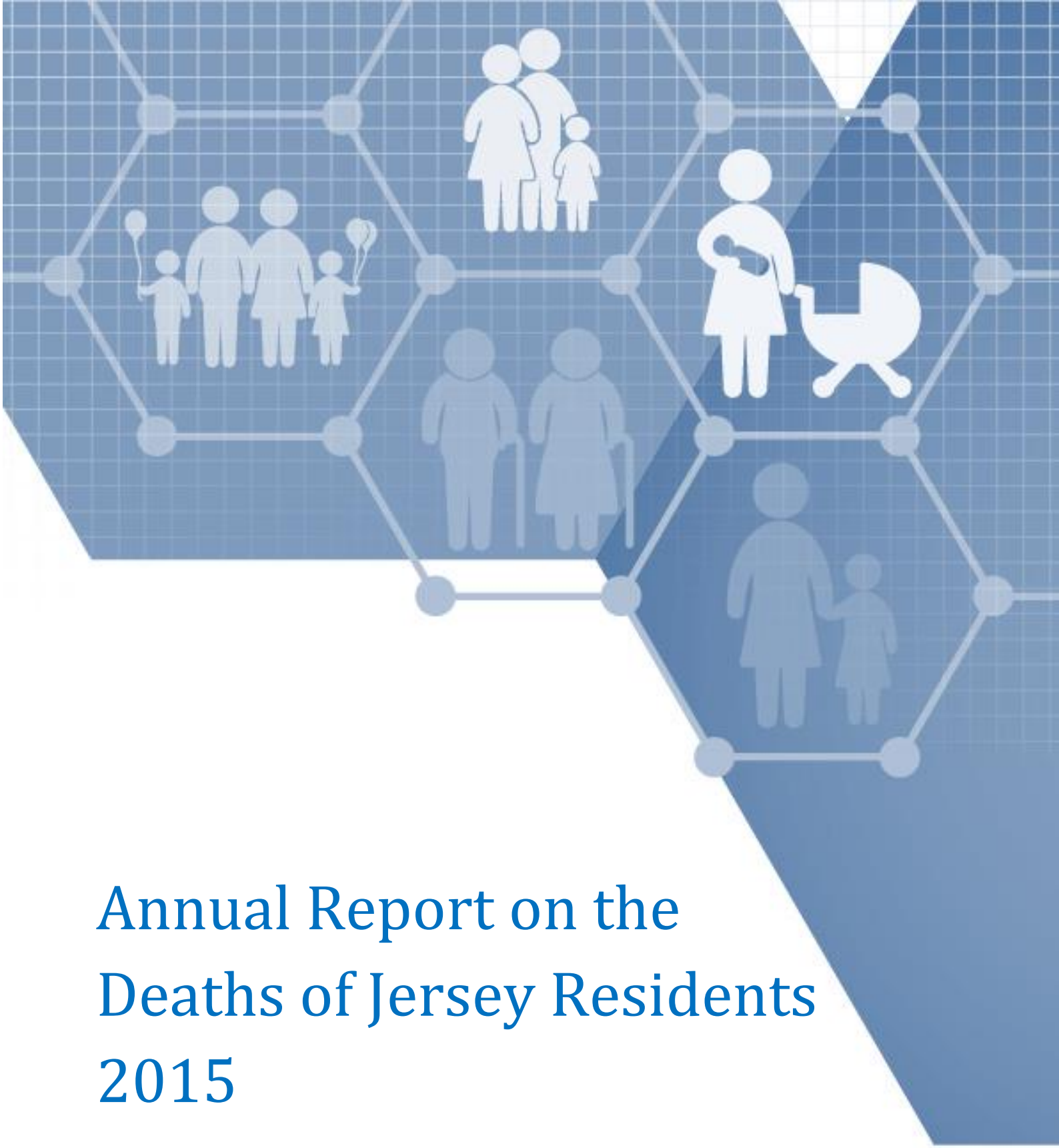

# Annual Report on the Deaths of Jersey Residents 2015

States of Jersey

September 2016

Health Intelligence Unit
PublicHealthStatistics@gov.je

HIU INFORMATION READER

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| Document purpose | Annual Report on the Deaths of Jersey Residents in 2015 |

