

Deaths involving coronavirus (COVID-19) in Scotland

Week 14
(4 to 10 April 2022)



Published on 14 April 2022

This statistical report includes provisional statistics on the number of deaths associated with coronavirus (COVID-19) and the total number of deaths registered in Scotland, for week 14 of 2022 and additional monthly analysis on deaths occurring up to 31st March 2022.

Key Findings

Deaths involving COVID-19, weekly registrations ([go to section](#))

- As at the 10th of April 2022, there have been a total of 14,202 deaths registered in Scotland where the novel coronavirus (COVID-19) was mentioned on the death certificate. In the latest week there were 139 deaths, a decrease of 33 from the previous week.
- Of deaths involving COVID-19 in the latest week:
 - 67 were female, 72 were male.
 - 111 were aged 75 or older, 18 were aged 65 to 74 and 10 were under 65.
 - There were 15 deaths in North Lanarkshire, 14 in Highland, 11 in Glasgow City and 10 in Fife. In total 30 council areas (out of 32) had at least one death involving COVID-19 last week.
 - 71 were in hospitals, 51 were in care homes, 16 were at home or a non-institutional setting and there was one death in another institution type.

Deaths from all causes, weekly registrations ([go to section](#))

- The total number of deaths registered in Scotland in week 14 of 2022 was 1,222. This was 120 deaths more than the five year average for week 14 (11% above average).
- In week 14 there were 79 excess deaths at home or in non-institutional settings (25% above average), 9 more deaths in hospitals (2% above average), and 29 more deaths in care homes (12% above average) compared to the five-year average.
- There were 120 more deaths across all locations for the latest week. Respiratory deaths were 24 below average and circulatory deaths were 6 below average. Deaths from dementia and Alzheimer's disease were 25 above average and cancer deaths were 4 above average. There were 43 excess deaths from other causes. The number of deaths where COVID-19 was the underlying cause was 83.

Monthly mortality analysis, deaths occurring up to 31st March 2022 ([go to section](#))

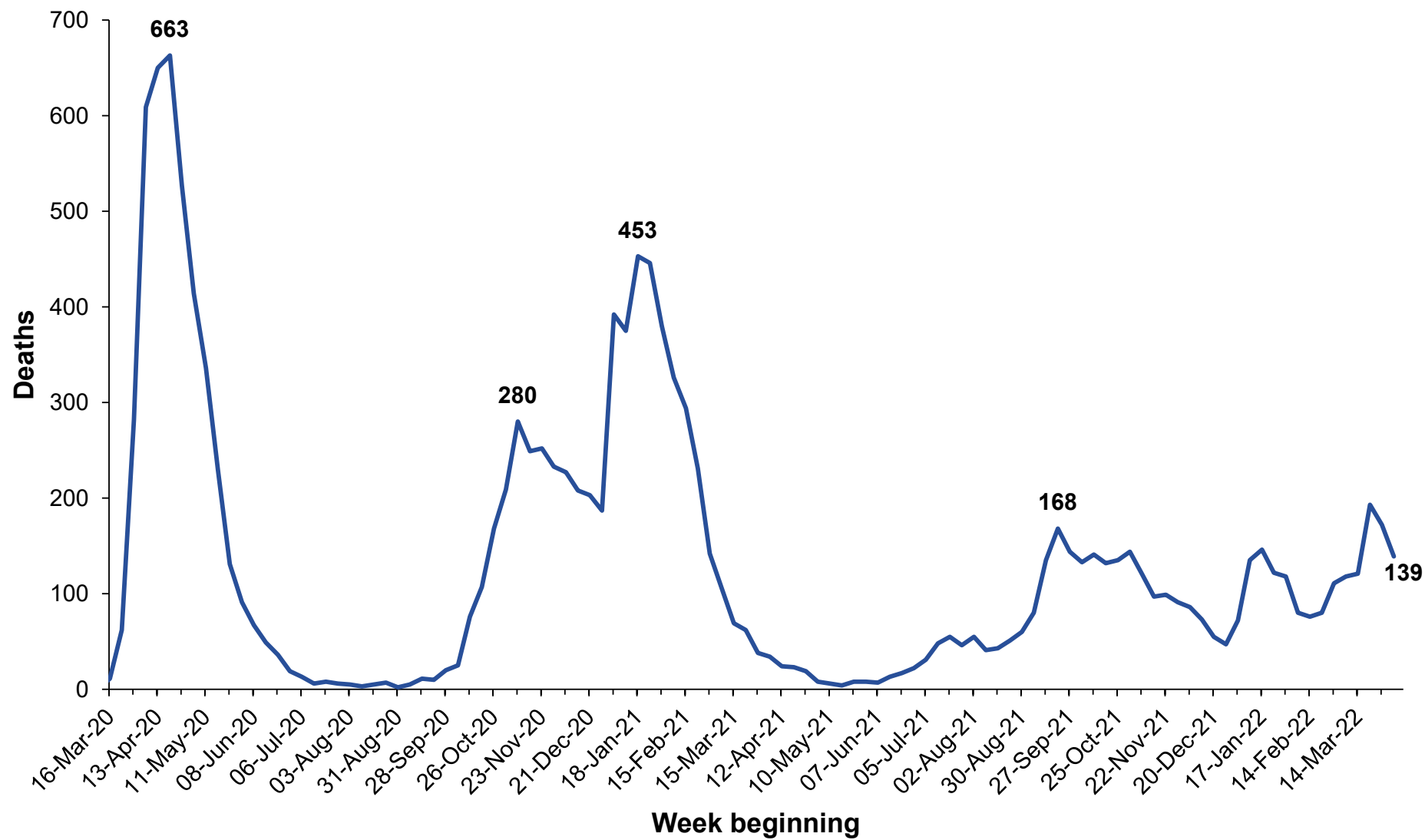
- The age standardised death rate for deaths involving COVID-19 was higher in March 2022 (145 per 100,000) compared to February 2022 (82 per 100,000). The difference between the last two months was statistically significant. Throughout the pandemic, the highest rate was 585 deaths per 100,000 people in April 2020.
- After adjusting for age, people living in the most deprived areas were 2.4 times as likely to die with COVID-19 as those in the least deprived areas. The size of this gap has slowly widened over the period of the pandemic but has narrowed slightly since January when the gap was 2.5.
- Of the 14,106 deaths involving COVID-19 between March 2020 and March 2022, 93% (13,113) had at least one pre-existing condition. Just under one quarter of people whose death involved COVID-19 had dementia or Alzheimer's disease. This was the most common main pre-existing condition.
- There have been 9 deaths in Scotland in which the underlying cause of death was due to the adverse effects of vaccination against COVID-19 and two further deaths where an adverse effect was mentioned on the death certificate. There is no increase from the figure reported last month. By 31 March 2022 [statistics from Public Health Scotland](#) state that 4.4 million people had been given at least one vaccine dose.

