

# Deaths involving coronavirus (COVID-19) in Scotland

Week 50  
(7 to 13 December 2020)



Published on 16 December 2020

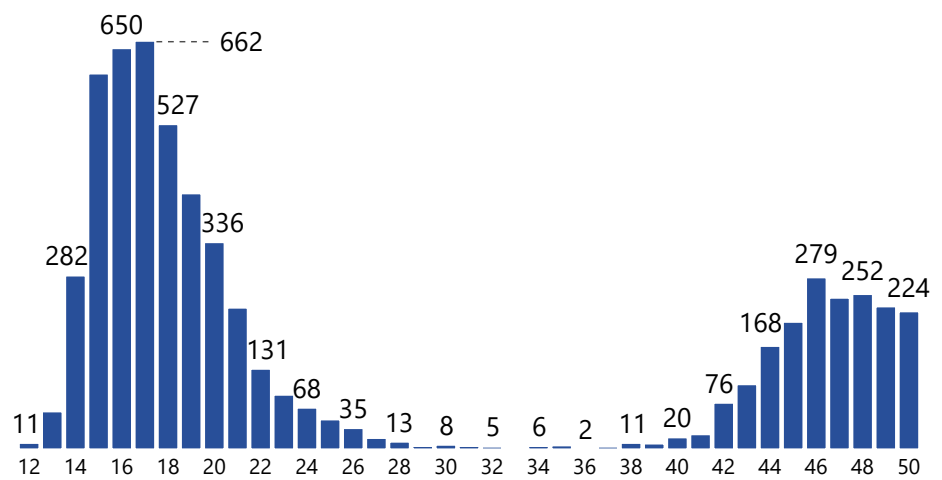
This statistical report includes provisional statistics on the number of deaths associated with coronavirus (COVID-19) and the total number of deaths registered in Scotland, for weeks 1 to 50 of 2020

# Deaths involving coronavirus (COVID-19) up to 13th December 2020 Summary

**As of 13th December 6,092 deaths had been registered which mentioned COVID-19**

The highest number of COVID-19 deaths were registered in week 17 (20th to 26th April). Deaths are now falling again after a rise between weeks 38 and 46 (14th September to 15th November).

Deaths per week involving Covid-19



## Most excess deaths have occurred among the older population

Between weeks 12 and 50 (16th March to 13th December) there were 2,521 (19%) more deaths in the 85+ age group than average.

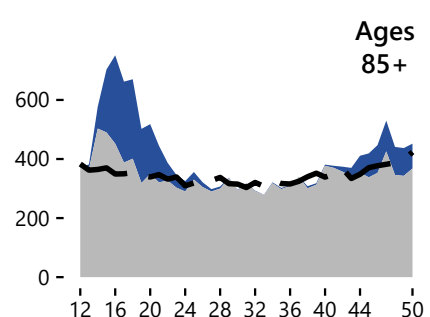
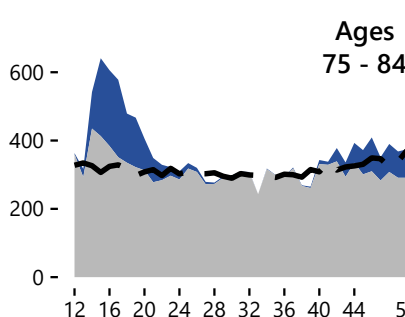
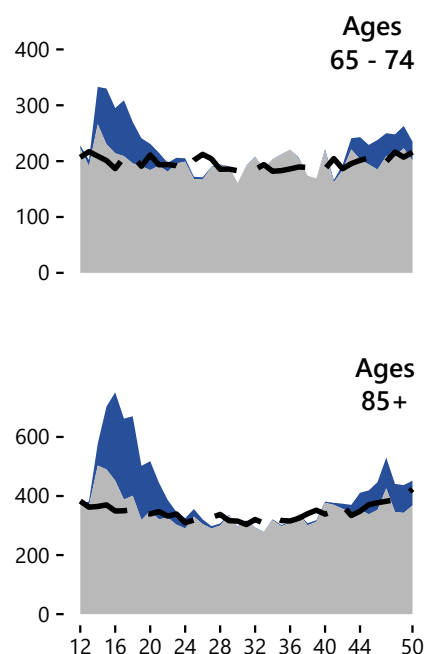
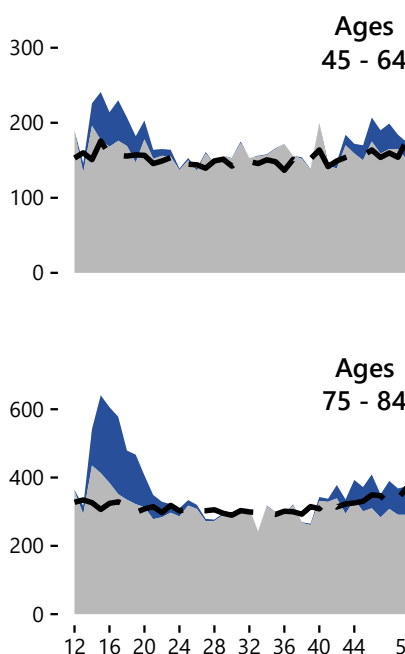
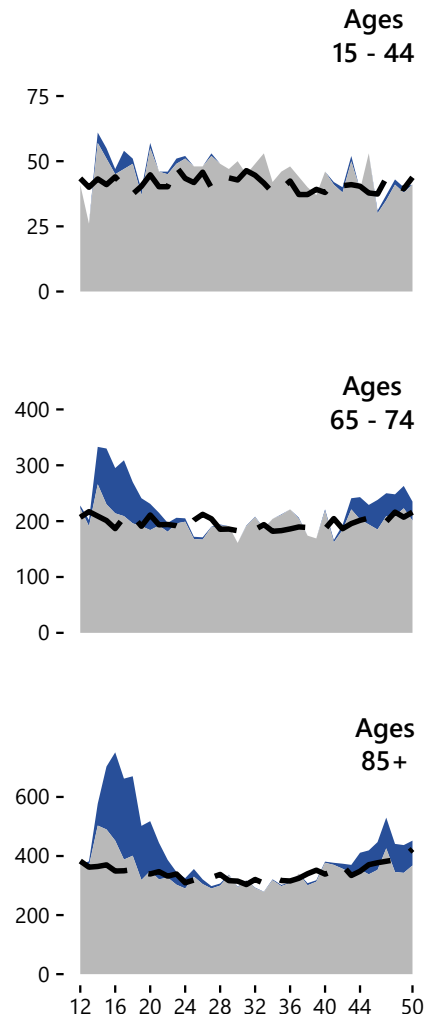
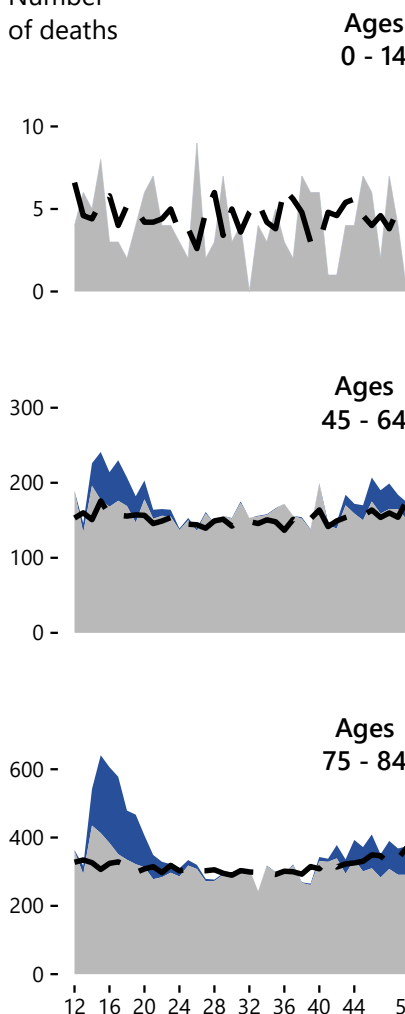
In the same period, there were 1,920 excess deaths in the 75-84 age group (16% above average), 961 excess deaths in the 65-74 age group (13% above average), 824 excess deaths in the 45-64 (14% above average), and 177 excess deaths in the 15-44 age group (11% above average).

Between the same weeks, there were 19 (-11%) fewer deaths than average for the 0-14 age group.

