

Report on the Deaths of Jersey Residents 2012

HIU INFORMATION READER

Document purpose	Report on the Deaths of Jersey Residents in 2012
------------------	--

Title	Report on the Deaths of Jersey Residents 2012
Author	Health Intelligence Unit
Publication date	25 th April 2014
Target audience	Public
Circulation list	Viscounts Office, HSSD staff, CMEX, Statistics Unit, Superintendent Registrar
Description	Annual report on deaths for 2012
Amendment history	
Officer	Amendment date and detail
M Clarke	Report compiled March 2014 using 2012 deaths data and applying revised population total and structure based on information published by the States of Jersey Statistics Unit on Population Update 2012.
Contact details	HealthIntelligence@health.gov.je

Embargo/confidentiality	Embargoed until 00:01 25 th April 2014
-------------------------	---

Deaths of Jersey Residents in 2012

Summary:

This report presents statistics on deaths of Jersey residents registered for 2012. 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 2012, 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 2012, 774 Jersey residents died, comprised of 386 male and 388 female deaths;
- This latest total was some 6% higher than the total for the previous year, 2011, and 3% less than that of two years previously in 2010¹;
- The crude death rate was 785 deaths per 100,000 population per annum;
- The average (mean) age at death for Jersey residents in 2012 was 77;
- Cancer, circulatory diseases and respiratory diseases were the three largest causes of death;
- 250 deaths were due to cancer, with cancer of the digestive organs being the largest cause of all cancer deaths in 2012;
- A third (34%) of all deaths occurred in those below 75 years of age;
- There were 146 deaths to individuals of working age; two-thirds (66%) of these were male;
- Around 2,500 years of potential male life and around 1,300 years of potential female life were lost in 2012.

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 the updated population for 2012 based on the findings of the 2011 Census² and population projections published by the States of Jersey Statistics Unit.

¹ See Reports on the Deaths of Jersey Residents 2010 and 2011, published by the States of Jersey Health Intelligence Unit, September 2013 and January 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 2012, there were 774 deaths of Jersey residents; an increase of 6% on the total for the previous year, 2011, and 3% less than that of two years previously, in 2010. Similar numbers of male and female deaths were recorded in 2012, a change to the pattern seen previously when male deaths outnumbered female deaths³. Of the total number of deaths of residents, 4 males and 7 females died outside of the Island.

Table 1: 2012 Deaths of Jersey Residents

	Male	Female	All
Total Deaths	386	388	774
Deaths off-Island	4	7	11
Deaths on-Island	382	381	763
Crude Death Rate (per 100,000 population)	794	777	785
Age standardised death rate (per 100,000 population) ⁴	610	414	506
Average age at death	73	81	77
Life expectancy at birth ⁵	79	84	82

Similar to previous years, the average age of female deaths was some 8 years higher than the average age of death for males. Figure 1 shows the distribution of deaths in 2012 by age.

Figure 1 shows that between the ages of 50 and 64 years of age and between 70 and 84 years, 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.

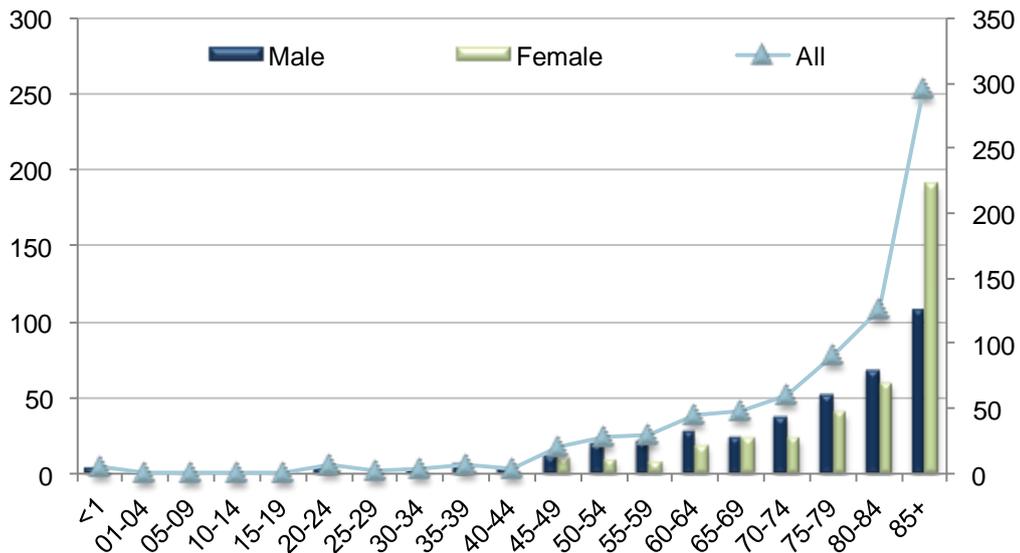
Life expectancy at birth was 79 for men and 84 for women.