Five year average for calculation of 2022 excess deaths

2022 deaths are being compared against a five year average of the years 2016 2017, 2018, 2019 and 2021. This approach is also being used by the Office for National Statistics (ONS).

The reasons for this choice are laid out in a paper on the [NRS website](#).

Figure 1: Weekly deaths involving COVID-19 in Scotland, week 12 2020 to week 14 2022



Date of occurrence vs date of registration

Most of the figures throughout the weekly report are based on the date a death was registered rather than the date the death occurred. There is on average a 3 day gap between a death occurring and being registered. Please find a more detailed explanation in the [methodology](#) document.

Why focus on date of registration rather than the actual date of death?

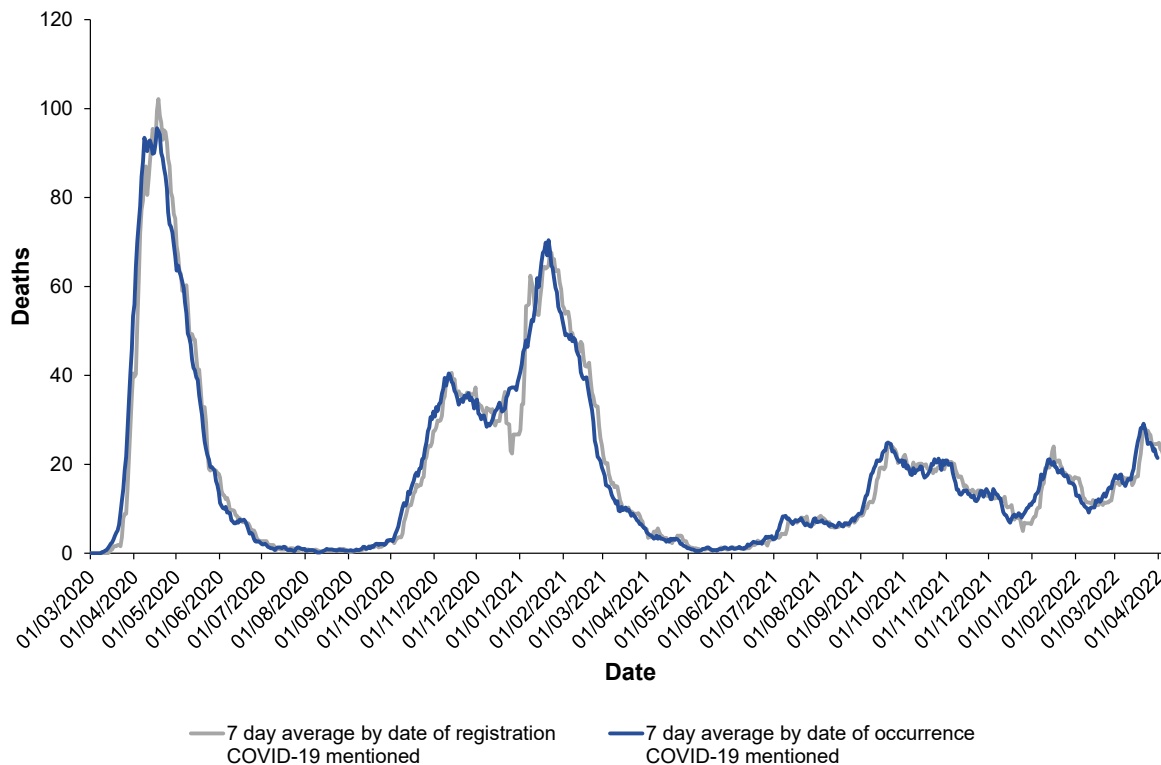
The death count based on **date of registration** is more timely but is incomplete and is subject to fluctuations due to public holidays.

The death count based on **date of death** is more complete and gives a more accurate trend on the progress of the virus, but less timely (a one week delay compared to date of registration figures).

Differences between the two measures can be seen at times of year when there are public holidays, most noticeably at Christmas and Easter. Daily deaths have been falling for the past few weeks.

This report includes all deaths which were registered by 10th April. There will, however, be deaths which occurred before this date but were not yet registered. In order to include a more complete analysis based on date of occurrence, we need to wait an additional week to allow the registration process to fully complete. The trend based on date of occurrence therefore only includes deaths which occurred by 3rd of April as the majority of these are likely to have been registered by now.

Figure 2: Deaths involving COVID-19 by date of registration and date of death



Monthly mortality analysis (deaths occurring up to 31st March 2022)

This section provides an in-depth analysis of deaths which **occurred** in Scotland between March 2020 and March 2022. This is a different basis from the rest of this report which (unless specified) is based on the date deaths were **registered**.

Age-standardised mortality rates

When adjusting for size and age structure of the population, for all deaths involving COVID-19 between March 2020 and March 2022 there were 127 deaths per 100,000 population. Rates for males were significantly higher than for females (157 compared with 105 per 100,000).

Why use age-standardised mortality rates?

Age-standardised mortality rates are a better measure of mortality than numbers of deaths, as they account for the population size and age structure and provide more reliable comparisons between groups or over time. As the probability of death tends to increase with age, changes in the age-distribution of the population could have an effect on any apparent trend shown by numbers of deaths, or crude death rates (dividing the number of deaths by the total population).

Similarly, if two groups' populations have different age-distributions, using age-standardised rates will remove the effect of the differences between the groups and show which one has the higher mortality.

Age-standardised rates are therefore more reliable for comparing mortality over time and between different countries, different areas within a country, deprivation quintiles, and different sexes.

More information on the calculation of age-standardised mortality rates is available on our [website](#).

Looking only at deaths where COVID-19 was the underlying cause, the rates were only slightly lower – reflecting the fact that it was the underlying cause in the vast majority (84%) of deaths involving COVID-19. In the combined data for March 2020 to March 2022, the age-standardised mortality rate was 106 per 100,000 population, with a similar differential between males (133) and females (87).

The age standardised death rate for deaths involving COVID-19 was higher in March 2022 (145 per 100,000) when compared to February 2022 (82 per 100,000). The difference between the last two months was statistically significant.

