

Deaths involving coronavirus (COVID-19) in Scotland



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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 2 of 2023 and additional monthly analysis on deaths occurring up to 31 December 2022.

Key Findings

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

- As at the 15th of January 2022, there have been a total of 16,568 deaths registered in Scotland where the novel coronavirus (COVID-19) was mentioned on the death certificate. In the latest week there were 101 deaths, 17 more than the previous week.
- Of deaths involving COVID-19 in the latest week:
 - 58 were female, 43 were male.
 - 82 were aged 75 or older, 14 were aged 65 to 74 and 5 were under 65.
 - There were 10 deaths in Fife, 9 in Glasgow City and 8 in each of North Lanarkshire and South Lanarkshire. In total 28 council areas (out of 32) had at least one death involving COVID-19 last week.
 - 76 were in hospitals, 19 were in care homes, and 6 at home or a non-institutional setting.

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

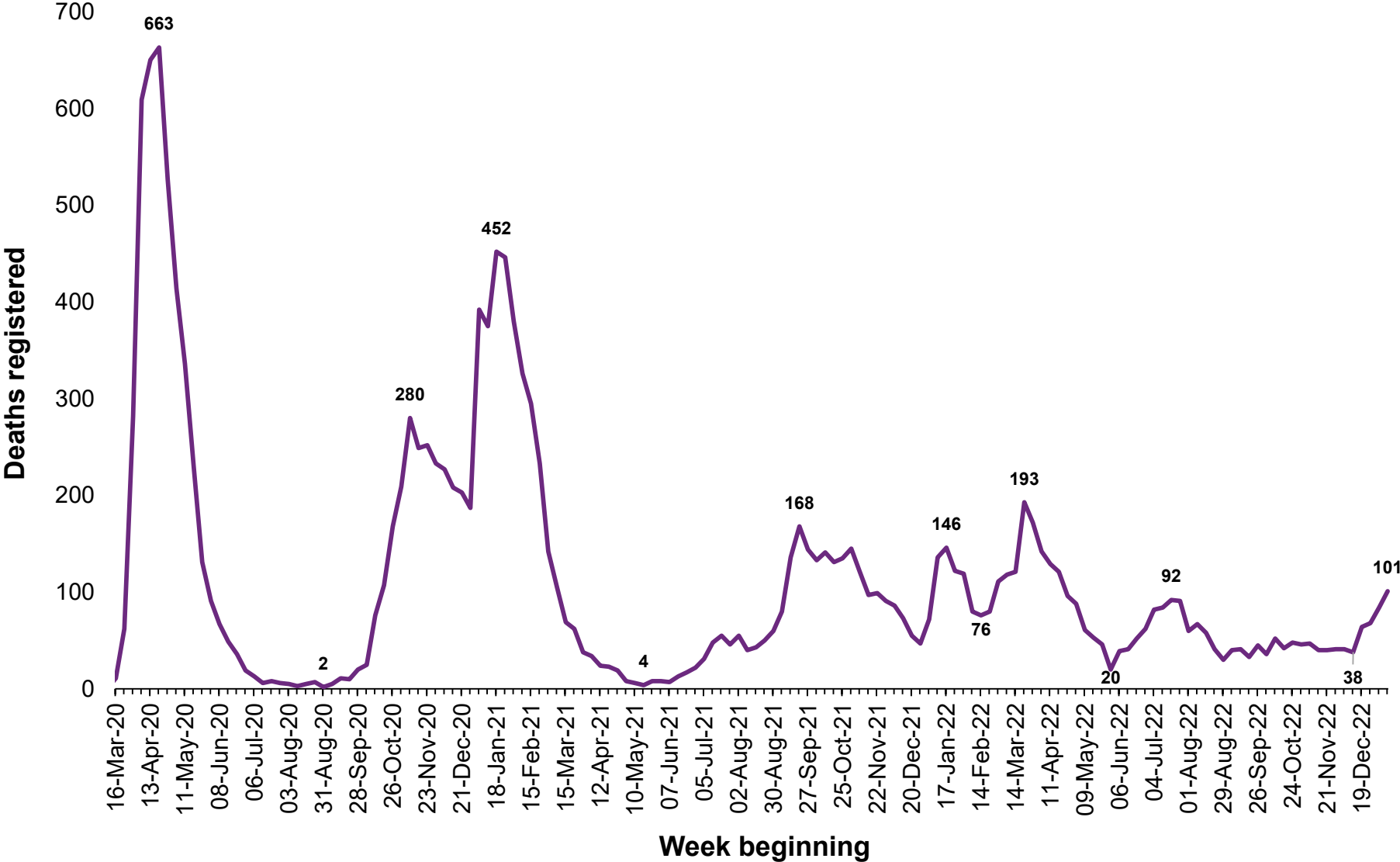
- The total number of deaths registered in Scotland in week 2 of 2023 was 2,020. This was 450 deaths more than the five year average for week 2 (29% above average).
- In week 2 there were 162 excess deaths at home or in non-institutional settings (36% above average), 162 excess deaths in hospitals (21% above average), and 123 excess deaths in care homes (35% above average) compared to the five-year average.
- There were 450 more deaths across all locations for the latest week. Respiratory deaths were 176 above average, cancer deaths were 88 above average, circulatory deaths were 51 above average and dementia and Alzheimer's deaths were 50 above average. There were 97 excess deaths from other causes. The number of deaths where COVID-19 was the underlying cause was 74.
- Deaths involving influenza have risen in recent weeks. There were 121 deaths where influenza was mentioned on the death certificate in week 2, up from 91 in the previous week. This is the highest weekly number of flu deaths registered in over twenty years.