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 1976 European Population; this adjusts for differences in age and sex structures between populations and allows comparisons to be made.

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.

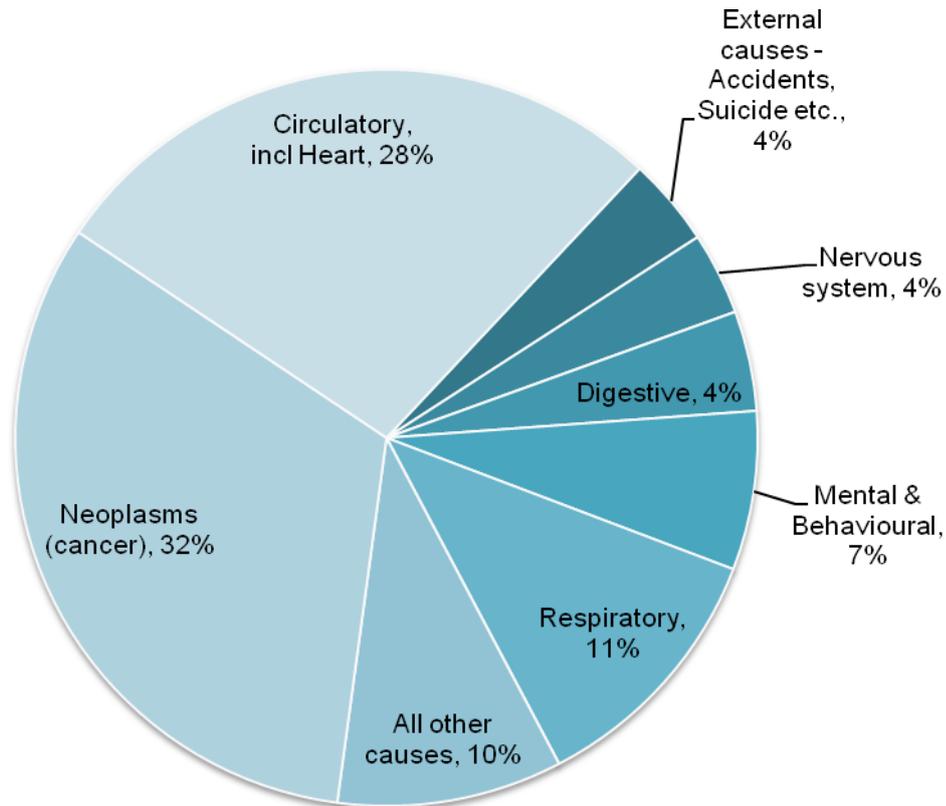
Figure 1: Total deaths in 2012 by age



Main Causes of Death

In 2012 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 2012



Around one in four (28%) deaths in 2012 was the result of circulatory diseases, including Ischaemic heart disease (11%) and Stroke (9%). Cancer was the cause for a third (32%) of deaths, whilst respiratory diseases, such as Influenza and pneumonia and Chronic Lower Respiratory Disease, were the underlying cause of one in nine (11%) deaths.