Figure 3a: Age standardised rates for deaths involving COVID-19 by sex, between 1st March 2020 and 31st March 2022

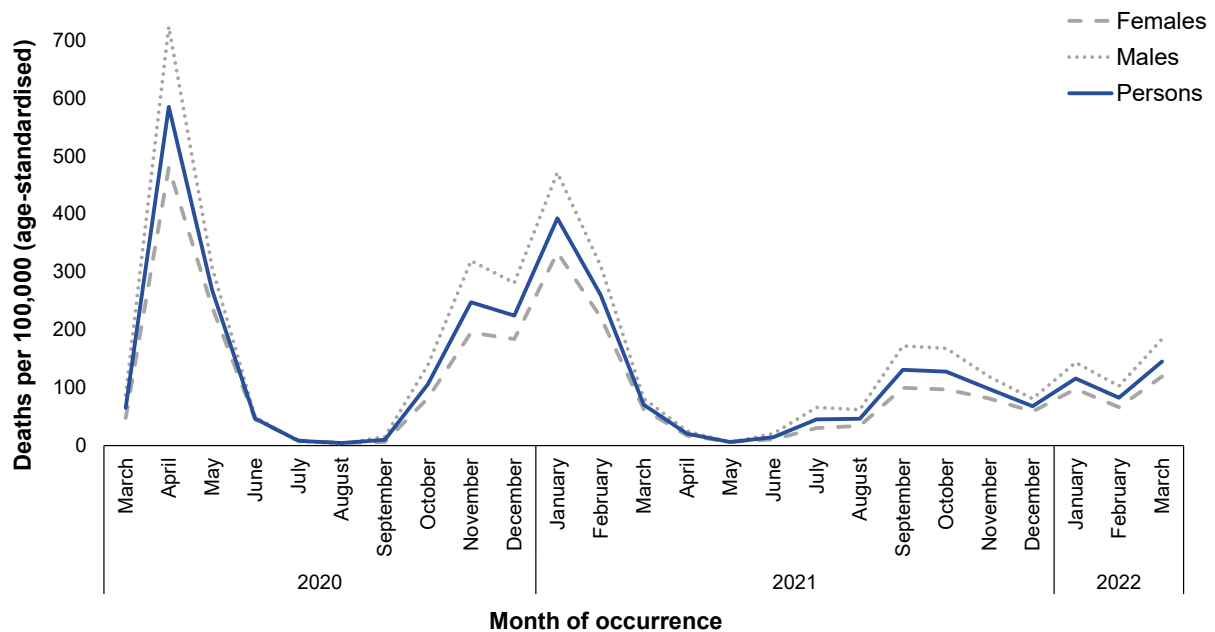
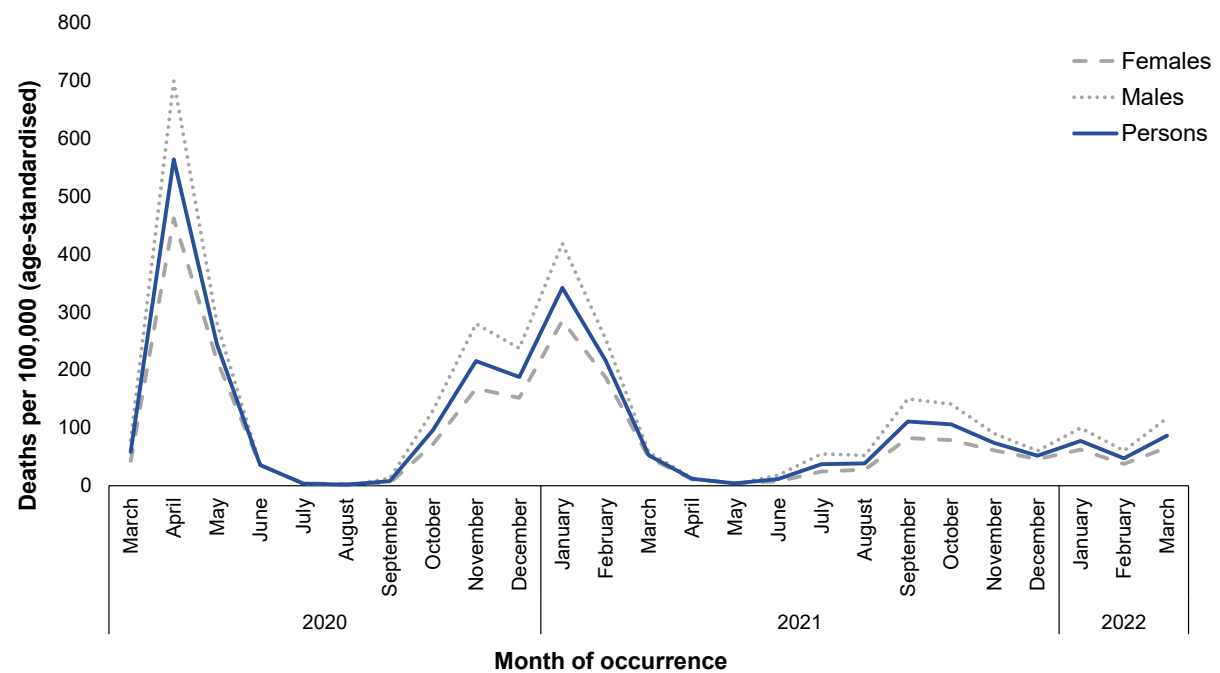


Figure 3b: Age standardised rates for deaths where COVID-19 was the underlying cause, by sex, between 1st March 2020 and 31st March 2022



The age-standardised mortality rate from all causes was 1,194 per 100,000 population in the period from 1st March 2020 to 31st March 2022. To put this figure into context the age-standardised mortality rate from all causes in 2019 was 1,108 per 100,000.