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| Date that data are acquired | Data normally extracted in August for the previous calendar year. |
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| Relevance and key uses of the statistics | Making information publically available for planning, epidemiology, provision of services and to provide comparative information. To respond to information requests for a variety of customers e.g. researchers, charities, public companies, Freedom of Information requests. To provide information for answers to Ministerial Questions. |
| Accuracy | Information received by the Health Intelligence Unit is clerically checked, with additional validation on data entry. Data is also compared to previous years' figures. |
| Completeness | Death figures reported are based on deaths occurring in calendar year 2015; as inquests can take up to 18 months to complete, there may be a small number of deaths that occurred in 2015 that have not been registered pending the conclusion of an inquest at time of publication. This number is known to be less than 10 and should be considered small. |
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| J Mulholland<br><br><br>M Clarke | Report compiled August 2016 using 2015 deaths data as collated by the Health Intelligence Unit from returns made by the Parish Registrars to the Superintendent Registrar.<br><br>Editing and data checking |
| Contact details | PublicHealthStatistics@gov.je |
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# Annual Report on the Deaths of Jersey Residents in 2015

## Summary

This report presents statistics on deaths of Jersey residents registered for 2015. Death statistics include counts of death by age and sex, by selected cause of death, and age-standardised death rates (ASR).

Data presented in this report are based on records of deaths that occurred in calendar year 2015 which were received from the Superintendent Registrars Office, along with data from the Viscount's Office, and processed by the Health Intelligence Unit. Detailed information on the nature, sources and data handling are given in the Background Notes section of this report.

## Key findings in this report were:

In 2015;

- 756 Jersey residents died, comprising 396 male and 360 female deaths
- this latest total was 8 per cent higher than the total for the previous year (2014) and 3 per cent higher than that of two years previously (2013)[1]
- the crude death rate was 742 deaths per 100,000 population per annum
- the average (mean) age at death for Jersey residents was 78 years
- cancer, circulatory diseases and respiratory diseases were the three most frequent causes of death
- 258 deaths were due to cancer, with cancer of the digestive, respiratory and intrathoracic organs together accounting for over half (52 per cent) of all cancer deaths
- around a third (34 per cent) of all deaths occurred in those below 75 years of age
- there were 118 deaths of individuals of working age, almost two-thirds (63 per cent) of these were male
- around 2,100 years of potential male life and around 1,100 years of potential female life were lost

## Introduction

The Health Intelligence Unit (HIU), part of the Public Health Directorate, provides health statistics on the population in order to inform health policy and services in Jersey. Figures presented are for Jersey residents, defined as individuals whose normal place of residence is in the Island. This report presents figures which are calculated using the population estimate and projections provided by the States of Jersey Statistics Unit.[2]

[1] See Reports on the Deaths of Jersey Residents 2013 and 2014, published by the States of Jersey Health Intelligence Unit, August 2014, and November 2015, respectively. Available from: www.gov.je

[2] For Further information, please see Jersey Population Projections 2013 Release and Jersey Resident Population 2015 Estimate, States of Jersey Statistics Unit, June 2016. Available from: www.gov.je

Reports on annual deaths are a useful way of presenting information relevant to health policy, for instance to plan hospital services and to monitor mortality from particular causes of death such as suicide, drug and alcohol deaths or deaths from preventable causes. Mortality statistics also feed into pension planning and the social welfare system. Organisations such as the European Union and the United Nations use mortality statistics for making international comparisons.

## Total Deaths

In 2015, there were a total of 756 deaths of Jersey residents. This total represents an increase of 8 per cent compared to the year before (2014) and 3 per cent higher than two years previously (2013).

Similar increases in deaths have been reported provisionally elsewhere, with the UK reporting a rise of 5.7 per cent, France 7.3 per cent, Spain 6.7 per cent, and Scotland 6.2 per cent in 2015 when compared to 2014.[3]

As Table 1 shows, there were more male than female deaths in 2015, as seen in previous years. Of the total number of deaths of Jersey residents, 9 males and 3 females died outside of the Island in 2015.

