**Counting migrants in**

Mathur and colleagues [1] present important data highlighting increased SARS-CoV-2 infection rates among ethnic minorities in the UK, including those reporting as ‘South Asian’ and ‘Black’, yet use of these broad ethnic categories consistently fail to capture the dynamics of contemporary migration. These categories include a highly heterogeneous group of settled ethnic minorities born in the UK, alongside more recently arrived migrants, with the latter including a growing share of low-skilled labour migrants, refugees, undocumented migrants, and others who may have a particular profile of risk factors and vulnerabilities placing them at higher risk of SARS-CoV-2 infection [2].

This can be seen in analyses in the few countries that do collect health data by country of birth. In what is likely to be an under-reporting of the true situation, in Sweden – for example – 32% of all positive COVID-19 cases (to 7 May 2020) were in migrants (mainly from Turkey, Ethiopia, and Somalia) [3]; 42% were migrants in Norwegian COVID-19 national datasets (week of 27 April 2020; highest in Somali-born) [4]. Across Ontario, Canada, 43.5% (to 13 June 2020) cases were in migrants, with refugees more likely to test positive (10.4%) compared to other migrants (7.6%) and Canadian-born (2.6%); lower levels of language proficiency were linked to lower levels of testing [5]. Migrants also seem to be over-represented in hospitalisations and deaths [2]. Studies from Sweden [6] and Italy [7] report a higher risk of COVID-19 deaths in migrants from LMICs: adjusting for socio-demographic characteristics, migrant men from the Middle East and North Africa had a three times higher mortality from COVID-19 than Swedish-born [6]. In Italy, migrants were more likely to be diagnosed late, hospitalised, and admitted to ICU [7].

These findings are highly concerning and likely reflect the fact that migrants make up a significant proportion of front-line workers, those in precarious jobs with fewer safety nets, and many live in deprived areas in overcrowded accommodation – including camps and detention centres where multiple COVID-19 outbreaks have been reported. Importantly, many thousands of migrants across Europe are excluded from health systems, or face lower levels of accessibility to health services and public health messaging. The ECDC has, this month, published an overview of these migrant datasets [8]; the report also includes emerging data from Sweden and Norway showing particularly low COVID-19 vaccine uptake rates in migrants, including people from North Africa, Iraq, and Somalia. At-risk migrant communities merit greater consideration in policy and planning going forward, requiring a coordinated inter-sectoral response to support initiatives to reduce transmission and to facilitate timely and equitable vaccine uptake.

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