



High Mortality from COVID-19 among Asian Americans in San Francisco and California

Research Brief

EXECUTIVE SUMMARY

The City and County of San Francisco had 1,754 cases of COVID-19 and 31 deaths as of May 5, 2020. Asian Americans accounted for 13.7% of cases but 52% of the deaths. Among those infected, 6.7% have died, the highest proportion of all racial/ethnic groups. Understanding reasons for these disparities is critical for risk stratification of patients and protecting communities particularly vulnerable to COVID-19.

SAN FRANCISCO COVID-19 DATA

The City and County of San Francisco has recorded 1,754 total cases of COVID-19 as of May 5, 2020.¹ With 31 deaths to date, San Francisco has a notably lower proportion of deaths among the infected than nationally (1.8% vs. 6.0%).^{1,2} Asian Americans accounted for 13.7% of cases, but 6.7% of those infected have died, the highest proportion of any racial/ethnic group (Table 1). Of the 31 deaths, 52% were among Asian Americans despite their comprising 34% of the population. Other notable findings included high number of cases among Hispanic Americans and high proportion of deaths to cases among African Americans.

Table 1. COVID-19 burden in San Francisco stratified by race/ethnicity^{1,3}

Race/Ethnicity	# of Cases	# of Deaths	Proportion of deaths to cases	% of Population
Hispanic	640	3	0.5%	15.3%
White	291	7	2.4%	40.0%
Asian	240	16	6.7%	34.1%
Black	88	4	4.5%	5.0%
Other/unknown	240	1	0.4%	5.6%
TOTAL	1754	31	1.8%	100%

CALIFORNIA TRENDS

As of May 5, 2020, the proportion of deaths to cases was 5.6% for all Californians and 8.2% among Asian Americans.⁴ They make up 15.4% of the state's population and 11.4% of cases (4,519 out of 39,512) but 16.7% of deaths (371 deaths out of 2,228).⁴ Although the numbers were smaller, 8 other states had similar findings.⁵

IMPLICATIONS AND RECOMMENDATIONS

The relatively high proportion of deaths to cases of COVID-19 among Asian Americans in San Francisco and California raises concern. Several explanations are plausible. First, lower rates of testing among Asian Americans could lower the number of cases and raise the proportion. Data on testing among this population and increasing testing access are needed. Second, Asian Americans may have medical or social vulnerabilities that increase risk of death from COVID-19 (e.g., underlying medical conditions or employment in essential services). Disparities in access to and quality of health care may contribute, given the lower rates of English proficiency and income among immigrant populations. The findings are preliminary due to the small number of deaths and lack of age-adjusted data. To address this possible disparity, we need better data collection and transparency, more research, and disaggregation of data by Asian national origin groups to inform clinical risk-stratification and help policymakers design a safe and phased re-opening strategy. Understanding the reasons for disparities in COVID-19 incidence and mortality is critical for protecting all vulnerable communities through policies to address health disparities.

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¹ [Demographics of COVID-19 Cases and Deaths](#). DataSF. Published May 5, 2020. Accessed May 7, 2020.

² [COVID-19 Map](#). Johns Hopkins Coronavirus Resource Center. Accessed May 7, 2020.

³ [2018: ACS 1-Year Estimates Detailed Tables](#). United States Census Bureau. Accessed May 7, 2020.

⁴ [The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S.](#) APM Research Lab. Published May 8, 2020. Accessed May 11, 2020.

⁵ [COVID-19 Race and Ethnicity Data](#). California Department of Public Health. Published May 5, 2020. Accessed May 7, 2020.