

Public Health Directorate Profile



Subject: Further Mortality Report 2020
Date: 24 March 2022

Background

This publication comes further to the Jersey Annual Mortality Report (2020)¹ and contains additional analyses of Jersey's 2020 mortality data. This is the first time a report of this format has been published in Jersey. The report has been produced to enrich our understanding of mortality trends in Jersey, and so that key indicators can be compared to the UK. We would welcome feedback on the indicators included².

The report presents figures for Jersey on the deaths of those under 75 years due to causes that are considered avoidable in the presence of timely and effective healthcare (treatable deaths) or public health interventions³ (preventable deaths). The report also presents statistics on excess deaths from all causes and excess winter mortality, and the standard years of life lost (SYLL) which is a measure of the number of years lost when a person dies prematurely from any cause.

Key findings

- one in five of all coded deaths (20%) in Jersey were from causes considered avoidable through timely and effective healthcare or public health interventions; 23% of male deaths and 18% of female deaths
- avoidable, preventable, and treatable mortality rates for Jersey were lower than that for England in 2020⁴
- the avoidable mortality rate for deaths due to coronavirus (COVID-19) in Jersey (which includes only deaths in those aged under 75) was 8 deaths per 100,000 people; Jersey's rate was lower than Wales, England and Scotland (36, 35 and 29 deaths per 100,000 people respectively)⁵
- of the avoidable deaths, 64% could be attributed to conditions considered preventable and 36% could be attributed to treatable conditions
- fewer than five deaths of children and young people in Jersey were considered avoidable
- there were spikes in the number of monthly excess deaths, which coincided with surges in COVID-19 infections in April 2020 and December 2020
- the excess winter mortality index in Jersey in winter 2020 to 2021 was significantly higher than in winter 2019 to 2020, but was similar to some previous winters such as winter 2014 to 2015
- amongst those who died due to avoidable causes, males lost on average 25 years of potential life, while females lost 24 years of potential life

¹ Jersey Mortality Statistics 2020 www.gov.je/AnnualMortalityReport2020.pdf

² Correspondence can be directed by email to HealthIntelligence@gov.je

³ Interventions to tackle the causes of disease or health issues in a population

⁴ The latest data available for England and Wales from the Office of National Statistics relates to 2020.

⁵ Source: [Avoidable mortality in England and Wales – supplementary data tables - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/data/datatables/avoidable-mortality-in-england-and-wales-supplementary-data-tables-office-for-national-statistics)

Jersey Further Mortality 2020

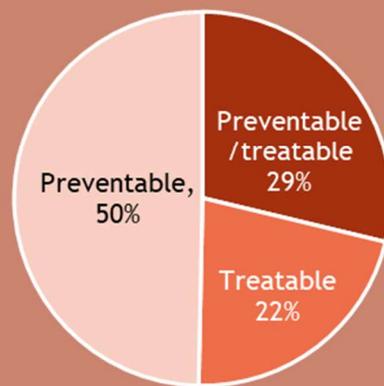
Around 1 in 5 of all deaths were classified as avoidable in 2020, with cancers and diseases of the circulatory system being the main causes. However, the rate of avoidable mortality in Jersey was significantly lower than that in England.

In 2020 overall, Jersey did not see excess mortality. Some burden of COVID-19 deaths was seen in months when the Island saw waves of infection, but the rate of COVID-19 mortality was lower on-Island than in England.

20%



of all deaths in Jersey were from causes considered avoidable



of avoidable deaths in 2020

Avoidable, preventable, and treatable mortality rates for Jersey were lower than that for England



Of those who died due to avoidable causes



Males lost on average 25 years of potential life



Females lost on average 24 years of potential life

The mortality rate for COVID-19 was lower than England, Scotland and Wales



COVID-19



Spikes in numbers of excess deaths coincide with surges in COVID-19 infections

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Introduction

This report comes further to the Jersey Annual Mortality Report (2020)⁶ and contains additional analyses of Jersey's 2020 mortality data.

The report presents figures for Jersey on the deaths of those under 75 years due to causes that are considered avoidable in the presence of timely and effective healthcare (treatable deaths) or public health interventions⁷ (preventable deaths). Data in this release have been created using the international avoidable mortality definition created by an Organisation for Economic Co-operation and Development (OECD) working group, and adopted by the ONS in 2020⁸. Coronavirus (COVID-19) has been assigned as a preventable cause of death, when occurring in those aged under 75.

Avoidable mortality is based on the concept that premature deaths from certain conditions should be rare, and in principle should not occur in the presence of timely and effective health care⁹; avoidable mortality is used as an indicator to measure the contribution of such health care. However, avoidable mortality is not intended to serve as a definitive source of evidence of differences in the effectiveness of healthcare systems between areas. Rather, it was designed to highlight areas of potential weakness in healthcare that could benefit from further in-depth investigation.

While a particular condition may be considered avoidable, not every death from that condition could, in practise, be prevented. This is because factors such as lifestyle, age, extent of disease progression and the potential existence of other medical conditions are not taken into account in the definition of avoidable mortality. Therefore, a degree of caution is recommended when interpreting the data.

The report also presents statistics on excess deaths which are estimated by comparing the number of observed deaths for **ALL AGES** during 2020 with the number of deaths that would have been expected had there been no pandemic.

Additional statistics are also presented for Jersey for standardised years of life lost (SYLL). This is a measure of the number of years lost when a person dies prematurely from any cause.

Numbers of deaths in this report are independently rounded to the nearest 10. Rates and percentages are calculated using actual numbers.

⁶ Jersey Mortality Statistics 2020 www.gov.je/AnnualMortalityReport2020.pdf

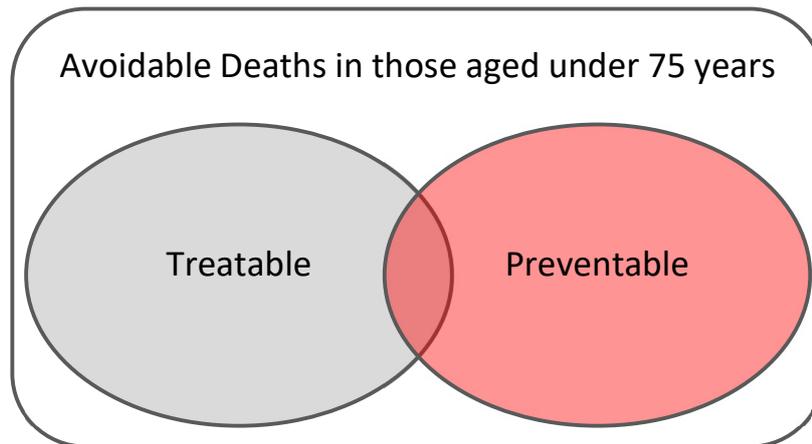
⁷ Interventions to tackle the causes of disease or health issues in a population

⁸ [Avoidable mortality in the UK QMI - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/avoidable-mortality-in-the-uk-qmi)

⁹ The ability of primary care, hospital care and personalised health services to diagnose and treat health issues once they have occurred

Definitions

Avoidable mortality in this report has been analysed using the international avoidable mortality definition¹⁰, and looks only at **deaths occurring in those aged under 75 years** at time of death.



