

# People with Learning Disabilities & COVID

2021

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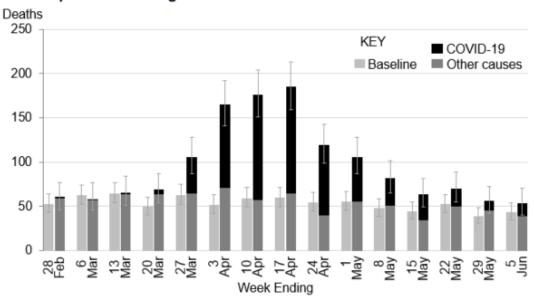
### Deaths from COVID in PwLD: Feb-5 June 2020

	LeDeR		CPNS	
	Unadjusted	Age/sex adjusted	Unadjusted	Estimated
No. of deaths in adults with LD	623		490	651
Death rate per 100,000 adults with LD	240	692	192	254
Compared to the general population	2.3 x	6.3 x	3.1 x	4 x

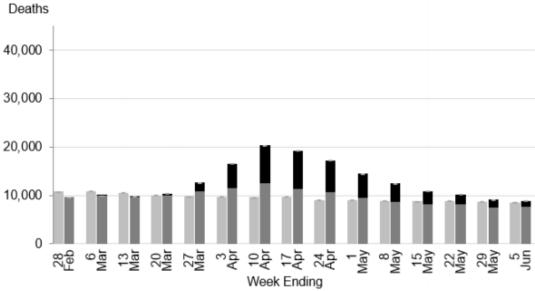
Source: PHE. Deaths of people identified as having learning disabilities with COVID19 in England in the spring of 2020. November 2020.

Weekly number of deaths, with COVID19 & other causes, of PwLD & in the general population, for 2020, & average numbers for 2018 & 2019 (baseline)

#### 3.1a People with learning disabilities



#### 3.1b General population



Sources: LeDeR death notifications (unadjusted) (1), ONS death records 2018, ONS provisional death records 2019 and 2020. Confidence intervals are for total numbers of deaths.



# Sections of the population with learning disabilities at greatest risk

#### **AGE**

- Death rates higher for all age groups & by greater margin in younger age groups
- Largest no. of deaths in 55-64 yr age band

#### SEX

Males > Females ~1.4-1.6 times.

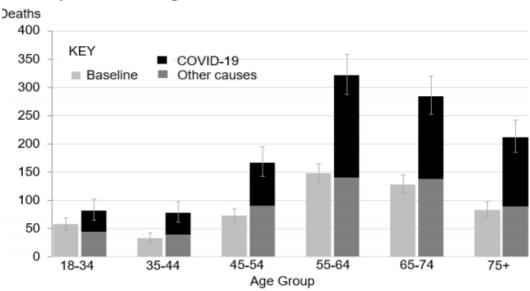
#### **ETHNICITY**

- PwLD from Asian & Black ethnic groups had higher deaths rates: ~4.4 & 4.5 x compared to previous 2 years respectively
- PwLD from White groups ~1.9 x previous 2 years

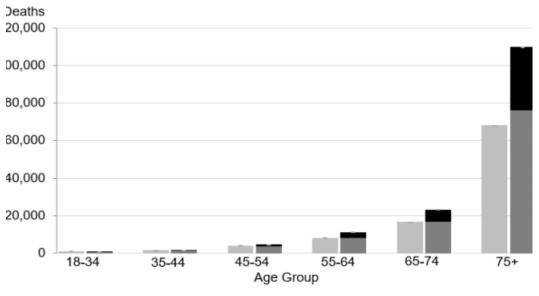
Number of deaths in weeks 13-23, 2020, with COVID19 & other causes, & average for previous 2 years (baseline)

Age group	No. of times higher death rates than general population
18-34 years	30
35-44 years	19.2
45-64 years	20
65-74 years	6.7
>75 years	2.6

#### .1a People with learning disabilities



#### .1b General population



nurces: 4.1a: LeDeR (unadjusted numbers of deaths) (1); 4.1b: ONS death records 2018; ONS ovisional death records 2019 and 2020. Confidence intervals are for total deaths.

