

Article

# Excess deaths in England and Wales: March 2020 to December 2022

Number of excess deaths, including deaths due to coronavirus (COVID-19) and due to other causes. Including breakdowns by age, sex, and geography.

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# 1 . Main points

- In England and Wales, the number of deaths remained above the five-year average in 18 out of 34 months from March 2020 to December 2022, when deaths due to coronavirus (COVID-19) were removed from the total; nine of the months in 2022 were above the five-year average.
- The total number of excess deaths due to all causes (when compared with the five-year average) registered in England and Wales between March 2020 and December 2022 was 167,356; of these, 103,585 were males and 63,770 females.
- Deaths were 17,288 above the five-year average for deaths where the underlying cause of death was not COVID-19; deaths were 20,945 above the five-year average for males and 3,658 below the five-year average for females.
- The months with the most excess deaths continue to be April 2020 (43,796 excess deaths) and January 2021 (16,546 excess deaths); these were also the months which had the most deaths due to COVID-19.
- Between March 2020 and December 2022, the leading causes of death with the highest numbers of excess deaths in England and Wales were Symptoms, signs, and ill-defined conditions, associated with old age and frailty (12,170 excess deaths), Cirrhosis and other diseases of liver (4,846 excess deaths), and Cardiac arrhythmias (4,375 excess deaths).
- The age group with the most excess deaths that were not due to COVID-19 was those aged 75 to 79 years for both males (7,870 excess deaths, 7.8% above average) and females (6,187 excess deaths, 7.6% above average).
- The place of occurrence with the most excess deaths due to causes other than COVID-19 was private homes, with a 105,211 excess (29.1% above average).

The term "excess deaths" refers to the number of deaths above the five-year average. For 2020 and 2021, the average for 2015 to 2019 has been used and for 2022, the average is calculated from 2016 to 2019 and 2021 data. This provides a comparison of the number of deaths expected in a usual (non-pandemic) year.

## 2 . Comparison of excess deaths measures

Throughout this publication, the Office for National Statistics (ONS) uses the average of the five previous years (excluding 2020) as its expected number of deaths. We use this method as it ensures comparison with a recent period which was similar in life expectancy, advances in healthcare, population size and shape. Using multiple years removes the fluctuations that can be seen year-on-year when looking at mortality. Some of the benefits of this method are that it is easy to understand and does not rely on different data breakdowns. For instance, it requires only the number of deaths for the period and the five years prior. Some of the limitations are that it does not take into account any trend in the data, nor any other variables than deaths (when looking at numbers of deaths), population, and age-structure (when looking at rates).

There are other measures for the number of expected deaths used to measure excess deaths. These different measures produce different excess deaths figures. They include:

- five-year averages
- relative age-standardised mortality rates
- segmented regression analysis
- the Continuous Mortality Investigation (CMI) mortality projections
- CMI pandemic monitor
- EuroMOMO
- UK Health Security Agency (UKHSA) daily mortality method
- Office for Health Improvement and Disparity's (OHID) excess death model

Some of the commonly used methods are summarised below.

The OHID's estimates of excess deaths are based on a method developed specifically to measure excess deaths during the coronavirus (COVID-19) pandemic. It uses a model to estimate expected deaths each week, based on the trend in mortality rates from 2015 to 2019. OHID's model accounts for changes to the population, including ageing. The model accounts for ethnicity, sex, and levels of deprivation, so excess deaths for these factors are reported separately. OHID's complex method assumes that the trend in mortality rates before the pandemic (from 2015 to 2019) would have continued had there been no pandemic. This trend is not completely clear, however. The long-term downward trend in mortality rates slowed in the 2010s, though there was more improvement in 2019 than in other recent years.

The Continuous Mortality Investigation (CMI) Pandemic Mortality Monitor was developed specifically to measure excess deaths during the pandemic and uses analysis based on Standardised Mortality Rates (SMRs). Provisional weekly deaths data published by the ONS is adjusted to control for changes in the size, age, and gender distribution of the population over time. Calculated SMRs are compared with SMRs from 2019, the last pre-pandemic year.