2020 deaths by age

■ Deaths involving COVID-19  
■ Other causes of death  
 - - - Average deaths per corresponding week over previous 5 years

Number of deaths



## Publication Plans over the Christmas Period

As there will be limited registration activity due to public holidays over the Christmas period, we have made some adjustments to our publication plans for the weekly report as follows:

Deaths registered in week 51 (14<sup>th</sup> to 20<sup>th</sup> December) – **Publish as usual on Wednesday 23<sup>rd</sup> December**

Deaths registered in week 52 (21<sup>st</sup> to 27<sup>th</sup> December) – **No publication on Wednesday 30<sup>th</sup> December**

Deaths registered in week 53 (28<sup>th</sup> December to 3<sup>rd</sup> January) – **Published on Thursday 7<sup>th</sup> January** (will also include figures for week 52)

## **Key Findings**

### COVID deaths

- As at the 13<sup>th</sup> of December, there have been a total of 6,092 deaths registered in Scotland where the novel coronavirus (COVID-19) was mentioned on the death certificate.
- Of the total number of deaths registered in week 50 (7 December to 13 December), there were 224 where COVID-19 was mentioned on the death certificate, a decrease of 8 from the previous week (30 November to 6 December).
- Of deaths involving COVID-19 in the latest week:
  - Three quarters (75%) were aged 75+, and 10% were aged under 65.
  - 51% were male (115 deaths) and 49% female (109 deaths).
  - There were 58 deaths in Greater Glasgow and Clyde Health Board area, 48 in Lanarkshire and 40 in Lothian.
  - At council level, the highest number of deaths occurred in South Lanarkshire (34), Glasgow City (29) and City of Edinburgh (19).
  - The majority (69%) occurred in hospitals (154 deaths), with 62 deaths in care homes and 8 at home or in non-institutional settings.

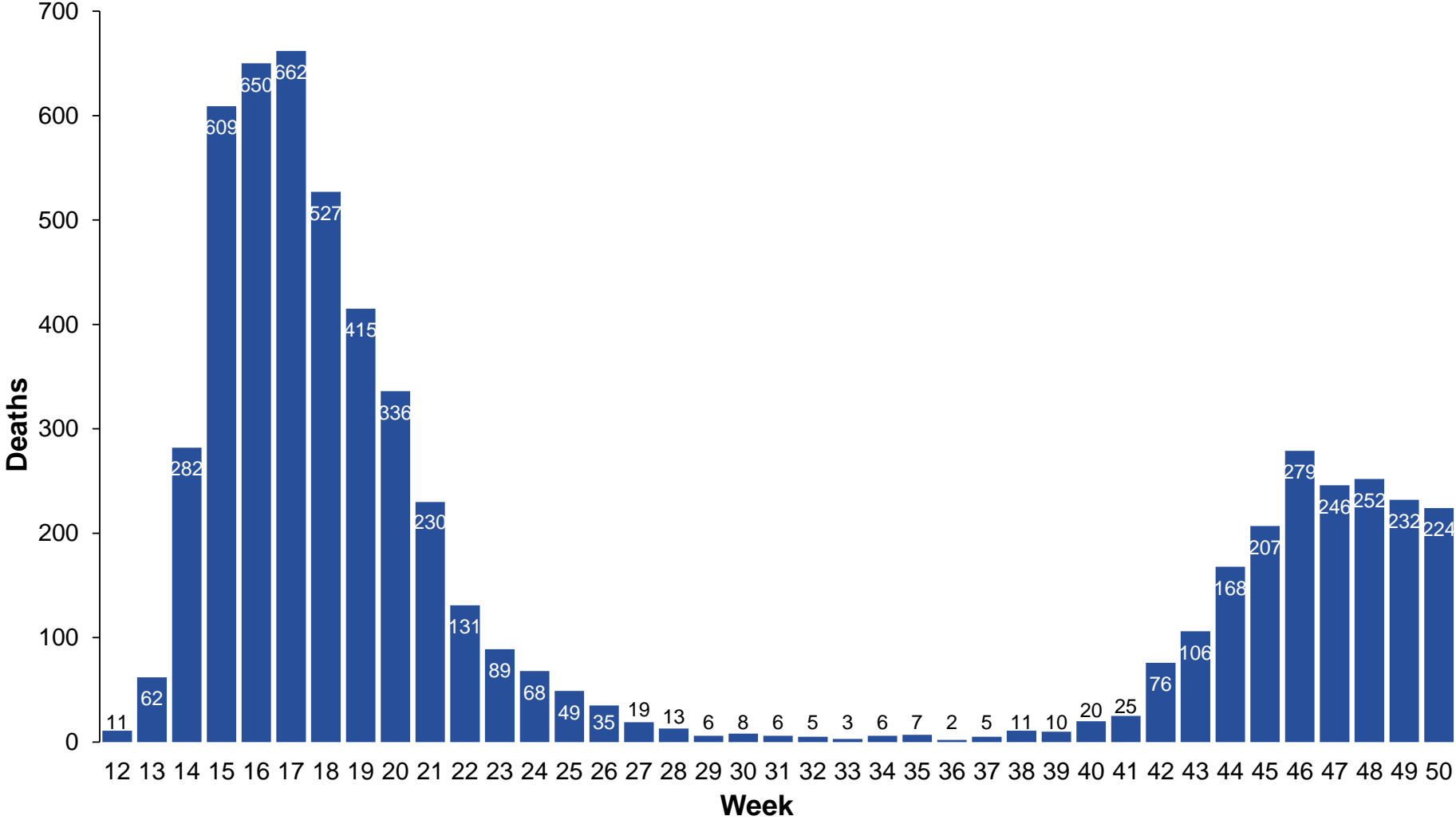
### All-cause deaths and excess deaths

- The provisional total number of deaths registered in Scotland in week 50 of 2020 (7 December to 13 December) was 1,276.
- The average number of deaths registered in the corresponding week over the previous five years was 1,236, so there were 40 (3%) more deaths registered in week 50 of 2020 compared to the average.
- In week 50 there were 37 fewer deaths in care homes (12% below average), 65 excess deaths at home or in non-institutional settings (20% above average) and 17 excess deaths in hospitals (3% above average).
- There were 40 excess deaths in the latest week. The number of deaths where COVID-19 was the underlying cause (195) was actually higher than the total number of excess deaths because deaths from respiratory causes (-74), dementia (-37) and cancer (-32) were lower than the average for this time of year.

### Monthly analysis – deaths occurring between March and November

- The age-standardised death rate for deaths involving COVID-19 which occurred between March and November was 147 per 100,000 people.
- Age-standardised rates for males were significantly higher than for females (181 compared with 122 per 100,000 people in March to November combined).
- After adjusting for age, people living in the most deprived areas were 2.3 times as likely to die with COVID-19 as those in the least deprived areas. This gap has increased in recent months.
- Of the 5,822 deaths involving COVID-19 between March and November 2020, 93% (5,406) had at least one pre-existing condition. The most common main pre-existing condition was dementia and Alzheimer's, accounting for 28% of all deaths involving COVID-19.
- Glasgow City had the highest age-standardised death rate of all council areas, followed by West Dunbartonshire, Renfrewshire and Midlothian. Highland, Moray and Dumfries and Galloway had the lowest rates (in addition to Na h-Eileanan Siar, Orkney and Shetland whose numbers were too low to calculate rates)

**Figure 1: Weekly deaths involving COVID-19 in Scotland, week 12 to week 50**



## 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. We will start publishing more detailed breakdowns of the figures as soon as possible.

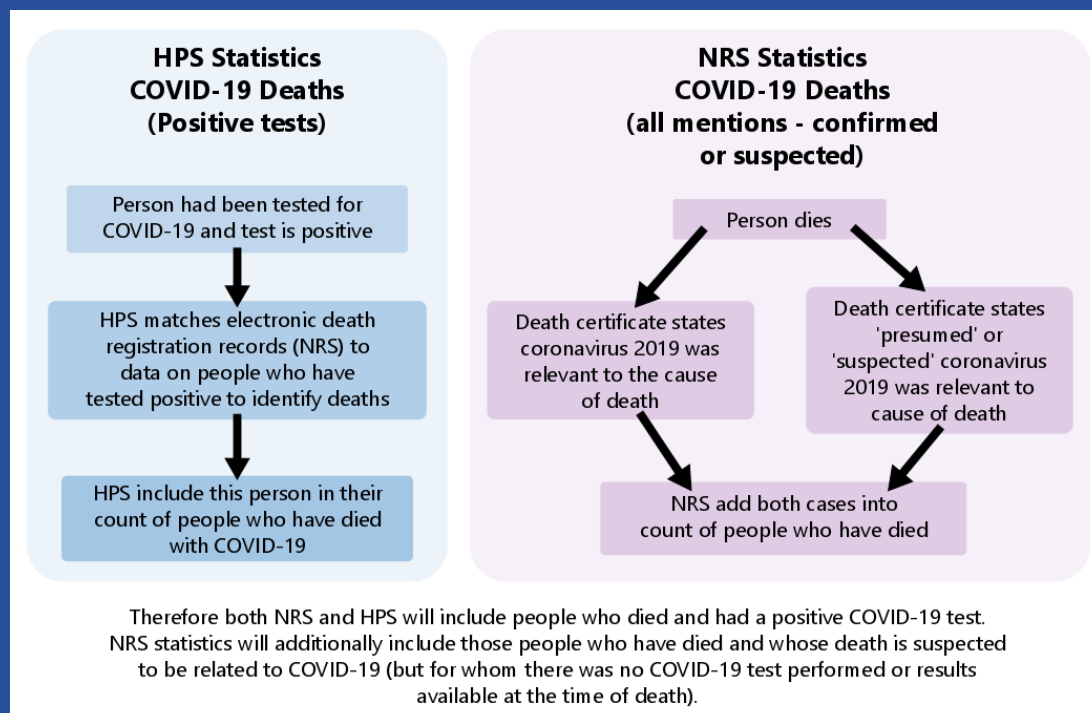
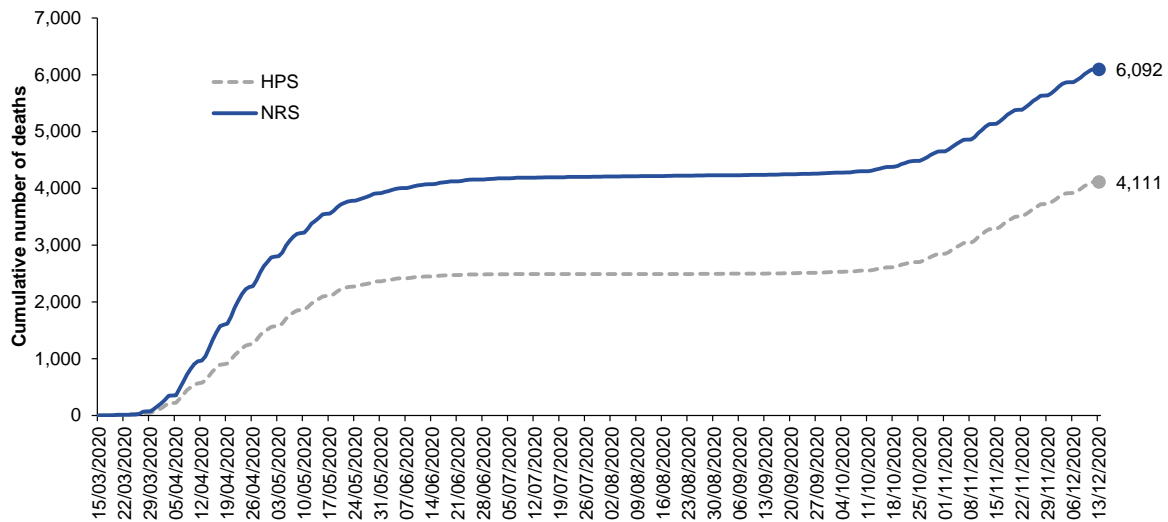