Leading causes of death

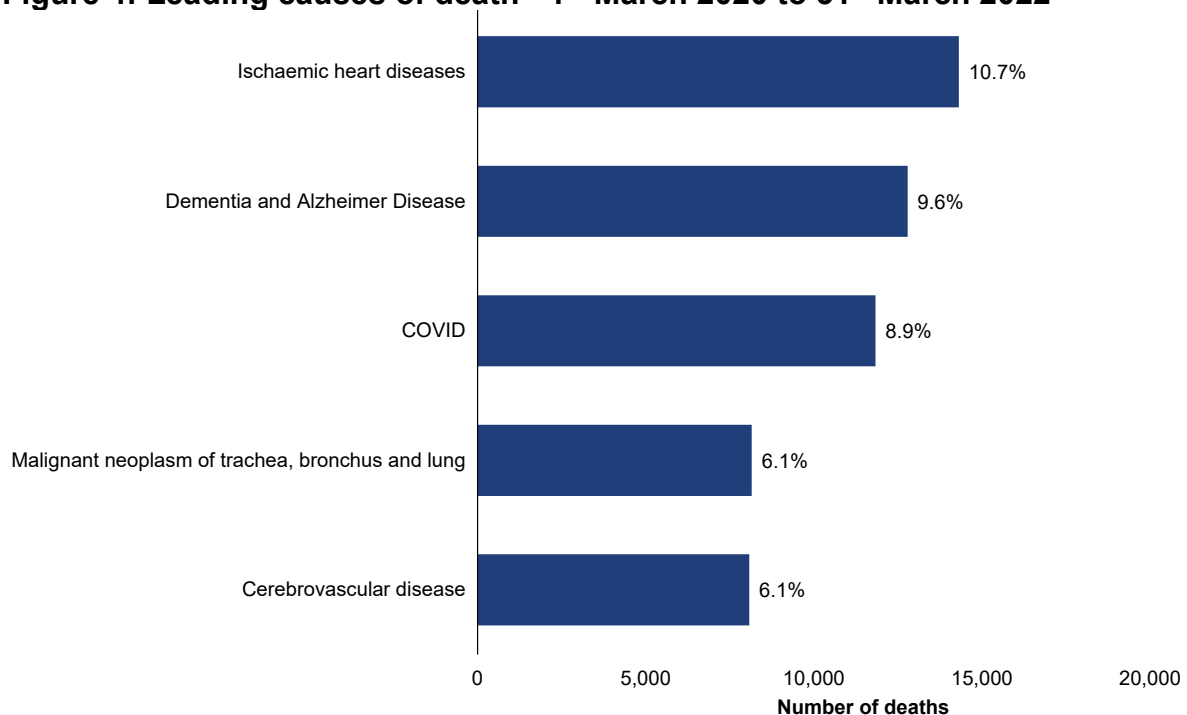
As this analysis compares different causes of death it is based on the underlying cause of death and therefore the figures for COVID-19 only include those deaths where it was the underlying cause rather than all those in which it was mentioned.

Over the period between 1st March 2020 and 31st March 2022, the leading cause of death was ischaemic heart disease (14,315 deaths, 11% of all deaths) followed by dementia and Alzheimer's disease (12,790, 10%) and COVID-19 (11,836 deaths, 9% of all deaths).

The leading cause of death analysis is based on a list of causes developed by the World Health Organisation (WHO). There are around 60 categories in total and cancers are grouped separately according to the type of cancer. For example, lung, breast and prostate cancer are all counted as separate causes. The full [list](#) of leading causes is available on the ONS website.

The most common cause of death in March 2022 was ischaemic heart disease, which accounted for 11% of all deaths last month. COVID-19 was the most common cause of death for every month between November 2020 and February 2021 (inclusive). COVID-19 did not appear in the top 5 leading causes between March and August 2021 but reappeared in third place in September 2021, and dropped to fifth place in November 2021. COVID-19 was in the top 5 leading causes for both January and March 2022.

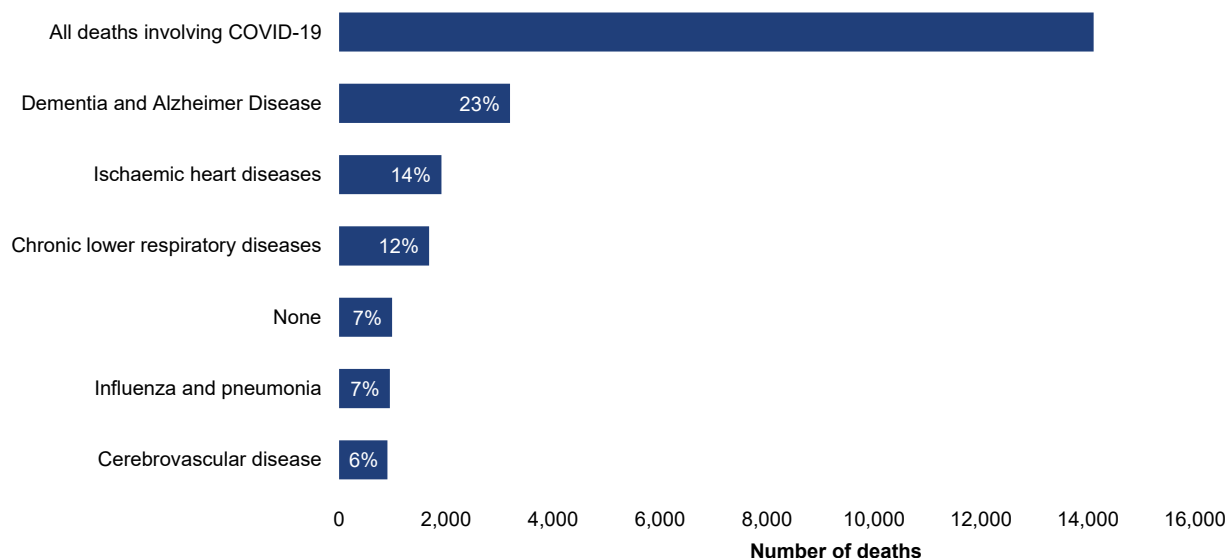
Figure 4: Leading causes of death - 1st March 2020 to 31st March 2022



Pre-existing conditions of people who died with COVID-19

Of the 14,106 deaths involving COVID-19 between March 2020 and March 2022, 93% (13,113) had at least one pre-existing condition.

Figure 5: Main pre-existing condition in deaths involving COVID-19, between 1st March 2020 and 31st March 2022