The UKHSA mortality baseline used for EuroMomo is based on modelling week of death with a Serfling wave function and linear trend or for younger ages with no seasonality, just a linear trend. Only spring and autumn weeks are used in this modelling. This is to have a function that fits well to years, with no large excesses due to flu in the winter and heatwaves in the summer. For their daily model, the baseline until November 2020 was from the same day of the year in the previous five years, plus or minus seven days, with an extrapolated time trend. The baseline from December 2020 to March 2021 only uses the same days, plus or minus seven days, from the past three low flu years with no trend. The baseline from April 2021 onwards is set to be the same as the previous year's baseline.

A working group will be looking at the different measures of expected mortality and reviewing our current methodology. The aim of the group is to have a consensus on the method used to calculate how many excess deaths are occurring in the UK. As part of this, we will be investigating our current methods, as well as new methods. More information can be found in our [How do we measure expected and excess deaths? blog post](#).

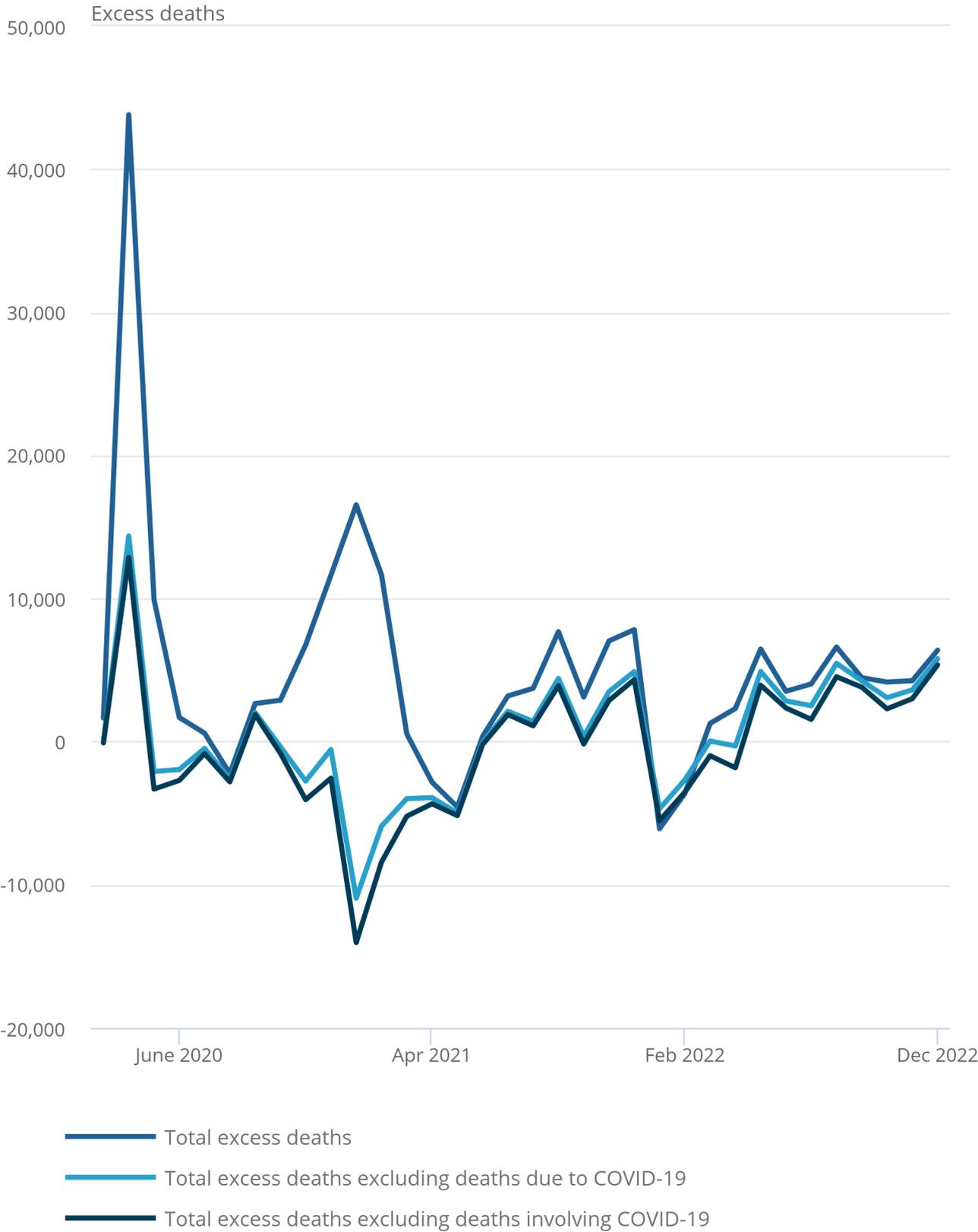
### **3 . Excess deaths not involving coronavirus (COVID-19)**

