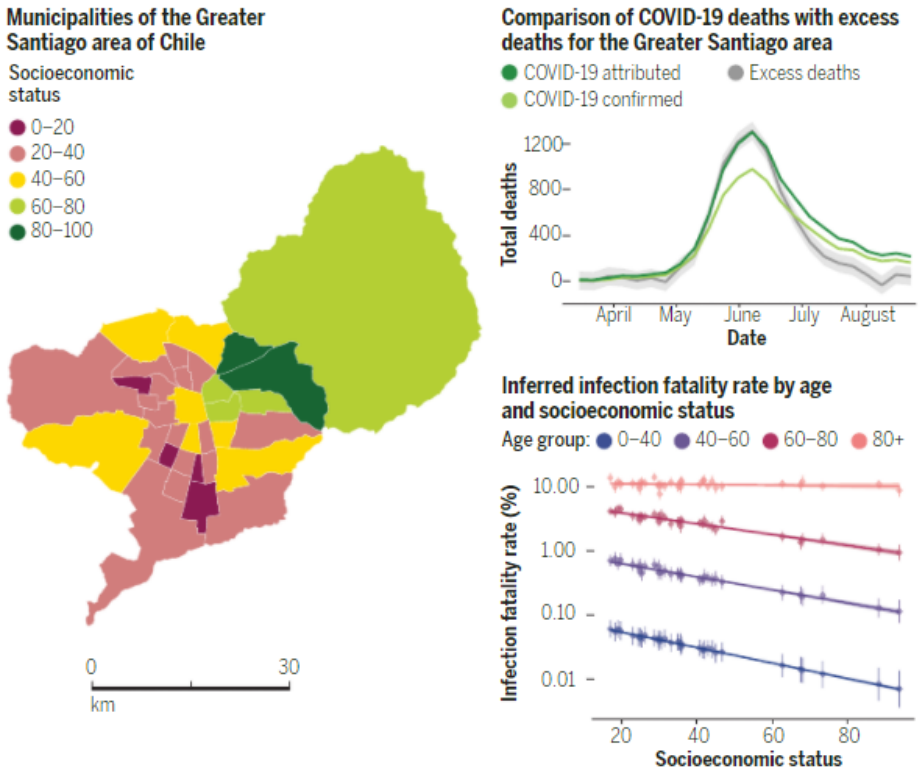






Weekly | 28-Day

Inégalités sociales vis-à-vis du COVID-19



Effect of socioeconomic inequalities on COVID-19 outcomes. The map on the left shows the municipalities that were included in this study, colored by their socioeconomic status score. For the comparison between COVID-19 deaths and excess deaths (top right), COVID-19–confirmed deaths are shown in light green and COVID-19–attributed deaths in dark green. Excess deaths, shown in gray, correspond to the difference between observed and predicted deaths. Predicted deaths were estimated using a Gaussian process model. The shading indicates 95% credible intervals for the excess deaths. The infection fatality rates (bottom right) were inferred by implementing a hierarchical Bayesian model, with vertical lines representing credible intervals by age and socioeconomic status.

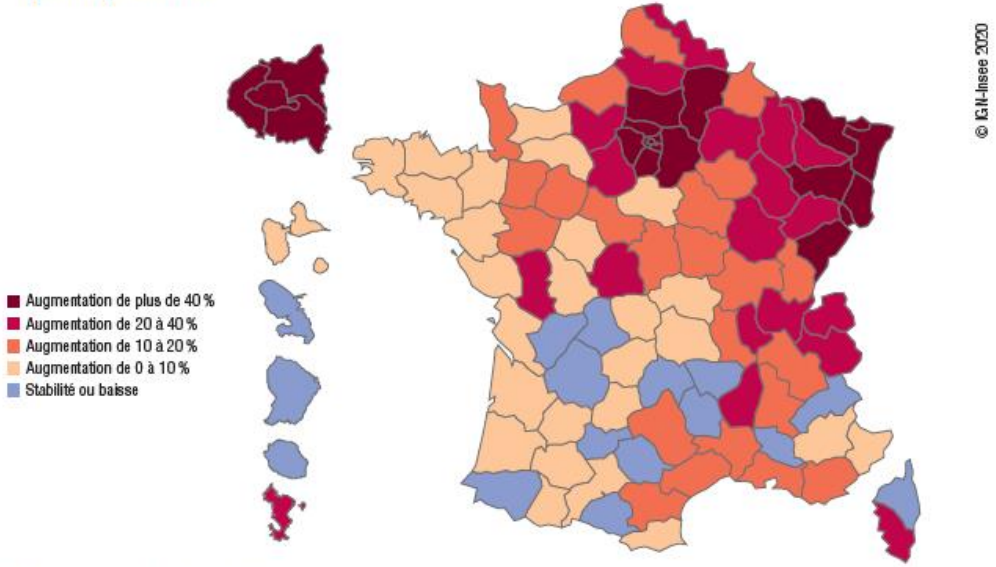
Dans les municipalités défavorisées:

- Moins de tests COVID-19
- Taux de positivité élevé et délais vis-à-vis des tests
- Mortalité élevée

Mena et al, 2021

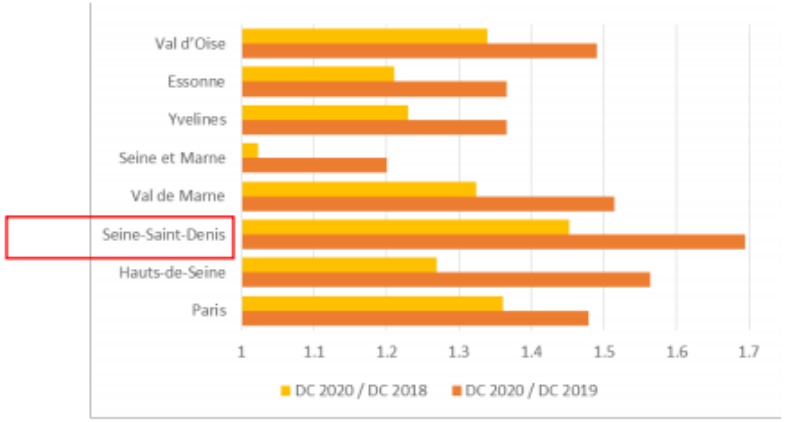
Inégalités sociales vis-à-vis du COVID-19 en France

2. Évolution entre 2019 et 2020 des décès cumulés entre le 1er mars et le 30 avril par département



Note : le département est celui où le décès est survenu.
Lecture : en Seine-Maritime, le nombre total de décès entre le 1er mars et le 30 avril est en hausse de 15 % entre 2019 et 2020.
Champ : France.
Source : Insee, statistiques de l'état civil, fichier du 26 juin 2020.

