***30 September 2022***

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| Provisional Mortality Statistics, January – June 2022 |
| In the period from 1 January to 30 June 2022, there were 92,700 deaths in Australia. This was 12.5 per cent higher than in the same period in 2021, and 17.1 per cent above the historical average.[[1]](#footnote-2)   * The number of monthly deaths in Australia peaked in June at 16,700 deaths, overtaking the previous peak in January this year of 16,200 deaths. * Deaths remained above the historical average in all states and territories except the Northern Territory during this period.   Age-standardised death rates were also above the historical average, suggesting there was a genuine increase in mortality over this period, driven by factors other than a larger or older population.  COVID-19 accounted for 5,300 doctor-certified deaths during this period and were significantly above levels seen during the same period of 2020 (100) and 2021 (6).   * While the number of deaths due to COVID-19 decreased over the period from January (1,600) to March (400), deaths due to COVID-19 rose again in April (700) and May (900), before slightly falling in June (800).   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 87.4 years for females and 83.5 years for males.  Over 74 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.  Deaths due to dementia and diabetes remained elevated over the first half of 2022, 21.8 per cent and 20.1 per cent higher than the historical average.   * Dementia, including Alzheimer’s disease, and diabetes are among the most commonly reported pre-existing chronic conditions that increase the risk of developing severe illness and dying from COVID-19 in Australia. |
| On 30 September 2022, the Australian Bureau of Statistics published two releases covering deaths in Australia in 2022: [*Provisional Mortality Statistics, January - June 2022*](https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-jun-2022)and [*COVID-19 Mortality in Australia*](https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-until-31-august-2022)(covering COVID-19 deaths that occurred by 31 August 2022).  ***Weekly deaths***  The number of weekly deaths peaked at 4,000 in the week ending 19 June 2022, overtaking the previous peak of 3,900 deaths in the week ending 23 January (Chart 1). Despite the volatility in weekly deaths in the first half of 2022, deaths have remained consistently above the historical average in all weeks over the period from January to June 2022.  WEEKLY DEATHS AND COVID-19 DEATHS, JULY 2021 TO JUNE 2022    ***Cumulative deaths***  In 2022, there were 92,700 deaths that had occurred by 30 June and had been registered by 31 August. This was 17.1 per cent higher (13,500) than the historical average and 12.5 per cent (10,300) higher than the number of deaths over the same period in 2021.  Compared to the historical average, there were more deaths in 2022 for males and females aged over 65 years (increasing by 22.1 and 17.7 per cent respectively) (Chart 2).  DEATHS BY AGE AND SEX, YEAR TO JUNE (2022, 2021, HISTORICAL AVERAGE)    In the period from January to June 2022, deaths were higher in all states and territories except the Northern Territory when compared with 2021 and the historical average (Chart 3). Queensland (18.5 per cent), New South Wales (18.3 per cent), Victoria (17.8 per cent), and South Australia (15.1 per cent) experienced the largest increase in deaths when compared to the historical average. The increase in deaths coincided with high levels of COVID-19 infections observed in these states.  DEATHS BY STATE/TERRITORY OF REGISTRATION, YEAR TO JUNE (2022, 2021, HISTORICAL AVERAGE)    Cumulatively, up to June 2022, deaths from COVID-19 were four times higher than during the entirety of 2021, coinciding with the high rates of infection during the Omicron wave.  Deaths due to other causes, such as cancer, ischaemic heart disease and respiratory diseases were slightly above the historical average over the period from January to June. Notably, deaths due to dementia and diabetes increased substantially relative to the historical average (21.8 per cent and 20.1 per cent) (Chart 4). Dementia, including Alzheimer’s disease, and diabetes are among the most commonly reported pre-existing chronic conditions that increase the risk of developing severe illness and dying from COVID-19 in Australia.  DOCTOR-CERTIFIED DEATHS BY SPECIFIED CAUSE OF DEATH, YEAR TO JUNE (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 six months of 2022, age-standardised death rates were above the historical average, signalling a genuine increase in mortality, driven by factors other than an increase in the size of the population or changes to the age structure of the population (Chart 5).[[2]](#footnote-3) This compares to the entirety of 2021, during which age-standardised death rates were lower than the historical average.  MONTHLY AGE-STANDARDISED DEATH RATES, JULY 2021 TO JUNE 2022    ***COVID-19 mortality***  The median age of those who died from COVID-19 (85.3 years as of 31 August 2022) was higher for females (87.4 years) than compared to males (83.5 years).  The majority of people dying from COVID-19 were reported to have pre-existing chronic conditions (78.5 per cent). The most common pre-existing chronic conditions associated with COVID-19 were chronic cardiac conditions (39.2 per cent), dementia (30.0 per cent), chronic respiratory conditions (17.7 per cent) and diabetes (16.7 per cent).  Of those who died from COVID-19, people who were born overseas had an age-standardised death rate nearly two times higher than that of people who were born in Australia (15.3 deaths per 100,000 people compared to 8.9 deaths).  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 three times higher amongst those living in the most disadvantaged areas when compared to those living in the least disadvantaged areas. |
| 1. Upcoming major population releases  |  |  |  | | --- | --- | --- | | **Release** | **Former catalogue** | **Release date** | | **Causes of Death, 2021** | 3303.0 | 19/10/2022 | | **Births, Australia, 2021** | 3301.0 | 25/10/2022 | | **National, state and territory population, June 2022** | 3101.0 | 15/12/2022 | |
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| 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 30 June 2022 and were registered by 31 August 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. |

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. [↑](#footnote-ref-2)
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). [↑](#footnote-ref-3)