**Figure 1: Excess deaths not involving coronavirus (COVID-19) were lowest in January 2021**

Number of excess deaths registered, England and Wales, March 2020 to December 2022

Figure 1: Excess deaths not involving coronavirus (COVID-19) were lowest in January 2021

Number of excess deaths registered, England and Wales, March 2020 to December 2022



Notes:

1. Based on date a death was registered rather than occurred.
2. Includes deaths of non-residents.
3. Figures for 2022 are provisional.
4. Please see [Section 9: Glossary](#) for definition of coronavirus (COVID-19).
5. Please see [Section 9: Glossary](#) for definition of excess deaths.

The total number of excess deaths due to all causes, registered in England and Wales between March 2020 and December 2022 was 167,356. Of these, 103,585 were males (a 13.9% increase) and 63,770 were females (an 8.4% increase). Once deaths where the underlying cause of death was coronavirus (COVID-19) were removed, deaths were 17,288 above average. There was a 2.8% increase for males (20,945), but a 0.5% decrease for females (3,658 fewer deaths).

Once deaths where there was any mention of COVID-19 on the death certificate were removed (including deaths where there was a different underlying cause of death), deaths were 10,964 below average. Without mention of COVID-19, the month with the highest number of deaths below average was January 2021 (14,040 fewer deaths). In contrast, the month with the highest number of excess deaths was April 2020 (12,859 excess deaths). This was also the month with the highest number of all-cause excess deaths and the highest number of deaths due to COVID-19.

## 4 . Excess deaths by month

### All cause

In 2022, there were 10 consecutive months where the number of deaths were above the five-year average (March to December 2022), with 43,477 excess deaths observed across these months. Figure 1 shows that from March 2020 to December 2022, the number of deaths due to all causes in England and Wales was above the five-year average in 29 out of the 34 months. August 2020, April 2021, May 2021, January 2022, and February 2022 were the only exceptions.

The months with the highest number of total excess deaths were April 2020 (43,796 excess deaths, a 98.8% increase) and January 2021 (16,546 excess deaths, a 29.2% increase). These were the months in which the highest numbers of deaths due to coronavirus (COVID-19) were registered (29,435 and 27,488 deaths, respectively). The number of deaths due to COVID-19 during the early stages of the coronavirus pandemic may have been higher because of the limited availability of testing. You can find [data on daily testing capacity in the UK on the GOV.UK website](#).

## All cause excluding deaths due to COVID-19

The number of deaths remained above the five-year average in 18 of the 34 months, when excluding deaths due to COVID-19, eight of which were consecutive in 2022 (May to December). During this period, the number of excess deaths excluding deaths due to COVID-19 was 32,441.

April 2020 remained the month with the highest number of excess deaths when deaths due to COVID-19 were subtracted (14,361 excess deaths, a 32.3% increase). Conversely, January 2021, the month with the second highest number of excess deaths overall, became the month with the highest number of deaths below average, when deaths due to COVID-19 were subtracted (10,942 fewer deaths, a 19.3% decrease).

This shows that the relationship between non-COVID-19 mortality and COVID-19 mortality changed over the course of the pandemic. In April 2020, non-COVID-19 excess mortality correlated positively with COVID-19 mortality. The opposite was the case for January 2021. This could be mortality displacement, in which a period of high mortality can be followed by below-average mortality because of deaths of vulnerable people being "brought forward". Another reason is that some deaths at the start of the pandemic may not have been coded as COVID-19 because of limited testing available. See our [Excess mortality and mortality displacement in England and Wales: 2020 to mid-2021 article](#) for more information.

## All cause excluding deaths involving COVID-19

When removing deaths involving COVID-19, the number of deaths was above the five-year average in 15 of the 34 months; eight of these were consecutive months between May to December 2022.