Figure 3 – Rapport entre le nombre de décès domiciliés entre mars 2020 et mars 2019 et 2018



Source : Insee, Etat Civil, données provisoires

ORS - FOCUS SANTÉ EN ÎLE-DE-FRANCE - 7 – La surmortalité durant l'épidémie de Covid-19 dans les départements franciliens

Figure 2 Gradient of the income third decile (left) and COVID-19 hospitalised cases >3 per 1000 inhabitants (right) in Paris residential areas. Non-residential areas are not covered by a red colour gradient.

Disparités ethno-raciales vis-à-vis du COVID-19

Electronic supplementary material:
The online version of this article contains supplementary material.

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Racial disparities in COVID-19 pandemic cases, hospitalisations, and deaths: A systematic review and meta-analysis

William Mude[1], Victor M Oguoma[2], Tafadzwa Nyanhanda[3], Lillian Mwanri[4], Carolyne Njue[5]

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Commentary

Migrant status, ethnicity and COVID-19: more accurate European data are greatly needed

Maria Melchior [1, 2, *], Annabel Desgrées du Loû [2, 3], Anne Gosselin [2], Geetanjali D. Datta [4], Mabel Carabali [5], Joanna Merckx [5], Jay S. Kaufman [5]

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wish to take the case of France, which has a substantial immigrant population and is to date among the European countries hardest hit by the COVID-19 epidemic.

In France, immigrants make up 10% of the population and descendants of immigrants 12% (https://www.insee.fr/fr/statistiques/4238373?sommaire=4238781#:~:text=En%202018%2C%207%2C5%20millions,le%20m%C3%AAme%20pays%20d'origine.), with recent immigrants most frequently originating from an African

Essay

OPEN ACCESS

Unequal impact of the COVID-19 crisis on minority ethnic groups: a framework for understanding and addressing inequalities

Srinivasa Vittal Katikireddi [1], Sham Lal [2], Enitan D Carroll [3], Claire L Niedzwiedz [4], Kamlesh Khunti [5], Ruth Dundas [1], Finn Diderichsen [6], Ben Barr [7]

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Point de vue

À quand une prise en compte des disparités ethnoraciales vis-à-vis de l'infection à COVID-19 en France ?☆

Advocacy for the measurement and reduction of COVID-19 disparities according to migratory status and ethnic category in France

M. Melchior [a,b,*], A. Desgrées du Loû [b,c], A. Gosselin [b], G.D. Datta [d], M. Carabali [e], J. Merckx [e], J.S. Kaufman [e]

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[b] CNRS, Institut Convergences Migration, Aubervilliers, France
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[e] Department of Epidemiology, Biostatistics and Occupational Health, McGill University, Montreal, Quebec, Canada

Pronostic du COVID-19 chez les personnes appartenant à des minorités ethno-raciales.

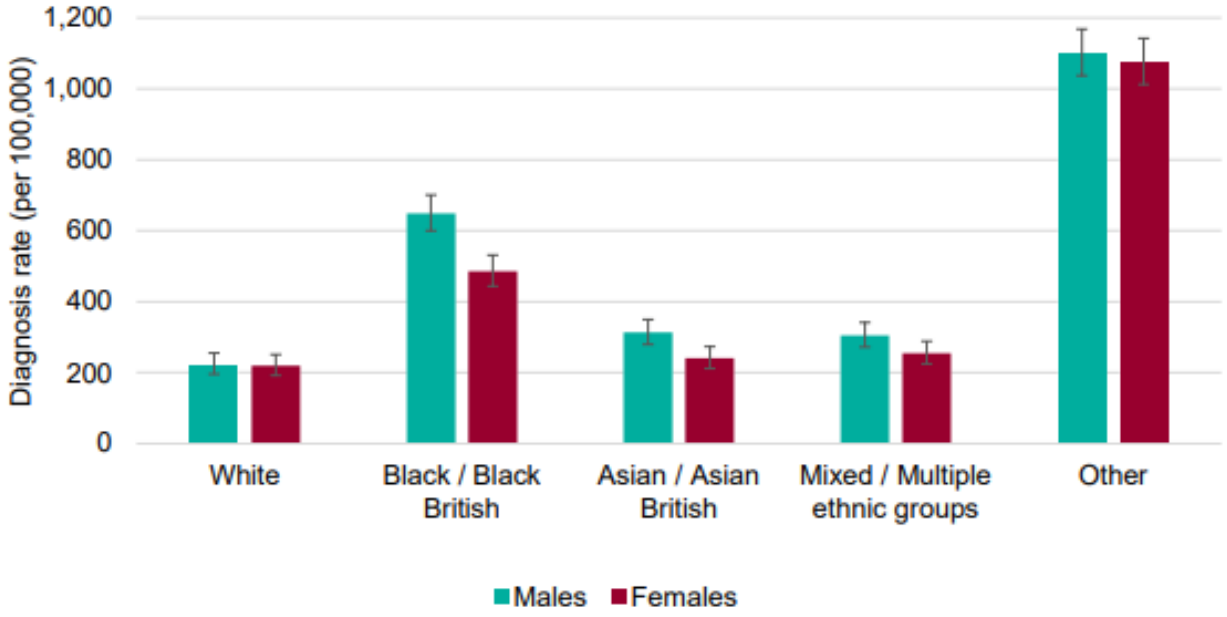


Figure 4.2. Age standardised diagnosis rates by ethnicity and sex, as of 13 May 2020, England. Source: Public Health England Second Generation Surveillance System.