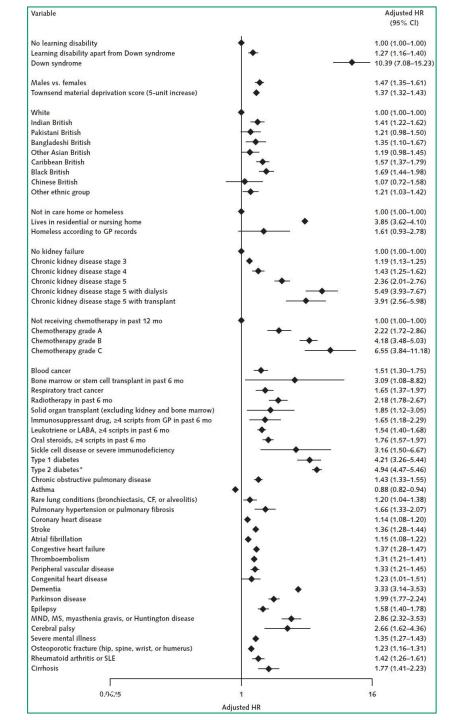
# COVID-19 Mortality Risk in Down Syndrome: Results From a Cohort Study Of 8 Million Adults

HR for COVID-19-related death in adults with versus without Down syndrome

- Adjusted for age and sex, was 24.94 (95% CI, 17.08 to 36.44).
- Adjusted for age, sex, ethnicity, BMI, dementia diagnosis, care home residency, congenital heart disease, and a range of other comorbid conditions and treatments was 10.39 (CI, 7.08 to 15.23);
- for hospitalization, it was 4.94 (CI, 3.63 to 6.73)

For those with learning disabilities other than Down syndrome, the adjusted HR for COVID-19–related death was **1.27** (CI, 1.16 to 1.40).

Source: Clift AK, Coupland CA, Keogh RH, Hemingway H, Hippisley-Cox J. COVID-19 mortality risk in Down syndrome: results from a cohort study of 8 million adults. *Annals of Internal Medicine*, 2020 Oct 21.



#### Down Syndrome 10.39

Care home resident 3.85

Chemotherapy C 6.55

Type 2 Diabetes 4.94

Heart failure 1.37

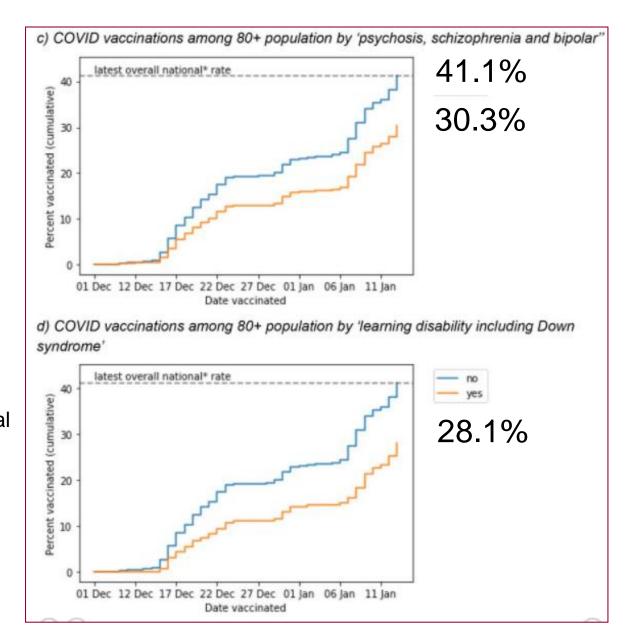
Dementia 3.33 Cerebral palsy 2.66



## COVID-19 Vaccination coverage of PwLD:

8 Dec 2020 – 13 January 2021

Source: The OpenSAFELY Collaborative. Trends, regional variation, and clinical characteritics of COVID-19 vaccine recipients: a retrospective cohort study in 23.4 million patients using Open SAFELY. *medRxiv*. January 2021.







# **Updated Priority list**

- residents in a care home for older adults and their carers
- all those 80 years of age and over and frontline health and social care workers (this is where staff paid to support someone with Down's syndrome sit)
- 3. all those 75 years of age and over
- 4. all those 70 years of age and over and clinically extremely vulnerable individuals (this is where adults who have Down's syndrome sit)
- 5. all those 65 years of age and over
- all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality (this is where young people aged 16-18 who have Down's syndrome sit and unpaid family carers)
- 7. all those 60 years of age and over
- 8. all those 55 years of age and over
- 9. all those 50 years of age and over

Don't forget the carers!



## Common service issues

Lack of **awareness** of the health needs of people with LD amongst primary care staff.

Lack of **priority** given to the health needs of people with LD in the NHS generally.

Lack of attention given to making reasonable **adjustments** to support the delivery of equal treatment, as required by the Disability Discrimination Act.

Communication problems during the consultation.

Lack of **time** to conduct an adequate consultation.

Patient inhibitions because of previous negative encounters; presence of carers

Lack of knowledge by GPs with respect to the specific needs of people with LD

#### Services not joined up

SOURCE: McCarthy M. Exercising choice and control—women with learning disabilities and contraception. British Journal of Learning Disabilities. 2010 Dec 1;38(4):293-302.



# What are we going to do about it?



COVID-19 poured gas on the long-burning issues people with disability face in accessing health care. When the worst of the fire is out these inequities won't have disappeared.

"

Kavanagh et al. Improving health care for disabled people in COVID-19 and beyond: Lessons from Australia and England. *Disability & Health Journal* (2020).