***5 July 2023***

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| Provisional Mortality Statistics, January – March 2023  |
| On 28 June 2023, the Australian Bureau of Statistics released [*Provisional Mortality Statistics, January – March 2023*](https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-mar-2023), a monthly publication that provides preliminary deaths data.[[1]](#footnote-2)In the period from 1 January to 31 March 2023, there were 42,200 deaths in Australia (Chart 1). * This remained above the historical average[[2]](#footnote-3) for the same period, consistent with a larger and older population, but fell slightly below the first three months of 2022.

The age-*standardised* death rate for the first three months of 2023 was below both the historical average and the same period in 2022 (Chart 4).* This contrasts with 2022 where age-standardised death rates remained above the historical average for every month except September and October, suggesting the increase in deaths during this period was due to a genuine increase in mortality rather than factors such as a larger or older population.

Age-*specific* death rates for most age groups were lower in January to March 2023 than both the same period in 2022 and the historical average. The death rate for those aged over 85 and the overall crude death rate (covering all ages) were higher than the historical average (Chart 5).There were 1,200 deaths due to COVID-19 in the first three months of 2023, 61.2 per cent lower than the same period last year (3,100 deaths) but higher than both 2021 and 2020.* By the end of March, COVID-19 accounted for 2.8 per cent of total deaths registered with the ABS for the year, compared with 6.9 per cent over the year to March in 2022.

Deaths due to other causes such as diabetes, other cardiac conditions, dementia and cancer were above the historical average in January to March 2023 (Chart 3).* The vast majority (80.9 per cent) of deaths due to COVID-19 are reported with pre-existing chronic conditions listed on the death certificate. Chronic cardiac conditions, dementia including Alzheimer’s, chronic respiratory conditions, cancer 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.
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| On 28 June 2023, the Australian Bureau of Statistics published two releases covering deaths in Australia in 2023: [*Provisional Mortality Statistics, January - March 202*](https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-mar-2023)*3* and [*COVID-19 Mortality in Australia*](https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-until-31-may-2023)(covering COVID-19 deaths that occurred by 31 May 2023). ***Counts of mortality***Data shows that deaths in 2023 continue to be elevated but are slightly lower than the levels recorded last year (Chart 1). In the period from 1 January to 31 March 2023, there were 42,200 deaths in Australia. This was above the historical average for the same period (up by 11.8 per cent or 4,500) but fell below the same period in 2022 (by 6.4 per cent or 2,900).There were 1,200 deaths due to COVID-19 in the year to March 2023, 61.2 per cent lower than the same period last year (3,100 deaths) but higher than both 2021 and 2020. Since the start of the pandemic to March 2023, COVID-19 had accounted for 13,600 registered deaths, 2.5 per cent of total deaths registered with the ABS during this period. MONTHLY DEATHS AND COVID-19 DEATHS, MARCH 2022 – MARCH 2023 Note: Dashed line indicates 2022 deaths, solid line indicates 2023 deaths. COVID-19 deaths refer to deaths where the underlying cause is due to COVID-19. Historical average is calculated as the average number of deaths over the 2017–2019 period and 2021.Deaths for males and females aged 65 years and over were above the historical average but lower than the same period in 2022. Males had a higher number of deaths (7,900 deaths) due to COVID-19 than females (6,400 deaths). The median age of those who died from COVID-19 (85.7 years) was higher for females (87.6) than males (83.9). In the period from January to March 2023, deaths were higher in all states and territories when compared with the historical average except for the Northern Territory (Chart 2). The Australian Capital Territory and Queensland experienced the largest increase in deaths when compared to the historical average. All jurisdictions, except for Western Australia, Tasmania and the Australian Capital Territory, reported deaths lower than the same period in 2022. The majority of deaths due to COVID-19 occurred in New South Wales (35.3 per cent of all COVID-19 deaths in each jurisdiction) and Victoria (34.3 per cent), followed by Queensland (14.2 per cent).DEATHS BY STATE/TERRITORY OF REGISTRATION, YEAR TO MARCH (2023, 2022 AND HISTORICAL AVERAGE) Deaths due to other causes such as dementia including Alzheimer’s disease, diabetes and cancer were above the historical average over the period from January to March 2023 (Chart 3). Notably, deaths due to other cardiac conditions and respiratory diseases were above the historical average but also higher than observed in the same period in 2022. Meanwhile, deaths due to ischaemic heart diseases and cerebrovascular diseases were below the historical average for the first three months of the year and 2022.The vast majority (80.9 per cent) of people dying from COVID-19 were recorded as having pre-existing chronic conditions. The most common pre-existing chronic conditions associated with deaths due to COVID-19 were chronic cardiac conditions (39.6 per cent), dementia (30.1 per cent), chronic respiratory conditions (18 per cent), cancer (16.8 per cent) and diabetes (15.6 per cent). This is consistent with the international experience.DOCTOR-CERTIFIED DEATHS BY SPECIFIED CAUSE OF DEATH, YEAR TO MARCH (2023, 2022 AND HISTORICAL AVERAGE) ***Rates of mortality*****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 standard population. Monthly age-standardised death rates for the first three months of 2023 were below both the historical average and the same period in 2022 (Chart 4). This contrasts with 2022, where age-standardised death rates remained above the historical average for every month except September and October, 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.[[3]](#footnote-4) MONTHLY AGE-STANDARDISED DEATH RATES, MARCH 2022 – MARCH 2023 Note: Dashed line indicates 2022 rate, solid line indicates 2023 rate. Historical average is calculated as the average rates over the 2017–2019 period and 2021. **Age-specific death rates** allow for analysis of mortality trends by age. They reflect the number of deaths at a specified age per 100,000 of the population at the same age.Age-specific death rates for most age groups were lower for the first three months of 2023 than both rates for the same period in 2022 and the historical average (Chart 5). The death rate for those aged 85 and over and the overall crude death rate (covering all ages) were both higher than the historical average.AGE-SPECIFIC DEATH RATES, YEAR TO MARCH (2023, 2022 AND HISTORICAL AVERAGE)