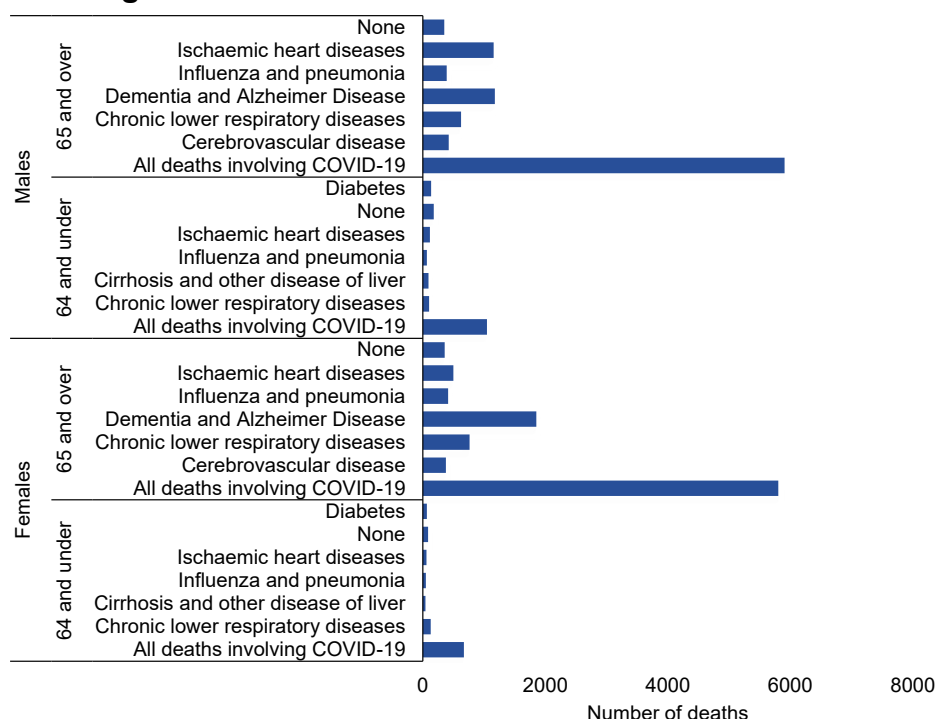
The most common main pre-existing condition among those who died with COVID-19 was dementia and Alzheimer's disease (23%), followed by ischaemic heart disease (14%), chronic lower respiratory diseases (12%), influenza and pneumonia (7%) and cerebrovascular disease (6%).

Pre-existing conditions are defined as a health condition mentioned on the death certificate which either came before COVID-19 or was an independent contributory factor in the death. Where only COVID-19 was recorded on the death certificate, or only COVID-19 and subsequent conditions caused by COVID-19 were recorded, these deaths are referred to as having no pre-existing conditions.

We have used methodology developed by ONS to determine the main pre-existing condition. This is defined as the one pre-existing condition that is, on average, most likely to be the underlying cause of death for a person of that age and sex had they not died from COVID-19. For more detail on how pre-existing conditions and main pre-existing conditions are derived, refer to the [methodology paper](#).

Pre-existing conditions differed by age and sex. For females and males over 65 the most common main pre-existing condition was dementia and Alzheimer's disease (32% of all female COVID-19 deaths and 20% of all male COVID-19 deaths in that age group). For females under 65, the most common main pre-existing condition was chronic lower respiratory diseases (19%) and for males under 65 it was diabetes (13%).

Figure 6: Main pre-existing medical condition by age and sex, in deaths involving COVID-19 between 1st March 2020 and 31st March 2022



Mortality by deprivation

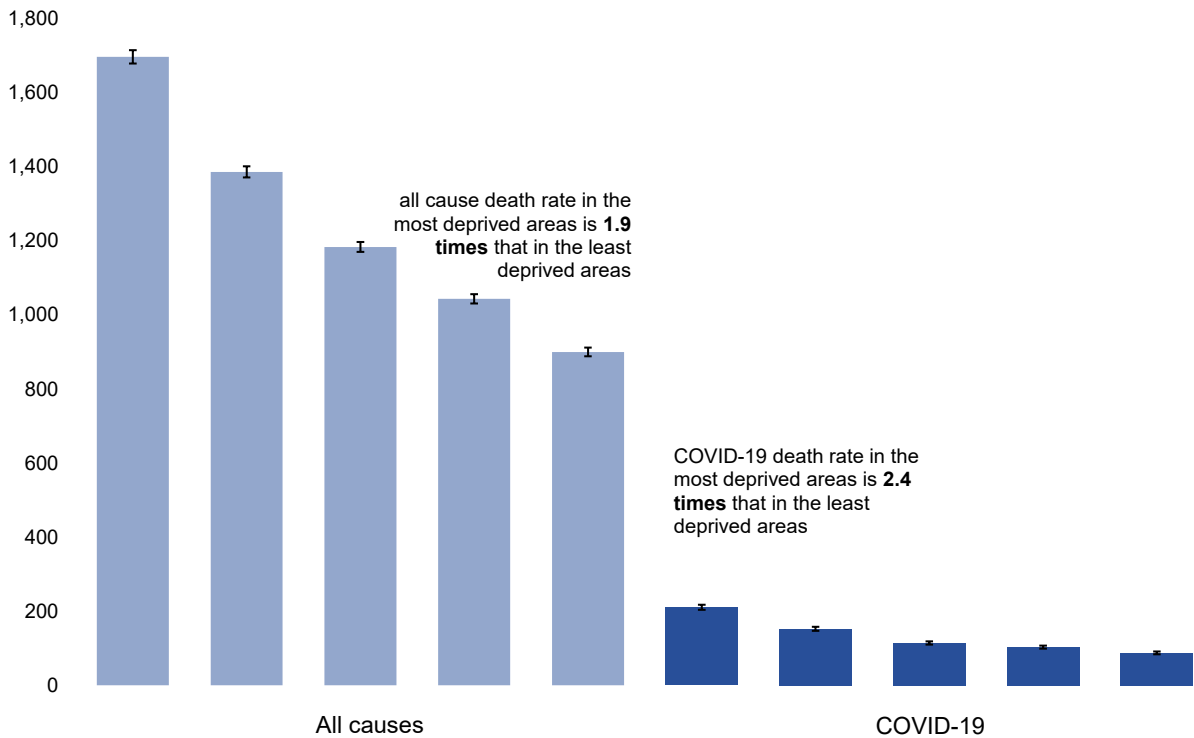
Age-standardised death rates from all causes are generally higher in the most deprived areas than in the least deprived areas. The rate in the most deprived quintile was 1.9 times the rate in the least deprived quintile between March 2020 and March 2022.

The deprivation gap is greater when looking at deaths involving COVID-19. The rate in the most deprived quintile (211 per 100,000 population) was 2.4 times the rate in the least deprived quintile (88 per 100,000 population).

The size of this gap has widened across the period of the pandemic.

Deprivation quintiles are based on the Scottish Index of Multiple Deprivation (SIMD). This is an area based measure of deprivation. Quintiles are allocated according to the deceased's usual place of residence.

