

Report on the Deaths of Jersey Residents 2013

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Document purpose	Report on the Deaths of Jersey Residents in 2013
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Title	Report on the Deaths of Jersey Residents 2013
Author	Health Intelligence Unit
Publication date	29 th August 2014
Target audience	Public
Circulation list	Viscounts Office, HSSD staff, CMEX, Statistics Unit, Superintendent Registrar
Description	Annual report on deaths of Jersey Residents in 2013. Information on counts of death by age and sex, and by selected causes and age-standardised mortality rates.
Data Sources	Information sent by the Superintendent Registrar from returns made by Parish Registrars for 2013 deaths.
Date that data are acquired	Data normally extracted in August for the previous calendar year.
Frequency	Annual
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 to support answers to Ministerial Questions.
Accuracy	Information received by Public Health is clerically checked, with additional validation on data entry. Data is also compared to previous year's figures.
Completeness	Deaths figures reported here are based on deaths occurring in calendar year 2013; as inquests can take up to 18 months to complete, there may be a small number of deaths that occurred in 2013 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.
Value Type	Numbers, percentages, crude rates and age-standardised rates are presented.
Amendment history	
Officer	Amendment date and detail
M Clarke	Report compiled August 2014 using 2013 deaths data as collated by Public Health from returns made by the Parish Registrars to the Superintendent Registrar.
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Embargo/confidentiality	Embargoed until 00:01 29 th August 2014
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Deaths of Jersey Residents in 2013

Summary:

This report presents statistics on deaths of Jersey residents registered for 2013. Death statistics include counts of death by age and sex, and by selected cause of death.

Data presented in this report are based on records of deaths that occurred in calendar year 2013, which were received from the Superintendent Registrars Office, along with data from the Viscount's Office, and processed by Public Health. Detailed information on the nature, sources and data handling are given in the Background Notes section of this report.

Key findings:

- In 2013, 717 Jersey residents died, comprised of 376 male and 341 female deaths;
- This latest total was some 7% lower than the total for the previous year, 2012, and similar to that of two years previously in 2011¹;
- The crude death rate was 720 deaths per 100,000 population per annum;
- The average (mean) age at death for Jersey residents in 2013 was 77;
- Cancer, circulatory diseases and respiratory diseases were the three largest causes of death;
- 217 deaths were due to cancer, with cancer of the digestive organs (mainly colorectal, liver and oesophageal) being the largest cause of all cancer deaths in 2013;
- Around a third (35%) of all deaths occurred in those below 75 years of age;
- There were 147 deaths to individuals of working age; three-fifths (59%) of these were male;
- Around 2,200 years of potential male life and around 1,500 years of potential female life were lost in 2013.

Introduction

The Health Intelligence Unit, part of the Public Health Directorate within Health and Social Services, provides information on the health of the population in order to inform health policy in Jersey.

This report presents figures which are calculated using population projections for 2013 based on the findings of the 2011 Census² and population projections provided by the States of Jersey Statistics Unit.

¹ See Reports on the Deaths of Jersey Residents 2011 and 2012, published by the States of Jersey Health Intelligence Unit, April 2014.

² For further information, please see 2012 Population Update Report, published by the States of Jersey Statistics Unit, June 2013.

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 preventable causes. Mortality statistics also feed into planning pensions and the social welfare system. Organisations such as the European Union and the United Nations also use mortality statistics for making international comparisons.

Total Deaths

In 2013, there were 717 deaths of Jersey residents; a decrease of 7% on the total for the previous year, 2012, and similar to that of two years previously, in 2011. There were more male deaths than female deaths in 2013, a change to the pattern seen in the previous year, 2012, where equal numbers of male and female residents died³. Of the total number of deaths of residents, 18 males and 8 females died outside of the Island.

Table 1: 2013 Deaths of Jersey Residents

	Male	Female	All
Total Deaths	376	341	717
Deaths off-Island	18	8	26
Deaths on-Island	358	333	691
Crude Death Rate (per 100,000 population)	764	676	720
Age standardised death rate (per 100,000 population)⁴	1,050	680	840
Average age at death	74	79	77
Life expectancy at birth⁵	80	86	83

Similar to the pattern seen in previous years, the average age of female deaths was some 5 years higher than the average age of death for males. Figure 1 shows the distribution of deaths in 2013 by age.