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

There were 250 deaths from cancer in 2012; the most common cancer site was the digestive organs, accounting for 75 deaths or 30% of all cancer deaths. In 2012, cancers of the digestive system comprised pancreatic cancer (32%), oesophagus cancer (21%), colorectal cancer (19%), liver cancer (11%), while cancers of the stomach, gall bladder and 'other digestive organs' (C26) make up the remainder.

A similar number of women died from cancer of the respiratory and intrathoracic organs (18%, mainly bronchus and lung) as breast cancer (17%) in 2012; whilst around one in three (30%) were the result of cancer of the digestive organs (mainly pancreatic and oesophageal).

Around one in three (30%) of male cancer deaths were caused by cancer of the digestive organs (mainly colorectal, pancreas and oesophagus) whilst around one in five (22%) were the result of lung cancer (respiratory and intrathoracic organ cancer). One in ten (10%) male cancer deaths were due to cancer of the urinary tract.

Table 2: Top five causes of death from Cancer in Jersey Residents in 2012

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	30%	Digestive organs (mainly pancreas and oesophagus)	C15-C26	31%
Respiratory & Intrathoracic (mainly lung cancer)	C30-C39	22%	Respiratory & Intrathoracic (mainly lung cancer)	C30-C39	18%
Urinary tract	C64-C68	10%	Breast	C50	17%
Male genital organs	C60-C63	7%	Malignant neoplasm of ill-defined, secondary and unspecified sites	C76-C80	7%
Lip, oral cavity and pharynx	C00-C14	6%	Female genital organs	C51-C58	6%

Circulatory Diseases (ICD-10 Codes I00-I99)

In 2012, these diseases accounted for 213 deaths, a similar number to that recorded in 2011, and accounting for over a quarter (28%) of all deaths. The crude death rate for Circulatory diseases being 216 deaths per 100,000 population in 2012, maintaining the level seen in 2010 and 2011 (around 220 per 100,000).

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 9%, respectively, of all deaths of Jersey residents in 2012. 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 2012, accounting for 11% of all deaths. The crude death rate for respiratory diseases being 90 deaths per 100,000 population per annum, maintaining the level seen in 2011 (89 per 100,000 population) which itself represented a 25% decrease on the previous year, 2010, (118 per 100,000 population).

Respiratory deaths included around 40 from Chronic Lower Respiratory Disease (J40-J47) and around another 30 deaths due to Pneumonia and Influenza (J10-J18), accounting for 5% and 4% 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 2012 was 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 2012, there were 11 such deaths. 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 2012, there were 5 deaths of those aged less than 1 year.

Premature Deaths

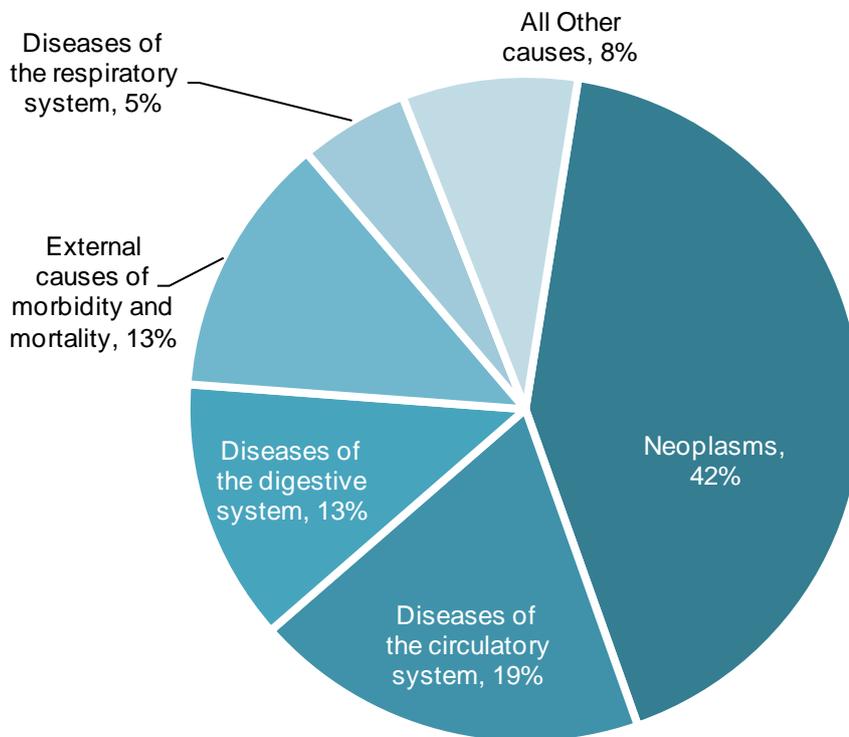
A third (34%) of all deaths in 2012 occurred in those under 75 years of age. The top causes of avoidable early deaths in men were cancer of the digestive organs (mainly pancreatic and oesophageal cancers), lung cancer (cancer of the intrathoracic and respiratory organs), ischaemic heart disease and liver disease. For females, premature deaths were caused mainly by lung cancer, breast cancer, cancer of the digestive organs 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 3,800 potential years of life lost in Jersey in 2012; male death contributed around 2,500 to this total.

