

Abstract citation ID: ckad160.1273
Differences by immigration status on Covid-19 acute outcomes in the Emilia-Romagna ORCHESTRA cohort

Alice Corsaro

A Corsaro^{1,2}, F Banchelli², R Buttazzi², C Gagliotti², E Ricchizzi²,
 ML Moro², E Berti², N Caranci²

¹Public Health Department, Local Health Authority, Parma, Italy

²Innovation in Healthcare and Social Services, Directorate General of Health and Welfare, Emilia-Romagna Region, Bologna, Italy

Contact: acorsaro@ausl.pr.it

Covid-19 pandemic increased health inequalities, affecting vulnerable populations as ethnic minorities and migrants. This retrospective observational population-based cohort study, as a part of the Horizon 2020 ORCHESTRA Project (funded under Grant Agreement n.101016167), assessed differences in risks of hospitalization, disease severity and mortality during the first 30 days after Covid-19 infection, comparing immigrants from high migratory pressure countries (HMPCs) to Italians and other residents from low migratory pressure countries (LMPCs) in the Emilia-Romagna (E-R) Region in Italy. All adult positive cases from February '20 to February '22 and residing for at least 1 year in E-R were included. Poisson regression with robust estimation of standard error was used to obtain risk ratios for main outcomes, stratifying by sex, epidemic period and adjusting for age, citizenship, deprivation index, care complexity index and vaccination status. Data came from the regional administrative healthcare databases. Sensitivity analyses were performed with people <75 years old and disaggregating into 7 main citizenship. Among the 859,754 tested positive for SARS-CoV-2, 9.6% were immigrants from HMPCs. Hospitalization risk among them was higher than for Italians and other LMPCs in both sexes ($p < 0.01$), in all periods and with an increasing trend over time; similarly, migrants had higher risk of severity ($p < 0.05$), with higher point estimates in women. Even if with lower level of evidence as compared to other outcomes, an indication of higher mortality among immigrant was evident in the first 7 months and confirmed by sensitivity analysis including population <75 years old. Sensitivity analyses showed higher risk of severe outcomes in Asians and Sub-Saharan Africans, particularly in women. Immigrants, in particular vulnerable subgroups such as women or migrants from Asia and Sub-Saharan Africa, showed higher risk of acute severe disease during the first 2 years of pandemic in E-R.

Key messages:

- Numerous barriers to primary care access led migrants from HMPCs to show higher risk of disease severity, especially among most marginalized groups.
- Implementing equity-oriented and gender-based interventions is essential to overcome barriers to primary care and improve awareness and inclusion of migrants from HMPCs.