Figure 1 illustrates that between the ages of 55 and 84 years of age, more men than women died in each age group. In contrast, there were a greater number of female deaths in those aged 85 and over.

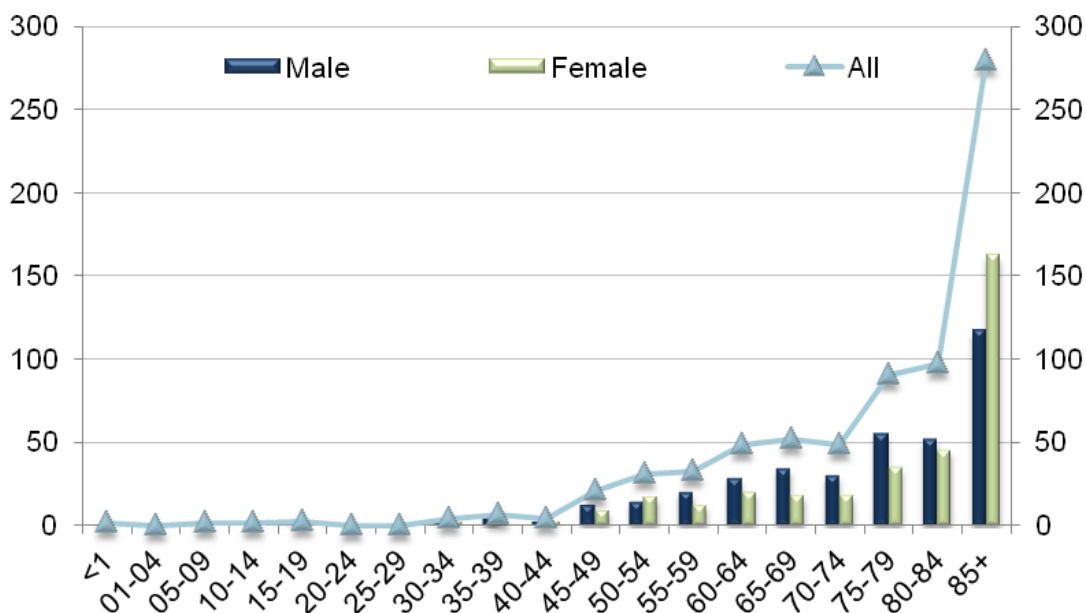
Life expectancy at birth was 80 for men and 86 for women.

³ This number may differ from previously published figures, due to the results of inquests being added into the figures once complete. This can take up to 18 months to occur.

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

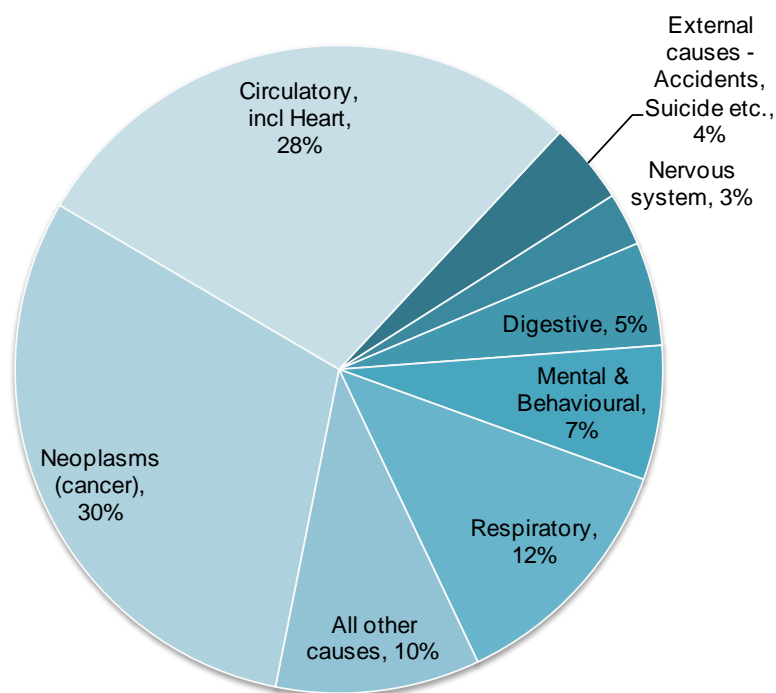
Figure 1: Total deaths in 2013 by age



Main Causes of Death

In 2013, cancer, circulatory diseases and respiratory diseases were the three largest causes of death for Jersey residents and accounted more than two-thirds (71%) of all deaths.