**Table 1: 2015 Deaths of Jersey residents**

| | Male | Female | All |
|---|---|---|---|
| **Total Deaths** | 396 | 360 | 756 |
| **Deaths off-Island** | 9 | 3 | 12 |
| **Deaths on-Island** | 387 | 357 | 744 |
| **Crude Death Rate (per 100,000 population)** | 786 | 699 | 742 |
| **Age-standardised death rate (per 100,000 population)[4]** | 1030 | 700 | 850 |
| **Average age at death (years)** | 75 | 81 | 78 |
| **Life expectancy at birth (years)[5]** | 81 | 86 | 83 |

Source: HIU

The average age of death for females (81) was 6 years higher than the average age of death for males (75).

Life expectancy for Jersey residents at birth was 86 years for women and 81 years for men.

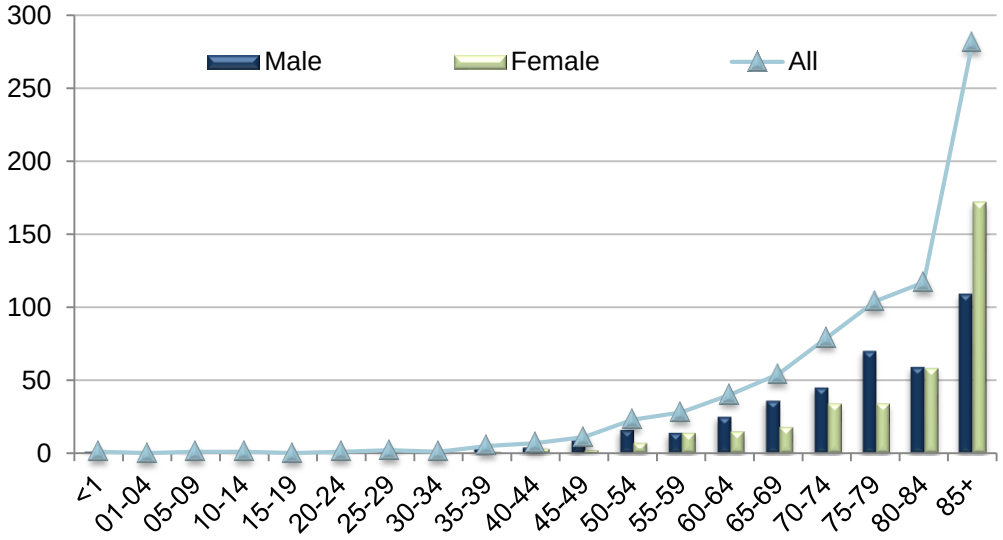
[3] Deaths Registered in England and Wales: 2015 Office for National Statistics. Available from: www.ons.gov.uk

[4] Standardised using the 2013 European Standard Population; this adjusts for differences in age and sex structures between populations and allows comparisons to be made. For more information, see Background Notes.

[5] Life expectancy is calculated using life tables, which generate the life expectancy of a hypothetical cohort experiencing the current age-specific mortality rates for each year of their life.

Figure 1 shows the distribution of deaths in 2015 by age. Between the ages of 60 and 79 years more men than women died in each age group. In contrast, there were a greater number of female deaths in people aged 85 and over, driven by the greater life expectancy of females resulting in more females aged 85 and over.