Treatable mortality:

- a death is considered treatable if the individual is aged under 75 years, and the cause of death could be mainly avoided through timely and effective health care interventions, including secondary prevention and treatment (i.e., after the onset of diseases, to reduce case-fatality). For example, deaths from asthma could be prevented by better management of the condition including personal asthma plans for patients, timely reviews of asthma care, and the prescription of more appropriate drugs.

Preventable mortality:

- a death is considered preventable if the individual is aged under 75 years, and in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be prevented by public health interventions in the broadest sense. For example, alcohol-related deaths may be prevented by use of evidence-based prevention strategies to inhibit excessive alcohol use and related harms in a community

Avoidable mortality

- avoidable deaths include all deaths defined as either preventable or treatable, as described above. In cases when there was no strong evidence of predominance of preventability or treatability (e.g. ischaemic heart disease, stroke, diabetes), the deaths are counted only once in the avoidable category, to avoid double-counting the same cause of death¹¹

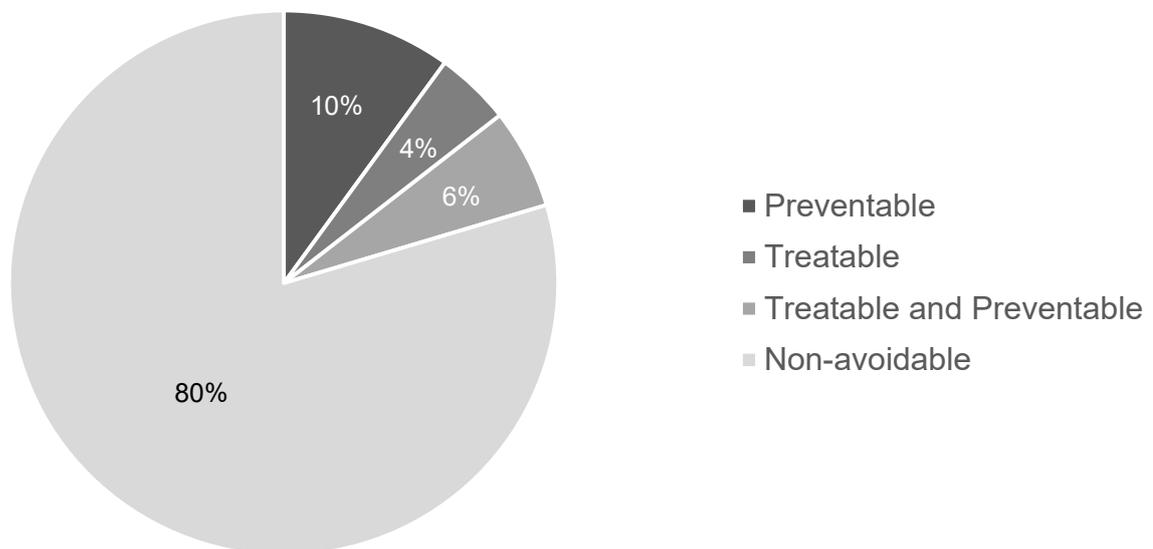
¹⁰ www.ons.gov.uk/Avoidable-Mortality-in-England-and-Wales-QMI

¹¹ [Avoidable mortality \(preventable and treatable\) | Health at a Glance 2019 : OECD Indicators | OECD iLibrary \(oecd-ilibrary.org\)](#)

Avoidable Deaths

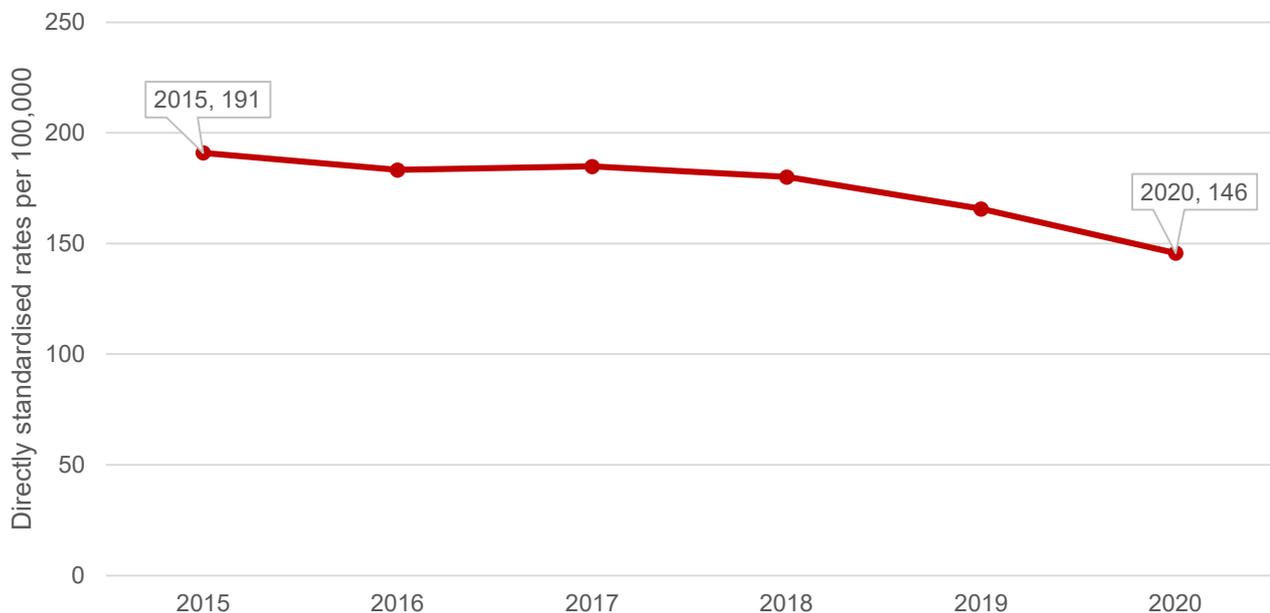
In 2020, one in five (20%) deaths in Jersey were from causes considered avoidable (150 deaths). The majority (58%) of these deaths were of males.