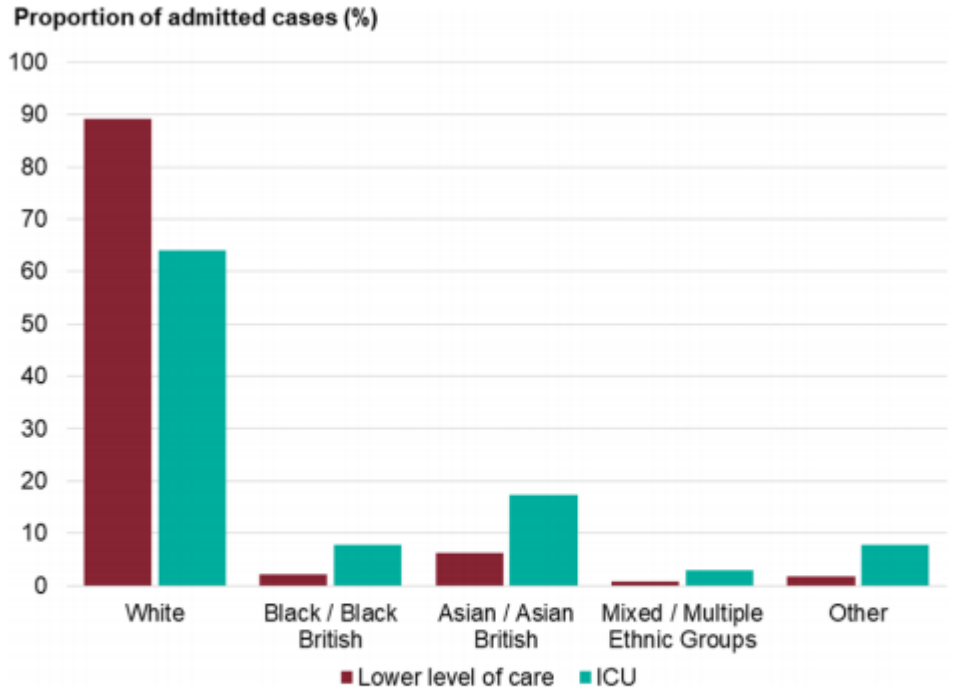


Figure 4.3. Laboratory confirmed admissions for COVID-19 to acute trusts, by level of care and ethnicity, England, as of 19 May 2020. Source: Public Health England COVID-19 Hospitalisations in England surveillance system (CHESS).

Disparités ethno-raciales vis-à-vis du COVID-19

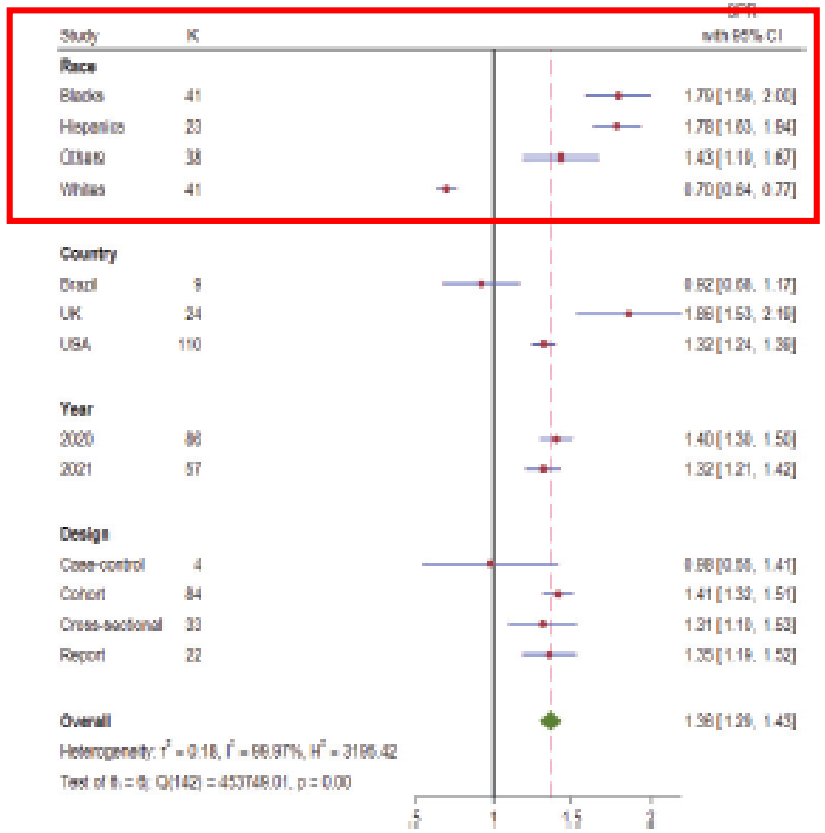


Figure 3. Standardised prevalence ratio (SPR) Forest plots of COVID-19 by race, country, year, and study design.

