

‘Coronavirus (COVID-19) related deaths by religious group, England and Wales, 2 March to 15 May 2020’: Considering the implications of the Office for National Statistics report for the Jewish community and population

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The [Office for National Statistics \(ONS\) study](#), released on 19 June, is a remarkable piece of research, providing us with the first piece of serious academic analysis about the impact of coronavirus on the Jewish population of England and Wales, alongside other religious groups. Because religion is not recorded on death certificates, in-depth investigation of Jewish mortality is generally painstaking and slow, involving burial societies and synagogues providing detailed information which is then collated and analysed at JPR. Indeed, the JPR team has spent a considerable part of the lockdown period reviewing and augmenting this activity to ensure that we collect the information we need to support our long-term investigation into the impact of the coronavirus pandemic on the Jewish population.

The value of this work will yield essential dividends in time, but in the meantime, the ONS has been able to take a completely different and very innovative approach to overcome the absence of information about religion on death certificates. They have retrieved this information through linking death registrations to the 2011 Census on an enormous scale (starting with over 48 million people and linking to over 140,000 deaths that occurred between 2 March and 15 May in England and Wales), identifying the religion of the person who died, alongside other key social and demographic factors about them. This extends the work they have already carried out to looking at the impact coronavirus has had on ethnic groups, including those identifying as BAME (Black, Asian and minority ethnic).

JPR has assisted the ONS where possible with the study and been in discussion with its analysts at various stages throughout the process. Our interest is not simply in understanding coronavirus, because aside from what it tells us about the impact of COVID-19 on Jews, the ONS analysis also represents an essential step forward in terms of understanding socio-demographic trends among all ethnic and religious groups; we very much hope that more key statistics for different ethnicities and religions in the UK, such as births and deaths, will be gathered by national statistical agencies going forward. Had ethnicity and religion been collected routinely on death certificates, assessment of the differential impact of COVID-19, or any other condition for that matter, would have been much easier than it is at present.

The ONS report confirms that the number of Jews who have died from the virus has been painfully high. They have identified 453 deaths of Jews in England and Wales in the period (irrespective of whether or not they had a Jewish burial) that were attributed partly or wholly to COVID-19, a figure closely aligned with that reported by the Board of Deputies at the end of that period based on Jewish burial society counts. The figure demonstrates that, to date, more Jews have died from coronavirus in Britain than in Israel, even though the Jewish population of Israel is 22 times the size of the Jewish population of Britain.

This information about scale is important, but the more particular value of the ONS study is that it makes it possible to compare the experience of the Jewish population with those of other religious groups, and indeed, with the population as a whole, *after taking into account complicating*

differences between groups with regard to their age distributions, geography, socio-economic status and other demographic variables. The ONS study adjusts for many of these differences, thereby giving us the clearest and most accurate picture so far of how the Jewish experience differs from the experience of others. This is particularly valuable in the case of Jews because, as JPR has repeatedly explained, their age and geographical profile alone will have had a significant negative effect on the Jewish population's experience of a virus that impacts older people more than younger people, and urban populations more than rural ones. At the same time, other factors – notably the general socio-economic and health profiles of the Jewish population – would be expected to have a positive effect, rendering Jews *less* likely to be impacted.

It has already been established that certain ethnic groups – notably BAME – consistently experience worse health outcomes and higher mortality rates than those who are more advantaged. Indeed this finding has already had the effect of heightening awareness of these differences among the general public, highlighting the importance of addressing these inequalities and mitigating their effects. The ONS analysis adds religion as another important factor, and it finds that certain religious groups – Muslims, Hindus, Sikhs and Jews – have all experienced higher mortality rates than Christians and indeed people of no religion. It confirms our assessment that much of this is due to age and geographical factors, but it indicates that *even after accounting for these*, Jews still have a significantly elevated risk of death from COVID-19, compared to Christians.

Thus, in brief, the ONS analysis confirms our previous assertion that age and place of residence are key factors impacting mortality among Jews, but the persistence of elevated risks when all appropriate controls have been put in place suggests the presence of a particular 'Jewish factor,' that independently inflates mortality, and does so more for males than females.

Both the strength of this particular 'Jewish factor' and its differentiated effect by sex cannot be easily explained. We remain puzzled by these findings and warn against quick and easy explanations. At this stage, we do not have definitive explanations, although our ongoing statistical work will involve us testing a variety of hypotheses, and should shed further light on the conundrum in time. Thus, as much as we welcome the ONS analysis and commend its professionalism, further research is needed to determine the causes behind Jewish vulnerability to COVID-19 in Britain, as indeed the ONS itself has stated. In this respect, all options should be kept open. Differences between groups in the timing of the onset of the COVID-19 epidemic and in the use of COVID-19 as a medical diagnosis on death certificates are of particular relevance for future research.

However, at this stage it is worth noting that the ONS study only looks at what is happening at the national level, and we know from work we have done on Jewish mortality from coronavirus in the UK, across Europe and throughout the world, that localised circumstances are very different, and can have a distorting effect on national counts. For example, the data we have for Sweden indicate that Jews have been dying there at a considerably higher rate than the national average, but when we probe further, we learn that a high number of deaths in just one Jewish elderly care home in Stockholm creates this distorting affect; when we remove that single factor, we find that Swedish Jews have actually fared rather better than average compared to Swedes in general. Considerable subnational variation in exposure to COVID-19 is also observed in the Jewish community of Italy. So it is very important to unpick the national figures to identify local, subnational patterns, particularly in small population groups such as Jews. At the same time, any number of other possible causes may emerge. In time, we will be able to document both the national and local picture more accurately, both through our continued discussions with ONS, and by JPR working closely with our community's synagogues and burial societies, who painstakingly collect data that, used alongside data from sources like the Census, will provide us with additional insights.

Therefore, as valuable as this report is, it will still take some time before we can fully assess the effects of coronavirus on the Jewish population. We will continue to work with ONS, not least because they were unable to carry out all the investigations we recommended for this particular publication, and some of the supplementary analysis we hope to see will add further valuable insights into their findings about Jews. At the same time, we maintain that the best way to fully understand the impact of COVID-19 remains the excess deaths method – to determine how many Jews died over a given period in 2020 and compare that count with the equivalent periods in the previous few years. We are currently undertaking highly detailed and meticulous work to build that picture and will report on that as soon as we are able, looking specifically both at the situation in the UK, and the wider picture across Europe and the Jewish world.

To discuss any of the commentary in this statement with a member of our research team, please contact Richard Goldstein at rgoldstein@jpr.org.uk to arrange an appointment.