Figure 1. Avoidable deaths by proportion of overall mortality, Jersey, 2020



The age-standardised avoidable mortality rate (ASMR) per 100,000 population in Jersey was 146 in 2020. The rate has fallen since 2015, but not significantly.

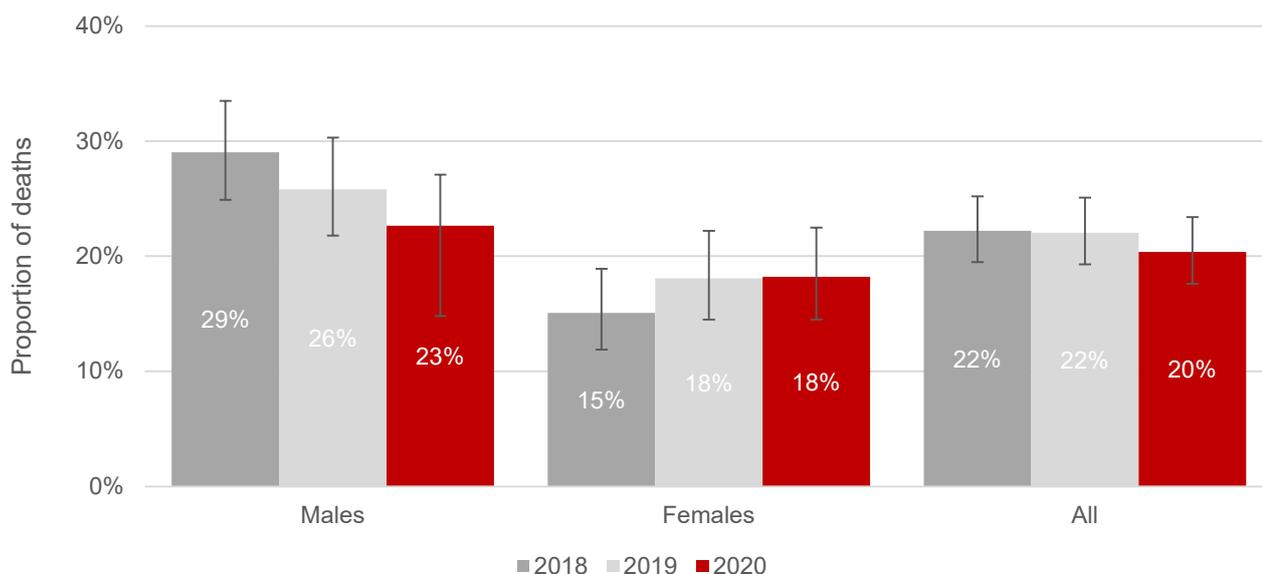
Figure 2. Age-standardised avoidable mortality rates by persons, Jersey, 2015 to 2020



Around one in four (23%) of male deaths were from avoidable causes (90 deaths) compared with around one in six (18%) of female deaths (60 deaths), as shown in Figure 3. A similar pattern was seen in 2019 when 26% of male and 18% female deaths, respectively, were classed as avoidable.

In 2020, the age-standardised avoidable mortality rate (ASMR) of males was 172 deaths per 100,000, and the rate for females was 120 deaths per 100,000 population.

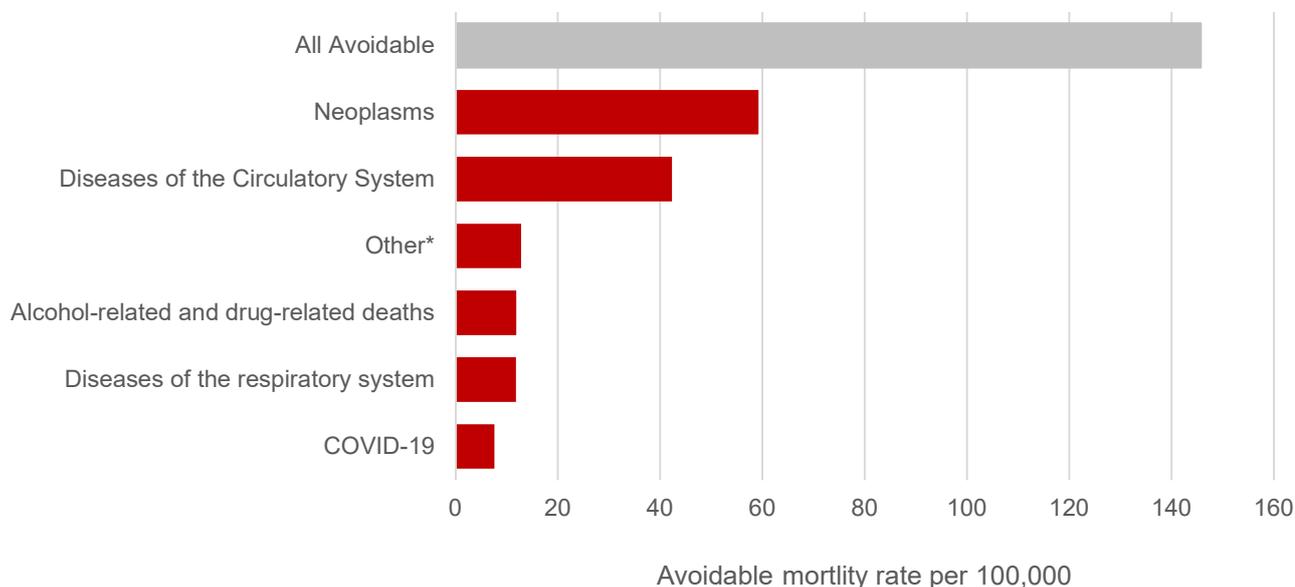
Figure 3: Deaths considered avoidable as a proportion of all deaths, 2018-2020



Main Causes of Avoidable Deaths

For broad cause groups¹², the leading cause of avoidable deaths was neoplasms (cancers and other non-cancerous tissue growths), with an age standardised mortality rate (ASMR) of 59 per 100,000 population.

Figure 4: Avoidable mortality rates by broad cause group, 2020



*The 'other' cause group consists of Infectious diseases, Nutritional, endocrine, and metabolic disorders, Diseases of the nervous system, Diseases of the digestive system, Diseases of the genitourinary system, Pregnancy, childbirth and the perinatal period conditions, Congenital malformations, Adverse effects of medical and surgical care, and Alcohol-related and drug-related deaths and COVID-19. Coronavirus (COVID-19) has recently been added to the avoidable mortality definition¹³. As is standard for avoidable mortality causes, only COVID-19 deaths in those ages under 75 are considered avoidable.

¹² Broad cause groups refer to the highest level of coding within the International Statistical Classification of Diseases, Injuries and Causes of Death (tenth revision, ICD-10) used to code the underlying cause of death.