Monthly mortality analysis, deaths occurring up to 30th December 2022 ([go to section](#))

- The age standardised death rate for deaths involving COVID-19 rose in December 2022 (59 per 100,000) compared to November 2022 (40 per 100,000). The difference between the last two months was not 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 slowly widened over the period of the pandemic but has narrowed since January when the gap was 2.5.
- Of the 16,455 deaths involving COVID-19 between March 2020 and December 2022, 93% (15,383) had at least one pre-existing condition. Just over one fifth 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 four further deaths where

an adverse effect was mentioned on the death certificate. There has been no change since last month's figures. The [latest available statistics](#) show that 4.56 million people in Scotland have received at least one vaccine dose.

Figure 1: Weekly deaths involving COVID-19 in Scotland, week 12 2020 to week 2 2023



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 generally fallen since mid-July.

This report includes all deaths which were registered by 15th January. 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 8th January as the majority of these are likely to have been registered by now.

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

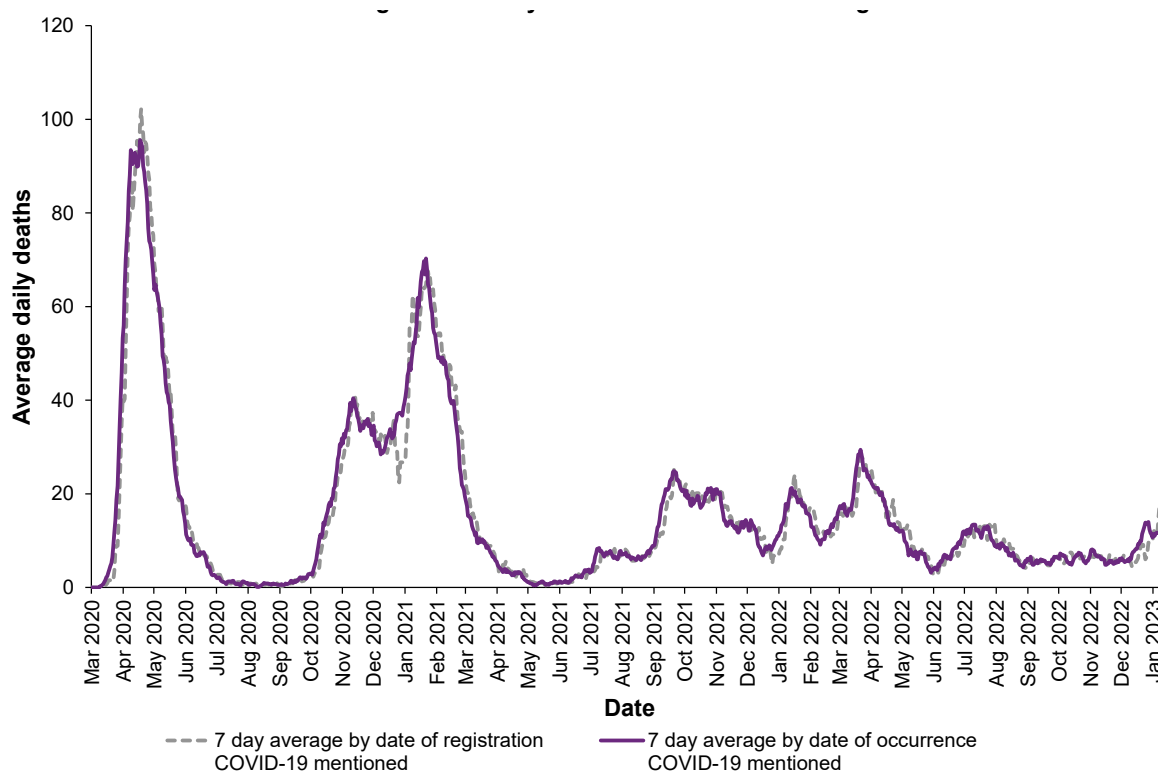
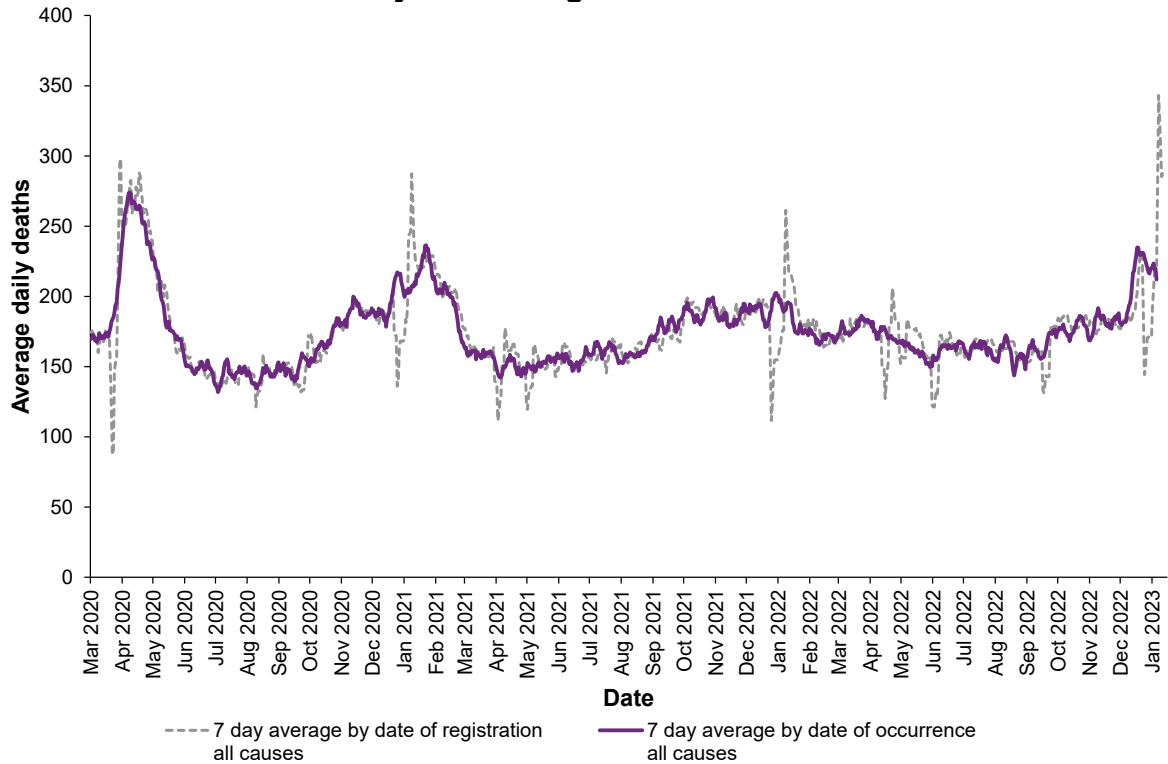