Figure 2: Main causes of deaths in 2013



Around one in four (28%) deaths in 2013 were the result of circulatory diseases, including Ischaemic heart disease (11%) and Stroke (7%). Cancer was the cause of almost a third (30%) of deaths, whilst respiratory diseases, such as Influenza and pneumonia and Chronic Lower Respiratory Disease, were the underlying cause of one in eight (12%) deaths.

Cancer (ICD-10 Codes C00-C97, D37-D48)

There were 217 deaths from cancer in 2013; the most common cancer site was the digestive organs, accounting for 60 deaths or 28% of all cancer deaths. In 2013, cancers of the digestive system comprised colorectal cancer (28%), liver cancer (20%), oesophagus cancer (15%), pancreatic cancer (13%), while cancers of the stomach, gall bladder and 'other digestive organs' (C26) make up the remainder.

Similar numbers of women died from cancer of the respiratory and intrathoracic organs (19%, mainly bronchus and lung) as from breast cancer (18%) in 2013; whilst more than a quarter (29%) were the result of cancer of the digestive organs (mainly colorectal and liver).

Around one in four (26%) of male cancer deaths were caused by cancer of the digestive organs (mainly liver, oesophagus, stomach and pancreas) whilst around one in five (22%) were the result of lung cancer (respiratory and intrathoracic organ cancer). One in six (16%) male cancer deaths were due to cancer of the male genital organs.

Table 2: Top five causes of death from Cancer in Jersey Residents in 2013

Male			Female		
Cancer Site	ICD Code	Percentage of Cancer Deaths	Cancer Site	ICD Code	Percentage of Cancer Deaths
Digestive organs (mainly liver, oesophagus pancreas and stomach)	C15-C26	26%	Digestive organs (mainly colorectal and liver)	C15-C26	29%
Respiratory & Intrathoracic (mainly lung cancer)	C30-C39	22%	Respiratory & Intrathoracic (mainly lung cancer)	C30-C39	19%
Male genital organs	C60-C63	16%	Breast	C50	18%
Malignant neoplasm of lymphoid, haematopoietic and related tissue	C81-C96	10%	Female genital organs	C51-C58	13%
Urinary tract	C64-C68	5%	Malignant neoplasm of ill-defined, secondary and unspecified sites	C76-C80	7%

Circulatory Diseases (ICD-10 Codes I00-I99)

In 2013, these diseases accounted for 204 deaths, a similar number to that recorded in 2012, and accounting for over a quarter (28%) of all deaths. The crude death rate for Circulatory diseases being 205 deaths per 100,000 population in 2013, maintaining the level seen in 2011 and 2012.

Deaths due to the diseases of the circulatory system are mostly accounted for by ischaemic heart disease (I20-I25) and cerebrovascular disease, commonly known as stroke (I60-I69), which accounted

for 11% and 7%, respectively, of all deaths of Jersey residents in 2013. The number of male deaths from ischaemic heart disease exceeds the number of female deaths, while a greater numbers of females than males died from a stroke.

Respiratory Diseases (ICD-10 Code J00-J99)

Respiratory diseases were the cause of almost 90 deaths of Jersey residents in 2013, accounting for 12% of all deaths. The crude death rate for respiratory diseases being 90 deaths per 100,000 population per annum.

Respiratory deaths included around 50 from Chronic Lower Respiratory Disease (J40-J47) and around another 20 deaths due to Pneumonia and Influenza (J10-J18), accounting for 7% and 3% of all deaths respectively.

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

The number of deaths from external causes registered to Jersey Residents in 2013 was around 30, accounting for one in every twenty-five deaths (4%). Two-thirds of these were due to accidents, such as falls and transport accidents.

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. In 2013, there were less than 10 such deaths known about at time of publication. All suicides are referred to the Viscount and take time to be fully investigated. Therefore there is a period of time between when a suicide occurs and when the death is registered.

Infant Deaths

In 2013, there were less than 5 deaths of those aged less than 1 year.