Early in the pandemic, many deaths expected to occur due to a variety of causes were likely displaced by COVID-19. Therefore, deaths due to, and involving, causes other than COVID-19 were below average in almost every month. However, in more recent months (May to December 2022), deaths were consistently above average, even when deaths due to, and involving, COVID-19 were subtracted. December 2022, for instance, saw the largest number of excess deaths, excluding deaths involving COVID-19, (5,356) since April 2020 (12,859). Because of this, more detailed analysis of this period will follow in [Section 5: Excess deaths by age group](#) and [Section 6: Excess deaths by leading causes](#).

## 5 . Excess deaths by age group

### Figure 2: The causes of death for which high proportions of excess death were observed varied across age groups

Top five leading causes of proportional excess deaths by age group, ordered by proportion of excess deaths, England and Wales, March 2020 to December 2022

#### Notes:

1. X-axis scale varies between charts.
2. Based on date a death was registered rather than occurred.
3. Includes deaths of non-residents.
4. Figures for 2022 are provisional.
5. Please see [Section 9: Glossary](#) for definition of excess deaths.

#### Download the data

[.xlsx](#)

## March 2020 to December 2022

The number of deaths in England and Wales was above the five-year average in 15 out of 20 five-year age groups from March 2020 to December 2022. The age group with the highest number of excess deaths was people aged 90 years and above, with 35,390 excess deaths (an 11.0% increase), followed by people aged 75 to 79 years with 33,662 excess deaths (an 18.3% increase). This proportional increase for people aged 75 to 79 years was the largest of any age group, followed by people aged 55 to 59 years at 18.0% (9,071 excess deaths).

When deaths due to coronavirus (COVID-19) were subtracted, the number of deaths remained above the five-year average in 9 out of the 20 age groups. The age group with the highest number of excess deaths that were not due to COVID-19 was people aged 75 to 79 years, with 14,057 excess deaths, an increase of 7.7% on the five-year average. As a proportion, the age group with the largest excess was people aged 55 to 59 years, with a 9.0% increase (4,522 excess deaths).

Deaths due to all causes except COVID-19 were below the five-year average in each of the seven youngest age groups (people aged 29 years and under). As a percentage, the age group with the largest decrease compared with the five-year average were people aged one to four years (15.4% decrease, 173 fewer deaths), followed by people aged five to nine years (10.7%, 79 fewer deaths).

They were also below the five-year average in the age groups of people aged 80 to 84 years (2,312 fewer deaths, 1.0% below average) and people aged 85 to 89 years (6,738 fewer deaths, 2.5% below average).

Differences were observed between England and Wales. The largest percentage difference in excess deaths between the countries, when deaths due to COVID-19 were removed, was for people aged five to nine years. This group saw a decrease of 8.2% in England and a 34.3% decrease in Wales, representing a 26.1% difference. This was followed by people aged 25 to 29 years, which saw a 1.7% decrease in England, compared with 20.1% decrease in Wales, representing a difference of 18.4%.

## May to December 2022

Deaths remained substantially above the five-year average between May to December 2022, after subtracting deaths due to COVID-19. The remainder of this section discusses this period.

Deaths (excluding deaths due to COVID-19) were above the five-year average for 16 of the 20 age groups. The age group with the highest proportional excess was people aged 75 to 79 years (21.3% increase, 8,935 excess deaths), followed by people aged 10 to 14 years (16.2% increase, 31 excess deaths).

The largest number of excess deaths excluding deaths due to COVID-19, for a single age group in a single month, was seen in December 2022. The group was people aged 90 years and above, with 1,497 excess deaths (14.6% above average).

Among certain age groups between May and December 2022, some notable month-on-month increases in excess deaths, excluding deaths due to COVID-19, were observed. More information is provided in the [accompanying dataset](#).