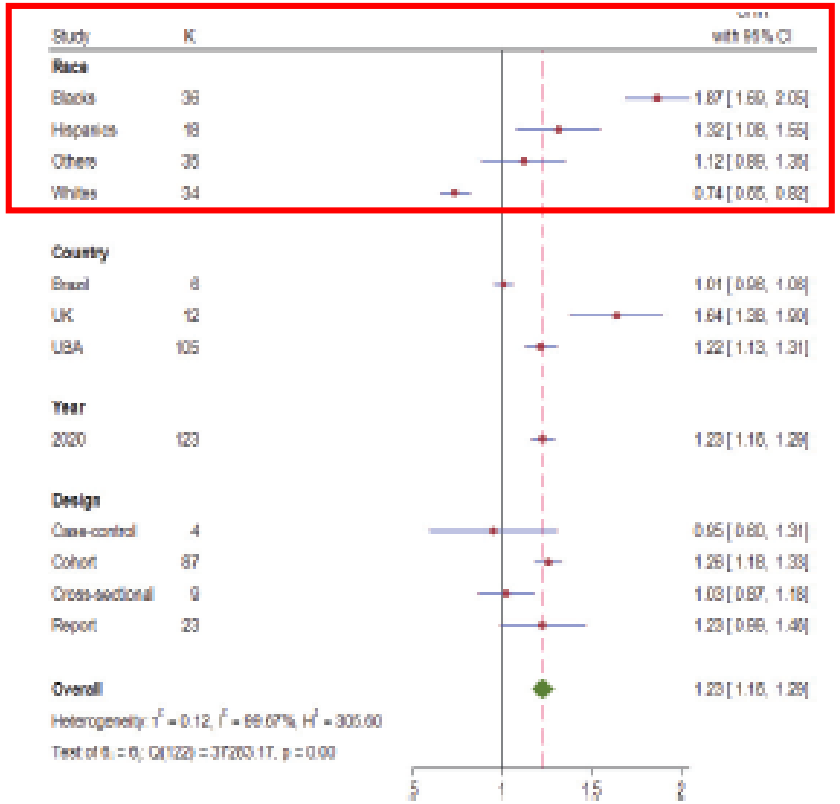


Figure 5. Standardised hospitalisation ratio (SHR) Forest plots of COVID-19 by race, country, year, and study design.

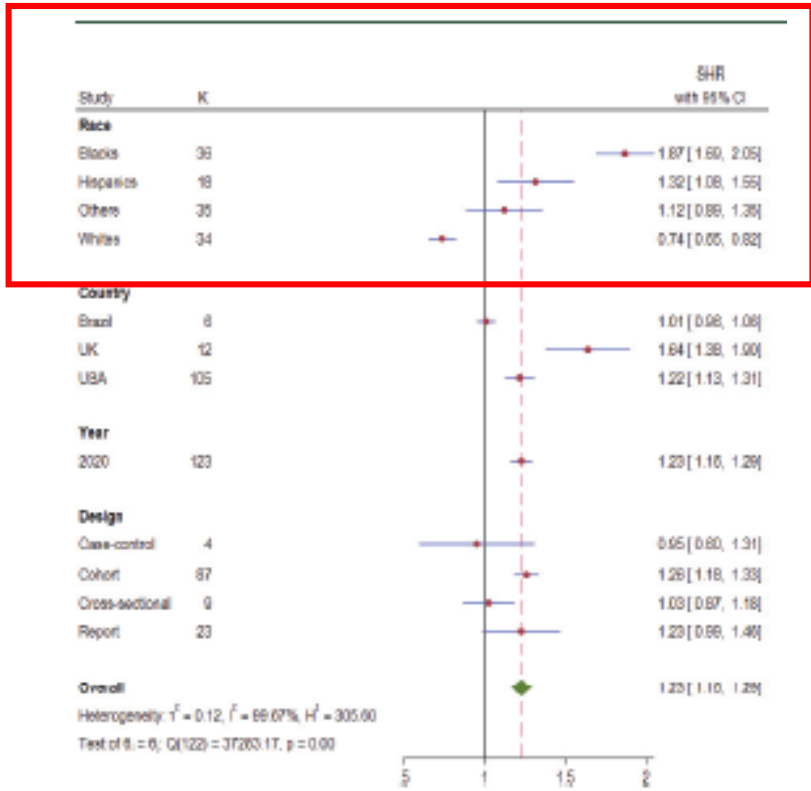
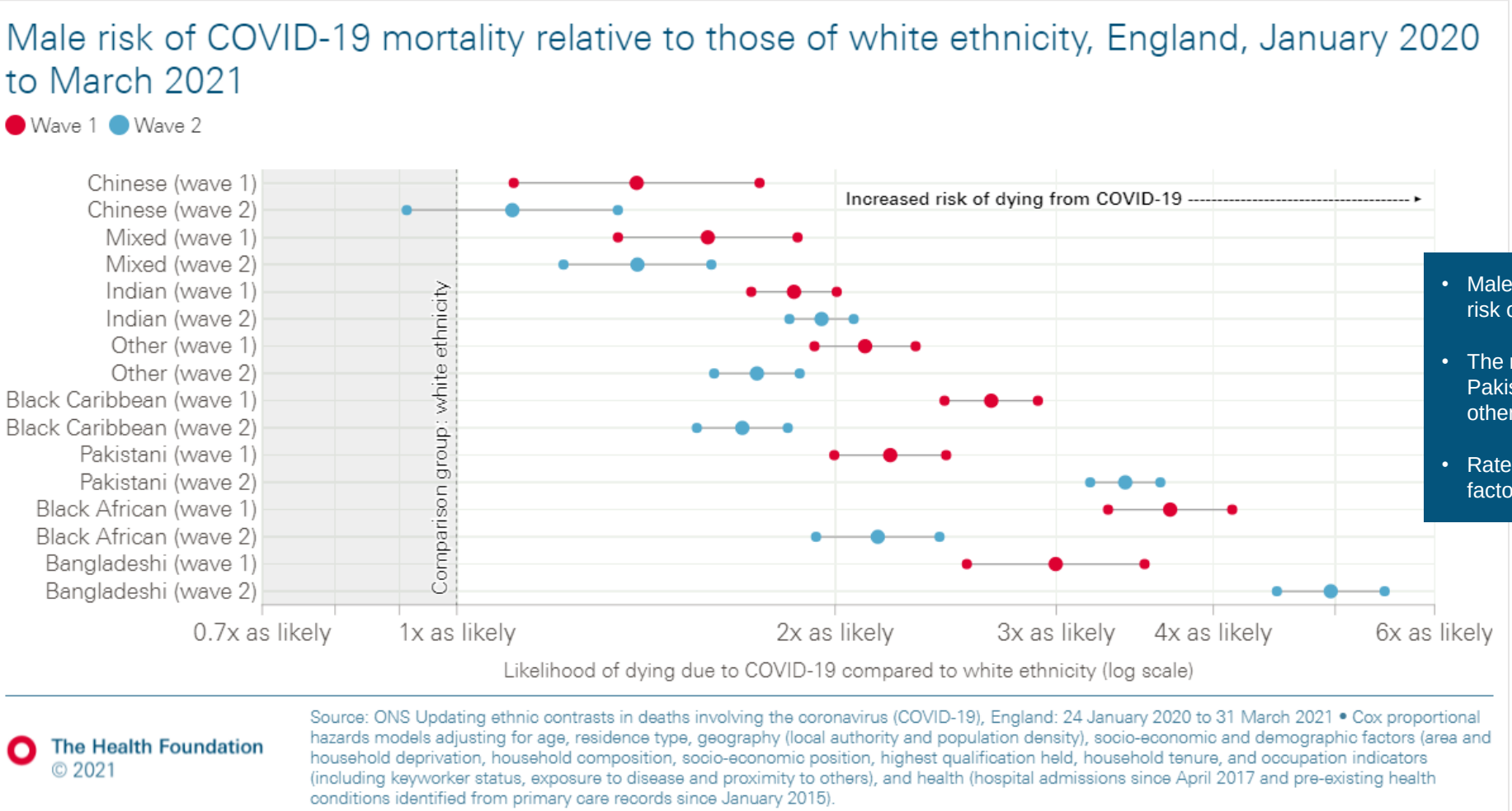


