

COVID-19 incidence, hospitalization up for persons with disabilities

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Disability-eligible Medicare beneficiaries have higher COVID-19



incidence and hospitalization rates compared with beneficiaries who are eligible based on age, according to research published in the June 17 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Yan Yuan, from the CDC in Atlanta, and colleagues examined the impact of COVID-19 on persons with disabilities and how age contributes to disease rates using data from Centers for Medicare & Medicaid Services Medicare beneficiaries who were eligible because of a disability (disability-eligible) or only eligible because they were aged 65 years or older (age-eligible) during January 2020 to November 2021.

The researchers found that throughout the study period, COVID-19 incidence and <u>hospitalization rates</u> were higher in the disability-eligible group (10,978 and 3,148 per 100,000 population, respectively) compared with the age-eligible group (8,102 and 2,129 per 100,000 population, respectively). In both disability- and age-eligible patients, COVID-19 incidence and hospitalization rates increased with age. The highest disability-eligible and age-eligible hospitalization rates were seen for American Indian or Alaska Native persons (4,962 and 5,024 per 100,000, respectively). Hospitalization rates were higher for disabilityeligible versus age-eligible patients among all other racial and <u>ethnic</u> groups.

"Continuing COVID-19 prevention efforts and focused messaging to persons with disabilities remain high-impact public health priorities," the authors write. "Although progress has been made, more work remains to be done to prioritize persons with <u>disabilities</u> in public health programs, data systems, and preparedness and response activities at the federal, state, and local levels."

More information: Yan Yuan et al, COVID-19 Cases and Hospitalizations Among Medicare Beneficiaries With and Without



Disabilities—United States, January 1, 2020–November 20, 2021, *MMWR. Morbidity and Mortality Weekly Report* (2022). DOI: 10.15585/mmwr.mm7124a3

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