## 6 . Excess deaths by leading causes

Table 1: Symptoms, signs, and ill-defined conditions had the highest number of excess deaths, driven by people aged 80 years and above  
Number of deaths registered and percentage of excess deaths by leading cause, England and Wales, March 2020 to December 2022

Leading cause	Total deaths	Total excess deaths	Percentage excess deaths (%)
<b>Symptoms, signs and ill-defined conditions</b>	48,996	12,170	33.0
<b>Cirrhosis and other diseases of liver</b>	28,587	4,846	20.4
<b>Cardiac arrhythmias</b>	23,766	4,375	22.6
<b>Diabetes</b>	21,634	4,309	24.9
<b>Parkinson disease</b>	21,100	3,991	23.3
<b>Heart failure and complications and ill-defined heart disease</b>	26,339	3,954	17.7
<b>Hypertensive diseases</b>	23,183	3,700	19.0
<b>Accidental falls</b>	19,524	2,795	16.7
<b>Accidental poisoning</b>	11,808	1,760	17.5
<b>Malignant neoplasm of colon, sigmoid, rectum and anus</b>	43,821	1,630	3.9

Source: Excess deaths registered in England and Wales from the Office for National Statistics

### Notes

1. Based on date a death was registered rather than occurred.
2. Includes deaths of non-residents.
3. Figures for 2022 are provisional.
4. Ordered by leading cause of death with the highest number of excess deaths.
5. Leading causes groupings produced by the World Health Organization (WHO) have been used.
6. Please see [Section 9: Glossary](#) for definition of excess deaths.

Excess deaths by the International Classification of Diseases version 10 (ICD-10) chapter are provided in the [accompanying dataset](#). This section uses the leading causes of death groupings. These are based on a list developed by the World Health Organization (WHO). This categorises causes using the ICD-10, designed for determining the leading causes of death. More information about leading causes of death is available in our [Leading causes of death methodology](#).

## March 2020 to December 2022

The leading causes of death showing the highest numbers of excess deaths in the period March 2020 to December 2022 are largely unchanged from our previous [Excess deaths in England and Wales article](#), despite the addition of the latest data (July 2022 to December 2022).

The leading cause of death from March 2020 to December 2022 with the highest number of excess deaths in England and Wales was Symptoms, signs, and ill-defined conditions (associated with old age and frailty) with an excess of 12,170 deaths (a 33.0% increase).

Cirrhosis and other diseases of liver had the second largest number of excess deaths within the same period, with 4,846 more deaths (a 20.4% increase).

Notable excesses due to several causes other than COVID-19 were observed in the period May to December 2022. The remainder of this section discusses this period specifically.

## May to December 2022

The leading cause of death with the highest number of excess deaths between May and December 2022 in England and Wales was Symptoms, signs, and ill-defined conditions (associated with old age and frailty), with an excess of 3,760 deaths (a 42.6% increase). This excess was caused by people aged 80 years and above, a group which saw 3,756 excess deaths due to this cause (a 47.5% increase). Within this age group, the excess was largely accounted for by females, who saw 2,541 of the total excess deaths, compared with 1,216 for males. This could be because of the higher proportion of females in the older population.

While Symptoms, signs, and ill-defined conditions was the leading cause of excess mortality for females in this period (2,568 excess deaths, a 41.4% increase). For males, the leading cause of excess mortality was Ischaemic heart diseases, with an excess of 2,609 deaths (11.4% above average).

December 2022 saw a particularly high number of excess deaths due to causes other than COVID-19. This increase was driven by diseases of the respiratory system, such as Influenza and pneumonia (598 excess deaths, a 25.1% increase) and Chronic lower respiratory diseases (494 excess deaths, a 17.0% increase). Diseases of the circulatory system also saw notable excesses. These include Ischaemic heart diseases with 454 excess deaths (a 9.5% increase) and Cardiac arrhythmias with 244 excess deaths (a 38.9% increase).

Deaths due to Accidental falls were higher than average in many months of the period studied (2,795 excess deaths). They saw particularly notable excesses in the months of June to October 2022, with 1,019 excess deaths (a 40.6% increase). This excess was largely accounted for by people aged 80 years and above, with an excess of 703 deaths (a 40.7% increase). This was observed similarly across both England and Wales.

## Leading cause by age group

Cirrhosis and other diseases of the liver was in the top five leading causes of excess deaths for many groups from March 2020 to December 2022. These groups included people aged 20 to 34 years (65 excess deaths, 13.3% above average), 35 to 49 years (726 excess deaths, 16.4% above average), 50 to 64 years (2,186 excess deaths, 23.5% above average) and 65 to 79 years (1,527 excess deaths, 21.3% above average).