**Figure 1: Deaths of Jersey residents in 2015, by age**

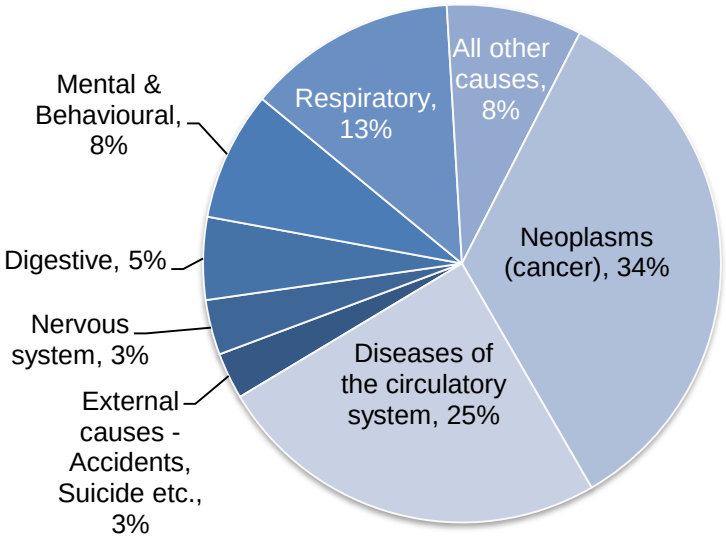



Source: HIU

## Main Causes of Death

In 2015, the three most frequent causes for death of Jersey residents were cancer, circulatory, and respiratory diseases, which in total were responsible for almost three-quarters (72 per cent) of all deaths (as shown in Figure 2).

**Figure 2: Main causes of deaths in 2015**




Source: HIU

One in four (25 per cent) deaths in 2015 were the result of circulatory diseases, which includes ischaemic heart disease (10 per cent) and stroke (6 per cent). Cancer was the cause of one-third (34 per cent) of deaths, whilst respiratory diseases (including influenza and pneumonia and chronic lower respiratory disease) were the underlying cause of around one in eight (13 per cent) deaths.

Cancer (ICD-10 Codes C00-D48)

There were 258 deaths from cancer in 2015; the most common cancer sites were the digestive organs (71 deaths representing 28 per cent of all cancer deaths) and cancers of the respiratory and intrathoracic organs (64 deaths representing 25 per cent of all cancer deaths).

Deaths from cancers of the digestive system comprised colorectal cancer (25 per cent of all deaths from cancer of the digestive organs), pancreatic cancer (24 per cent), oesophagus cancer (17 per cent) and liver cancer (7 per cent), whilst cancers of the stomach, gall bladder and 'other digestive organs' constituted the remainder. The majority of deaths from respiratory and intrathoracic organ cancer were due to bronchus and lung cancer.

Table 2 shows the five most frequent causes of death from cancer by gender.

**Table 2: Five most frequent causes of death from cancer in Jersey residents, 2015**

| Male | | | Female | | |
|---|---|---|---|---|---|
| **Cancer Site** | ICD Code | Percentage of Cancer Deaths | **Cancer Site** | ICD Code | Percentage of Cancer Deaths |
| **Digestive organs** (mainly colorectal, pancreas and oesophagus) | C15-C26 | 31 | **Respiratory & Intrathoracic** (mainly bronchus & lung cancer) | C30-C39 | 26 |
| **Respiratory & Intrathoracic** (mainly bronchus & lung cancer) | C30-C39 | 24 | **Digestive organs** (mainly pancreas and colorectal) | C15-C26 | 23 |
| **Malignant neoplasm of lymphoid, haematopoietic and related tissue** | C81-C96 | 11 | **Breast** | C50 | 14 |
| **Male genital organs** | C60-C63 | 6 | **Malignant neoplasm of lymphoid, haematopoietic and related tissue** | C81-C96 | 12 |
| **Urinary tract** | C64-C68 | 6 | **Female genital organs** | C51-C58 | 10 |

Source: HIU

One quarter (26 per cent) of female cancer deaths in 2015 were due to respiratory and intrathoracic cancers (mainly cancer of the bronchus and lung) and an additional quarter (23 per cent) were due to cancer of the digestive organs (mainly pancreatic and colorectal cancers). Breast cancer was the underlying cause of one in seven (14 per cent) of all female cancer deaths during 2015.

Almost a third (31 per cent) of male cancer deaths were caused by cancer of the digestive organs (mainly colorectal, pancreas and oesophagus), whilst a further one in four (24 per cent), were the result of respiratory and intrathoracic cancers (mainly bronchus and lung cancer).

Circulatory Diseases (ICD-10 Codes I00-I99)

In 2015, circulatory diseases accounted for 187 deaths, an increase of 7 per cent on the number recorded in 2014 (175 deaths), and accounting for a quarter (25 per cent) of all deaths.