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| Females | Males |
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Note: Historical average is calculated as the average death rates over the 2017–2019 period and 2021. The cumulative death rate for males aged 0-44 was 16.7 over the historical average, 16.8 in 2022 and 15.4 in 2023. The cumulative death rate for females aged 0-44 was 9 over the historical average, 9.1 in 2022 and 8.6 in 2023.***COVID-19 mortality***The ABS [*COVID-19 Mortality in Australia*](https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-until-31-may-2023) article released alongside Provisional Mortality Statistics releases provides further information on COVID-19 deaths that occurred and were registered by 31 May 2023. First Nations peoples are at greater risk of more severe outcomes from COVID-19. There are several likely reasons for this, including higher rates of socioeconomic disadvantage, higher rates of chronic diseases and limited access to culturally safe health care. There were 310 First Nations people COVID-19 deaths since August 2021. There were more deaths due to COVID-19 amongst First Nations females than males, the opposite of the non-Indigenous trend.[[4]](#footnote-5) The mortality rate from COVID-19 is 1.6 times higher in First Nations people compared to non-Indigenous people, for First Nations females, the rate of mortality is nearly 3 times higher than that of non-Indigenous females.Of those who died from COVID-19, people who were born overseas had an age-standardised death rate 1.4 times higher than that of people who were born in Australia (16.1 deaths per 100,000 people compared to 11.4).Deaths where COVID-19 was the underlying cause were more prevalent in areas of greater socio-economic disadvantage. The number of people who died due to COVID-19 was almost 3 times higher amongst those living in the most disadvantaged areas when compared to those living in the least disadvantaged areas. This ratio is greater for females (3.2 times) than it is for males (2.6 times). |
| 1. Upcoming major mortality releases

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| **Release** | **Former catalogue** | **Release date** |
| **National, state and territory population, March 2023** | 3301.0 | 14/09/2023 |
| **Deaths, Australia, 2022** | 3302.0 | 28/09/2023 |
| **Causes of Death, Australia, 2022** | 3303.0 | Unknown |
| **Life tables, 2020-2022** | 3302.0.55.001 | 8/11/2023 |

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| NOTESData for **deaths ‘due to’** or **‘from’ COVID-19** used in this release refers to deaths where COVID-19 was the underlying cause of death. Data for **‘COVID-19 deaths’** refers to deaths where COVID-19 was the underlying *or* contributory cause of death.Data for **all-cause mortality** and COVID-19 deaths refers to all registered deaths (deaths certified by both a doctor and coroner) that occurred in the period up to 31 March 2021 and were registered by 31 May 2023. 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. Note: From August 2023 detailed provisional mortality statistics will be released every 2 months instead of every month. [↑](#footnote-ref-2)
2. The historical average is calculated as the average number of deaths occurring over the 2017–2019 period and 2021. 2020 and 2022 are omitted from the historical average as they are considered atypical mortality years. [↑](#footnote-ref-3)
3. 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-4)
4. This analysis covers all jurisdictions. The following analysis excludes Victoria, Tasmania and the Australian Capital Territory due to data coverage. [↑](#footnote-ref-5)