Figure 2 illustrates the differences between the two sets of figures. In the early stages, the figures were closely aligned but over time they diverged with the NRS figure higher than the HPS figure. This is due to the inclusion of probable and suspected COVID deaths whereas the HPS figure only includes deaths of those who had tested positive for the virus. As the HPS figures count people who died within 28 days of their first positive test, in the more recent period the NRS figures may pick up people who tested positive but died more than 28 days later.

**Figure 2: Cumulative number of deaths involving COVID-19 in Scotland using different data sources 2020**



### How do these weekly death figures compare with those produced across the rest of the UK?

The figures are produced using same definition as those published by the ONS (for England and Wales) and NISRA (for Northern Ireland), so are broadly comparable.

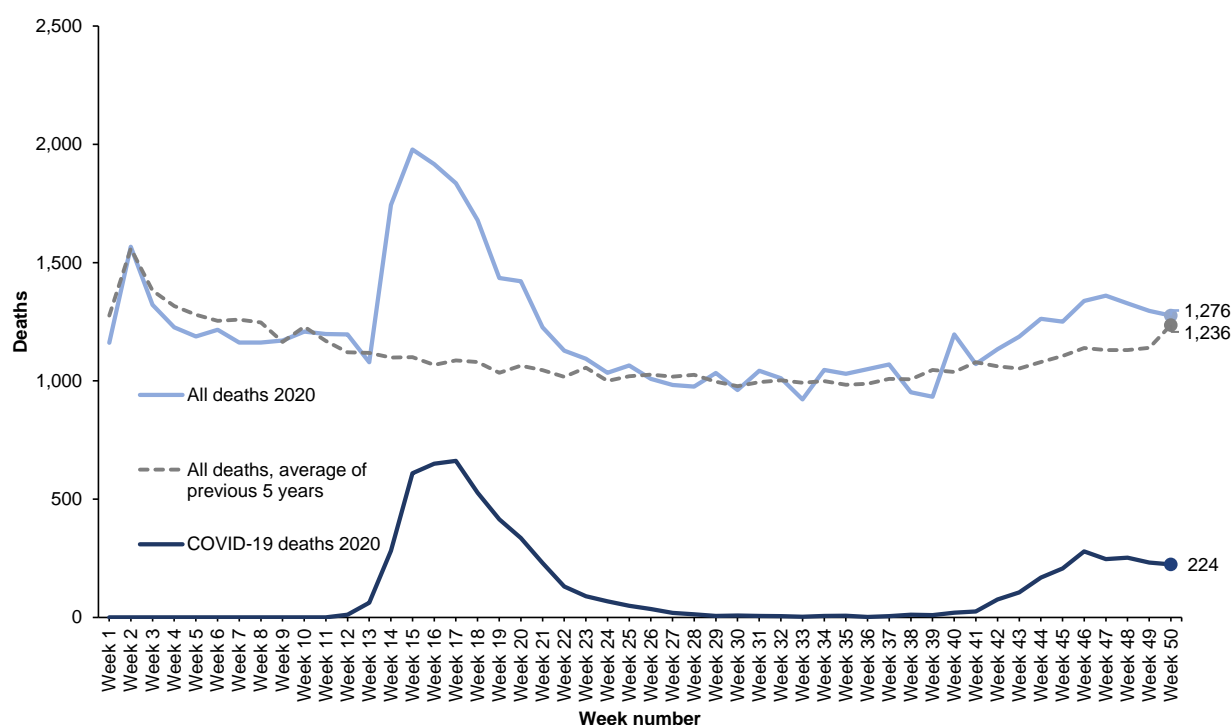
One minor difference is how the registration weeks are defined:

- Weeks used by ONS and NISRA run from Saturday to Friday
- NRS weeks run from Monday to Sunday (this is the [ISO8601](#) standard week).

In practice, this is likely to have very little impact on comparisons as there are few registrations that take place on Saturdays and Sundays.

You can view the latest weekly figures from ONS for England and Wales [here](#). The latest figures from NISRA for Northern Ireland are available [here](#). The figures for the rest of the UK are a week behind those for Scotland so the equivalent weeks should be compared.

**Figure 3: Deaths by week of registration, Scotland, 2020**



Between weeks 40 and 47, excess deaths (the percentage of deaths above the average) rose to reach 20% above average in week 47 (16<sup>th</sup> to 22<sup>nd</sup> November). Since then, excess deaths have been falling, and now stand at 3% above average in week 50.

Figure 3 shows that in 2020 up to week 13, the number of weekly registered deaths in Scotland had been broadly in line with the five year average (or slightly below). From week 14 to 22, there was a clear divergence from the five year average. After peaking in week 15, the number of excess deaths reduced and was within 7 per cent above or below the average in every week between week 23 (1<sup>st</sup> to 7<sup>th</sup> June) and week 38 (14<sup>th</sup> to 20<sup>th</sup> September).

Deaths involving COVID-19 as a percentage of all deaths rose from 16% in week 14 to 36% in week 17, but fell below 1% by week 29 and remained at a very low level until week 39 (21<sup>st</sup> to 27<sup>th</sup> September). From this point, the percentage has begun rising steadily again and reached 18% in the most recent week.

**What are “Excess Deaths”?**

The total number of deaths registered in a week in 2020 minus the average number of deaths registered in the same week over the period 2015 to 2019.

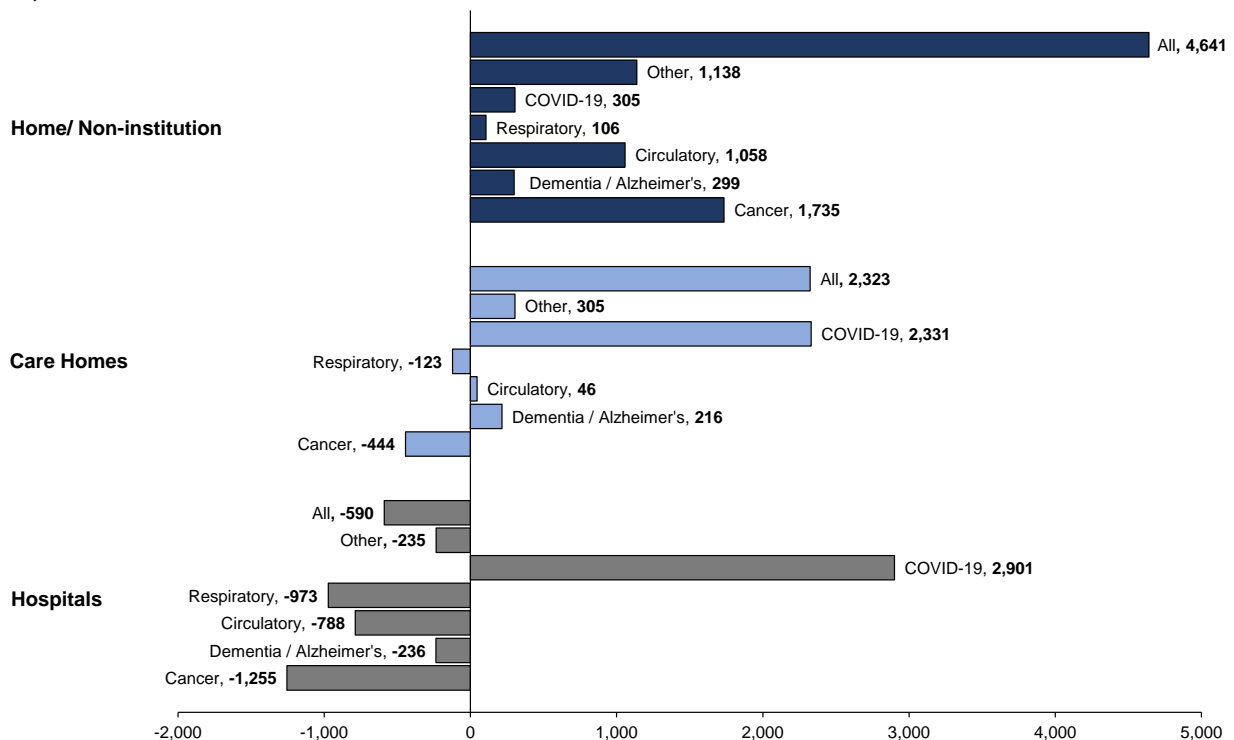
Figure 4 shows the number of excess deaths during weeks 12 to 50 (the period since the first coronavirus death was registered) broken down by location of death and the underlying cause of death.