Deaths due to diseases of the circulatory system were mostly accounted for by ischaemic heart disease (I20-I25) and cerebrovascular disease (I60-I69), commonly known as stroke, each accounting for 10 per cent and 6 per cent of all deaths in 2015, respectively. As recorded in previous years, more males than females died from ischaemic heart disease (50 males compared to 29 females).

Respiratory Diseases (ICD-10 Code J00-J99)

Respiratory diseases were the cause of death of 99 residents in 2015, accounting for 13 per cent of all deaths. This represents an increase from 2014, which recorded the lowest number of deaths (63) from respiratory diseases since 2007.

The Office for National Statistics similarly reported a greater proportion of deaths due to respiratory diseases in 2015 in England and Wales than in 2014.[6]

Chronic lower respiratory disease (J40-J47) accounted for 49 deaths (around half of respiratory deaths and 6 per cent of all deaths), whilst pneumonia and influenza accounted for almost a third (30 per cent) of deaths due to respiratory disease and for 4 per cent of all deaths.

External Causes of Death (ICD-10 Code V01-Y98)

There were 22 deaths due to external causes in 2015 (3 per cent of all deaths). More than half (12) of these were due to accidents (such as injuries from falls, or accidental poisoning).

Suicide (ICD-10 Codes X60-X84 and Y10-Y34, Y87.0, Y87.2)

Deaths classified as 'events of undetermined intent' and 'intentional self-harm' are reported jointly as suicide.[7] In 2015, there were fewer than 10 such deaths registered at the time of publication. All suicides are referred to the Viscount and may take time to be fully investigated. Therefore, there may be a period of time between when a suicide occurs and when the death is registered.

## Infant Deaths

In 2015, there were fewer than five deaths of residents who were aged less than 1 year.

[6] Death Registered in England and Wales: 2015. Office for National Statistics. Available from: www.ons.gov.uk

[7] See background note 4

## Premature Deaths

Around a third (34 per cent) of all deaths in 2015 occurred in people under 75 years of age and are considered as premature, or early, deaths. Table 3 shows that the main causes of such premature deaths for men were cancer of the digestive organs (16 per cent), respiratory and intrathoracic cancer (13 per cent), and ischaemic heart disease (10 per cent). For females, premature deaths were mainly caused by respiratory and intrathoracic cancer (18 per cent), cancer of the digestive organs (17 per cent), and breast cancer (7 per cent).

**Table 3: Three most frequent causes of premature death in males and females in Jersey, 2015**

| Male | | | Female | | |
|---|---|---|---|---|---|
| **Cause of Death** | ICD Code | Percentage of all Deaths | **Cause of Death** | ICD Code | Percentage of all Deaths |
| **Cancer of Digestive organs** (mainly colorectal, Pancreas & oesophagus) | C15-C26 | 16 | **Respiratory & Intrathoracic Cancer** (mainly lung cancer) | C30-C39 | 18 |
| **Respiratory & Intrathoracic Cancer** (mainly lung cancer) | C30-C39 | 13 | **Cancer of Digestive organs** (mainly colorectal & other digestive organs) | C15-C26 | 17 |
| **Ischaemic Heart Disease** | I20-I25 | 10 | **Breast cancer** | C50 | 7 |

Source: HIU

## Potential Years of Life Lost

Estimating the number of years of life lost by premature deaths provides a measure of the impact of avoidable mortality in a population. In 2015, around 3,100 potential years of life were lost, representing a reduction of 14 per cent from the figure in 2014. As in previous years, male deaths represented over half of the total, contributing 2,100 years.

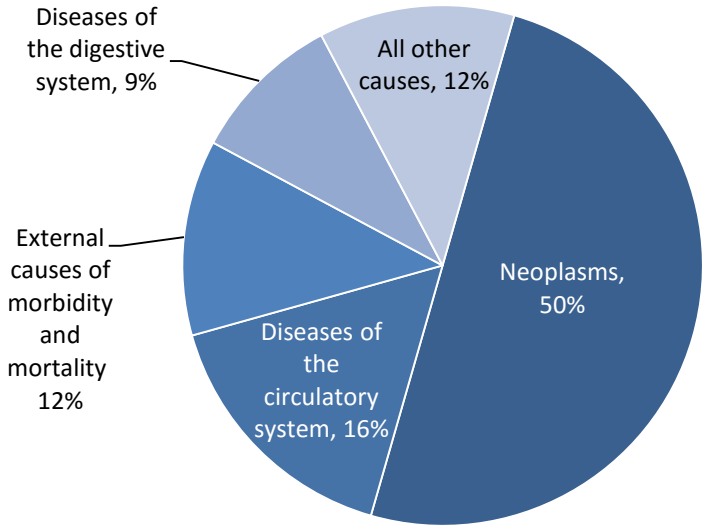
Of the total number of potential years of life lost, half (51 per cent) were lost due to cancers.