Premature Deaths

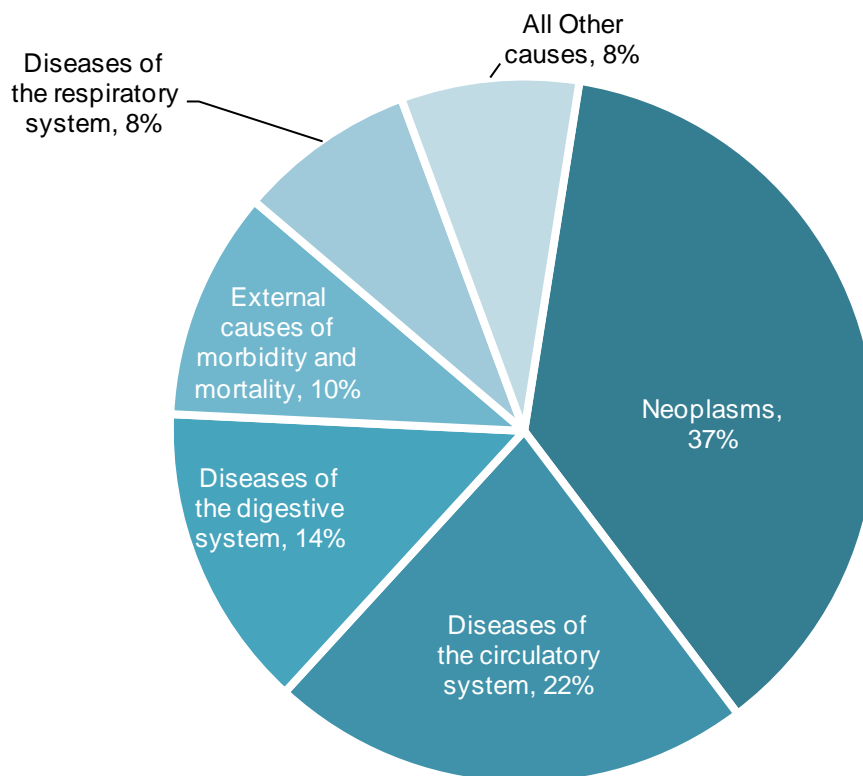
Around a third (35%) of all deaths in 2013 occurred in those under 75 years of age. The top causes of avoidable early deaths in men were ischaemic heart disease, cancer of the digestive organs (mainly oesophageal and liver cancers), lung cancer (cancer of the intrathoracic and respiratory organs) and chronic lower respiratory diseases. For females, premature deaths were caused mainly by breast cancer, cancer of the digestive organs, lung cancer and chronic lower respiratory diseases.

Estimating the number of years of life lost by these premature deaths provides a measure of the impact of the avoidable mortality in a population. There were around 3,700 potential years of life lost in Jersey in 2013; male death contributed around 2,200 to this total.

Working Age Deaths

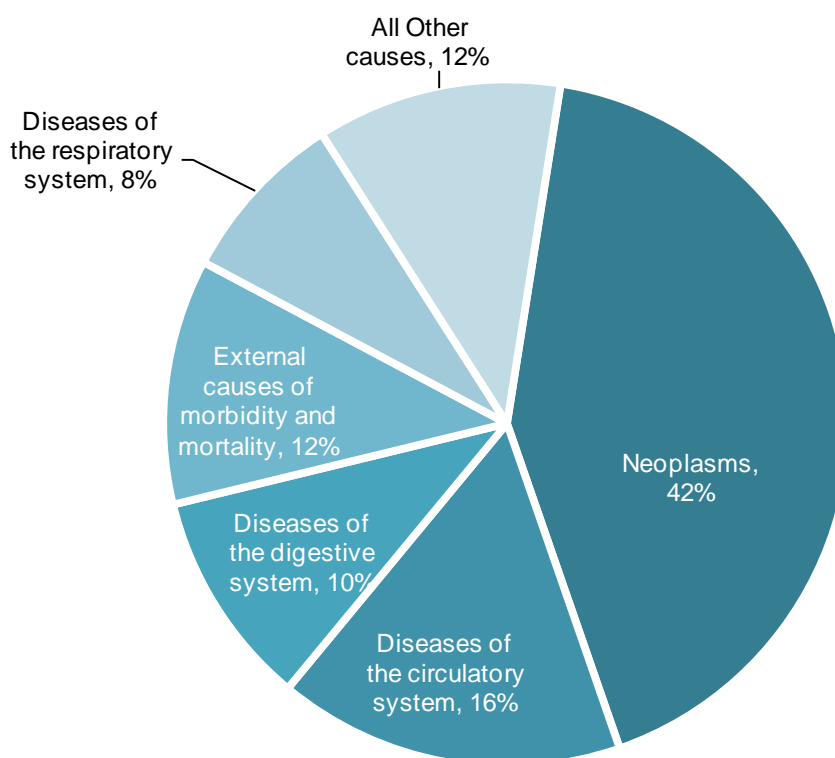
In 2013, there were 147 deaths to individuals of working age⁶; three-fifths (59%) of these were male. The main causes of working age male deaths are shown in Figure 3. There were 61 deaths of working age females in 2013, around two-fifths (42%) were the result of cancer, as shown in Figure 4.