There were 2,323 excess deaths in care homes (24% above average), 4,641 excess deaths at home or in non-institutional settings (41% above average) whilst hospital deaths were 590 (3%) below average levels for the period covering weeks 12-50.

In care homes and hospitals, COVID-19 was the cause of the majority of excess deaths whilst in home and non-institutional settings there were far fewer excess deaths involving COVID-19. Cancer, circulatory deaths, and deaths from other causes accounted for most of the excess deaths in these settings. Conversely, in hospital settings there were lower than average numbers of deaths from all causes other than COVID-19.

**Figure 4: Excess Deaths by underlying cause of death\* and location, weeks 12 to 50, 2020**



\* ICD-10 codes for cause of death categories are as follows:

Cancer – C00-C97

Dementia and Alzheimer's – F01, F03, G30

Circulatory – I00-I99

Respiratory – J00-J99

COVID-19 – U07

Other – all other codes not mentioned above

### What do we mean by “Underlying Cause of Death”?

The figures in this publication focus on deaths where COVID-19 was mentioned on the death certificate (either as the underlying cause or as a contributory factor).

In order to present a comparison of different causes of death, it is better to focus on deaths by underlying cause. This is because several causes can be listed on an individual death certificate so if we include all mentions of each particular cause we would end up with some double counting within our analysis.

The analysis of excess mortality in table 3 and figure 4 is based on deaths where COVID-19 was the underlying cause of death. Therefore the number of deaths to week 50 (5,547) are slightly lower than the number given for COVID-19 deaths elsewhere in this publication (6,092) as they are deaths involving COVID (either as the underlying cause or as a contributory factor).

Of all deaths involving COVID-19 registered by 13<sup>th</sup> December, it was the underlying cause in 91% of cases (5,547 out of 6,092).

More information on how the underlying cause of death is determined is available on the [NRS website](#).

### Where have COVID-19 deaths taken place?

Of the 6,092 deaths involving COVID-19 which were registered to date, 53% related to deaths in hospitals. 40% of deaths were in care homes and 6% of deaths were at home or non-institutional settings.

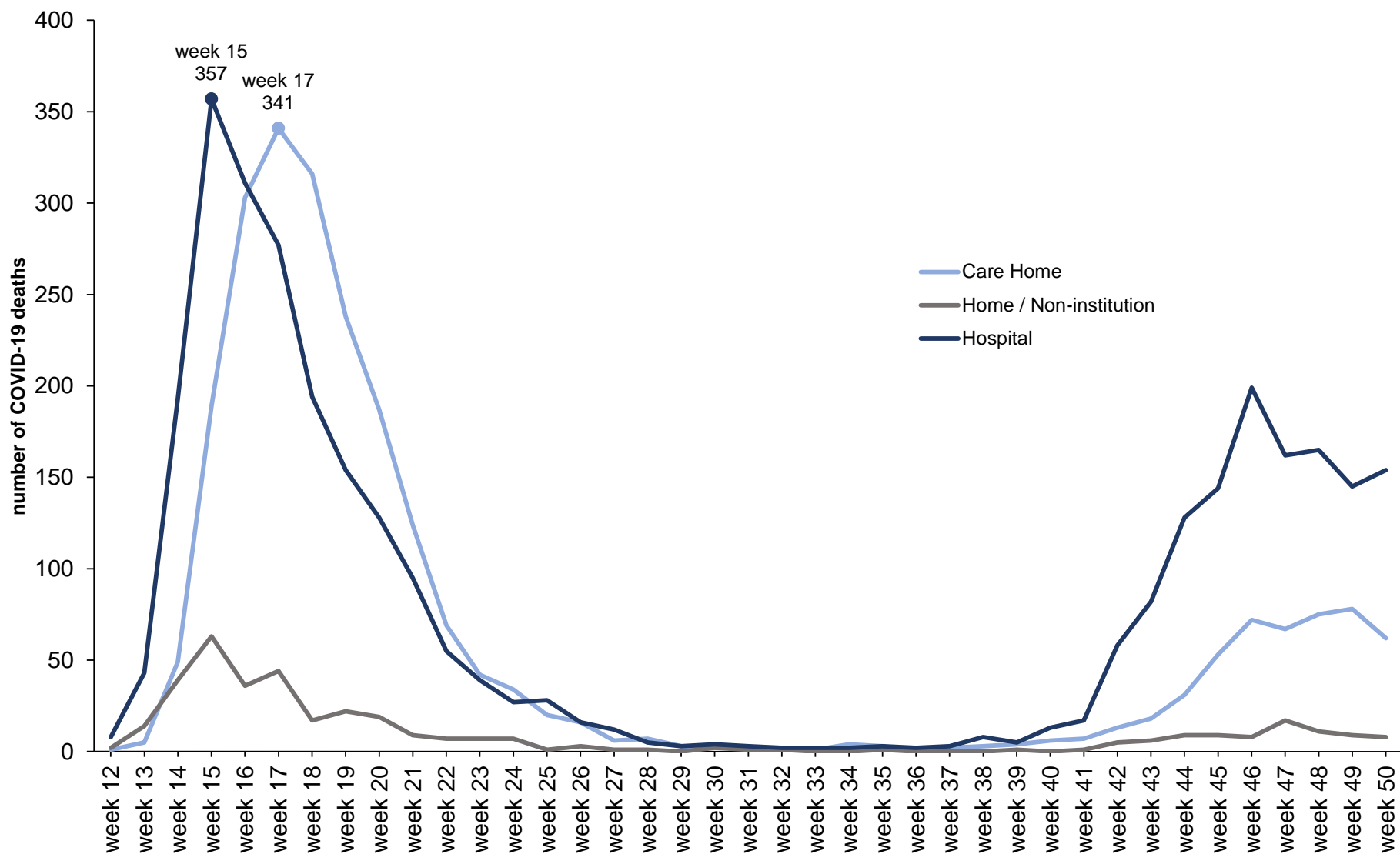
To put these figures into context, in 2019 around 48% of all deaths occurred in hospitals, 24% in care homes and 28% in home or non-institutional settings.

Figure 5 shows the number of deaths involving COVID-19 by location for weeks 12 to 50 in 2020.

In the earliest weeks of the pandemic most COVID-19 deaths were occurring in hospitals, but by week 17 more COVID-19 deaths were occurring in care homes. Between weeks 23 and 39 (June to September) the number of COVID-19 deaths in hospitals and care homes were broadly similar but from week 40 onwards there have been more hospital deaths.

Breakdowns of location of death within health board and council area are available on the [related statistics](#) page of our website.