Figure 2b: All cause deaths by date of registration and date of death



The average number of deaths occurring per day rose in late December to 235 deaths, before falling slightly in early January. The last time daily deaths were at this level was in January 2021 when COVID deaths accounted for 30% of all deaths. During the recent peak in deaths, COVID deaths only accounted for 6% of all deaths. .

Monthly mortality analysis (deaths occurring up to 31 December 2022)

This section provides an in-depth analysis of deaths which **occurred** in Scotland between March 2020 and December 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 December 2022 the mortality rate was 108 deaths per 100,000 population. Rates for males were significantly higher than for females (133 compared with 89 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).

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

The proportion of deaths involving COVID-19 where it was the underlying cause has fallen over the course of the pandemic. It was 96% at the height of the first wave in April 2020, and 63% in the most recent month (December 2022). Over the whole pandemic (March 2020 to December 2022), 80% of deaths involving COVID-19 had COVID-19 as the underlying cause.

The age standardised death rate for deaths involving COVID-19 rose in December 2022 (59 per 100,000) compared to November 2022 (40 per 100,000). The difference between the last two months was not statistically significant. Throughout the pandemic, the highest rate was 585 deaths per 100,000 people in April 2020.

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

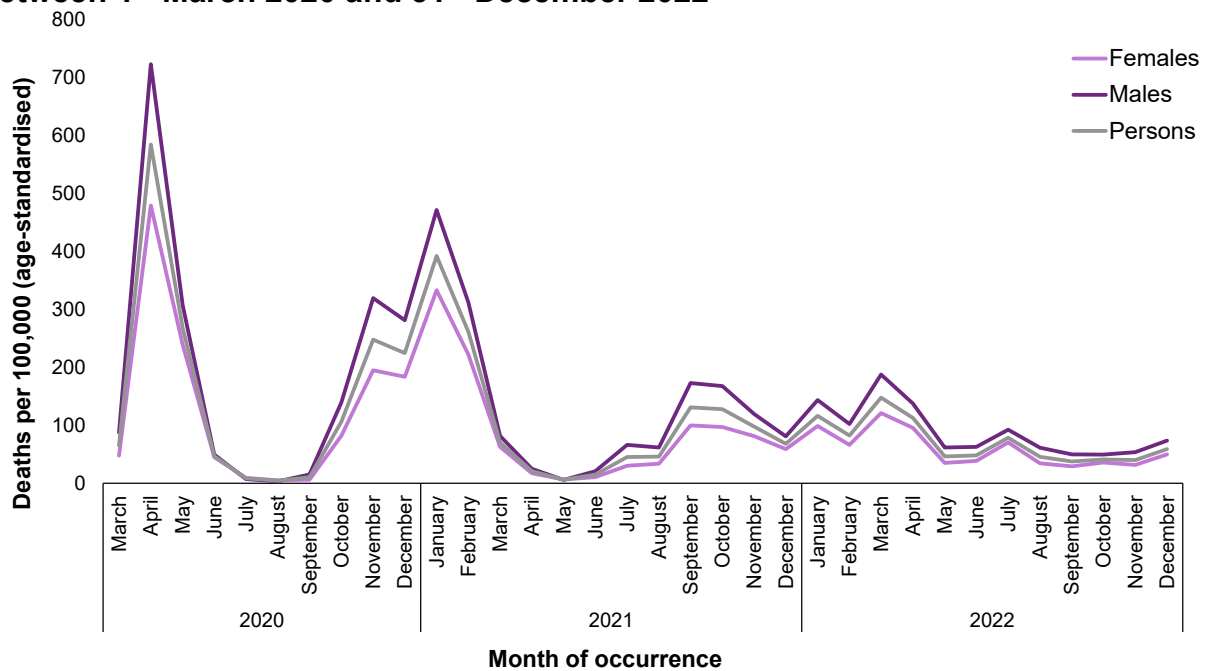
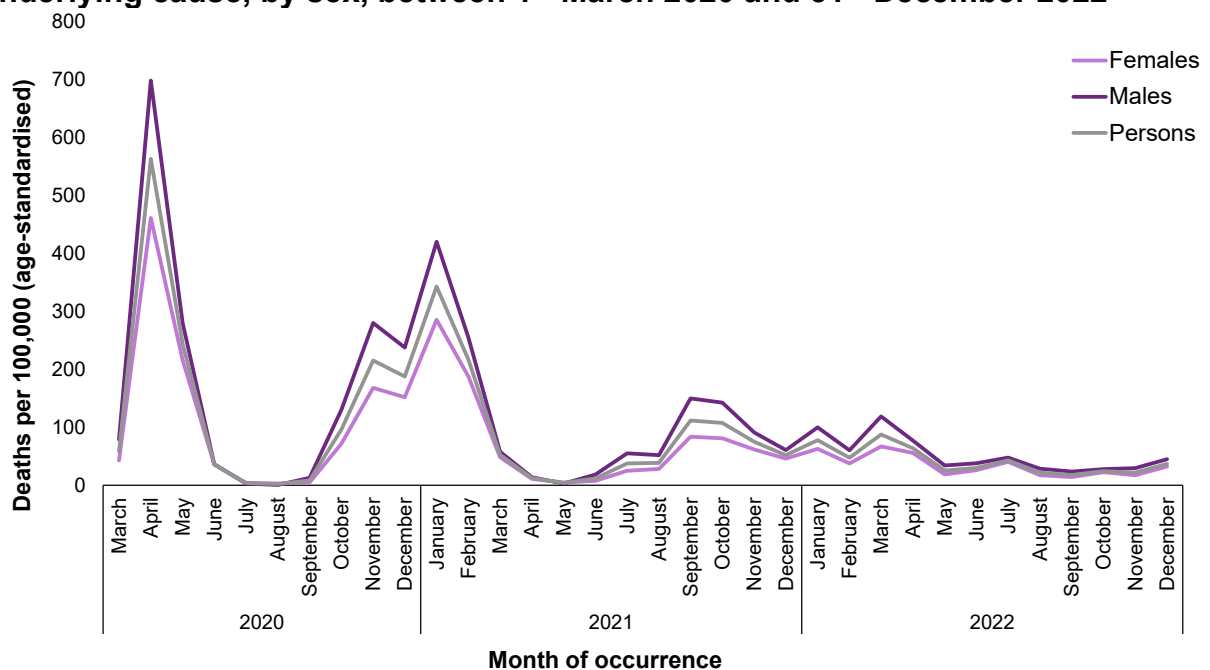


