24 June 2022

Provisional Mortality Statistics, January – March 2022

In the period from 1 January to 31 March 2022, there were 44,300 deaths in Australia. This was 14 per cent higher than in the same period in 2021, and 18 per cent above the historical average.[1]

- The number of deaths in Australia peaked at 16,100 deaths in January.
- Compared to the historical average, deaths over this period were elevated in the population aged over 65 years in Victoria, New South Wales, Queensland and South Australia.

Age standardised death rates were either at, or above, the historical average, suggesting a genuine increase in mortality over this period, driven by factors other than a larger or older population.

COVID-19 accounted for 3,000 deaths during this period.

- While the number of deaths due to COVID-19 decreased from 1,600 in January to 400 in March, COVID-19 related deaths were still significantly above levels seen during the same period of 2020 and 2021.

Deaths from COVID-19 were concentrated amongst those aged 80-89 years.

The median age of those who died from COVID-19 remained high at 86.2 years for females and 82.6 years for males.

Over 81 per cent of COVID-19 deaths occurred in Victoria and New South Wales.

Deaths due to COVID-19 were more prevalent in areas with greater socio-economic disadvantage.

Chronic cardiac conditions, dementia and diabetes were the most common pre-existing chronic conditions associated with deaths due to COVID-19.

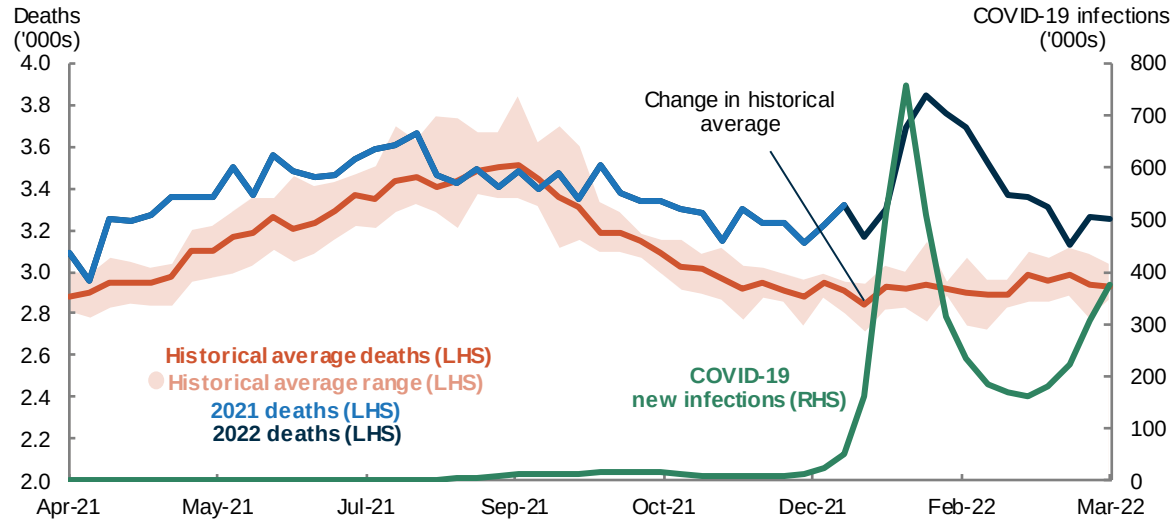
On 23 June 2022, the Australian Bureau of Statistics published two releases covering deaths in Australia in the period from 1 January to 31 March 2022: *Provisional Mortality Statistics, January - March 2022* and *COVID-19 Mortality in Australia*.

Weekly deaths

The number of weekly deaths peaked at 3,800 in the week ending 23 January 2022. This was significantly above the historical average and coincided with a peak in COVID-19 infections observed in January (Chart 1). Since then, and in line with COVID-19 infections, deaths fell in February and increased in March. While volatile, the weekly number of deaths remained consistently above the historical average in all weeks in the period from January to March 2022.

[1] The historical average for 2022, which is the default used throughout this note, is calculated as the average number of deaths over the 2017-19 period and 2021. 2020 is not included as during that year there were periods when deaths were significantly lower than expected. If another historical average is used it will be noted in the text.

