

COVID-19 (Coronavirus Disease)

CASES ARE RISING.
ACT NOW!



WEAR A MASK



STAY 6 FEET APART



AVOID CROWDS

COVID-19 Racial and Ethnic Health Disparities

Updated Dec. 10, 2020

[Print](#)

Why are some racial and ethnic minority groups disproportionately affected by COVID-19?

1. [Introduction](#)
2. [Risk of Exposure to COVID-19](#)
3. [Risk of Severe Illness or Death from COVID-19](#)
4. **Disparities in COVID-19 Illness**
5. [Disparities in COVID-19-Associated Hospitalizations](#)
6. [Disparities in COVID-19 Deaths](#)
7. [Unintended Consequences of COVID-19 Mitigation Strategies](#)
8. [What We Can Do to Move Towards Health Equity](#)

Disparities in COVID-19 Illness

Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as COVID-19 infection, severe illness, and death. These conditions are known as [social determinants of health](#). Long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick from COVID-19.

Cases by race and ethnicity

The highest percent of COVID-19 cases are among non-Hispanic White people. However, racial and ethnic minority groups are disproportionately represented among COVID-19 cases. The percent of cases for racial and ethnic minority groups are higher than the percent of these populations within the total U.S. population. Comparing the percent of cases and the percent of the total U.S. population by race and ethnicity provides an indication of disparities. This comparison is not exact because not all geographic areas report COVID-19 case data by race and ethnicity. Non-Hispanic White people represent a majority of the U.S. population (60%), followed by Hispanic or Latino people (18%), non-Hispanic Black people (12%), non-Hispanic Asian people (6%), non-Hispanic people who identify with more than one race (3%), American Indian or Alaska Native people (1%), and Native Hawaiian or other Pacific Islander people (less than 1%).¹ Among people aged less than 50 years, and notably among children aged less than 18 years, a noticeably higher percent of COVID-19 cases are among Hispanic or Latino people compared with the percent of the total U.S. population. Hispanic or Latino children represent 25% of the U.S. population aged less than 18 years.²

In the graph below, select an age group from drop-down menu to see the how the distribution of cases varies by racial and ethnic group overall, as well as for specific age groups. These data represent only the geographic areas that report data on race and ethnicity. Every geographic area has a different racial and ethnic composition, so these data are not generalizable to the entire U.S. population. Percentages displayed in the charts below represent the percent of cases for which race and ethnicity are known.

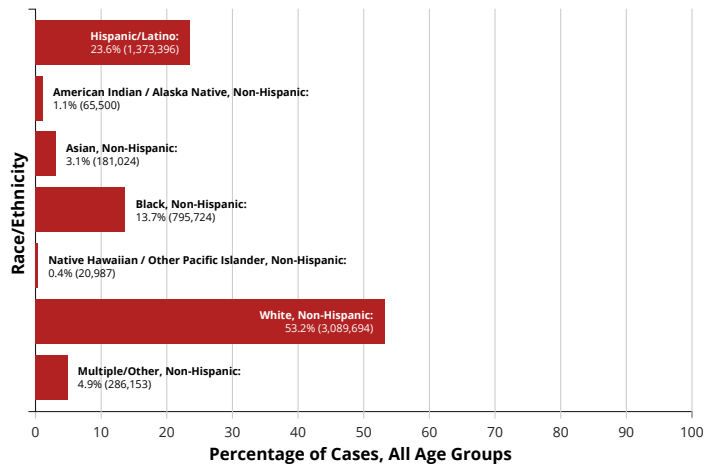
Cases by Race/Ethnicity:



Download ▾

Data from 11,393,546 cases. Race/Ethnicity was available for 5,812,478 (51%) cases.

All Age Groups ▾



Data source: [National COVID-19 Case Surveillance](#).