Figure 3b: Age standardised rates for deaths where COVID-19 was the underlying cause, by sex, between 1st March 2020 and 31st December 2022



The age-standardised mortality rate from all causes was 1,182 per 100,000 population in the period from 1st March 2020 to 31st December 2022.

Leading causes of death

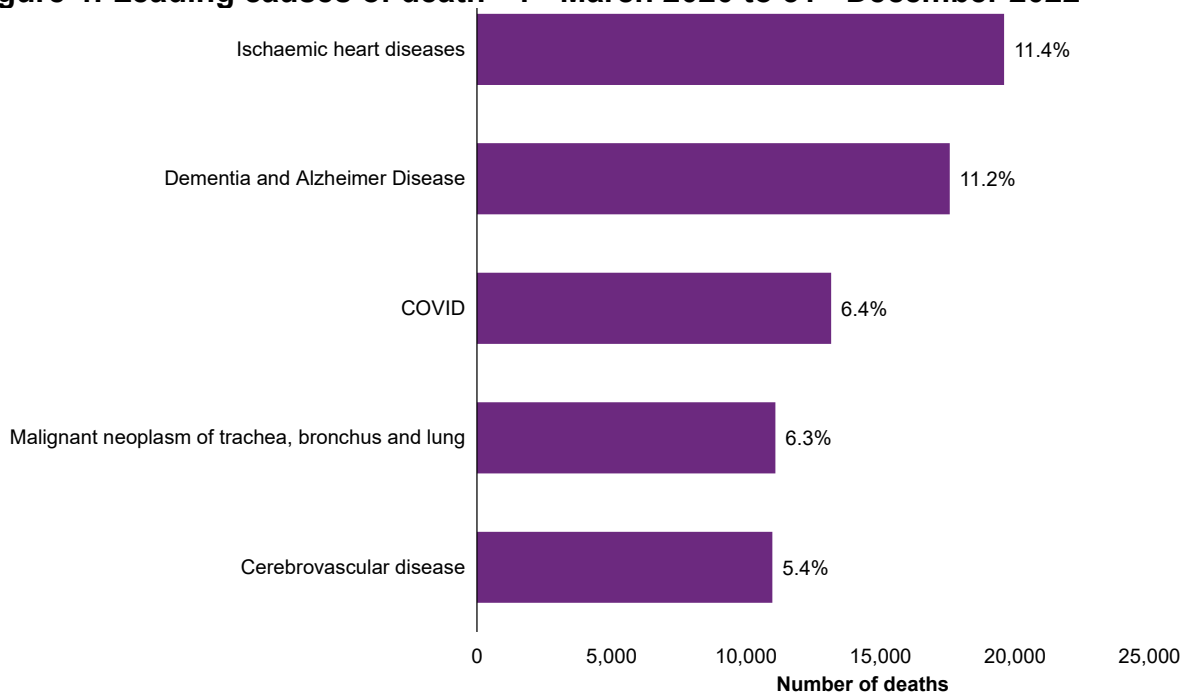
Over the period between 1st March 2020 and 31st December 2022, the leading cause of death was ischaemic heart disease (19,594 deaths, 11% of all deaths) followed by dementia and Alzheimer’s disease (17,569, 10%) and COVID-19 (13,161 deaths, 7% of all deaths).

