Racial and ethnic minorities already experience disproportionately high rates of type 2 diabetes (T2D) and related complications, a disparity rooted in socioeconomic factors, healthcare access, and exposure risks like overcrowded housing and essential worker roles. The COVID-19 pandemic exacerbated this, nearly tripling the annualized incidence of youth-onset T2D in the US, with a 61% increase in new cases between the first and second pandemic years. This surge was especially pronounced among younger patients, with a lower mean age at diagnosis and increased severe presentations. The pandemic widened existing disparities: Black youth showed significantly worse glycemic control and obesity compared to White youth (RRR 3.0; 95% CI 1.3–6.8), and adolescents from deprived neighborhoods experienced similarly poor outcomes (RRR 1.9; 95% CI 1.2–2.9). Indirect pandemic effects, including healthcare disruptions, reduced access to diabetes management, and increased socioeconomic stressors, disproportionately impacted minorities. While detailed Asia-Pacific data is absent, US studies strongly indicate a pandemic-related surge in youth T2D incidence, heavily impacting racial/ethnic minorities and those experiencing socioeconomic disadvantage. These long-standing inequities in healthcare access and social determinants of health were significantly amplified by the pandemic.