Figure 5: Deaths involving COVID-19 by location of death, weeks 12 to 50, 2020

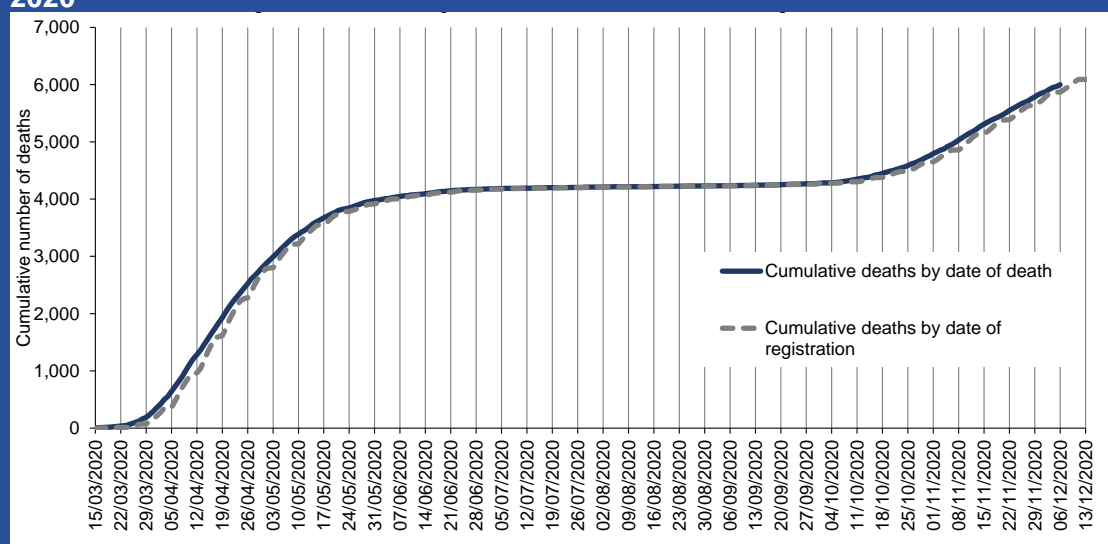


## Why focus on date of registration rather than the actual date of death?

The figures throughout this report are based on the date a death was registered rather than the date the death occurred. When someone dies, their family (or a representative) have to make an appointment with a registrar to register the death. Legally this must be done within 8 days, although in practice there is, on average, a 3 day gap between a death occurring and being registered.

This therefore means that the latest trend in COVID-19 deaths by date of registration (the NRS headline measure) has a lag of around 3 days when compared with the figures on date of death. Figure 6 below illustrates this – of the 5,868 deaths which were registered by 6<sup>th</sup> December, all had all occurred by 2<sup>nd</sup> December.

**Figure 6: Deaths involving COVID-19, Date of Death vs Date of Registration 2020**



This report includes all deaths which were registered by 13<sup>th</sup> December. 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 death, we need to wait an additional week to allow the registration process to fully complete. The trend based on date of death therefore only includes deaths which occurred by 6<sup>th</sup> December as the majority of these are likely to have been registered – so although this gives a more accurate picture, it takes more time to compile. However, they are valuable statistics and provide a clearer understanding of the impact and progress of COVID-19, when used alongside the other available daily and operational data.

### In Summary

The death count based on **date of registration is more timely** but is incomplete.

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).

## DEATHS OCCURRING BETWEEN MARCH AND NOVEMBER 2020

This section provides an in-depth analysis of deaths which **occurred** in Scotland between March and November. This is a different basis from the rest of this report which 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 and November there were 147 deaths per 100,000 population. Rates for males were significantly higher than for females (181 compared with 122 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.

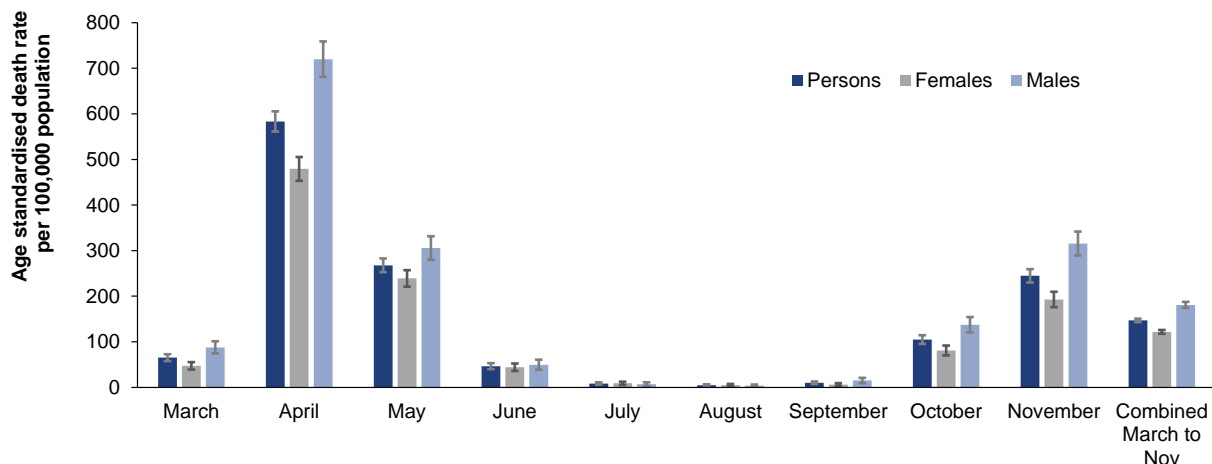
Age-standardised rates are therefore more reliable for comparing mortality over time and between different countries, different areas within a country, deprivation quintiles, and different sexes.

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

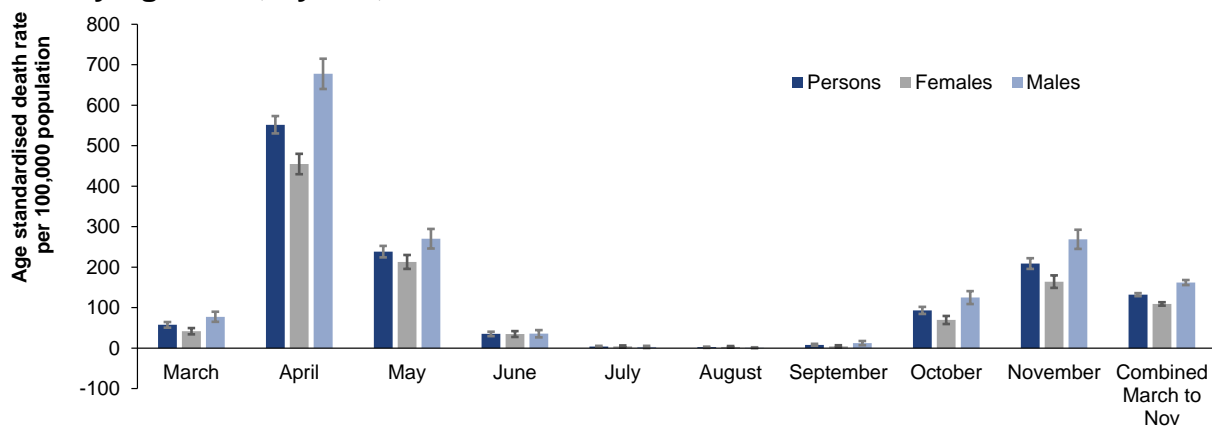
Looking only at deaths where COVID-19 was the underlying cause, the rates were only slightly lower – reflecting the fact that it was the underlying cause in the vast majority (91%) of deaths involving COVID-19. In the combined data for March to November, the age-standardised mortality rate was 132 per 100,000 population, with a similar differential between males (162) and females (109).

In terms of the monthly pattern, after peaking in April, age-standardised rates for deaths involving COVID-19 fell sharply in May and reduced to very low levels between June and September before increasing again in October. The age-standardised death rate in November increased further and was just below the level in May for females but was higher than May for males.

**Figure 7a: Age standardised rates for deaths involving COVID-19 by sex, between 1<sup>st</sup> March 2020 and 30<sup>th</sup> November 2020**



**Figure 7b: Age standardised rates for deaths where COVID-19 was the underlying cause, by sex, between 1<sup>st</sup> March 2020 and 30<sup>th</sup> November 2020**



The age-standardised mortality rate from all causes was 1,176 per 100,000 population in March to November 2020. To put this figure into context the age-standardised mortality rate from all causes in 2019 was 1,108 per 100,000 population and was last at this level in 2015 (1,177 per 100,000 population).