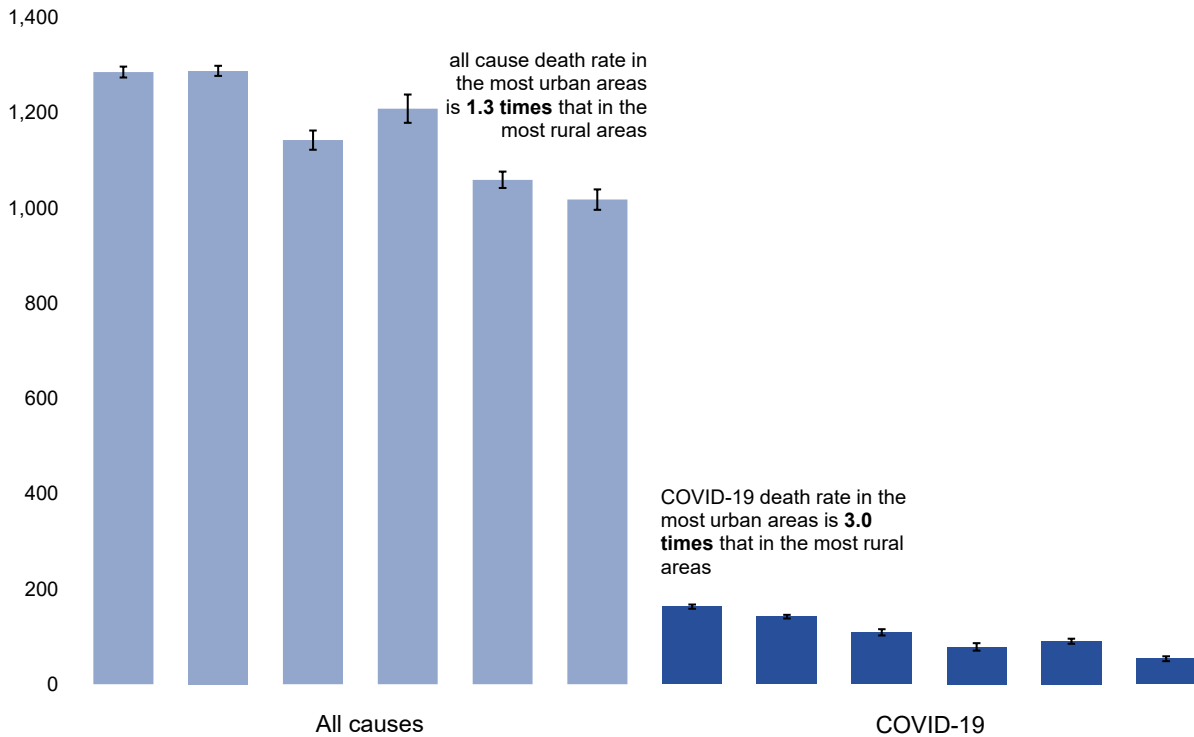
Figure 7: Age-standardised death rates by SIMD quintile between 1st March 2020 and 31st March 2022



Mortality by urban rural classification

The age-standardised rate for deaths involving COVID-19 in large urban areas (163 deaths per 100,000 population) was 3 times the rate in remote rural locations (54 per 100,000 population). The gap was substantially smaller when considering the rate of deaths from all causes (the rate in large urban areas was 1.3 times that in remote rural areas).

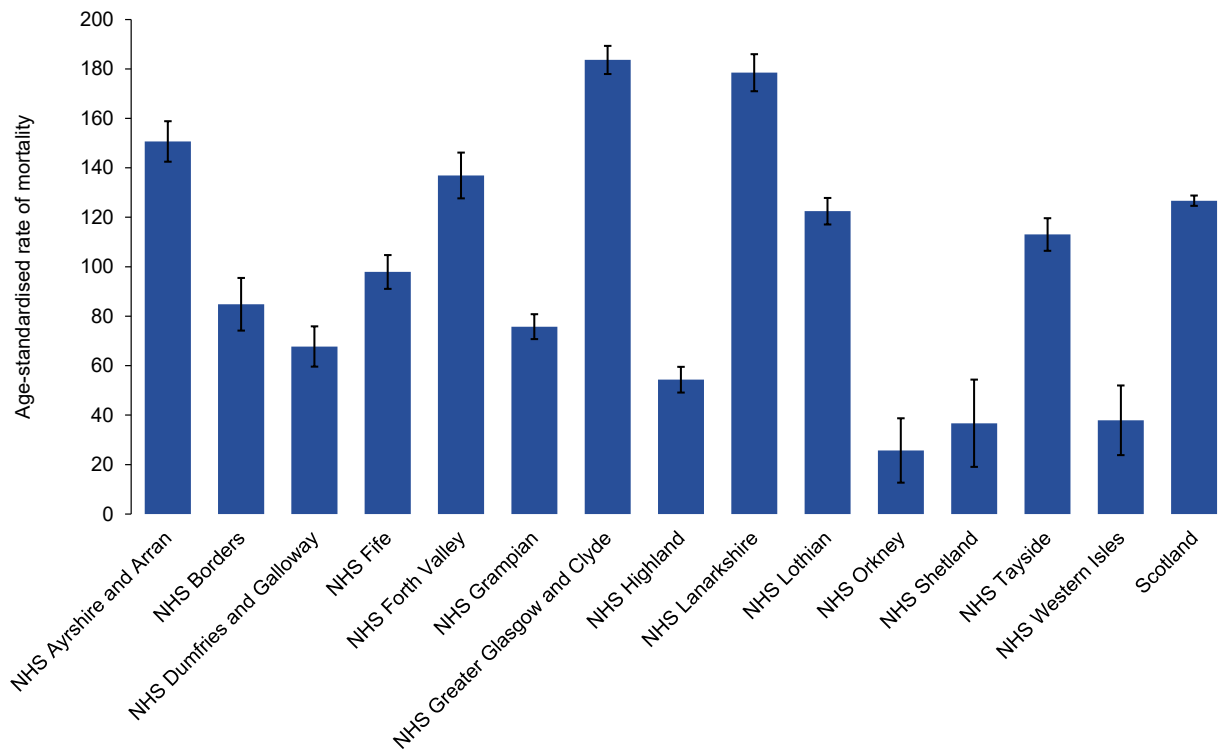
Figure 8: Age-standardised death rates by urban rural classification between 1st March 2020 and 31st March 2022