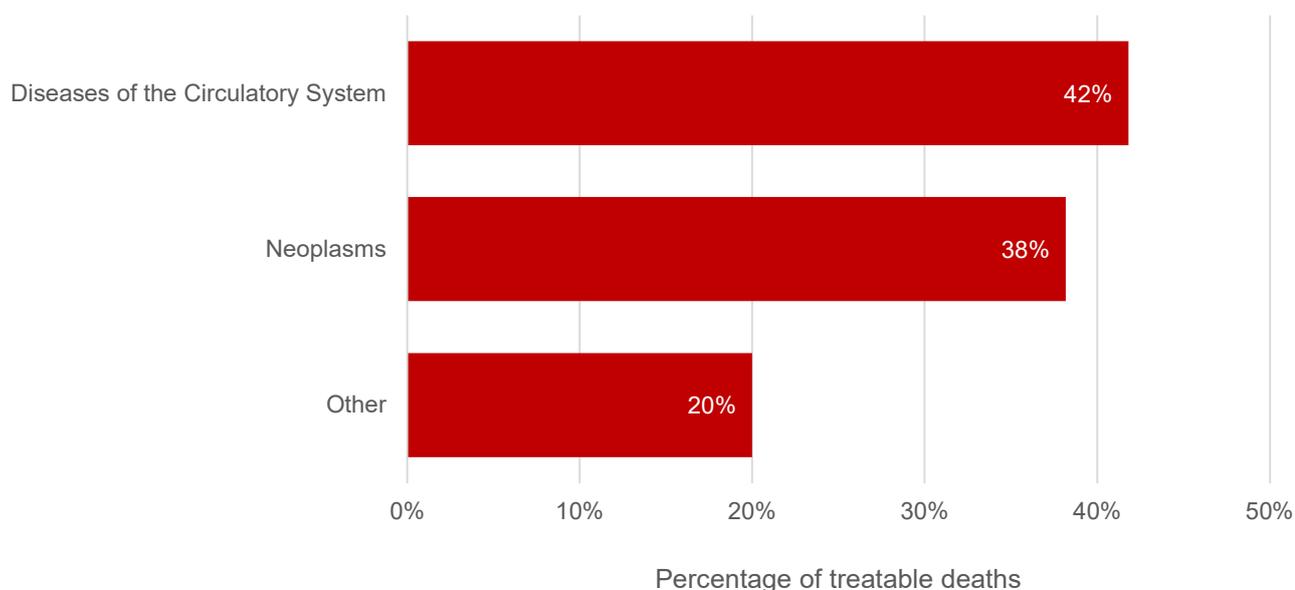
¹³ www.ons.gov.uk/Avoidable-Mortality-in-England-and-Wales-QMI

Treatable Deaths

There were 60 deaths from causes considered treatable to healthcare in 2020 in Jersey, representing an age standardised mortality rate (ASMR) of 52 per 100,000 population. This was similar to both the rate and number seen in the previous year, 2019, in which there were 60 deaths attributed to treatable causes, corresponding to an ASMR of 56 per 100,000 population.

The largest causes of treatable deaths were Diseases of the circulatory System and neoplasms (Figure 5). Both were responsible for 20 deaths each, and for four in five (80%) of all deaths due to treatable causes.

Figure 5: Breakdown of treatable deaths (percentage), 2020



Breaking “Diseases of the Circulatory System” down further, ischaemic heart disease (coronary heart disease) was the main sub-category and responsible for 27% of all treatable deaths.

Colorectal Cancer and Breast Cancer were the main sub-categories of preventable Neoplasm deaths. Both were responsible for 18% of all treatable deaths respectively.

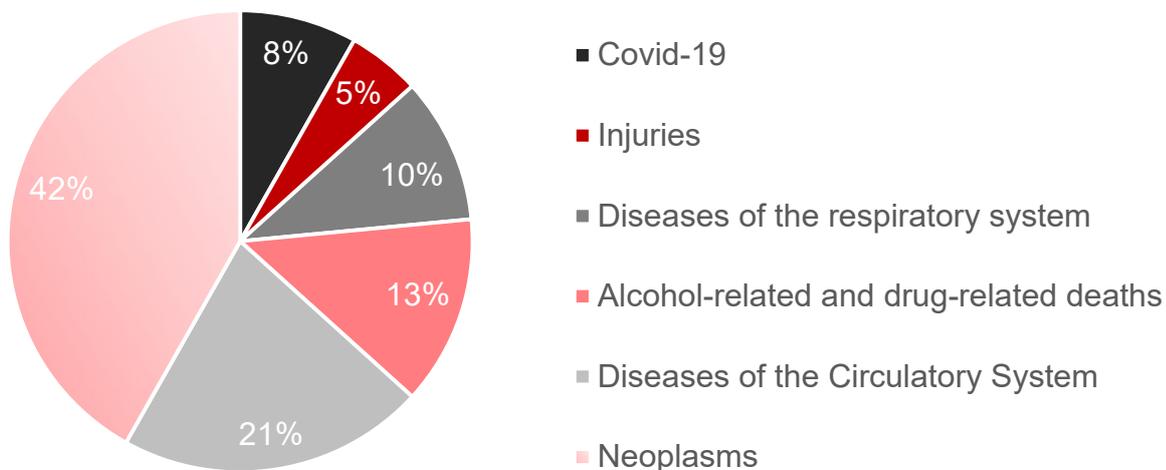
The ASMR for males and females were not significantly different for deaths from treatable causes.

Preventable Deaths

There were 100 deaths in 2020 from causes considered preventable in light of public health interventions, corresponding to an ASMR of 93 per 100,000 population.

The ASMR of preventable deaths has remained similar over the period 2015 to 2020. Neoplasms (cancers) are the predominant cause of preventable death, representing two fifths of all preventable deaths in Jersey (an ASMR of 59 deaths per 100,000 population). Diseases of the circulatory system were the second major cause of preventable death in 2020 with 20 deaths (an ASMR of 25 deaths per 100,000 population).