Chart 1. WEEKLY DEATHS AND COVID-19 INFECTIONS, APRIL 2021 TO MARCH 2022

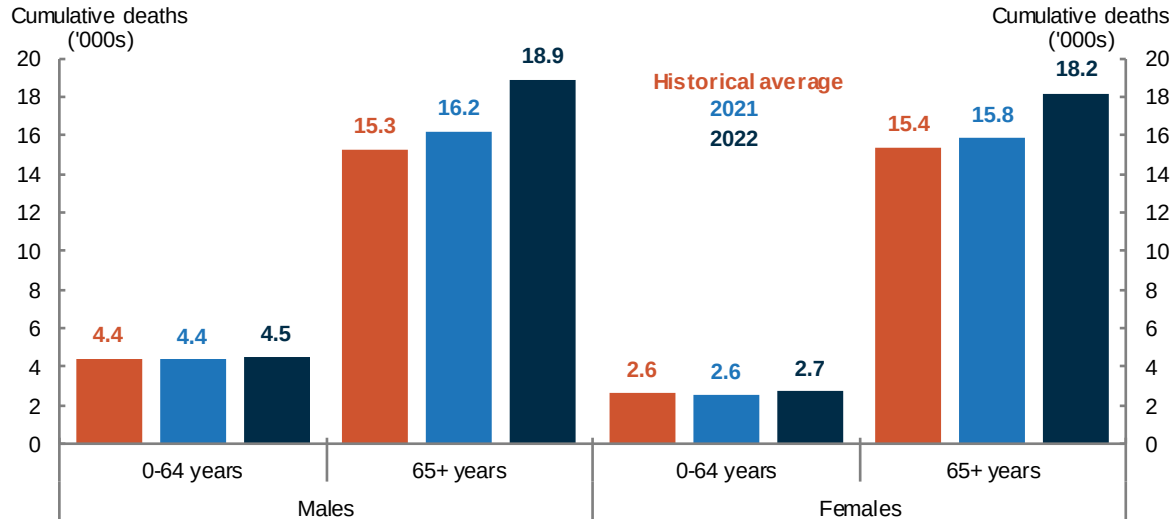


Cumulative deaths

In the first three months of 2022, there were 44,300 deaths that had occurred by 31 March and had been registered by 31 May. This was 18 per cent higher (6,600) than the historical average and 14 per cent (5,300) higher than the number of deaths in the same period of 2021.

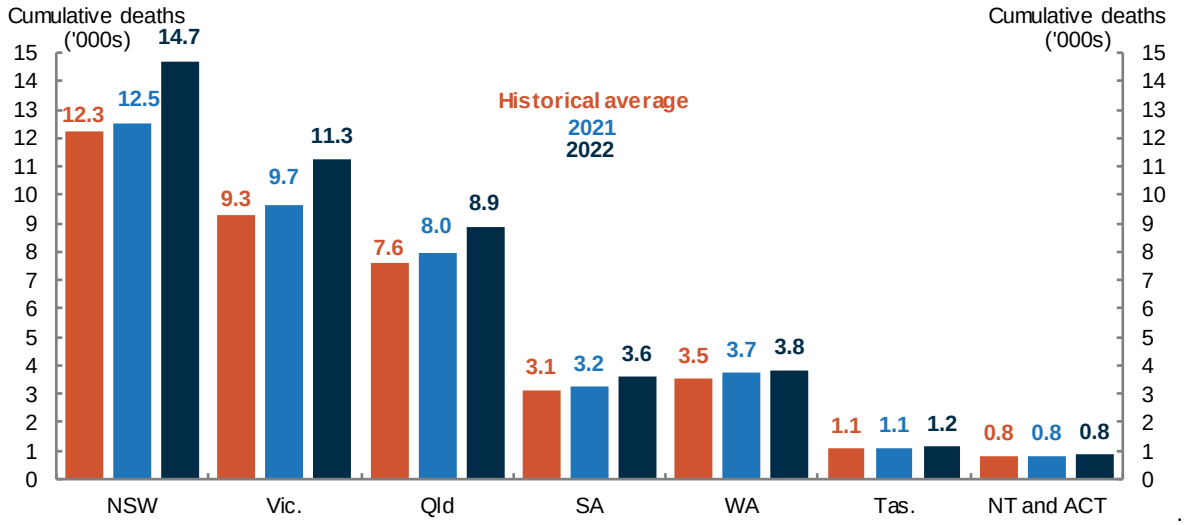
Compared to the historical average, there were more deaths in 2022 for males and females aged over 65 years (increasing by 24 and 18 per cent respectively) (Chart 2).