Age-standardised death rates by health board and council area

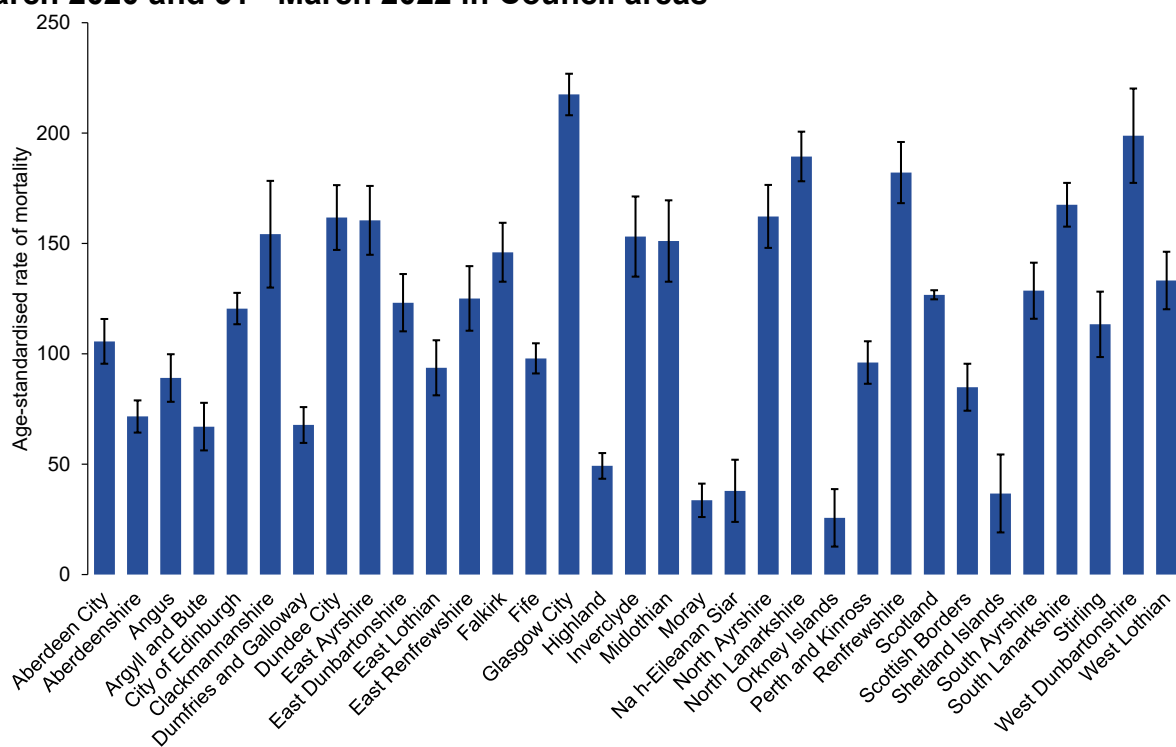
Figure 9 shows that Greater Glasgow and Clyde had the highest rate of all health boards (184 per 100,000 population), followed by Lanarkshire (178) and Ayrshire and Arran (151).

Figure 9: age standardised rates for deaths involving COVID-19 between 1st March 2020 and 31st March 2022 in NHS health board areas



Glasgow City had the highest age-standardised death rate of all council areas (217 per 100,000 population), followed by West Dunbartonshire (199), North Lanarkshire (189) and Renfrewshire (182) . Orkney Islands (26 per 100,000 population), Moray (34), Na H-Eileanan Siar (38), and Shetland (37) had the lowest rates (Figure 10).

Figure 10: Age-standardised rates for deaths involving COVID-19 between 1st March 2020 and 31st March 2022 in Council areas



COVID-19 deaths by occupation

Analysis by major occupation group (of deaths involving COVID-19 of people aged 20-64 years old) showed that the highest rate of death occurred among process, plant and machine operatives (198 deaths and an age-standardised death rate of 56 per 100,000 population) followed by elementary occupations (172 deaths, 36 per 100,000 population). For context, there were 1,114 COVID-19 deaths in this age group across all occupations, with a death rate of 24 per 100,000 population. People in professional occupations had the lowest death rate (81 deaths, 8 per 100,000 population). ([Table M7](#))

Compared to the average COVID-19 death rate for all occupations, health care workers had a lower death rate (13 per 100,000 population) whilst social care workers had a higher rate (33 per 100,000 population).

It is important to note that these are the occupations as stated on the death certificate. It does not mean that the individuals contracted the virus while at work, merely that this was their occupation at the time of their death.

COVID-19 deaths at a small area level

A breakdown of deaths involving COVID by intermediate zone is available in table M8. Intermediate zones are a statistical geography that sit between datazones and local authorities. There are 1,279 intermediate zones covering the whole of Scotland and their populations ranges between 2,500 and 6,000.

Deaths involving COVID-19 by ICD-10 code

[Table M9](#) shows all deaths with ICD-10 codes related to COVID-19 following the release of additional ICD-10 codes by the World Health Organisation (WHO).

In the period from March 2020 to March 2022, there were 17 deaths where post COVID-19 conditions (including long COVID) were mentioned on the death certificate.

Between December 2020 and the end of March 2022 [statistics from Public Health Scotland](#) state that 4.4 million people had been given at least one COVID-19 vaccine dose. Over this period there have been 9 deaths where the underlying cause of death was reported as being due to adverse effects of COVID-19 vaccines. There were two additional deaths where adverse effects of COVID-19 vaccination was mentioned on the death certificate but was not the underlying cause. There is no increase in these types of death in the last month.

Why are the NRS number of deaths different from the Scottish Government daily updates?

Put simply - they are two different measures that each have a valuable role in helping to monitor the number of deaths in Scotland involving COVID-19.

Scottish Government daily updates

These are provided by Health Protection Scotland (HPS) and count:

- all people who have had a positive test for COVID-19 and died within 28 days of their first positive test.

These are important because they are available earlier, and give a quicker indication of what is happening day by day and are broadly comparable with the figures released daily for the UK by the Department for Health and Social Care.