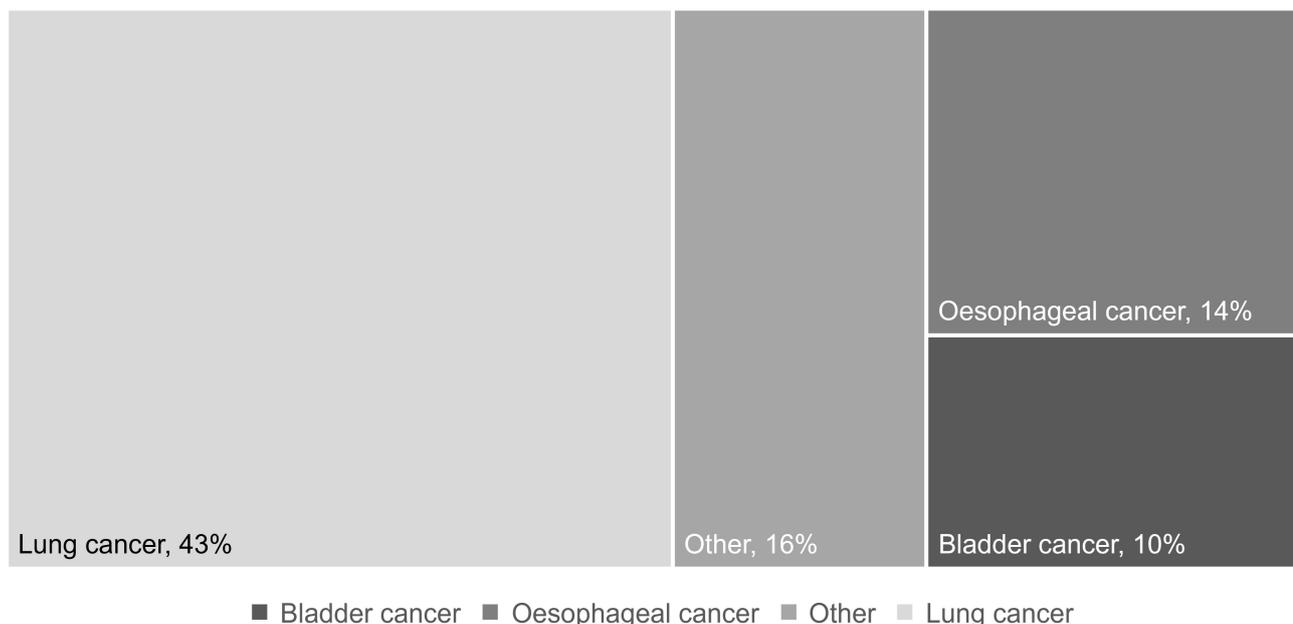
Figure 6: Breakdown of preventable deaths, 2020



The 2020 ASMR for preventable male deaths was 118 per 100,000 male population, compared to 70 per 100,000 for the female population. This difference was not statistically significant. Rates for males and females were similar for diseases of the Circulatory System, neoplasms, diseases of the respiratory system and injuries.

A breakdown of the specific types of neoplasm (cancer) responsible for preventable deaths (Figure 7) shows that lung cancer remains the largest individual cancer type causing preventable deaths, followed by oesophageal and bladder cancers. The 'Other' category consists of neoplasms of the skin, cervix, skin, lip, oral cavity and pharynx, stomach and Liver cancers.

Figure 7: Specific neoplasms responsible for preventable deaths, 2020



Comparisons to England

In Jersey 20% of all deaths are avoidable, whilst in England the proportion is 23%. The avoidable mortality rate in Jersey in 2020 was 146 per 100,000 population, a statistically lower rate to that for England (257 per 100,000).

Table 1: Age-standardised rates of avoidable mortality per 100,000 population: 2020, Jersey and England¹⁴. An asterisk indicates where the Jersey rate is significantly lower than the value for England.

	Rate per 100,000 population								
	Avoidable Mortality			Treatable Mortality			Preventable Mortality		
	Male	Female	All	Male	Female	All	Male	Female	All
Jersey	172*	120*	146*	54*	51	52*	118*	70*	93*
England	324	193	257	90	72	81	234	120	175

Source: [Avoidable mortality in England and Wales – supplementary data tables - Office for National Statistics \(ons.gov.uk\)](#)

Avoidable Deaths

The overall rate of avoidable, treatable, and preventable mortality in Jersey in 2020 was significantly lower than the rates in England. Neoplasms (cancers) were the leading contributor to **avoidable deaths**, causing 34% of avoidable deaths in England, and 41% of deaths in Jersey. The avoidable mortality rate for neoplasms was found to be statistically similar in Jersey to that for England and Wales (59 in Jersey; 81 in England, 95 in Scotland and 97 per 100,000 population in Wales)

Preventable Deaths

Neoplasms (cancers) were the leading cause of **preventable deaths** in Jersey and England and Wales in 2020. The preventable mortality rate for neoplasms was lower in Jersey than in England and Wales (39 deaths per 100,000 population, compared with 73 per 100,000 in England and Wales).

Treatable Deaths

The main causes of **treatable deaths** in both jurisdictions were diseases of the circulatory system and neoplasms; the rates for diseases of the circulatory system in Jersey (22 per 100,000) were lower than the rates in England (34), Scotland (39) and Wales (42 per 100,000 population); the rates for Neoplasms (20 per 100,000) were lower than the rates in England (26), Scotland (29) and Wales (31 per 100,000 population)

Contribution of COVID-19 to Avoidable Mortality

Coronavirus (COVID-19) deaths in those aged under 75 are now included in the avoidable mortality definition. The 2020 avoidable mortality rate for deaths due to coronavirus (COVID-19) in Jersey was around a quarter of that seen in the UK, with 8 deaths per 100,000 people in Jersey compared to 35 deaths per 100,000 people in England, 36 per 100,000 in Wales, and 29 per 100,000 in Scotland.

If COVID-19 deaths are excluded, Jersey's avoidable mortality rate in 2020 remained significantly lower than England's, and Jersey also saw a lower avoidable mortality rate than England before the pandemic in 2019 (Figure 8). This indicates that the difference in avoidable mortality between Jersey and England is unlikely to be solely due to a lower burden of pandemic-related deaths on-Island.

¹⁴ www.ons.gov.uk/Avoidable-Mortality-in-England-and-Wales-2020

Figure 8: Age-standardised rates of avoidable mortality per 100,000 population: 2019 and 2020