Figure 7. Standardised mortality ratio (SMR) Forest plots of COVID-19 by race, country, year, and study design.

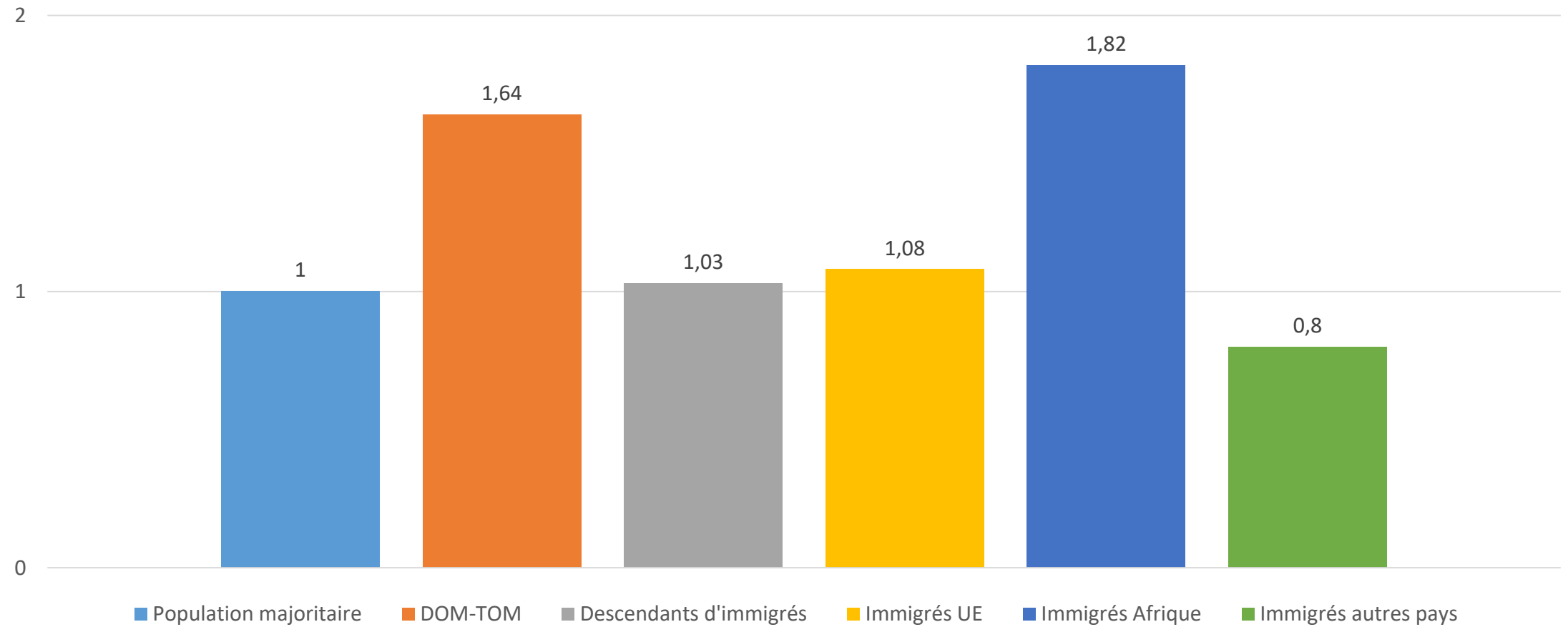
Mude et al, 2021

Mortalité par COVID-19 chez les personnes appartenant à des minorités ethno-raciales



- Males from ethnic minority communities had an increased risk of COVID-19 mortality in wave one and two.
- The risk was higher in the second wave for those from Pakistani and Bangladeshi backgrounds but lower for other ethnic minority communities.
- Rates are adjusted for demography, socio-economic factors and health conditions.

Statut migratoire et emploi dans une profession essentielle (ORs ajustés).



Gosselin et al, 2021

Statut migratoire et comportements liés à la santé en France

Table 2. Risk ratios and male-to-female ratios for regular alcohol use, current smoking, obesity and less-than-good self-reported health (Adjusted on age, age^2 and relative educational level (Ridit), Baromètre Santé 2017 survey, ages 18–70 years).