Proportion of people tested for SARS-CoV-2 (COVID-19) who had a positive test result

Recent studies have consistently found that among those tested for COVID-19, non-Hispanic Black, Hispanic or Latino, and people who identify with more than one race and are non-Hispanic were more likely to have positive test results as compared with non-Hispanic White or non-Hispanic Asian people. Comparing percent of COVID-19 test results that were positive (percent positive) among racial and ethnic populations can be helpful for understanding the spread of COVID-19 in the community. It is important to continue to monitor access, testing, and results to understand trends in transmission and groups that may be disproportionately affected by COVID-19. It is important to understand why people are getting tested and to recognize if reasons change over time or are different for particular groups. For example, people who have easier access to testing may be more likely to get tested sooner after onset of symptoms or known exposure or more often. People who do not have easy access to testing may wait until they are sicker before getting tested.

Race or Ethnicity Group	Percent Test Positive Median [Range]	# of Studies Reporting
Asian	7.2% [0–8.7%]	3 ^{3,4,5}
Black	13.8% [6.8–24.3%]	4 ^{3,4,5,6}
Hispanic or Latino	11.9% [6.8–42.6%]	4 ^{3,4,5,6}
Other race	13.5% [4.0–21.7%]	4 ^{3,4,5,6}
White	7.0% [1.7–8.8%]	4 ^{3,4,5,6}

Text Version



Notes: Percent positive is defined as the proportion of those tested who had a positive test result. Studies reporting data on percent positive included people of all ages. These studies analyzed race and ethnicity differently; three studies analyzed the variables separately (racial categories could be Hispanic or Latino or non-Hispanic), and two studies analyzed the variables in a single variable (racial categories were non-Hispanic). Data were inadequate to assess potential differences in percent COVID-19 test positivity among American Indian and Alaska Native people, Native Hawaiian and other Pacific Islander people, and people who identify with more than one race; these people would be included together in the “other race” category in the study results. Studies were identified through a search of the peer-reviewed publications from January 1, 2020 through August 5, 2020.

To stop the spread of COVID-19, we need to work together to address inequities in the social determinants of health that affect risk for exposure to COVID-19 for racial and ethnic minority groups. Learn more about [what we can do to move towards health equity](#).

CDC Resources

[COVID Data Tracker](#)

[COVID Data Tracker – Correctional Facilities](#)

[COVIDView: A Weekly Surveillance Summary of U.S. COVID-19 Activity](#)







Other Resources

The COVID Tracking Project's [The COVID Racial Data Tracker](#) 

Emory University's [COVID-19 Health Equity Interactive Dashboard](#) 

National Health Care for the Homeless Council's [COVID-19 Dashboard](#) 

References

1. U.S. Census Bureau. American Community Survey (ACS) Demographic and Housing Estimate (ACS), 2018: ACS 1-Year Estimates Data Profiles [online]. 2019 [cited 2020 Jun 24]. Available from URL: <https://data.census.gov/cedsci/table?q=Race%20and%20Ethnicity&t=Hispanic%20or%20Latino&tid=ACSDP1Y2018.DP05&hidePreview=false> 
2. U.S. Census Bureau. American Community Survey (ACS), 2018 Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019 (NC-EST2019-ASR6H) [online]. 2019 [cited 2020 Aug 27]. Available from URL: <https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-detail.html> 
3. Adegunsoye A, Ventura IB, Liarski VM. Association of Black Race with Outcomes in COVID-19 Disease: A Retrospective Cohort Study. *Annals of the American Thoracic Society*. 2020. DOI: <https://doi.org/10.1513/AnnalsATS.202006-583RL>  .
4. Bandi S, Nevid MZ, Nahdavinia M. African American Children are at Higher Risk for COVID-19 Infection. *Pediatric Allergy and Immunology*. 2020. DOI: <https://doi.org/10.1111/pai.13298>  .
5. Jehi L, Ji X, Milinovich A, et al. Individualizing Risk Prediction for Positive COVID-19 Testing. *Chest Infections*. 2020. DOI: <https://doi.org/10.1016/j.chest.2020.05.580>  .
6. Martinez DA, Hinson JS, Klein EY, et al. SARS-CoV-2 Positivity Rate for Latinos in the Baltimore-Washington, DC Region. *JAMA*. 2020;324(4):392-395. DOI: <https://doi.org/10.1001/jama.2020.11374>  .

Last Updated Dec. 10, 2020

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)