



Joel Smalley

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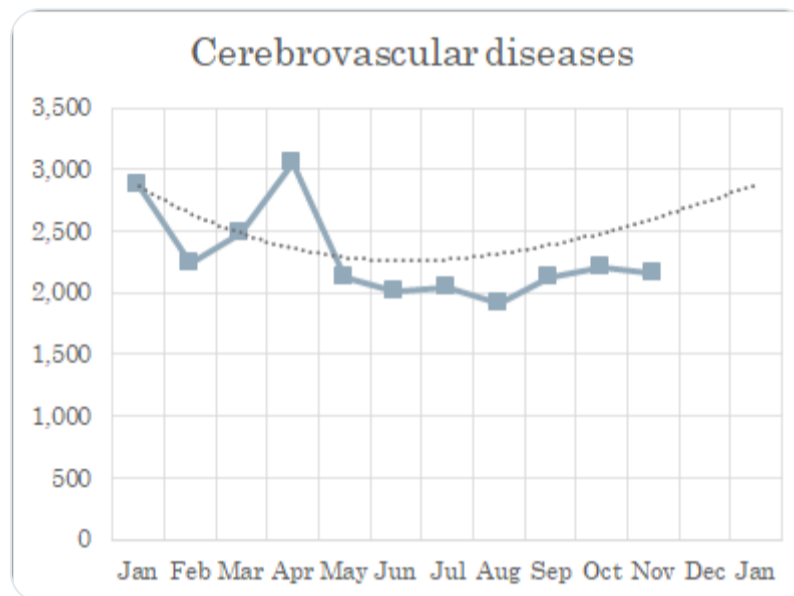
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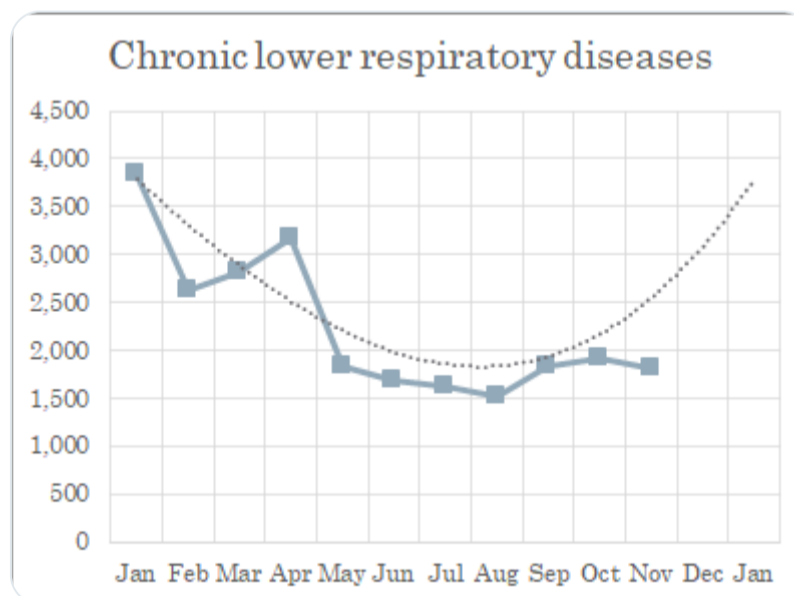
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One way to estimate the extent to which endemic Autumn COVID is mislabelled or displacing deaths from other causes is to analyse the deficit of deaths from those other causes. This possibly represents around 4k COVID deaths (36%) between Oct and Nov.

Cerebrovascular diseases had an unexpected excess of 685 deaths in April which may have been pulled forward from subsequent months. Accounting for this pulling forward, a further 714 deaths lower than expected have been due to these diseases.



Chronic lower respiratory diseases had an unexpected excess of 647 deaths in April which may have been pulled forward from subsequent months. Accounting for this pulling forward, a further 1,000 deaths lower than expected have been due to these diseases.