Chart 2. DEATHS BY AGE AND SEX, YEAR TO MARCH 2022, 2021, HISTORICAL AVERAGE



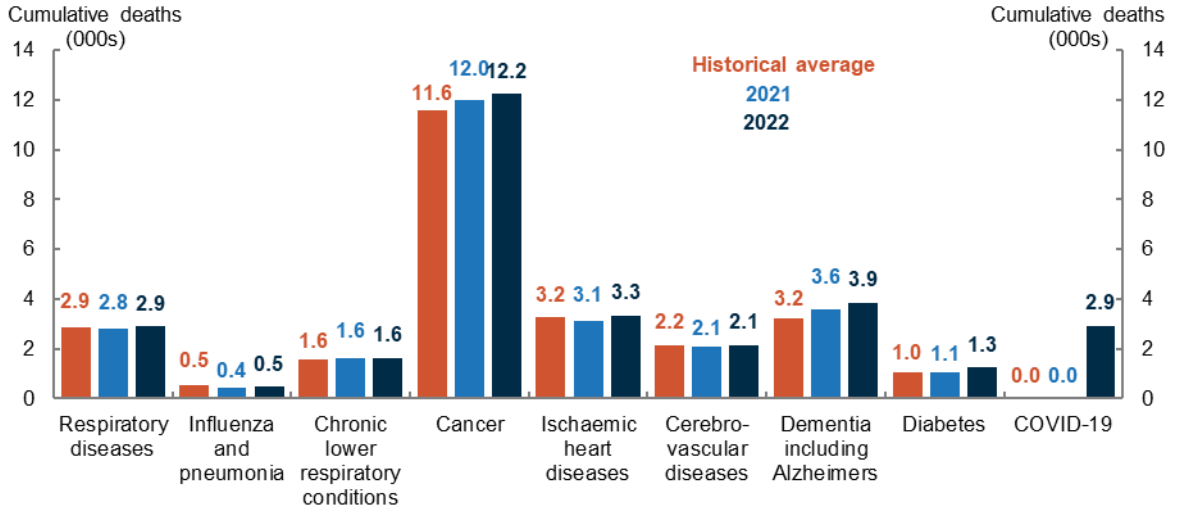
In the period from January to March 2022, deaths were higher in most states and territories when compared with 2021 and the historical average (Chart 3). Victoria (21 per cent), New South Wales (20 per cent), Queensland (17 per cent) and South Australia (15 per cent) experienced the largest increase in deaths when compared to the historical average (Chart 3). The increase in deaths coincided with high levels of COVID-19 infections observed in these states.

Chart 3. DEATHS BY STATE/TERRITORY OF REGISTRATION, YEAR TO MARCH 2022, 2021, HISTORICAL AVERAGE



Cumulatively, up to March 2022, deaths from COVID-19, were nearly two and a half times higher than during the entirety of 2021, coinciding with the high rates of infection during the Omicron wave. Deaths due to diabetes and dementia increased substantially relative to the historical average (21 per cent and 20 per cent respectively) (Chart 4).