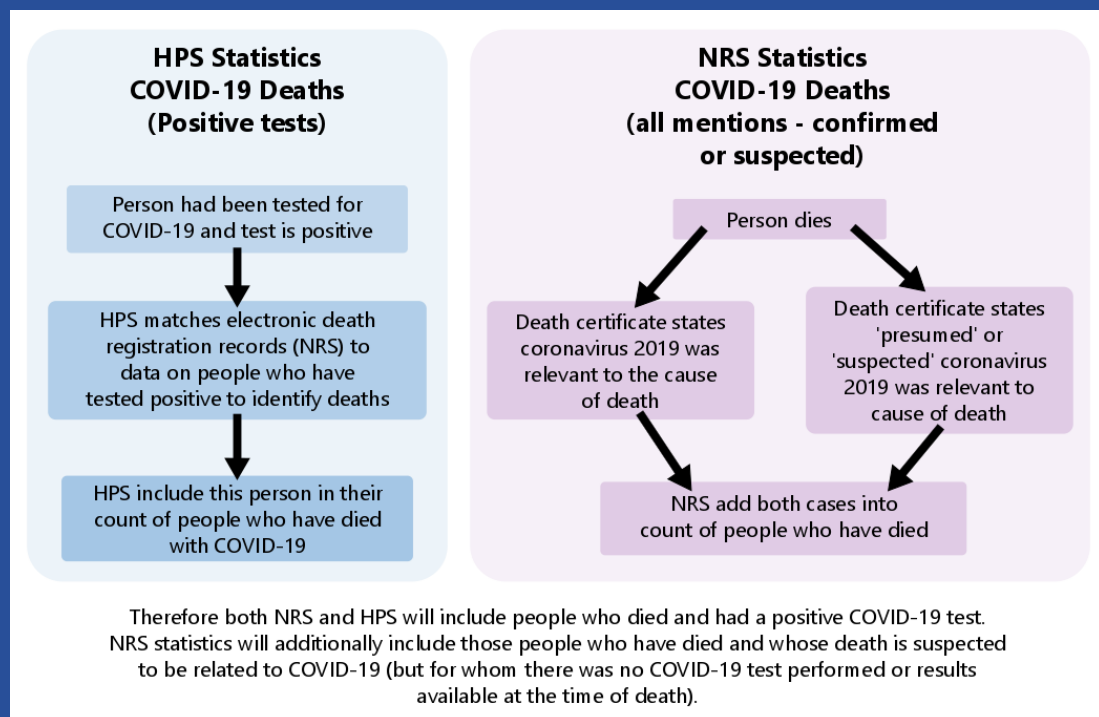
NRS weekly death totals

The figures in this publication count:

- all deaths where COVID-19 was mentioned on the death certificate by the doctor who certified the death. This includes cases where the doctor noted that there was suspected or probable coronavirus infection involved in the death.

As a result these weekly totals are likely to be higher than the daily figures - because the daily updates only include those who tested positive for the virus.

Using the complete death certificate allows NRS to analyse a lot of information, such as location of death and what other health conditions contributed to the death.



How do NRS compile these statistics?

- Weekly figures are based on the date of registration. In Scotland deaths must be registered within 8 days but in practice, the average time between death and registration is around 3 days.
- Figures are allocated to weeks based on the ISO8601 standard. Weeks begin on a Monday and end on a Sunday. Often weeks at the beginning and end of a year will overlap the preceding and following years (e.g. week 1 of 2020 began on Monday 30 December 2019) so the weekly figures may not sum to any annual totals which are subsequently produced.
- Deaths involving COVID-19 are defined as those where COVID-19 is mentioned on the death certificate, either as the underlying cause of death or as a contributory cause. Cause of death is coded according to the International Statistical Classification of Diseases and Related Health Conditions 10th Revision (ICD-10). The relevant codes included in this publication are U07.1, U07.2, U09.9 and U10.9.
- Figures include deaths where ‘suspected’ or ‘probable’ COVID-19 appears on the death certificate.
- From the week beginning 22 March 2021, new ICD-10 codes issued by the World Health Organisation (WHO) were also used to code deaths involving COVID-19. U09.9 is used for ‘post-COVID’ conditions, when death occurred after acute or ongoing COVID-19. U10.9 is used in the rare cases where ‘Kawasaki-like’ syndrome is caused by COVID-19. Data back to March 2020 has been recoded to ensure consistency of the time series.
- Data are provisional and subject to change in future weekly publications. 2021 data will be finalised in summer 2022. Reasons why the data might be revised later include late registration data being received once the week’s figure have been produced or more information being provided by a certifying doctor or The Crown Office and Procurator Fiscal Service (COPFS) on the cause of death.
- Certain user enquiries for ad-hoc analysis related to COVID-19 deaths have been published on our [website](#).
- The weekly publication includes breakdowns by sex, age, health board, local authority and location of death. It also includes an analysis of excess deaths by location and broad cause of death. We also publish a comprehensive and detailed analysis of mortality on a monthly basis (this publication).
- NRS mortality data (COVID-19 and excess deaths) continue to be made available on a weekly basis through the [Scottish Government’s COVID-19 dashboard](#)

Index of available analysis on registered deaths involving COVID-19

Breakdown	Frequency	When Added	Latest Period Covered	Date Last updated
Age group	Weekly	8 th April 2020	Week 14	14 th April 2022
Sex	Weekly	8 th April 2020	Week 14	14 th April 2022
Location	Weekly	15 th April 2020	Week 14	14 th April 2022
Health Board	Weekly	8 th April 2020	Week 14	14 th April 2022
Local Authority	Weekly	22 nd April 2020	Week 14	14 th April 2022
Excess deaths by cause	Weekly	22 nd April 2020	Week 14	14 th April 2022
Excess deaths by cause and location	Weekly	17 th June 2020	Week 14	14 th April 2022
Age-standardised mortality rates – Scotland	Monthly	13 th May 2020	March 2022	14 th April 2022
Age-standardised mortality rates – sub-Scotland	Monthly	17 th June 2020	March 2020 – March 2022	14 th April 2022
Leading causes of death	Monthly	13 th May 2020	March 2022	14 th April 2022
Pre-existing conditions	Monthly	13 th May 2020	March 2022	14 th April 2022
Deprivation	Monthly	13 th May 2020	March 2020 – March 2022	14 th April 2022
Urban Rural	Monthly	13 th May 2020	March 2020 – March 2022	14 th April 2022
Daily occurrences by location of death	Monthly	13 th May 2020	March 2022	14 th April 2022
Occupation	Monthly	17 th June 2020	March 2020 – March 2022	14 th April 2022
Intermediate Zone	Monthly	17 th June 2020	March 2020 – March 2022	14 th April 2022
Deaths by ICD-10 codes	Monthly	16 th June 2021	March 2020 – March 2022	14 th April 2022
Ethnic Group	Occasional	8 th July 2020	March 2020 – September 2021	17 th November 2021
Disability	One-off	24 th March 2021	March 2020 – Jan 2021	24 th March 2021

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Recording the present – At our network of local offices, we register births, marriages, civil partnerships, deaths, divorces and adoptions in Scotland.

Informing the future – We are responsible for the Census of Population in Scotland which we use, with other sources of information, to produce statistics on the population and households.

You can get other detailed statistics that we have produced from the Statistics section of our website. Scottish Census statistics are available on the Scotland’s Census website.

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Enquiries and suggestions

Please get in touch if you need any further information, or have any suggestions for improvement.

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