## Leading causes of death

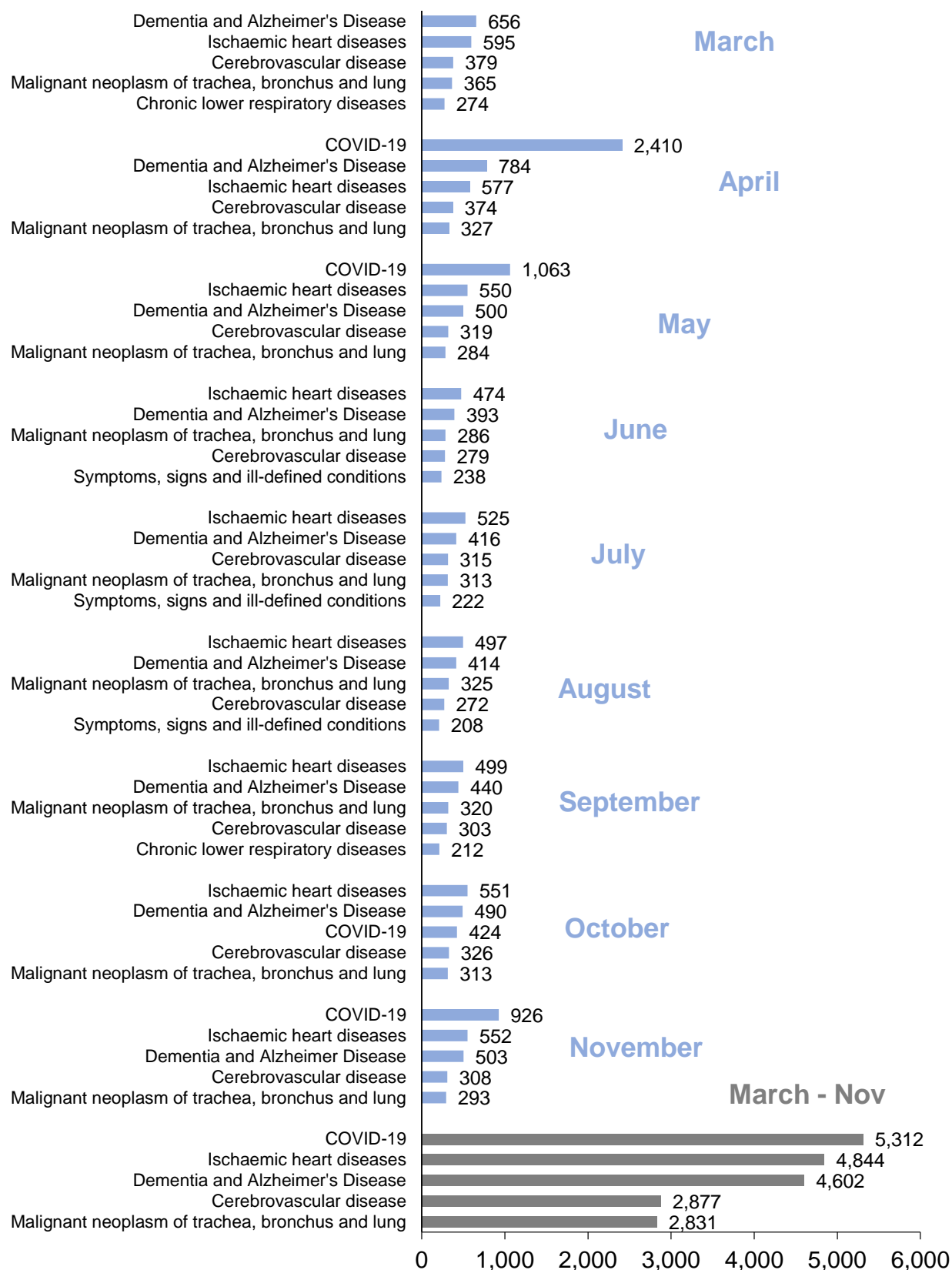
As this analysis compares different causes of death it is based on the underlying cause of death and therefore the figures for COVID-19 only include those deaths where it was the underlying cause rather than all those in which it was mentioned.

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.

Over the period between March and November, the leading cause of death was COVID-19 (5,312 deaths, 11.1% of all deaths) followed by ischaemic heart disease (4,844, 10.1%) and dementia and Alzheimer's disease (4,602, 9.6%).

The leading causes of death have changed over the months, with COVID-19 not appearing in the top five in March and then becoming the leading cause in both April and May with 31.3% and 18.4% of all deaths respectively. From June until September COVID-19 did not appear in the top five leading causes. It reappeared in third place in October, accounting for 8.4% of all deaths and returned as the leading cause of death in November, accounting for 16.6% of all deaths.

**Figure 8: Leading causes of death - 1<sup>st</sup> March 2020 and 30<sup>th</sup> November 2020**

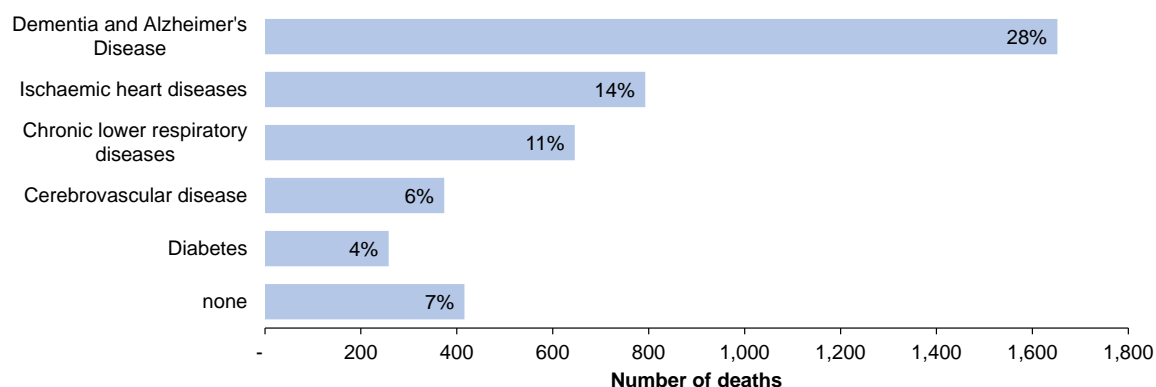




## Pre-existing conditions of people who died with COVID-19

Of the 5,822 deaths involving COVID-19 between March and November 2020, 93% (5,406) had at least one pre-existing condition.

**Figure 9: Main pre-existing medical condition in deaths involving COVID-19, between 1<sup>st</sup> March 2020 and 30<sup>th</sup> November 2020**



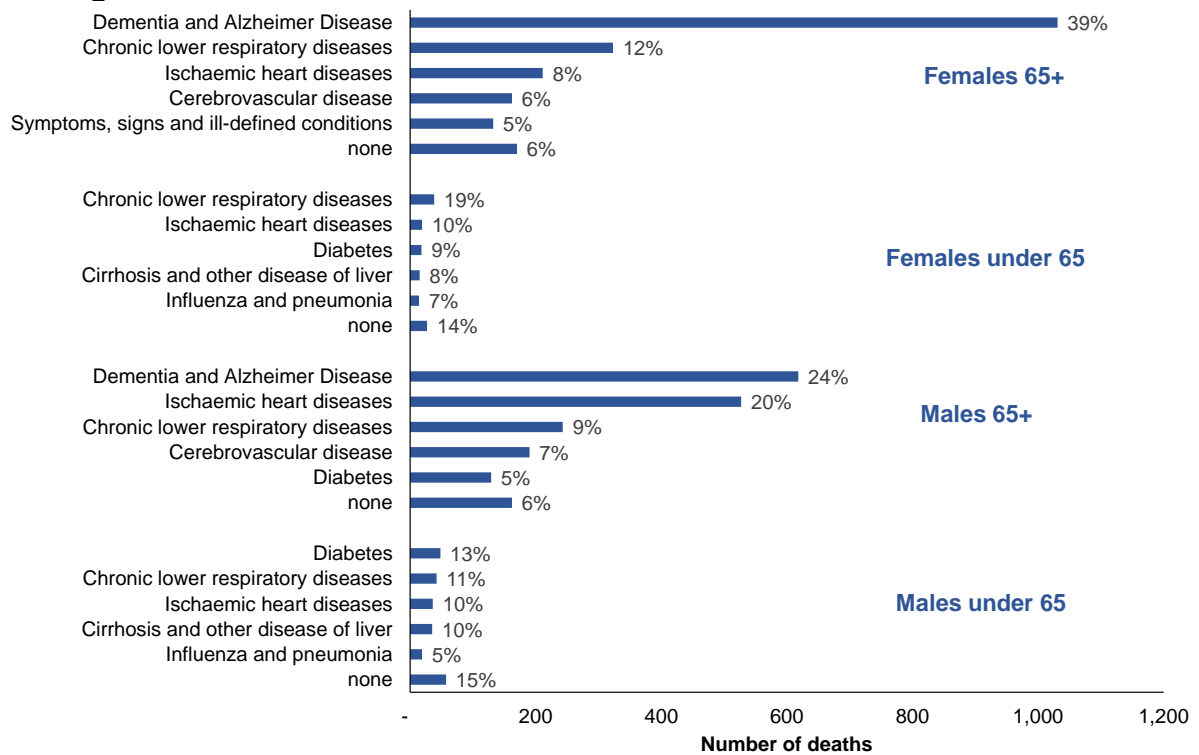
The most common main pre-existing condition among those who died with COVID-19 was dementia and Alzheimer's disease (28%), followed by ischaemic heart disease (14%), chronic lower respiratory diseases (11%), cerebrovascular disease (6%) and diabetes (4%).

**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 males and females over 65 the main pre-existing condition was dementia and Alzheimer's disease (39% and 24% of all COVID-19 deaths respectively). 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%). 14% of females and 15% of males under 65 who died with COVID-19 had no pre-existing condition, although it should be noted that deaths in this age group were relatively low.