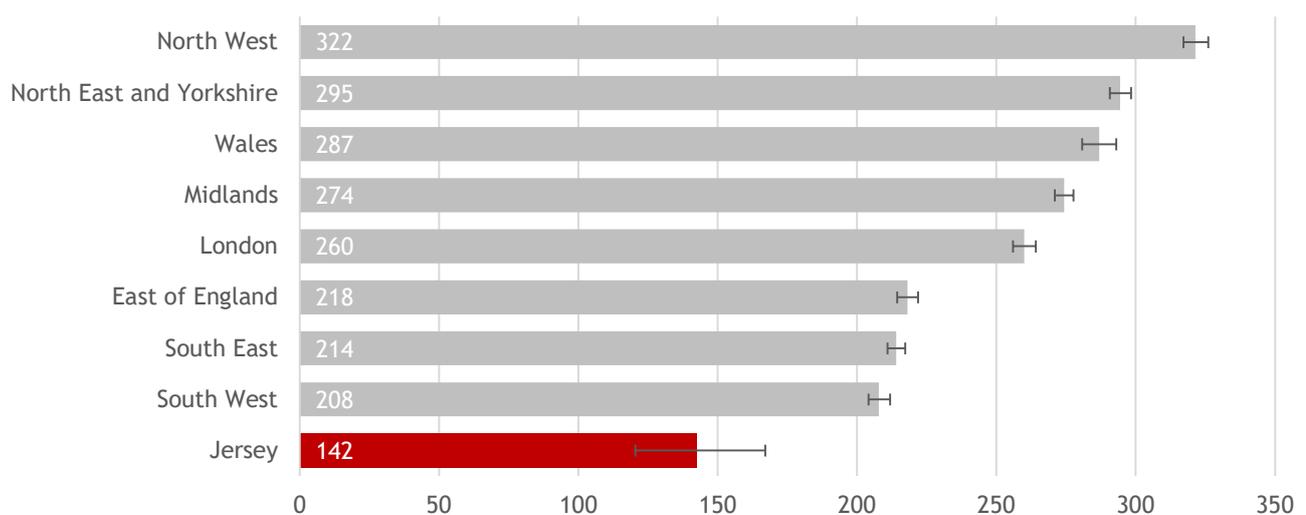
Source: [Avoidable mortality by Clinical Commissioning Groups in England and Health Boards in Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Comparisons to English Regions

In 2020, there were statistically significant differences in preventable mortality across regions in England and Wales¹⁵. The North West had the highest rate, with 322 deaths per 100,000. The South West had the lowest rate, with 208 deaths per 100,000.

The avoidable mortality rate in Jersey was significantly lower than all the English regions (Figure 9).

Figure 9: Age-standardised avoidable mortality rates for all persons, English regions, 2020



Source: *Public Health Intelligence and ONS*

¹⁵ Source: [Avoidable mortality by Clinical Commissioning Groups in England and Health Boards in Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Avoidable Deaths Amongst Children and Young People

In 2020, there were fewer than five deaths of children and young people in Jersey considered avoidable through good quality healthcare and public health interventions.

Excess Winter Deaths

Typically, more deaths are seen over the winter months. The number of excess winter deaths (EWD) and the Excess Winter Mortality Index (EWMI) are statistical measures of the increase in mortality during winter months, and allow the winter mortality burden to be compared across years. To calculate EWD, winter deaths (December to March) are compared with non-winter months (the preceding August to November and following April to July)¹⁶. Note that waves of COVID-19 infection affected the island in some winter and non-winter months, and that this could impact on the comparability of excess winter mortality during the pandemic to previous years. Interpretation should be cautious for results for 2019-20 and 2020-21 winters.

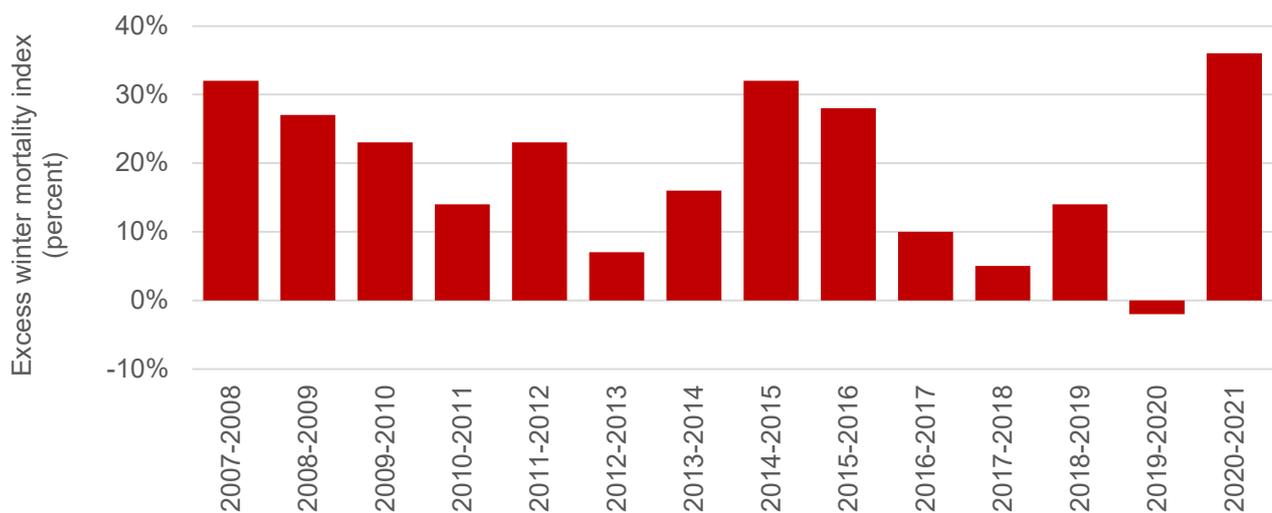
- an estimated 80 excess winter deaths occurred in Jersey in winter 2020 to 2021; significantly higher than winter 2019 to 2020, but similar to that seen in previous winters such as in 2014-2015
- COVID-19 and diseases of the circulatory system were the leading causes of excess winter mortality in 2020 to 2021, accounting for 33% of all excess winter deaths respectively
- diseases of the respiratory system accounted for 25% of all excess winter deaths in 2020 to 2021
- the excess winter mortality index (EWMI) in 2020 to 2021 showed that 36% more deaths occurred in the winter months compared with the non-winter months in Jersey
- Jersey's EWMI was similar when compared with England and Wales in 2020-2021; 36 in Jersey, compared with 36 and 32 in England and Wales respectively
- in comparison with the two previous winter periods, the excess winter mortality index in Jersey significantly increased across the age groups 75-79 years for females, and 80-84 to 85-89 years for both sexes in 2020 to 2021

Table 2: Excess winter deaths (number), Excess Winter Mortality Index

Winter Period	Number of excess deaths	Excess Winter Mortality Index
2007-08	70	32
2008-09	60	27
2009-10	60	23
2010-11	30	14
2011-12	50	23
2012-13	20	7
2013-14	30	16
2014-15	80	32
2015-16	60	28
2016-17	30	10
2017-18	10	5
2018-19	40	14
2019-20	-10	-2
2020-21	80	36

¹⁶ further details of its calculation can be found in the [Excess winter mortality in England and Wales QMI](#).