## Working Age Deaths

In 2015, there were 118 deaths of individuals of working age (16-64 years), almost two-thirds (63 per cent) of which were male.

As Figure 3 shows, half (50 per cent) of male deaths were the result of cancer, a sixth (16 per cent) were from diseases of the circulatory system, and one in eight (12 per cent) were due to external causes of mortality.

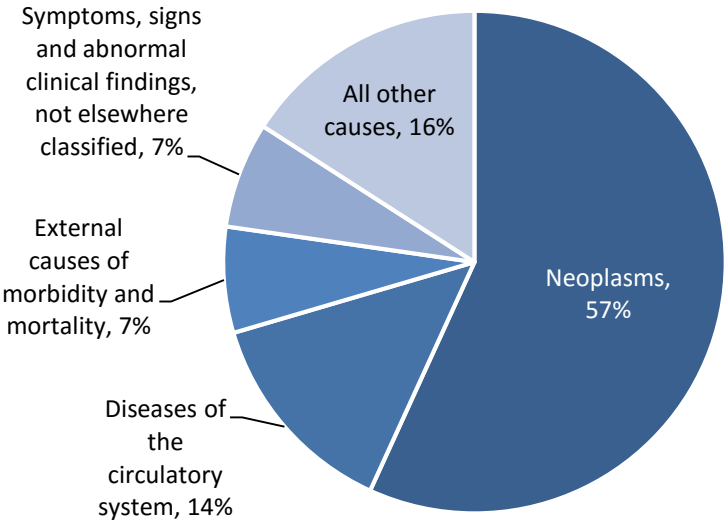
**Figure 3: Main causes of deaths of working-age males, 2015**




Source: HIU

There were 44 deaths of females of working age in 2015, over half (57 per cent) of which were due to cancer whilst one in seven (14 per cent) resulted from diseases of the circulatory system (see Figure 4).

**Figure 4: Main causes of deaths of working-age females, 2015**




Source: HIU

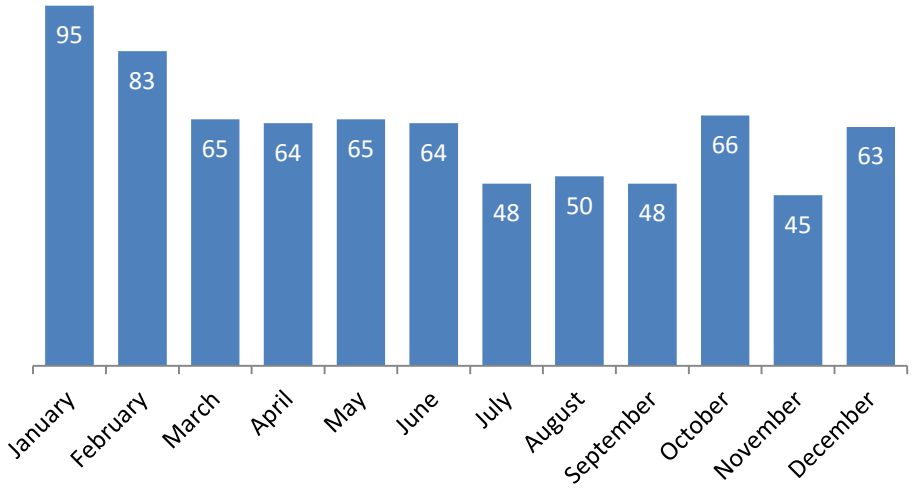
## Old Age Deaths

In 2015, there were 281 registered deaths of people aged 85 years and over. Three-fifths (61 per cent) of deaths of people aged over 85 years were female, driven by the greater life expectancy of females.