**Figure 10: Main pre-existing medical condition by age and sex, in deaths involving COVID-19 between 1<sup>st</sup> March 2020 and 30<sup>th</sup> November 2020**



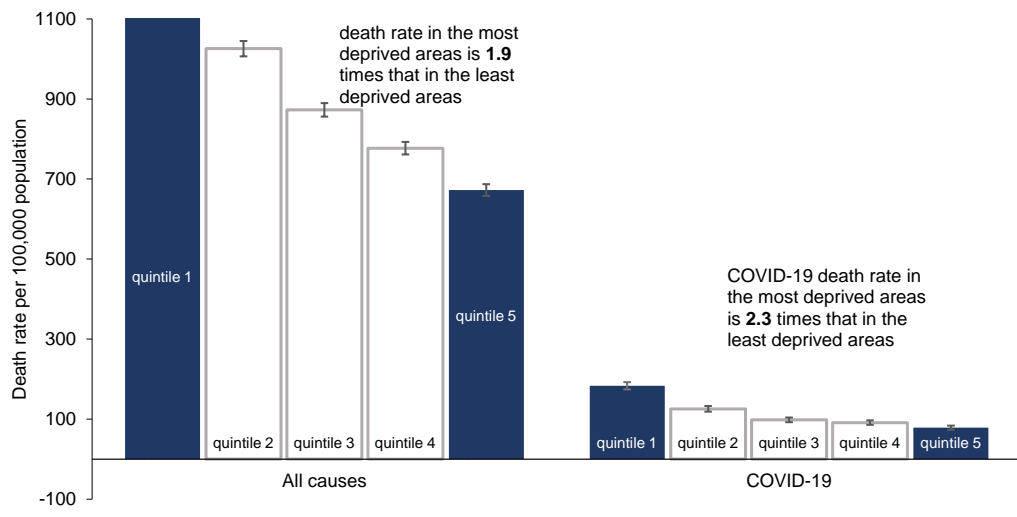
### Mortality by deprivation

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 and November 2020.

The deprivation gap is greater when looking at deaths involving COVID-19. The rate in the most deprived quintile (183 per 100,000 population) was more than double (2.3 times) the rate in the least deprived quintile (79 per 100,000 population). The size of this gap has increased since the earlier part 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 11: Age-standardised death rates by SIMD quintile between 1<sup>st</sup> March 2020 and 30<sup>th</sup> November**

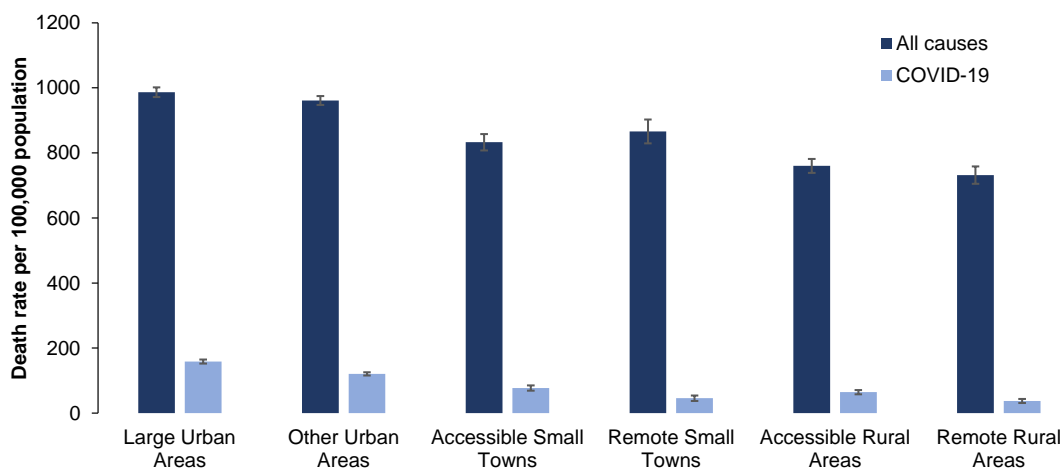


**Mortality by urban rural classification**

The age-standardised rate for deaths involving COVID-19 in large urban areas (159 deaths per 100,000 population) was 4.3 times the rate in remote rural locations (37 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).

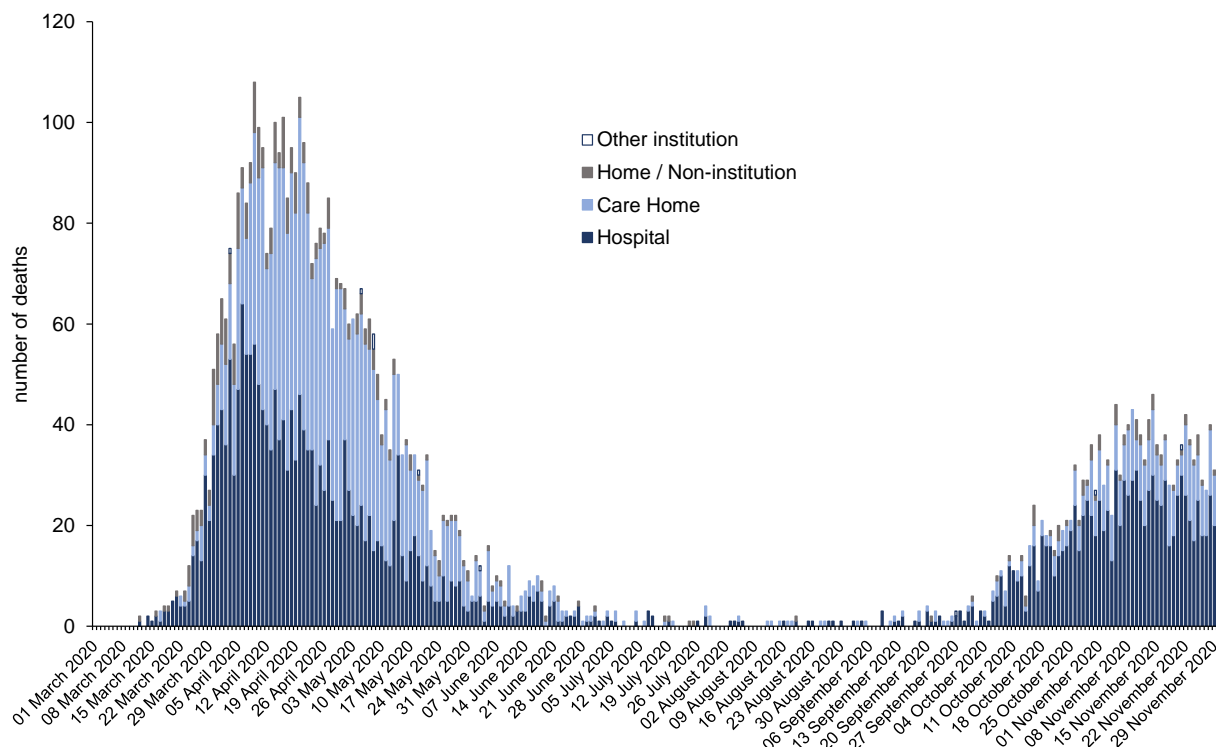
**Figure 12: Age-standardised death rates by urban rural classification between 1<sup>st</sup> March 2020 and 30<sup>th</sup> November 2020**



## Daily deaths by location of death

During March and the first half of April, the majority of deaths involving COVID-19 took place in hospitals, but from mid-April onwards there were more deaths in care homes. Hospital deaths peaked on 6<sup>th</sup> April and then reduced. Care home deaths continued to increase until 20<sup>th</sup> April and then began to decrease. Deaths in all locations were very low over summer but have begun to increase since mid-September. Most of the recent deaths have occurred in hospitals.

**Figure 13: Daily deaths by location, COVID-19 deaths between 1<sup>st</sup> March 2020 and 30<sup>th</sup> November 2020**

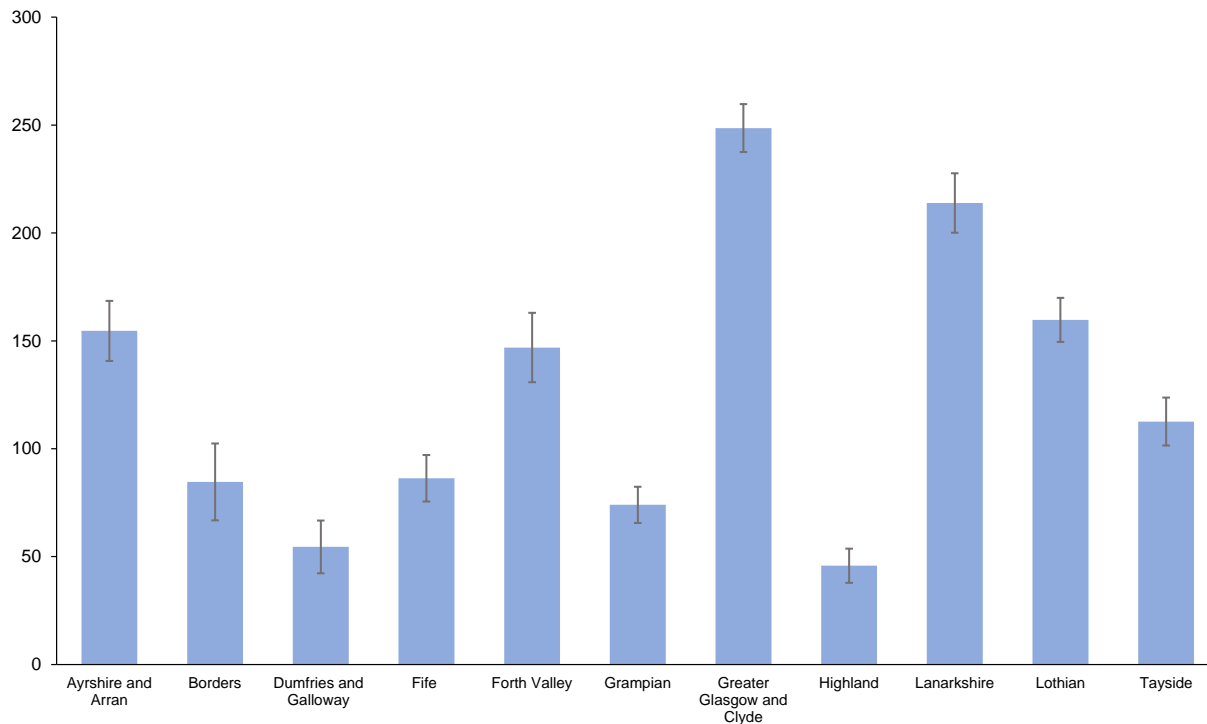


## Age-standardised rates by health board and council area

Figure 14 shows that Greater Glasgow and Clyde had the highest rate of all health boards (249 per 100,000 population), followed by Lanarkshire (214) and Lothian (160).