Ischaemic heart diseases was a top five leading cause of excess deaths for people aged 20 to 34 years (36 excess deaths, 12.8% above average) and 35 to 49 years (331 excess deaths, 8.4% above average). It was the top leading cause of excess deaths for people aged 50 to 64 years (3,272 excess deaths, 16.1% above average) and 65 to 79 years (3,916 excess deaths, 7.5% above average). Ischaemic heart diseases was the top leading cause of excess deaths for people aged 65 to 79 years in each month from August to December 2022.

For people aged 20 to 34 years, Intentional self-harm and event of undetermined intent was the top leading cause of excess deaths between March 2020 to December 2022 (83 excess deaths, 2.3% above average). It was in the top five leading causes of excess deaths among this age group in 24 out of the 34 months studied.

A substantial proportional excess due to Accidental poisoning was observed among people aged 50 to 64 years in the period March 2020 to December 2022 (41.1% above average, 971 excess deaths). This was a top five leading cause of excess deaths among this age group in 26 of the 34 months studied.

Chronic lower respiratory diseases, having been below average earlier in the studied period, was consistently a top five leading cause of excess deaths for people aged 65 to 79 years between May and December 2022. There were 1,065 excess deaths for this age group due to Chronic lower respiratory diseases (a 14.3% increase) over the May to December 2022 period.

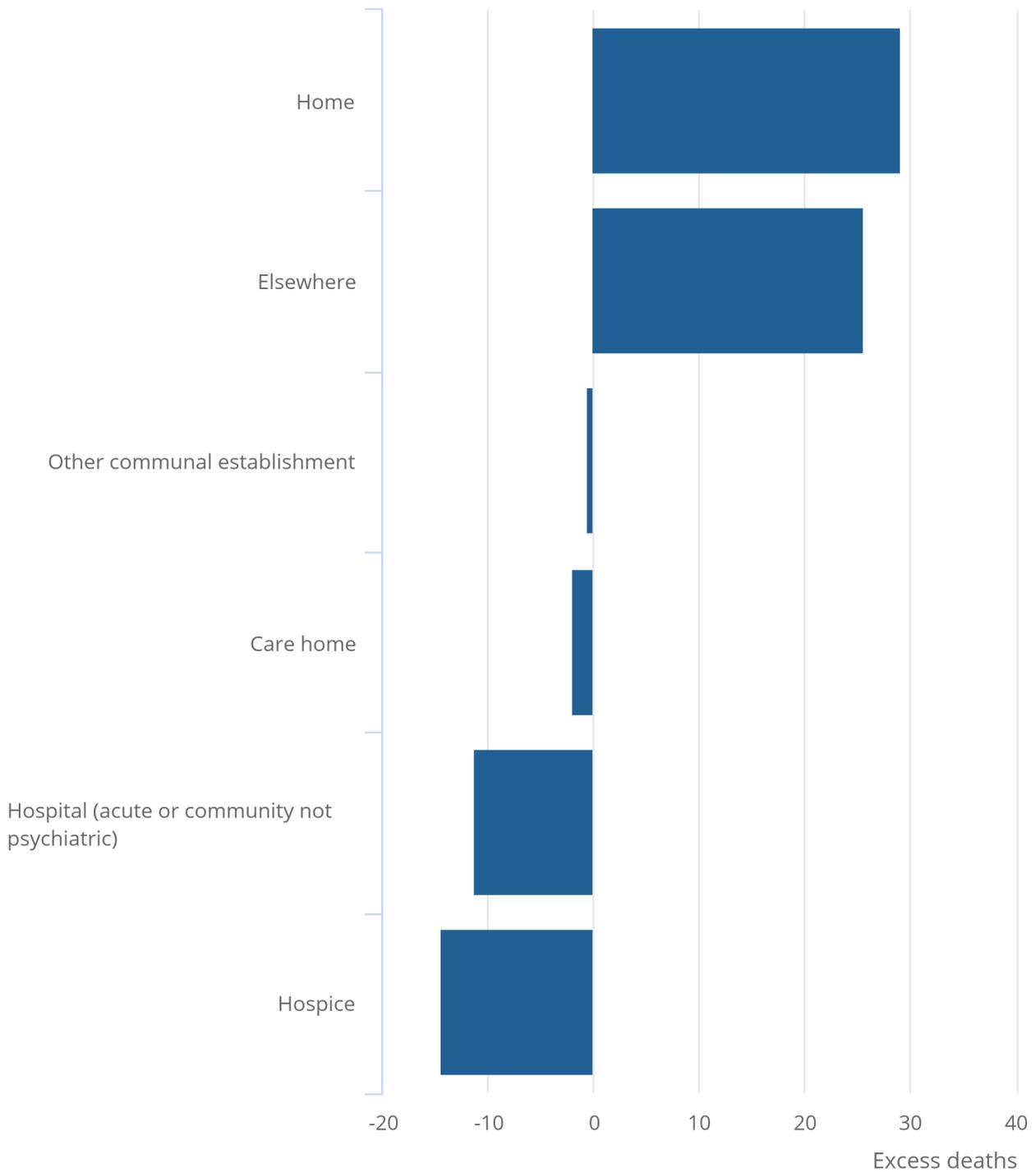
# 7 . Excess deaths by place of occurrence

