



PRESS RELEASE

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DISPARITIES IN COVID-19 RATES AMONG ADULTS WITH KIDNEY FAILURE IN NEW YORK CITY

Study reveals higher rates among Black and Hispanic patients compared with White patients.

Highlights

- Among adults with kidney failure undergoing hemodialysis in New York City, Black and Hispanic patients were more likely to develop symptomatic COVID-19 than White patients.
- Neighborhood-level social vulnerability factors were associated with COVID-19 incidence among White patients, but these factors did not explain racial/ethnic disparities.

Washington, DC (June 1, 2021) — In an analysis of patients on hemodialysis in New York City, there were substantial racial/ethnic disparities in COVID-19 rates that were not explained by neighborhood social vulnerability. The findings appear in an upcoming issue of *JASN*.

The COVID-19 pandemic has disproportionately affected socially disadvantaged groups, including Black and Hispanic individuals, those with limited English proficiency, and persons of low socioeconomic status. To examine potential racial/ethnic and socioeconomic disparities in COVID-19 in individuals with kidney failure who are undergoing hemodialysis (which puts them at risk of acquiring COVID-19 because they travel several times each week to receive treatment in a congregate setting), Sri Lekha Tummalapalli, MD, MBA, MAS (Weill Cornell Medicine and The Rogosin Institute) and her colleagues analyzed information on 1,378 patients receiving in-center hemodialysis in New York City between March 1, 2020 and August 3, 2020.

A total of 247 patients (17.9%) developed symptomatic COVID-19. Compared with non-Hispanic White patients, non-Hispanic Black patients and Hispanic patients were 1.76-times and 2.66-times more likely to develop symptomatic COVID-19, respectively, after adjustments. “Racial/ethnic disparities in COVID-19 incidence among patients on

hemodialysis largely mirrored community transmission patterns, and likely reflect neighborhood spread to this vulnerable population,” said Dr. Tummalapalli.

The investigators found that neighborhood-level social vulnerability factors—such as income, education level, languages spoken, and housing crowding—were associated with COVID-19 incidence among non-Hispanic White patients, but these factors did not explain racial/ethnic disparities. Black and Hispanic patients on hemodialysis faced an excess risk of acquiring COVID-19, regardless of the neighborhood they lived in.

“These results suggest that other unmeasured household and community exposures contribute to racial/ethnic disparities in acquiring COVID-19,” said Dr. Tummalapalli. “Understanding factors that drive disparities could inform policies and interventions designed to mitigate disparities.”

Study co-authors include Jeffrey Silberzweig, MD, Daniel Cukor, PhD, Jonathan T. Lin, MD, Tarek Barbar, MD, Yao Liu, PhD, Kwan Kim, MS, Thomas S. Parker, PhD, Daniel M. Levine, PhD, and Said A. Ibrahim, MD, MPH, MBA.

Disclosures: Dr. Tummalapalli received consulting fees from Bayer AG unrelated to the submitted work. The remaining authors have nothing to disclose.

The article, titled “Racial and Neighborhood-level Disparities in COVID-19 Incidence among Patients on Hemodialysis in New York City,” is online at <https://jasn.asnjournals.org/content/early/2021/06/03/ASN.2020111606>.

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