Figure 3: Main causes of male working-age deaths in 2013



⁶ Persons aged 16-64 years

Figure 3: Main causes of female working-age deaths in 2013



Old Age Deaths

In 2013, around 280 registered deaths were to those aged 85 years and over. Around three-fifths (58%) were female deaths; this is due to higher numbers of older women in the population and a comparatively lower life expectancy for men.

Seasonality

Typically more deaths occur in winter months; however, in 2013 the greatest number of deaths occurred in March (73) whilst the fewest deaths (47) occurred in August. Around a fifth (22%) of deaths occurred in the summer months of June, July and August, whilst the greatest proportion of deaths (28%) occurred in the spring months of March, April and May. This differs somewhat from previous years, which saw the greatest proportion of deaths occur during the winter months of December, January and February.

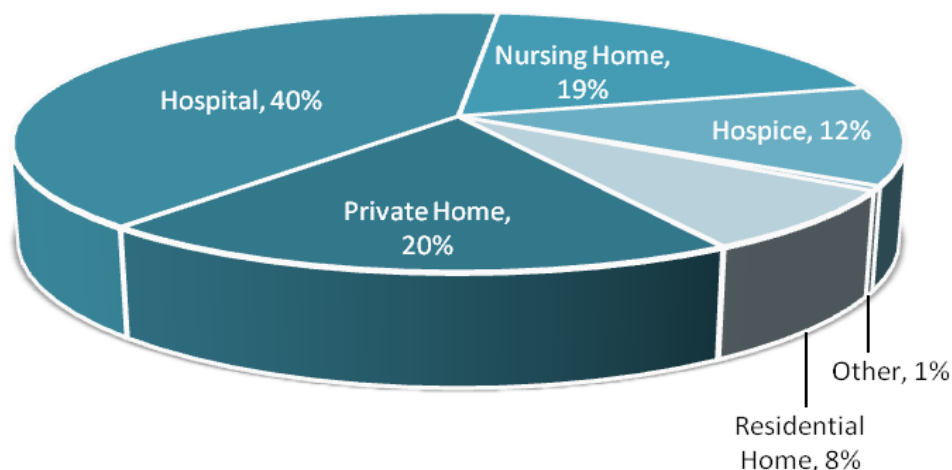
Place of Death

Of the 717 deaths of Jersey residents registered for 2013, two-fifths (40%) of those who died in Jersey did so in a hospital whilst around a fifth (19%) died in a nursing home. One in five (20%) on-Island deaths occurred in a private home, whilst an eighth (12%) place at the Hospice, as shown in Figure 5. The proportion of deaths on-Island occurring in hospital has steadily decreased in recent years, from half

of all deaths in 2009 and 2010, to 40% in the latest year. Conversely, deaths in private homes and hospice have increased over the same period.

Of those resident's whose deaths occurred outside of the Island in 2013, four-fifths (81%) died in a hospital.

Figure 5: Where deaths occurred in Jersey in 2013



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 2013 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 2013.
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% 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 2013 data are calculated using the average of the 2012 and 2013 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. The 2013 death report is the first report in this series to use the 2013 standard population to allow easier comparison to contemporary reports from other jurisdictions.
13. All enquiries and feedback should be directed to:

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