**Figure 3. Deaths occurring in private homes saw the highest number of excess deaths**

Excess deaths by place of occurrence excluding deaths due to COVID-19, England and Wales, March 2020 to December 2022

### Figure 3. Deaths occurring in private homes saw the highest number of excess deaths

Excess deaths by place of occurrence excluding deaths due to COVID-19, England and Wales, March 2020 to December 2022



Notes:

1. Based on date a death was registered rather than occurred.
2. Includes deaths of non-residents.
3. Figures for 2022 are provisional.
4. Please see [Section 9: Glossary](#) for definition of excess deaths.
5. Please see [Section 9: Glossary](#) for definition of place of occurrence.

From March 2020 to December 2022, the place of occurrence with the highest number of excess deaths due to causes other than coronavirus (COVID-19) in England and Wales was private homes with a 105,211 excess (a 29.1% increase). This trend is unchanged from that reported previously.

Leading causes of death that saw a marked excess of deaths in private homes included:

- Ischaemic heart diseases (12,760 excess deaths, a 20.2% increase)
- Dementia and Alzheimer's disease (10,554 excess deaths, a 58.3% increase)
- Symptoms, signs, and ill-defined conditions (5,813 excess deaths, 50.1% increase)
- numerous Malignant neoplasms, including of the trachea, bronchus, and lung (6,156 excess deaths, a 21.5% increase), and of the colon, sigmoid, rectum, and anus (4,445 excess deaths, a 30.7% increase)

More information is available in our [Deaths registered in private homes article](#).

There is potential evidence that deaths due to causes other than COVID-19 expected to have occurred in hospitals were transposed to other places of occurrence, particularly private homes. Hospitals saw 77,718 fewer deaths due to causes other than COVID-19 from March 2020 to December 2022, which was a 11.3% decrease on the five-year average.

Between March 2020 and December 2022, care homes saw 6,327 fewer deaths due to causes other than COVID-19, compared with the five-year average, representing a decrease of 2.0%.

When comparing the trend in excess mortality due to causes other than COVID-19 between the period March to December 2020, January to December in 2021 and 2022, we see possible evidence of mortality displacement in care homes. Another reason is that some deaths at the start of the pandemic may not have been coded as COVID-19 because of limited testing available. From March to December 2020, 7,390 excess deaths were recorded in care homes (an 8.0% increase), followed by 11,793 deaths below average in 2021 (a 10.1% decrease). This fluctuating trend continued in 2022. Deaths in care homes due to causes other than COVID-19 were below average in every month between January and April 2022 (5,086 deaths below average, a 12.3% decrease). However, they were above average in every month between May and December 2022 (3,163 excess deaths, 4.4% above average).

## 8 . Excess deaths data

[Excess deaths in England and Wales: March 2020 to December 2022](#)

Dataset | Released 9 March 2023

Number of excess deaths, including deaths due to COVID-19 and due to other causes. Including breakdowns by age, sex and geography.

## 9 . Glossary

### Excess deaths

The term excess deaths in this article refers to the number of deaths above the five-year average. For 2020 and 2021, the average for 2015 to 2019 has been used and for 2022, the average is calculated from 2016 to 2019 and 2021 data. This provides a comparison of the number of deaths expected in a usual (non-coronavirus (COVID-19) pandemic) year.

### Coronaviruses

The World Health Organization (WHO) defines coronaviruses as "a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS)". There were 12 deaths in England and Wales due to a coronavirus infection between 2001 and 2018, with a further 13 deaths mentioning the virus as a contributory factor on the death certificate.