The most common cause of death in December 2022 was ischaemic heart diseases, which accounted for 11% of all deaths last month.

COVID-19 has not been in the top-5 leading causes since April 2022.

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.

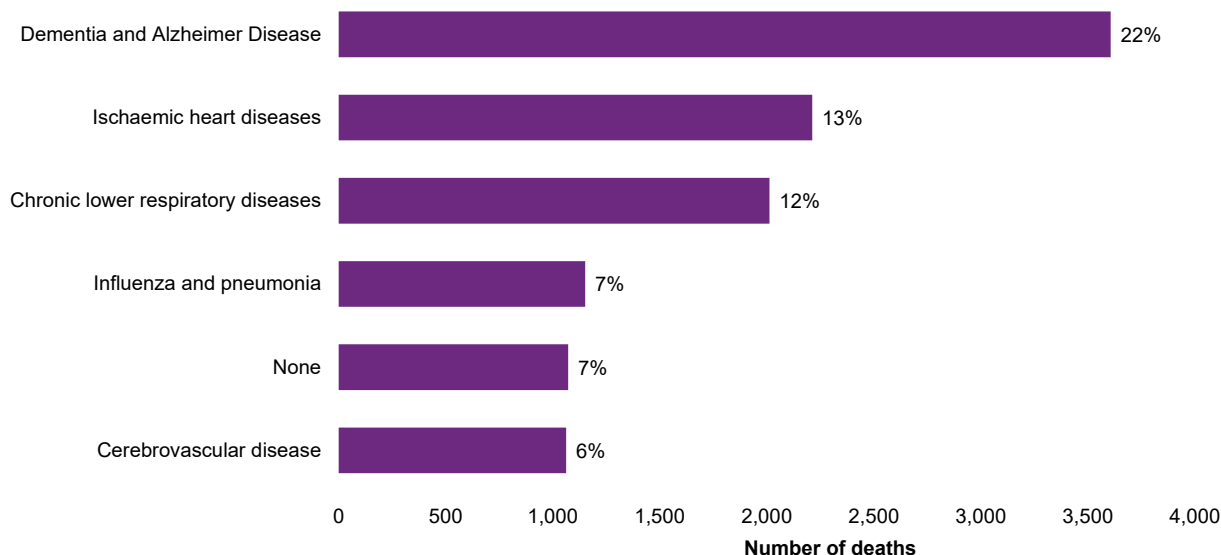
Figure 4: Leading causes of death - 1st March 2020 to 31st December 2022



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

Of the 16,455 deaths involving COVID-19 between March 2020 and December 2022, 93% (15,383) had at least one pre-existing condition.

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



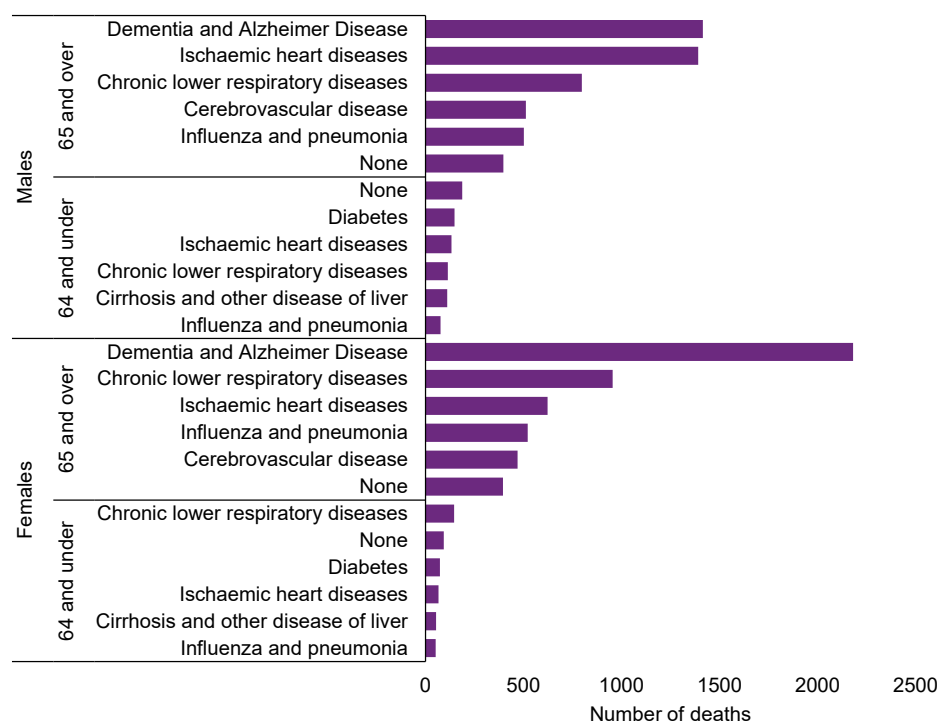
The most common main pre-existing condition among those who died with COVID-19 was dementia and Alzheimer's disease (22%), followed by ischaemic heart disease (13%), chronic lower respiratory diseases (12%), influenza and pneumonia (7%) and cerebrovascular disease (6%).

