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BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Previous literature has documented disparities regarding covid-19 transmission. Minorities are more likely to become infected due to numerous structural forces. In a new [paper](#) in *JAMA Network Open*, researchers looked closer to see if disparities exist with regards to access to *testing* for SARS-CoV-2. Data was collected from over 300 clinics and 3 hospitals associated with the University of Washington (UW) health system.

Researchers assessed demographics of patients receiving a SARS-CoV-2 nasopharyngeal swab between February 28 to May 31, 2020. The primary outcome was the proportion of previously known primary care patients who received a test, as well as the proportion of those who reported a preferred spoken language other than English as a surrogate for immigrant status. Patients were identified within the UW health system as having had at least one encounter there between January 1, 2019 to February 28, 2020 and alive at the time of the study.

Researchers then assessed SARS-CoV-2 testing that occurred on or after February 29 (the date when testing first started) through May 31, 2020. The proportion of UW patients who were tested and the proportion of those testing positive were reported.

Of 30,925 people tested for SARS-CoV-2, 6 percent were non-English speakers. Non-English speakers were less likely to have SARS-CoV-2 testing compared with English-speakers (4.7 percent vs 5.6 percent). Interestingly, the proportion of positive cases was 4.6-fold higher among non-English speakers compared to English speakers (18.6 percent vs 4.0 percent).

This study comes with some caveats. First, some patients may have received a SARS-CoV-2 test from outside the UW health system, which potentially means that some patients who in fact were tested in some healthcare setting may not have been accounted for in this study. Second, language is not necessarily a surrogate for “immigrant” status, though the researchers essentially make this assumption. Finally, as a retrospective observational study, *why* this association exists cannot be determined.

Regardless, this study adds to the growing literature that it appears to provide a strong signal in the literature that racial/ethnic minority groups in the United States are both disproportionately affected by covid-19 and in many instances, less likely to have received or have access to testing.

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health and public policy.