Working Age Deaths

In 2012, there were 146 deaths to individuals of working age⁶; two-thirds (66%) of these were male. The main causes of working age male deaths are shown in Figure 3. There were 50 deaths of working age females in 2012, around two-fifths (44%) were the result of cancer.

Figure 3: Main causes of male working-age deaths in 2012



Old Age Deaths

In 2012, around 300 registered deaths were to those aged 85 years and over. Around two-thirds (64%) 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; in 2012 this pattern was seen with the greatest number of deaths occurring in January (86) and December (73) whilst the fewest deaths (49) occurred in July and in August. A fifth (20%) of deaths occurred in the summer months of June, July and August, whilst the greatest proportion of deaths occurred in the winter months of January, February and December.

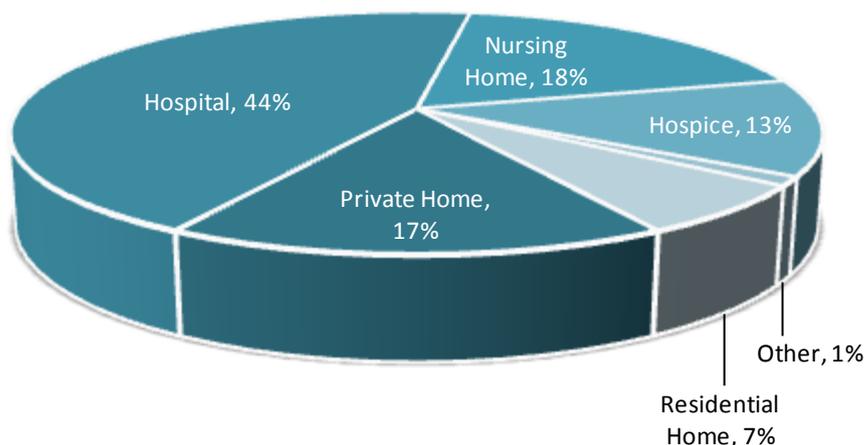
⁶ Persons aged 16-64 years

Place of Death

Of the 774 deaths of Jersey residents registered in 2012, more than two-fifths (44%) of those who died in Jersey did so in a hospital whilst around a sixth (18%) died in a nursing home. Around one in six (17%) on-Island deaths occurred in a private home, whilst an eighth (13%) place at the Hospice, as shown in Figure 4.

Of those resident's whose deaths occurred outside of the Island, four-fifths (82%) died in a hospital.

Figure 4: Where deaths occurred in Jersey in 2012



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 registered within 5 days of the date of death.
2. The number of deaths may differ from previously published figures for 2012 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 2012.
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 2012 data are calculated using the average of the 2011 and 2012 end-year population estimates as published 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. All enquiries and feedback should be directed to:

Health Intelligence Unit
Public Health
Maison Le Pape
The Parade
St Helier
JE2 3PU
HealthIntelligence@health.gov.je.