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 (31% of all female COVID-19 deaths and 19% 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 (18) and for males under 65 it was diabetes (12%).

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



Mortality by deprivation

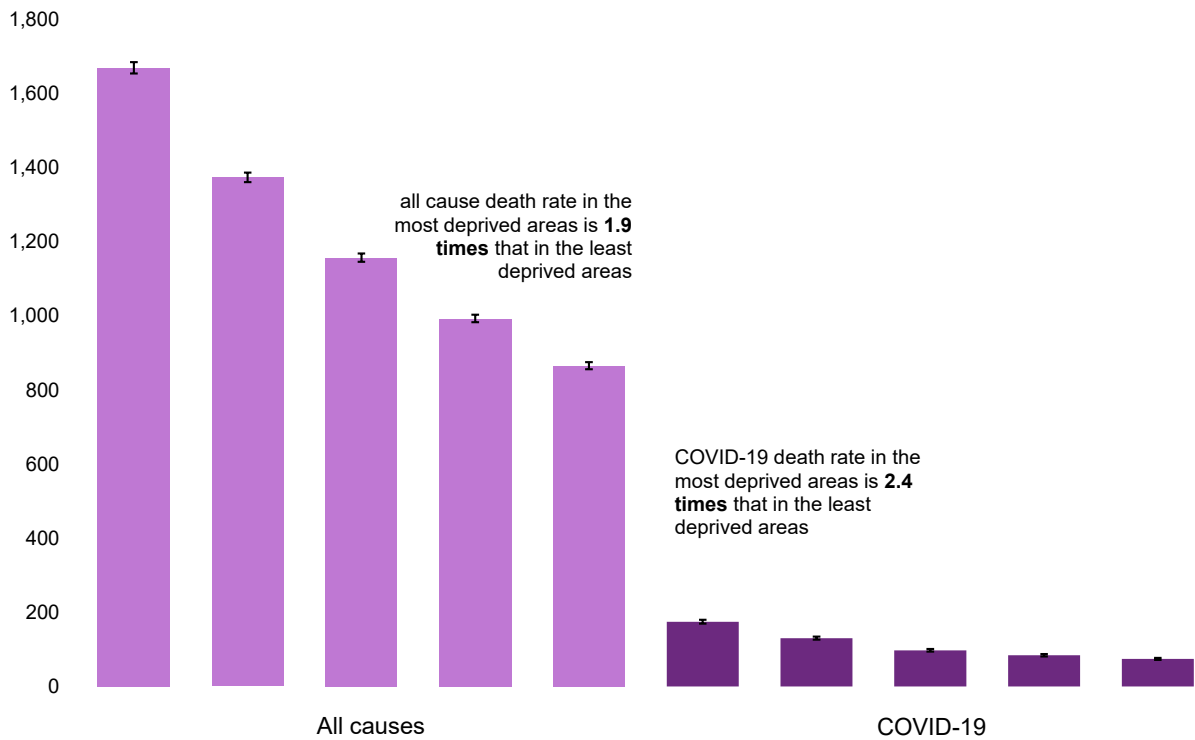
Age-standardised death rates from all causes are generally higher in the most deprived areas than in the least deprived areas. The rate in the most deprived quintile was 1.9 times the rate in the least deprived quintile between March 2020 and December 2022.

The deprivation gap is greater when looking at deaths involving COVID-19. The rate in the most deprived quintile (175 per 100,000 population) was 2.4 times the rate in the least deprived quintile (74 per 100,000 population).

The size of this gap generally widened across the period of the pandemic but has narrowed since January 2022 when the gap was 2.5.

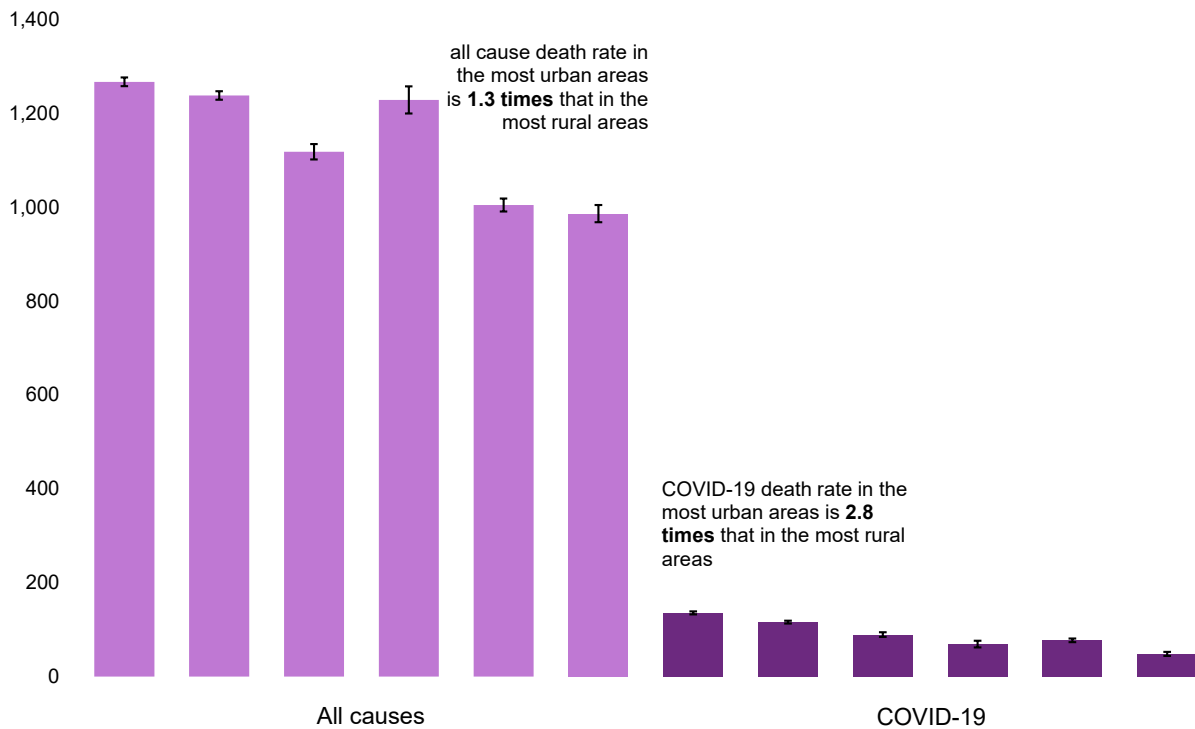
Deprivation quintiles are based on the Scottish Index of Multiple Deprivation (SIMD). This is an area based measure of deprivation. Quintiles are allocated according to the deceased's usual place of residence.