## Seasonality

In most years, more deaths occur in the winter months. As Figure 5 shows, in 2015 the greatest number of deaths occurred in January (95) and February (83).

**Figure 5: Deaths by month, 2015**

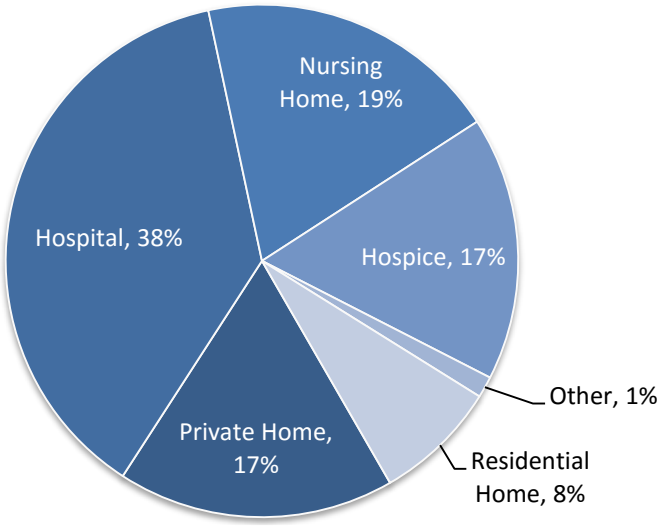



Source: HIU

## Place of Death

Of the 756 deaths of Jersey residents in 2015, nearly two-fifths (38 per cent) of those who died in Jersey, died in a hospital, whilst a further fifth (19 per cent) died in a nursing home (see Figure 6). Similar proportions (17 per cent) of on-Island deaths occurred in private homes and at the Hospice.

**Figure 6: Location of on-Island deaths, 2015**




Source: HIU

The proportion of deaths on-Island occurring in hospital has decreased in recent years, from half of all deaths in 2009 and 2010 to 38 per cent in the latest year. Conversely, deaths in private homes and the Hospice have increased over the same period.

Of the 12 deaths occurring off-Island, two-thirds (67 per cent) were in a hospital.

## Background Notes

1. Death figures have been compiled from returns to the Registrars in each parish in Jersey. The Marriage and Civil Status (Jersey) Law 2001 requires all deaths to be notified within 5 days of the date of death.

2. The number of deaths may differ from published figures for 2015 in the future due to the inclusion of data from inquests which can take up to 18 months to complete and register. This means that total deaths in a given year should be treated as provisional and used with caution.

3. The results are based on analysis of all deaths of Jersey residents registered as having occurred in calendar year 2015.

4. Cause of death is classified using the tenth revision of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD-10). As is convention, deaths classified under ICD-10 as 'events of undetermined intent' along with 'intentional self-harm' are jointly reported as 'suicide'.

5. Coding of Jersey deaths is undertaken by the Office for National Statistics on a quarterly basis.

6. A crude death rate refers to the number of deaths per 100,000 population.

7. Potential Years of Life Lost estimates the number of years a person would have lived had they not died prematurely. It is based on the assumption that every individual could be expected to live until the age of 75 and premature death before that age may be preventable.

8. Percentages may not add up to 100 per cent due to rounding.

9. This report provides statistics on a number of areas which have policy relevance. In particular, the number of deaths has implications for primary and secondary care in Jersey.

10. This report gives the number of deaths due to Cancer. Information is also available on the number of incidences of cancer in Jersey. Further information can be found in Channel Islands Cancer Registration Report 2013, January 2014, available from www.gov.je.

11. Jersey rates for 2015 data are calculated using the average of the 2014 and 2015 end-year population estimates as provided by the States of Jersey Statistics Unit. This estimate of the mid-year population assumes that half of births, deaths and migration occurs in the first half of the calendar year.

12. Age-standardised rates presented in this report have been calculated using the new 2013 European Standard Population. This new standard replaces the 1976 standard to reflect changes to the demographics of the European population.

13. All enquiries and feedback should be directed to:

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