### Coronavirus (COVID-19)

COVID-19 refers to the "coronavirus disease 2019" and is a disease that can affect the lungs and airways. It is caused by a type of coronavirus. Further information is available from the World Health Organization (WHO).

### Registration delay

Mortality statistics are compiled from information supplied when deaths are certified and registered as part of civil registration, a legal requirement. According to the Births and Deaths Registration Act 1953, a death should be registered within five days, unless it is referred to a coroner for investigation. Mortality statistics for a given time period can be based on occurrence (death date) or registration (registration date). Registration delay is the difference between date of occurrence and date of registration.

### Index of multiple deprivation

The index of multiple deprivation is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Welsh index of multiple deprivation is used for areas in Wales.

### Place of occurrence

Deaths at home are those at the usual residence of the deceased (according to the informant), where this is not a communal establishment.

Care homes includes:

- homes for the chronic sick
- nursing homes
- homes for people with mental health problems
- non-NHS multi-function sites

Hospices include:

- Sue Ryder Homes
- Marie Curie Centres
- oncology centres
- voluntary hospice units
- palliative care centres

Other Communal Establishments include:

- schools for people with learning disabilities
- holiday homes and hotels
- common lodging houses
- aged persons' accommodation
- assessment centres
- schools
- convents and monasteries
- nurses' homes
- university and college halls of residence
- young offender institutions
- secure training centres
- detention centres
- prisons
- remand homes

Elsewhere includes all places not covered above, such as:

- deaths on a motorway
- at the beach
- climbing a mountain
- walking down the street
- at the cinema
- at a football match
- while out shopping
- in someone else's home

This category also includes people who are pronounced dead on arrival at hospital.

## 10 . Data sources and quality

Figures for England and Wales are calculated using death registration data held by the Office for National Statistics (ONS). Mortality statistics are compiled from information supplied when deaths are certified and registered as part of civil registration. See more information in our [Mortality statistics in England and Wales QMI](#).

Our [User guide to mortality statistics](#) provides further information on the collection, production, and quality of mortality data.

### Strengths

Strengths of this article include:

- information being supplied when a death is registered, which gives complete population coverage and ensures the estimates are of high precision and representative of the underlying population at risk
- coding for cause of death being carried out according to the [World Health Organization \(WHO\) International Classification of Diseases, 10th Revision \(ICD-10\)](#) and internationally agreed rules

### Limitations

Limitations of this article include:

- deaths in England and Wales are normally registered within five days, but there can be a considerably longer delay in some circumstances, particularly when the death is referred to a coroner (more information on this issue can be found in our [Impact of registration delays on mortality statistics article](#))

## 11 . Related links

[Deaths registered weekly in England and Wales, provisional: week ending 24 February 2023](#)

Bulletin | Released 7 March 2023

Provisional counts of the number of deaths registered in England and Wales, including deaths involving coronavirus (COVID-19), in the latest weeks for which data are available.

[Deaths registered in England and Wales: 2021 \(refreshed populations\)](#)

Bulletin | Released 27 January 2023

Registered deaths by age, sex, selected underlying causes of death and the leading causes of death. Death rates and death registrations by residence area, single year of age.

[Monthly mortality analysis, England and Wales: January 2023](#)

Bulletin | Released 23 February 2023

Provisional death registration data for England and Wales, broken down by sex, age and country. Includes deaths due to coronavirus (COVID-19) and leading causes of death. Datasets include deaths due to COVID-19 by local area and socioeconomic deprivation.

[Excess mortality and mortality displacement in England and Wales: 2020 to mid-2021](#)

Article | Released 15 October 2021

Deaths registered in England and Wales by week, from 28 December 2019 to 2 July 2021. Breakdowns include country, sex, age group, region, place of death, and leading cause. Includes analysis of excess deaths and relative cumulative age-standardised mortality rates.

[Deaths of care home residents, England and Wales: 2021](#)

Bulletin | Released 22 November 2022

Registered deaths of care home residents by underlying and leading cause of death. Deaths of residents by age, sex, and area of usual residence. Experimental Statistics.

## 12 . Cite this article

Office for National Statistics (ONS), released 9 March 2023, ONS website, article, [Excess deaths in England and Wales: March 2020 to December 2022](#)