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



Mortality by urban rural classification

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

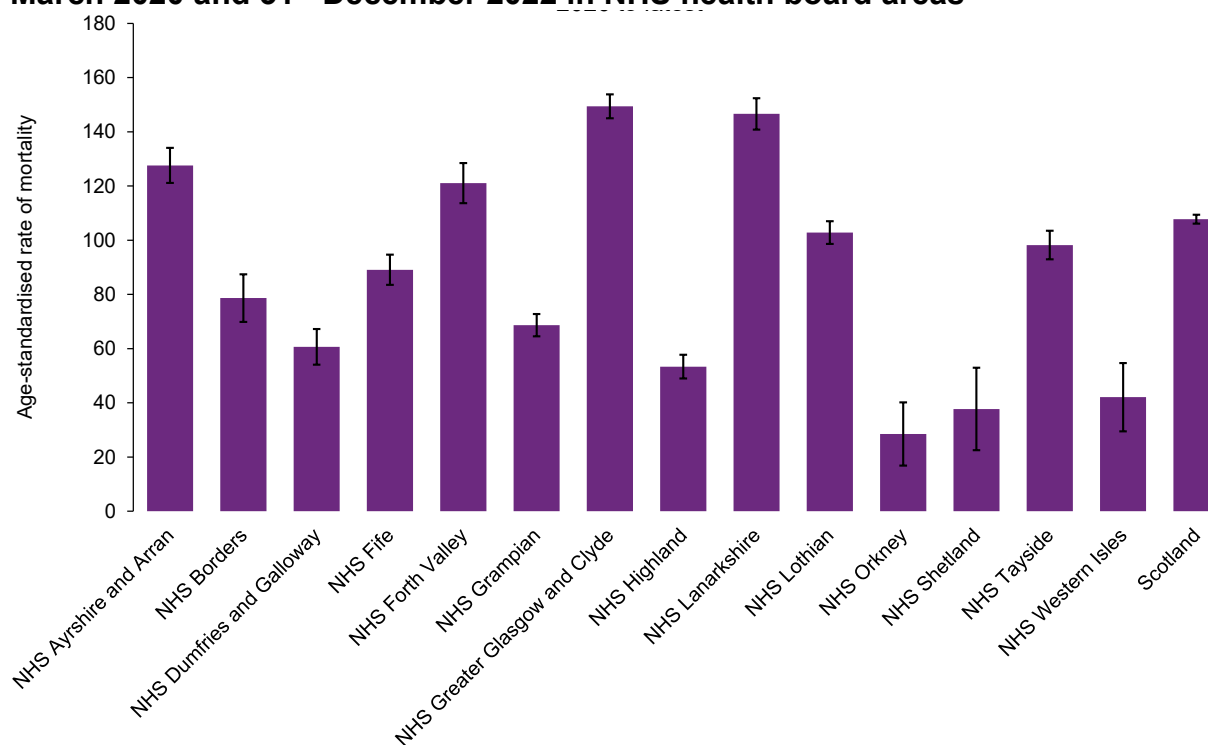


The age-standardised rate for deaths involving COVID-19 in large urban areas (135 deaths per 100,000 population) was 2.8 times the rate in remote rural locations (48 per 100,000 population). The gap was substantially smaller when considering the rate of deaths from all causes (the rate in large urban areas was 1.3 times that in remote rural areas).