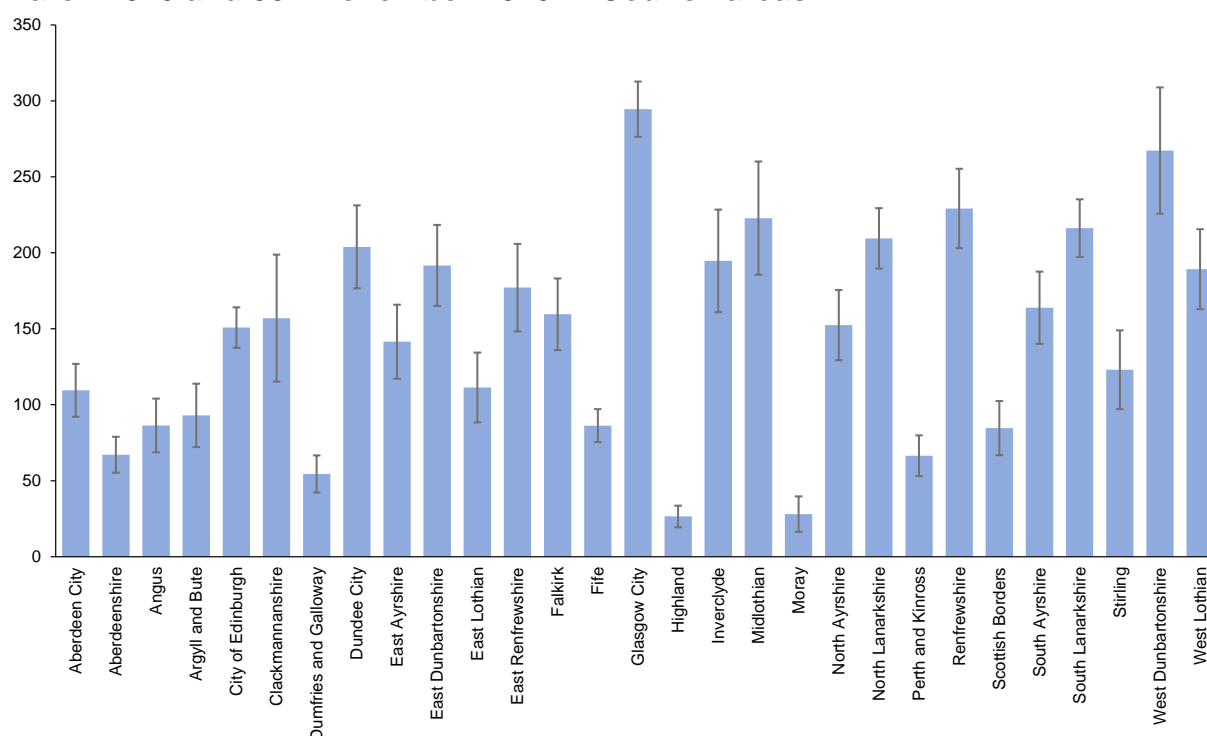
Rates are not shown for Orkney, Shetland and Western Isles as the number of deaths involving COVID-19 are too low to calculate robust age-standardised rates.

**Figure 14: age standardised rates for deaths involving COVID-19 between 1<sup>st</sup> March 2020 and 30<sup>th</sup> November 2020 in NHS health boards**



Glasgow City had the highest age-standardised death rate of all council areas (295 per 100,000 population), followed by West Dunbartonshire (267), Renfrewshire (229) and Midlothian (223). Highland (27 per 100,000), Moray (28) and Dumfries and Galloway (55) had the lowest rates (in addition to Na h-Eileanan Siar, Orkney and Shetland whose numbers were too low to calculate rates) ([Figure 15](#)).

**Figure 15: Age-standardised rates for deaths involving COVID-19 between 1<sup>st</sup> March 2020 and 30<sup>th</sup> November 2020 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 number of deaths occurred among process, plant and machine operatives (64 deaths and an age-standardised death rate of 37.7 per 100,000 population) followed by elementary occupations (59 deaths, 25.9 per 100,000 population). For context, there were 350 deaths across all occupations, with a rate of 15.6 per 100,000 population. People in professional occupations had the lowest death rate (15 deaths, 2.9 per 100,000 population). ([Table 10](#))

Compared to the average death rate (of deaths involving COVID-19) for all occupations, health care workers had a lower death rate (8.5 per 100,000 population) whilst social care workers had a higher rate (24.3 per 100,000 population) although the rate for social care workers is not significantly different from the average.

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 11](#). 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.

## 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.
- Figures in the second half of this report (page 13 onwards) are based on date of death rather than date of registration.
- 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 10<sup>th</sup> Revision (ICD-10). The relevant codes included in this publication are U07.1 and U07.2.
- Figures include deaths where ‘suspected’ or ‘probable’ COVID-19 appears on the death certificate.
- Data are provisional and subject to change in future weekly publications. The data will be finalised in June 2021. 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.
- 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

<b>Breakdown</b>	<b>Frequency</b>	<b>When Added</b>	<b>Latest Period Covered</b>	<b>Date Last Published</b>
<a href="#">Age group</a>	Weekly	8 <sup>th</sup> April 2020	Week 50	16 <sup>th</sup> December 2020
<a href="#">Sex</a>	Weekly	8 <sup>th</sup> April 2020	Week 50	16 <sup>th</sup> December 2020
<a href="#">Location</a>	Weekly	15 <sup>th</sup> April 2020	Week 50	16 <sup>th</sup> December 2020
<a href="#">Health Board</a>	Weekly	8 <sup>th</sup> April 2020	Week 50	16 <sup>th</sup> December 2020
<a href="#">Local Authority</a>	Weekly	22 <sup>nd</sup> April 2020	Week 50	16 <sup>th</sup> December 2020
<a href="#">Excess deaths by cause</a>	Weekly	22 <sup>nd</sup> April 2020	Week 50	16 <sup>th</sup> December 2020
<a href="#">Excess deaths by cause and location</a>	Weekly	17 <sup>th</sup> June 2020	Week 50	16 <sup>th</sup> December 2020
<a href="#">Age-standardised mortality rates – Scotland</a>	Monthly	13 <sup>th</sup> May 2020	November	16 <sup>th</sup> December 2020
<a href="#">Age-standardised mortality rates – sub-Scotland</a>	Monthly	17 <sup>th</sup> June 2020	March – Nov combined	16 <sup>th</sup> December 2020
<a href="#">Leading causes of death</a>	Monthly	13 <sup>th</sup> May 2020	November	16 <sup>th</sup> December 2020
<a href="#">Pre-existing conditions</a>	Monthly	13 <sup>th</sup> May 2020	November	16 <sup>th</sup> December 2020
<a href="#">Deprivation</a>	Monthly	13 <sup>th</sup> May 2020	March – Nov combined	16 <sup>th</sup> December 2020
<a href="#">Urban Rural</a>	Monthly	13 <sup>th</sup> May 2020	March – Nov combined	16 <sup>th</sup> December 2020
<a href="#">Daily occurrences by location of death</a>	Monthly	13 <sup>th</sup> May 2020	November	16 <sup>th</sup> December 2020
<a href="#">Occupation</a>	Monthly	17 <sup>th</sup> June 2020	March – Nov combined	16 <sup>th</sup> December 2020
<a href="#">Intermediate Zone</a>	Monthly	17 <sup>th</sup> June 2020	March – Nov combined	16 <sup>th</sup> December 2020
<a href="#">Ethnic Group</a>	One-off	8 <sup>th</sup> July 2020	March to mid-June	11 <sup>th</sup> November 2020



## National Records of Scotland

We, the National Records of Scotland, are a non-ministerial department of the devolved Scottish Administration. Our aim is to provide relevant and reliable information, analysis and advice that meets the needs of government, business and the people of Scotland. We do this as follows:

Preserving the past – We look after Scotland’s national archives so that they are available for current and future generations, and we make available important information for family history.

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.

You can also follow us on twitter @NatRecordsScot

### Enquiries and suggestions

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

For media enquiries, please contact [communications@nrscotland.gov.uk](mailto:communications@nrscotland.gov.uk)

For all other enquiries, please contact [statisticscustomerservices@nrscotland.gov.uk](mailto:statisticscustomerservices@nrscotland.gov.uk)