Figure 10: Excess winter mortality index, Jersey 2007/2008 – 2020/2021



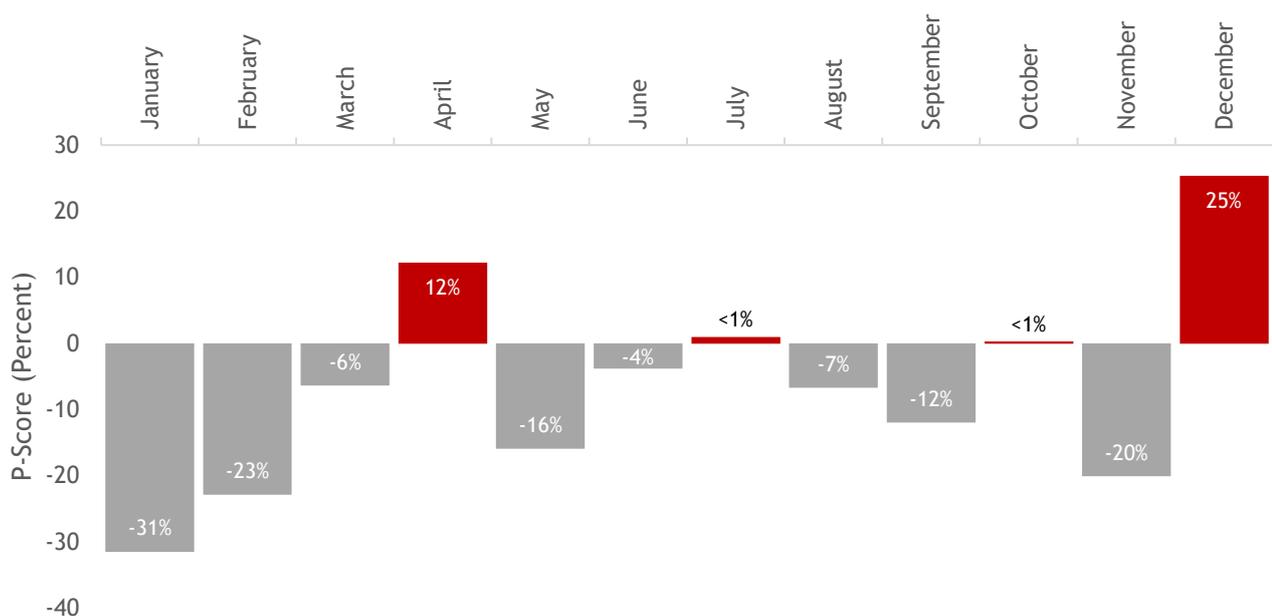
Excess Mortality

Excess mortality refers to the number of deaths *from all causes* during a crisis above and beyond what we would have expected to see under ‘normal’ conditions¹⁷. In this case how the number of deaths during the COVID-19 pandemic compared to the deaths we would have expected had the pandemic not occurred (see Methods section for details).

Excess mortality is a more comprehensive measure of the *total* impact of the pandemic on deaths than the confirmed COVID-19 death count alone. It captures not only the confirmed COVID-19 deaths, but also COVID-19 deaths that may have not been correctly diagnosed and reported, as well as deaths from other causes that could be attributable to the overall crisis conditions.

Excess mortality is measured as the *percentage difference* between the reported and projected number of deaths, with a metric called the P-score (Figure 11).

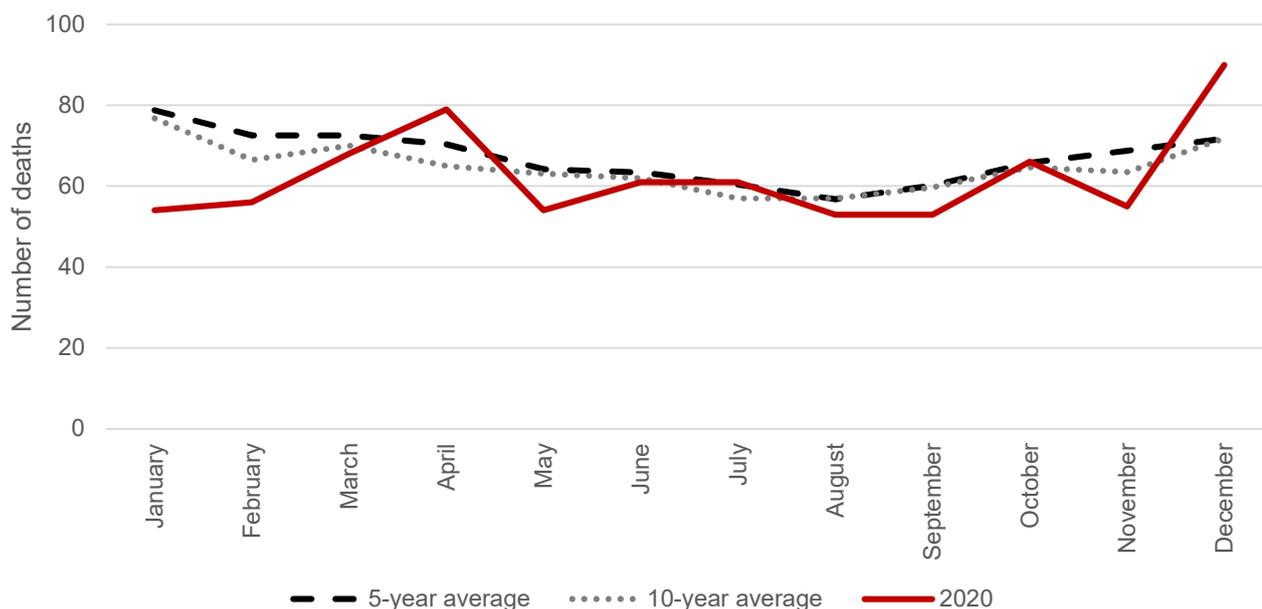
Figure 11: Excess Mortality by month in Jersey, All Persons (2020)



¹⁷ [Excess mortality | Health at a Glance 2021 : OECD Indicators | OECD iLibrary \(oecd-ilibrary.org\)](https://www.oecd-ilibrary.org/health-at-a-glance/2021/excess-mortality)

The number of monthly deaths in Jersey were higher than the five-year and ten-year average in both April and December. These spikes in the number of excess deaths coincided with surges in COVID-19 infections in March/April 2020 and November/December 2020¹⁸.

Figure 12: Number of monthly deaths (2020), five-year average monthly deaths (2015-2019), ten-year average monthly deaths (2010 to 2019)



Burden of Avoidable deaths (Standardised years of Life Lost)

Analysis of avoidable mortality by considering standardised years of life lost (SYLL) provides a measure of the potential number of years lost when a person dies prematurely from any cause.

The latest data for Jersey shows that in 2020 there were 4,120 years of life lost per 100,000 males who died from an avoidable cause, compared with 2,860 years per 100,000 female deaths. A comparison of the rates of years of life lost by sex, year and jurisdiction can be seen in Table 5. To put these figures into context, in 2020 on average, each person who died from an avoidable cause lost 23 potential years of life. On average, males lost 25 years of potential life, while females lost 24 years of potential life due to death by avoidable causes.