Age-standardised death rates by health board and council area

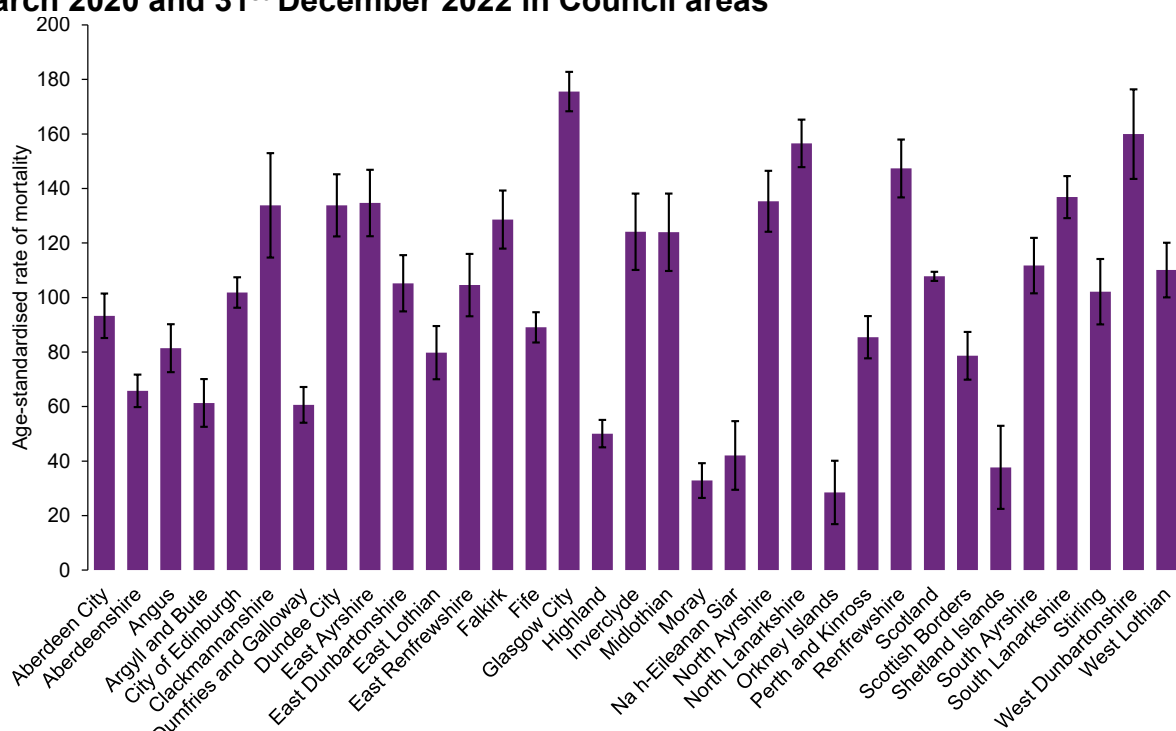
Figure 9 shows that Greater Glasgow and Clyde had the highest rate of all health boards (149 per 100,000 population), followed by Lanarkshire (147) and Ayrshire and Arran (128).

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



Glasgow City had the highest age-standardised death rate of all council areas (176 per 100,000 population), followed by West Dunbartonshire (160), North Lanarkshire (157) and Renfrewshire (147). Orkney Islands (29 per 100,000 population), Moray (33), Shetland (38), and Na h-Eileanan Siar (42) had the lowest rates (Figure 10).

Figure 10: Age-standardised rates for deaths involving COVID-19 between 1st March 2020 and 31st December 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 (209 deaths and an age-standardised death rate of 46 per 100,000 population) followed by skilled trades occupations (215 deaths, 34 per 100,000 population). For context, there were 1,231 COVID-19 deaths in this age group across all occupations, with a death rate of 20 per 100,000 population. People in professional occupations had the lowest death rate (89 deaths, 6 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 (9 per 100,000 population) whilst social care workers had a higher rate (26 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.

The population by occupation denominator for these rates was updated to the 2020 calendar year for the October 2022 statistics. Previously, 2019 populations were used for this work. There may be some minor revisions to previous statistics as a result.

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 data zones and local authorities. There are 1,279 intermediate zones covering the whole of Scotland and their populations range 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 December 2022, there were 50 deaths where post COVID-19 conditions (including long COVID) were mentioned on the death certificate.

The [latest available statistics](#) show that 4.56 million people have had 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, with none occurring in the last month. In addition, there have been four deaths (none last month) where adverse effects of COVID-19 vaccination was mentioned on the death certificate but not as the underlying cause.

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 for 2022 are provisional and subject to change in future weekly publications. 2022 data will be finalised in summer 2023. 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).

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 2	19 th January 2023
Sex	Weekly	8 th April 2020	Week 2	19 th January 2023
Location	Weekly	15 th April 2020	Week 2	19 th January 2023
Health Board	Weekly	8 th April 2020	Week 2	19 th January 2023
Local Authority	Weekly	22 nd April 2020	Week 2	19 th January 2023
Excess deaths by cause	Weekly	22 nd April 2020	Week 2	19 th January 2023
Excess deaths by cause and location	Weekly	17 th June 2020	Week 2	19 th January 2023
Age-standardised mortality rates – Scotland	Monthly	13 th May 2020	December 2022	19 th January 2023
Age-standardised mortality rates – sub-Scotland	Monthly	17 th June 2020	March 2020 – December 2022	19 th January 2023
Leading causes of death	Monthly	13 th May 2020	December 2022	19 th January 2023
Pre-existing conditions	Monthly	13 th May 2020	December 2022	19 th January 2023
Deprivation	Monthly	13 th May 2020	March 2020 – December 2022	19 th January 2023
Urban Rural	Monthly	13 th May 2020	March 2020 – December 2022	19 th January 2023
Daily occurrences by location of death	Monthly	13 th May 2020	December 2022	19 th January 2023
Occupation	Monthly	17 th June 2020	March 2020 – December 2022	19 th January 2023
Intermediate Zone	Monthly	17 th June 2020	March 2020 – December 2022	19 th January 2023
Deaths by ICD-10 codes	Monthly	16 th June 2021	March 2020 – December 2022	19 th January 2023
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.

We also provide information about future publications on our website. If you would like us to tell you about future statistical publications, you can register your interest on the Scottish Government ScotStat 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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