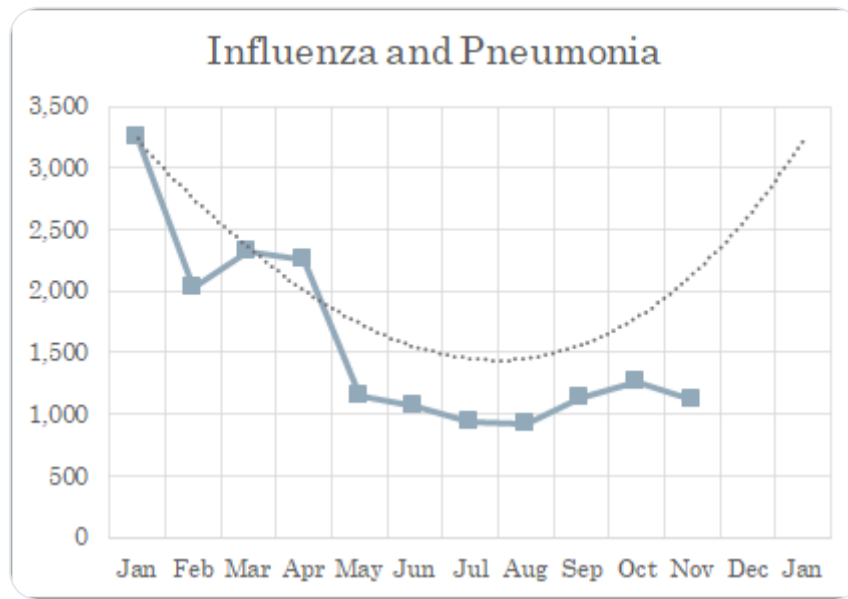


Dementia and Alzheimer's disease had an unexpected excess of 5,932 deaths in April and May but there is only 2,836 deficit since which might indicate that these deceased may have lived for some time longer.

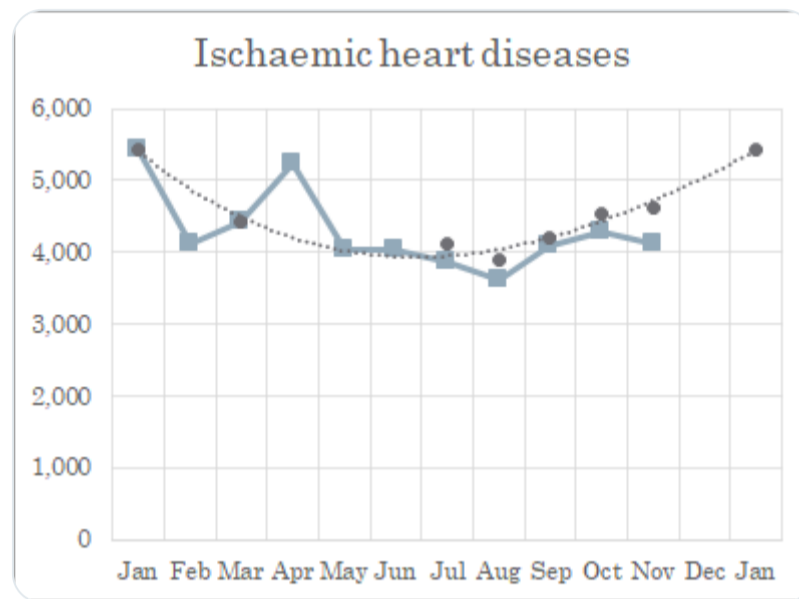
Influenza and Pneumonia had an unexpected excess of 238 deaths in April followed by a deficit of 2,559. In addition to this deficit, a further 1,539 deaths lower than expected have been due to these infections between Oct and Nov.

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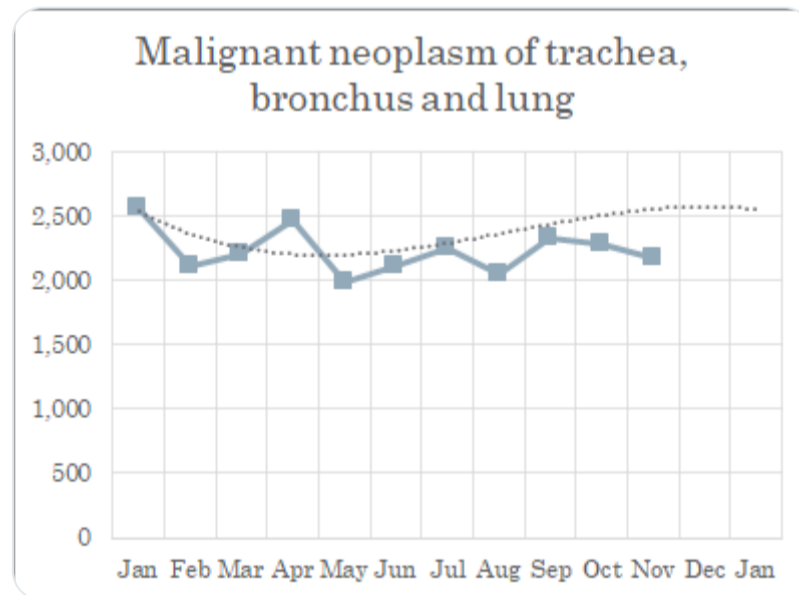
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Ischaemic heart diseases had an unexpected excess of 1,030 deaths in April which may have been pulled forward from subsequent months. Accounting for this pulling forward, a further 251 deaths lower than expected have been due to these diseases.



Malignant neoplasm of trachea, bronchus and lung had an unexpected excess of 259 deaths in April which may have been pulled forward from subsequent months. Accounting for this pulling forward, a further 597 deaths lower than expected have been due to these diseases.



This data is sourced from [ons.gov.uk/people-populati...](https://ons.gov.uk/people-population). Baseline to calculate excess is a function of the 5 year average. The data should update Thurs or Fri next week to include Dec.

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