Country/Region of Birth	Regular Alcohol Use	Current Smoking	Obesity	Less-Than-Good Self-Reported Health
		MEN		
France (native-born)	1	1	1	1
Overseas *départements*	0.64 (0.38–1.08)	1.03 (0.76–1.39)	1.14 (0.66–1.96)	1.15 (0.78–1.69)
Southern Europe	1.14 (0.89–1.46)	0.98 (0.76–1.27)	0.75 (0.47–1.18)	1.03 (0.77–1.38)
sub-Saharan Africa	**0.42** (0.29–0.61)	**0.64** (0.49–0.84)	0.76 (0.49–1.16)	1.15 (0.89–1.48)
Maghreb	**0.30** (0.16–0.54)	**1.21** (1.01–1.46)	**0.61 (0.39–0.95)**	1.04 (0.79–1.36)
		WOMEN		
France (native-born)	1	1	1	1
Overseas *départements*	**0.38** (0.17–0.85)	0.68 (0.46–1.01)	**1.79** (1.25–2.56)	1.24 (0.94–1.64)
Southern Europe	1.00 (0.60–1.65)	**0.68** (0.47–0.97)	1.18 (0.80–1.75)	1.00 (0.78–1.28)
sub-Saharan Africa	0.88 (0.53–1.47)	**0.23** (0.14–0.38)	**1.67** (1.25–2.23)	**1.42** (1.15–1.75)
Maghreb	**0.18** (0.06–0.57)	**0.42** (0.29–0.61)	1.16 (0.82–1.64)	**1.55** (1.30–1.84)
		MALE-TO-FEMALE RATIO		
France (native-born)	**3.18** (2.93–3.45)	**1.13** (1.07–1.20)	1.07 (0.98–1.16)	**0.86** (0.81–0.91)
Overseas *départements*	**5.78** (2.31–14.42)	**1.68** (1.04–2.71)	0.67 (0.35–1.25)	0.78 (0.49–1.22)
Southern Europe	**4.05** (2.32–7.09)	**1.60** (1.06–2.42)	0.63 [a] (0.35–1.14)	0.89 (0.62–1.29)
sub-Saharan Africa	1.64 (0.89–3.03)	**2.87** [b] (1.61–5.09)	**0.41** [b] (0.25–0.67)	**0.65** (0.47–0.90)
Maghreb	**6.20** (1.66–22.88)	**3.10** [b] (2.06–4.65)	**0.51** [a] (0.29–0.89)	**0.56** [b] (0.41–0.76)

Significance test of comparison of group-specific male-to-female risk ratio with reference population risk ratio: [a]: $p < 0.05$; [b]: $p < 0.01$; estimates in bold are significantly different from unity

Khlat et al, 2020

Inégalités sociales et ethno-raciales vis-à-vis de la vaccination contre le COVID-19

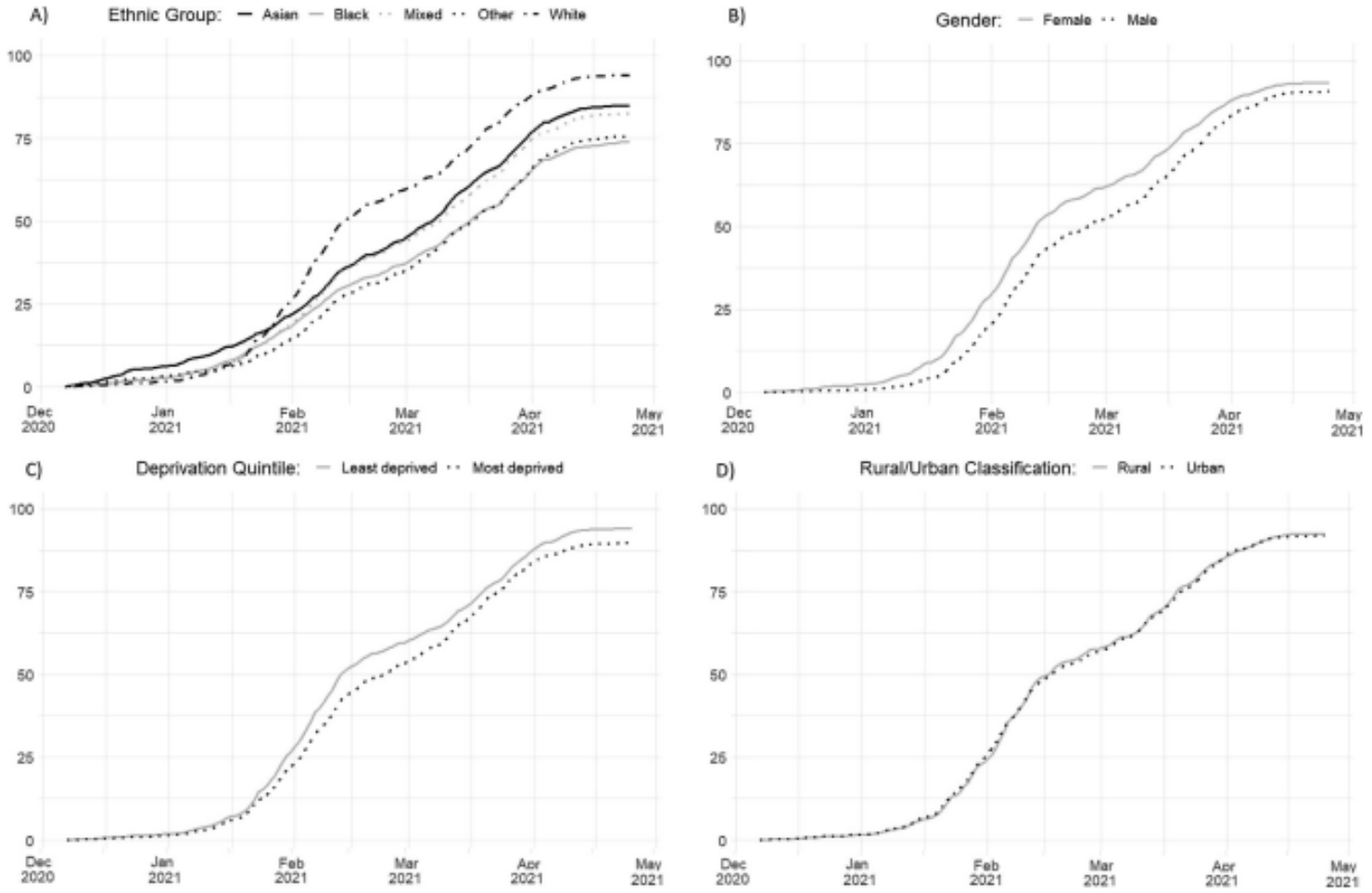
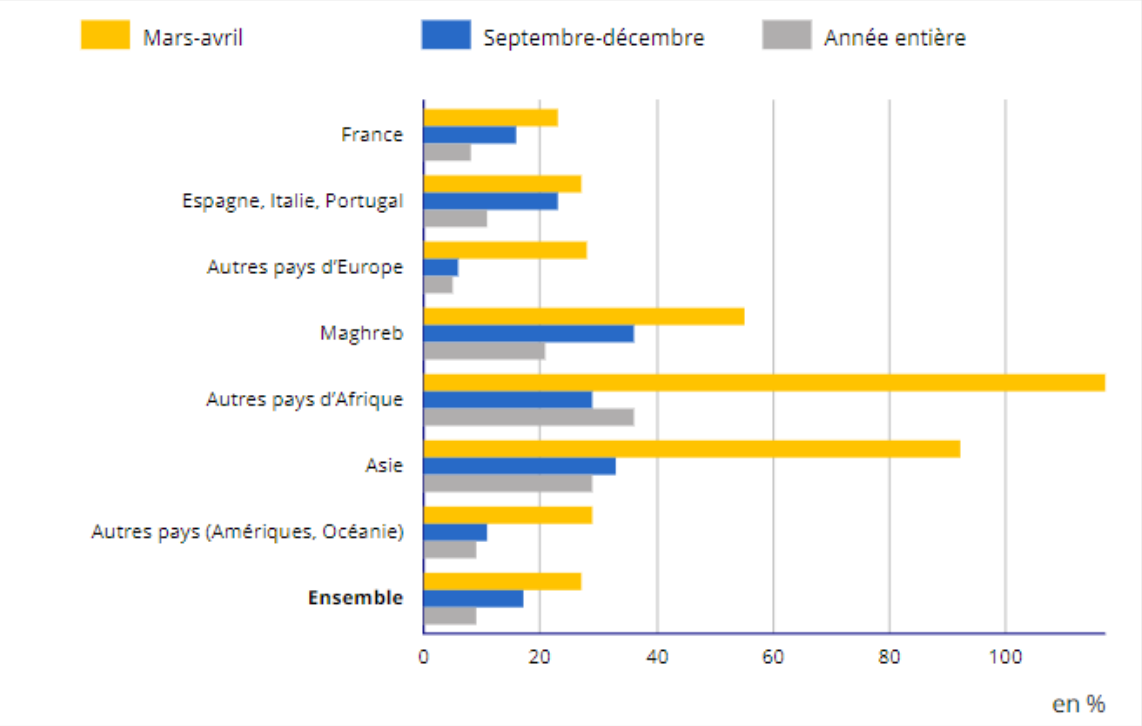


