NEWS

Covid-19: Low skilled men have highest death rate of working age adults

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Men working in the lowest skilled jobs had the highest rate of death involving covid-19 among working age people, the latest figures from the Office for National Statistics (ONS) show.¹

However, healthcare workers, including doctors and nurses, were not found to have statistically higher rates of death involving covid-19 when compared with the rate among those of the same age and sex in the general population.

There were 2494 deaths involving covid-19 among 20 to 64 year olds registered up to 20 April 2020 in England and Wales. Nearly two thirds of these deaths were among men. Three quarters of the deaths (1852) recorded included information on occupation and so were included in the analysis.

Men working in the lowest skilled occupations—such as construction workers and cleaners—had the highest rates of death involving covid-19 with 21.4 deaths per 100 000. This is more than double the average for working age males of just under 10 deaths per 100 000. The data were published after Prime Minister Boris Johnson said on 10 May that manufacturing and construction workers should be encouraged to go back to work.

Male security guards had one of the highest death rates at 45.7 deaths per 100 000 (63 deaths). Other jobs with raised rates of covid-19 death included taxi drivers and chauffeurs (36.4 deaths per 100 000), bus and coach drivers (26.4 deaths per 100 000), chefs (35.9 deaths per 100 000), and sales and retail staff (19.8 per 100 000).

Men and women working in social care both had significantly raised rates of death involving covid-19 with rates of 23.4 deaths per 100 000 in men (45 deaths) and 9.6 deaths per 100 000 women (86 deaths). Workers in care homes have frequently raised concerns about a lack of protective equipment.

The rate of death among healthcare workers was 10.2 deaths per 100 000 males and 4.8 deaths (43 deaths) per 100 000 females (63 deaths). The category included doctors, nurses, midwives, nurse assistants, paramedics and ambulance staff, and hospital porters.

The ONS said that the analysis does not prove conclusively that the observed rates of death involving covid-19 are necessarily caused by differences in occupational exposure. The analysis was adjusted for age, but not for other factors such as ethnic group and place of residence.

According to Ben Humberstone, deputy director for health analysis and life events at the ONS, the finding that healthcare workers did not have higher rates of covid-19 deaths despite being exposed to disease on a daily basis and requiring close contact with others may be because they are more likely to be using personal protective equipment or are more likely to follow hygiene measures such as handwashing. Some deaths among healthcare workers may not have been registered yet because a coroner's inquest is required. In addition, some healthcare workers may have reduced exposure to covid-19 during lockdown, for instance because of people not having dental or optician appointments.

Healthcare workers also tend to be fitter and healthier than the general population. Neil Pearce, professor of epidemiology and biostatistics at the London School of Hygiene and Tropical Medicine, pointed out that pre-existing conditions such as diabetes and obesity may vary by occupational group. He said, "Nevertheless, the findings are striking and emphasise that we need to look beyond health and social care, and that there is a broad range of occupations which may be at risk from covid-19. These are many of the same occupations that are now being urged to return to work, in some instances without proper safety measures being in place."

1 Office for National Statistics. Coronavirus (covid-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020. 11 May 2020. www.ons.gov.uk/releases/covid19relateddeathsbyoccupationenglandandwalesdeathsregistereduptoandincluding20thapril2020.

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