Occupational exposure explains the higher COVID-19 deaths amongst the Bangladeshi and Pakistani ethnic groups in the United Kingdom

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COVID-19 mortality data from the UK office of National Statistics (ONS) reveals that the Bangladeshi and Pakistani communities were not only adversely affected during the first and second waves but also showed the largest increase in mortality in the second wave. In the second wave, there was a 60% reduction for black Africans (men and women) but a dramatic increase by 124% and 97% for men and women from Pakistani ethnicity, respectively. As yet, this alarming increase in deaths during the second wave has not been explained although multiple factors are likely to have been responsible. The Bangladeshi and Pakistani ethnic groups suffered economically due to the lockdown as a large proportion of the people from these communities' own restaurants and takeaways and also work in this sector. To support this badly affected sector, a "eat out to help out" scheme was introduced by the government with the price of meals discounted by 50%. This was a great incentive for the businesses and the community to generate income and also for the public to enjoy meals at discounted prices during the summer of 2020. During the period of the scheme, long queues were seen outside restaurants throughout the country, especially in areas with a high concentration of Bangladeshis and Pakistanis. People from these ethnicities have the highest percentage of people working in the sector that was most directly connected to the "eat out to help out" scheme. According to the ONS data, over 30% of Bangladeshis and Pakistanis work in the distribution, hotels and restaurants sector. This is two-fold higher compared to the Black ethnic group and it is also higher than any other ethnic groups. Furthermore, the Bangladeshis and Pakistanis have the highest percentage of people (17.8%) working in the transport and communication sector compared to the Black ethnic group (11.1%). This category of workers, especially taxi and mini-cab drivers, would have been more active during the "eat out to help out" scheme taking customers to and from restaurants. Small kitchens in restaurants and fast-food outlets were packed with staff serving unusually high number customers taking advantage of heavily discounted meals. Wearing masks, at least properly with the nose and mouth fully covered, in a hot kitchen environment, during busy periods and over several hours of continuous work, is unlikely to have been easy. Social distancing in a kitchen environment is virtually impossible due to space limitation and the need to move around. Furthermore, the ventilation systems in kitchens vary widely and may not have been adequate enough to eliminate virus-laden water droplets exhaled by the restaurant workers. Exposure of virus between workers and customers is likely to have been higher during the "eat out to help out scheme" compared to other periods. All of this may have created an ideal environment for the transmission of the virus between restaurant workers and customers and thereafter being transmitted to family members and others in the community.

In the UK, 43.9% of the Black ethnic group work in the public administration, education and health sectors. In contrast, 25.2% of Bangladeshis and Pakistanis work in this sector. The decrease in COVID-19 deaths amongst the Black ethnic groups (both Black African and Black Caribbean) during the second wave is probably due to the fact that a greater percentage of them work in the more well-regulated and financially well supported sectors such as the NHS and

education sectors, where risk assessment and adherence to COVID-19 health and safety measures were strongly implemented, especially after the first wave. In contrast, small businesses such as restaurants, which many Bangladeshi and Pakistanis either own and/or work in, may not have sufficient resources for implementing strict health and safety measures such as social distancing, for example in a small kitchen with 5-6 people working in close contact to each other for many hours for 6-7 days a week. This difference in employment environment of Blacks, compared to Bangladeshis and Pakistanis, may explain why the COVID-19 mortality decreased for the Blacks in the second wave but increased for Bangladeshis and Pakistanis. Taxi and mini-cab drivers were badly affected by COVID-19. During the "eat out to help out" this sector will have been very busy taking passengers to and from restaurants. Thus a combination of working in restaurants and driving taxis may explain the higher mortality from COVID-19 in Bangladeshi and Pakistanis and this increased substantially in the second wave due to higher activity in these sectors caused by the "eat out to help out" incentive.

To conclude, the key factor responsible for the higher COVID-19 deaths in the Bangladeshi and Pakistani communities is due to higher risk of exposure to the virus as they have higher percentage of people working in restaurants, takeaways and driving taxis and mini-cabs. The frequency and dose of exposure to the virus is likely to be high due to duration of time spent in overcrowded kitchens, taxis and mini-cabs. The well intentioned "eat out to help out" scheme turned out to be an opportunity for making more money for businesses and their staff as well as greater enjoyment for the customers but it created an ideal environment for exposure to COVID-19. Adequate risk assessment and necessary support is needed to protect the health and safety of workers and customers in restaurants, fast-food outlets and those working as taxi and mini-cab drivers. This is particularly urgent as prevention strategies, such as wearing of masks and social distancing, are lifted from 19 July 2021.