Fig. 1. Cumulative uptake of one dose of COVID-19 vaccine (any type) by ethnic group, sex, urban/rural residence classification and social quintile of deprivation Wales 2020–21 [a,b]. [a] Data sourced from the all Wales Immunisation System (WIS) in SAIL within the COVID Vaccination Data (CVVD) as at 25th April 2021. [b] To define the most and least deprived areas of Wales small area geography Lower-layer Super Output Area (LSOA) of residence were ranked by Welsh Index of Multiple Deprivation (WIMD) score and the populations divided in to quintiles.

Perry et al, 2021

Statut migratoire et mortalité par COVID-19 en France

Figure 1a - Évolution du nombre de décès enregistrés en France entre 2019 et 2020, selon le pays de naissance des personnes décédées et la période



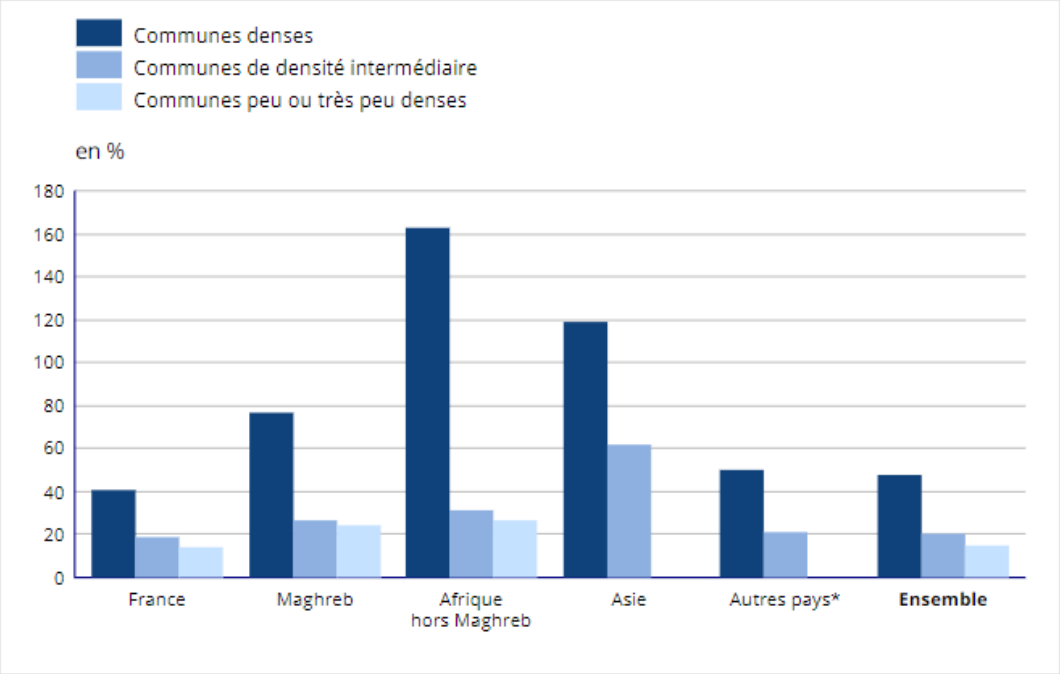
Note : données provisoires.

Lecture : toutes causes confondues, le nombre de décès enregistrés en France entre le 1er mars et le 30 avril 2020 a augmenté de 27 % par rapport à la même période en 2019. Dans le même temps, le nombre de décès en France de personnes nées en Afrique hors Maghreb a plus que doublé (+ 117 %).