Chart 4. DOCTOR-CERTIFIED DEATHS BY SPECIFIED CAUSE OF DEATH, YEAR TO MARCH 2022, 2021, HISTORICAL AVERAGE



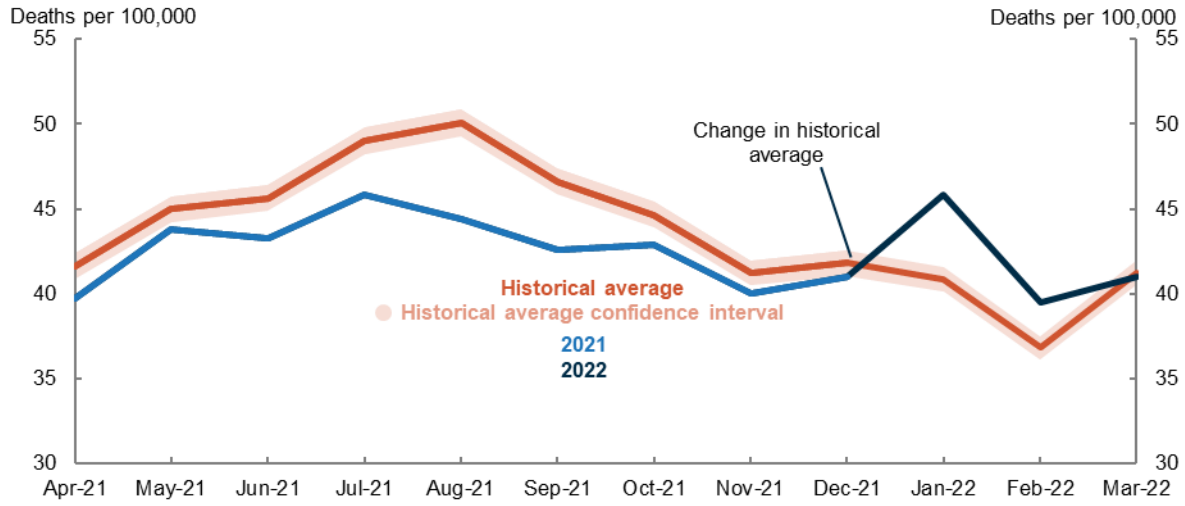
Age standardised death rates

Age standardised death rates allow for comparison of mortality trends across populations of different size and age structure. They are expressed as deaths per 100,000 population.

In the first three months of 2022, age standardised death rates were either at or above the historical average, signalling a genuine increase in mortality, rather than other factors such as the size and age structure of the population (Chart 5).[2]

This compares to 2021, during which age standardised death rates were generally lower than the historical average, suggesting that the increase in deaths during 2021 was the result of changes in the size and age structure of the population, rather than an increase in mortality.

Chart 5. MONTHLY AGE STANDARDISED DEATH RATES FOR DOCTOR-CERTIFIED DEATHS, APRIL 2021 TO MARCH 2022



COVID-19 mortality

The median age of those who died from COVID-19 (84.2 years as of 31 May 2022) was higher for females (86.2 years) than compared to males (82.6 years).

COVID-19 deaths were more prevalent in areas of greater socio-economic disadvantage. The number of people who died due to COVID-19 was over 3 times higher amongst those living in the most disadvantaged areas when compared to those living in the least disadvantaged areas. People living in the least disadvantaged areas had the lowest numbers of deaths due to COVID-19.

The majority of people dying from COVID-19 were reported to have pre-existing chronic conditions (75 per cent). The most common pre-existing chronic conditions associated with COVID-19 were chronic cardiac conditions, dementia and diabetes.

Table 1. UPCOMING MAJOR POPULATION RELEASES

Release	Former catalogue	Release date
National, state and territory population, December 2021	3101.0	28/06/2022
National, state and territory population, March 2022	3101.0	22/09/2022
Deaths, Australia, 2021	3302.0	29/09/2022

[2] The increase in the mortality observed over that time period could be due to an increase in COVID-19 deaths, potentially undiagnosed COVID-19 deaths, and other factors indirectly related to the pandemic (e.g., relating to social isolation or changed access to health care).

NOTES

Data for all-cause mortality used in this release refers to all registered deaths (deaths certified by both a doctor and coroner) that occurred in the period up to 31 March 2022.

Data for cause-specific mortality only covers doctor certified deaths. Cause-specific information for coroner referred deaths could not be included because of the time required for coronial investigations to be completed.