Table 3: Age-standardised years of life lost due to causes considered avoidable per 100,000 population in Jersey and England and Wales. Asterisks indicate where values are significantly lower in Jersey than in England.

	Jersey		England	
	Male	Female	Male	Female
2018	5,890*	2,660*	6,450	4,320
2019	4,560*	2,900*	6,330	4,300
2020	4,120*	2,860*	7,040	4,640

Source: Public Health Intelligence and ONS¹⁹

Rates for years of life lost for both males and females in Jersey were significantly lower than in England during 2018, 2019 and 2020.

¹⁸ <https://www.gov.je/Health/Coronavirus/pages/coronaviruscases.aspx>

¹⁹ [Avoidable mortality in England and Wales – supplementary data tables - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/health-and-life-expectancy/mortality/avoidable-mortality-in-england-and-wales-supplementary-data-tables)

Air Pollution Attributable Deaths

Poor air quality can affect health and contribute to mortality²⁰. Public Health England use methodology to estimate the proportion of deaths that are attributable to particulate air pollution²¹. In 2019, for example, 5.1% of mortality in England was attributable to particulate air pollution.

At present, local data for air pollution is not available to allow a similar calculation to be made on-Island. Plans are being made to generate suitable local data, so that the impact of air quality on mortality in Jersey can be estimated and included in future iterations of this report.

Background notes

Data Sources

Data are taken from the Deaths Database held by Public Health Intelligence, Jersey. Data in this database originate 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.

Cause of death is classified using the International Statistical Classification of Diseases, Injuries and Causes of Death (tenth revision, ICD-10).

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

Deaths of non-residents are excluded.

Comparisons

Comparisons to other jurisdictions are presented in this report to enable benchmarking and to explore where similar trends are being seen elsewhere. Data are extracted from published reports from the Office for National Statistics. All data are referenced, and the time periods are noted in the report sections.

Timeliness

The results are based on analysis of all deaths of Jersey residents registered as having occurred in calendar year 2020.

Methods

Statistics on avoidable mortality follow the methodology used by the UK Office for National Statistics.²²

In 2020, the new avoidable mortality definition created by an OECD working group was implemented. The definition was introduced for data years 2001 onwards, replacing the two definitions previously used.

Age-standardised rates have been calculated using the number of potentially avoidable deaths occurring each year as the numerator and the mid-year population estimate for that year as the denominator. The rates have been standardised using the 2013 European Standard Population. The directly age-standardised rates adjust for differences in age and sex structures between populations to allow comparisons across time and place.

Jersey rates for annual data are calculated using the mid-year population estimates as published by Statistics Jersey. Numbers may be revised upon release of updated population estimates from the 2021 Census.

²⁰ <https://www.gov.uk/government/publications/particulate-air-pollution-effects-on-mortality>

²¹ [fingertips.phe.org.uk - Fraction of Mortality Attributable to Particulate Air Pollution](https://www.fingertips.phe.org.uk/Fraction-of-Mortality-Attributable-to-Particulate-Air-Pollution)

²² [www.ons.gov.uk Avoidable Mortality in England and Wales QMI](https://www.ons.gov.uk/Avoidable-Mortality-in-England-and-Wales-QMI)

Excess mortality²³

Is measured as the difference between the reported number of deaths in a given month and an estimate of the expected deaths for that period had the COVID-19 pandemic not occurred. The baseline of expected deaths was the average number of deaths over the years 2015–2019.

Excess mortality is measured as the *percentage difference* between the reported and projected number of deaths. This metric is called the P-score and is calculated as:

$$\text{P-score} = \frac{\text{Reported deaths} - \text{Projected deaths}}{\text{Projected deaths}} \times 100$$

The higher the value, the more additional deaths have occurred compared to the baseline. A negative value means that fewer deaths occurred in a particular month compared with the baseline period.

Excess winter mortality (EWM)²⁴

Measures the increase in deaths in the winter period compared with the summer. The winter period is defined as December to March and compares the number of deaths that occurred in this winter period with the average number of deaths occurring in two non-winter periods: the preceding August to November and the following April to July. The EWM index expresses the percentage of additional deaths that occurred in the winter period compared with the rest of the year.

Standardised years of life lost (SYLL)

PYLL is a measure of the potential number of years lost when people die prematurely from any cause. The basic concept underpinning PYLL is that deaths at younger ages are weighted more heavily than those at older ages. To enhance comparability between areas and the sexes, the PYLLs have been standardised using the 2013 European Standard Population. It is therefore referred to as standardised years of life lost (SYLL) for clarity. SYLL rates represent the potential years of life lost if the population of Jersey had the same population structure as the 2013 European standard population. The rates are presented as years of life lost per 100,000 population.

The average years of life lost (AYLL) has been calculated by summing up the number of deaths in each age group, weighted by the corresponding remaining life expectancy and then dividing the result by the total number of deaths across all age groups. This gives a measure of the potential number of years lost when an individual dies prematurely from any cause.

Both the PYLL and AYLL have used the age-specific life expectancy calculated using life tables derived from Jersey deaths for the corresponding calendar year. This approach is a change to the methodology applied in previous versions of this report, where an arbitrary age of 75 years was used to estimate the number of years lost due to premature deaths.

Confidence Intervals (CIs) and Statistical Significance

Confidence intervals are a measure of the statistical precision of an estimate and show the range of uncertainty around the estimated figure. The confidence interval indicates the range within which the true value for the population as a whole can be expected to lie, taking natural random variation into account. Confidence intervals should be considered when interpreting results.

²³ [Excess mortality during the Coronavirus pandemic \(COVID-19\) - Our World in Data](#)

²⁴ [Excess winter mortality in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

Comparisons between rates or over time have been statistically tested to determine whether differences are likely to be genuine (i.e., statistically significant) or the result of natural random variation. Only those differences deemed as statistically significant have been described in this report using terms such as 'increase', 'decrease', 'higher' or 'lower'.

Accuracy and reliability

When the observed total number of deaths is fewer than 10, rates are not calculated as there are too few deaths to calculate directly standardised rates reliably.

A small number of inquests may still be outstanding for deaths occurring in calendar year 2020, therefore numbers here should be treated as provisional.

Data quality and completeness

The number of deaths may differ from previously published figures due to the inclusion of data from inquests which can take up to 18 months to complete and register. Data on deaths of Jersey residents that occur outside of the Island may also result in a delay in registering the death with the Superintendent Registrar. This means that total deaths in a given year should be treated as provisional.