Champ : décès enregistrés en France.

Source : Insee, statistiques de l'état civil, fichier du 20 février 2021.

Figure 3a - Évolution du nombre de décès entre mars-avril 2019 et mars-avril 2020, par pays de naissance selon la densité de la commune de résidence des personnes décédées



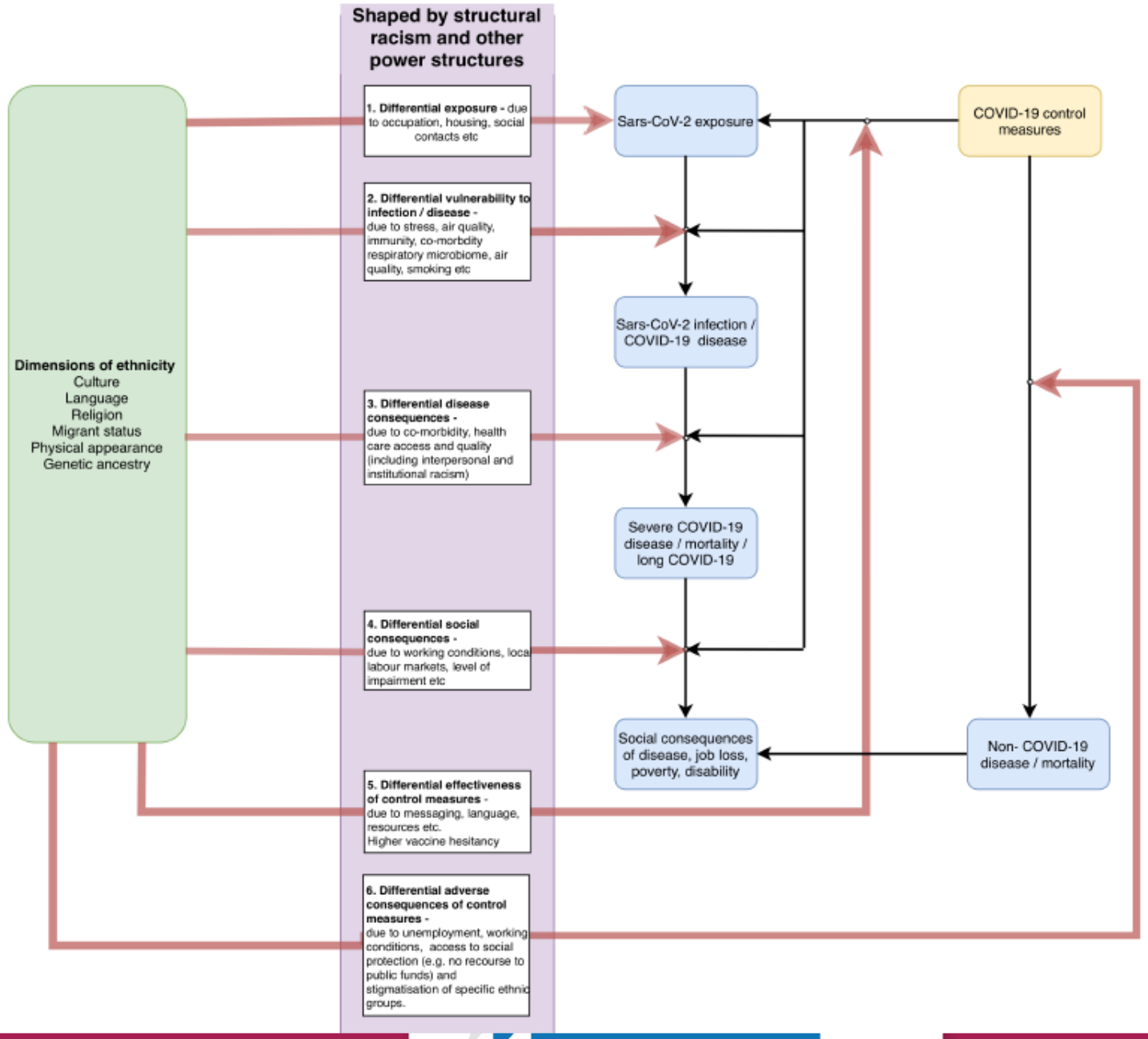
* Europe hors France, Amériques, Océanie.

Note : données provisoires. Les nombres de décès sont faibles dans les communes peu ou très peu denses pour certains pays de naissance ; ces évolutions n'apparaissent pas ici.

Lecture : toutes causes confondues, le nombre de décès enregistrés en France pour des personnes nées en France et résidant dans des communes densément peuplées a augmenté de 41 % entre mars-avril 2019 et mars-avril 2020.

Champ : décès enregistrés en France.

Source : Insee, statistiques de l'état civil, fichier du 20 février 2021.

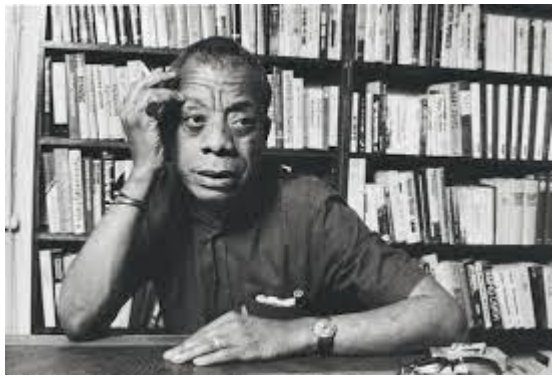


Katikireddi et al, 2021

Conclusion

Vers une discussion sur statut migratoire/appartenance à un groupe ethnoracial minoritaire et santé?

- Clarification ‘statut migratoire’ et ‘appartenance à un groupe ethnoracial’ à des fins de recherche et réglementaires
- Distinction nécessaire entre données administratives en routine et enquêtes/études en santé (ex. VIH)
- Besoin de nouvelles recherches sur les discriminations en santé
- Nécessité d’impliquer des personnes immigrées ou appartenant à des groupes ethnoraciaux minoritaires



“Not everything that is faced can be changed, but nothing can be changed until it is faced.” – James Baldwin