



In week 51 2020, statistically significant excess all-cause mortality by week of death was observed overall in England through the EuroMOMO algorithm. In the devolved administrations, no statistically significant excess all-cause mortality for all ages was observed for Northern Ireland in week 51. Statistically significant excess all-cause mortality was observed for Scotland in week 48.

All-cause death registrations (ONS), England and Wales

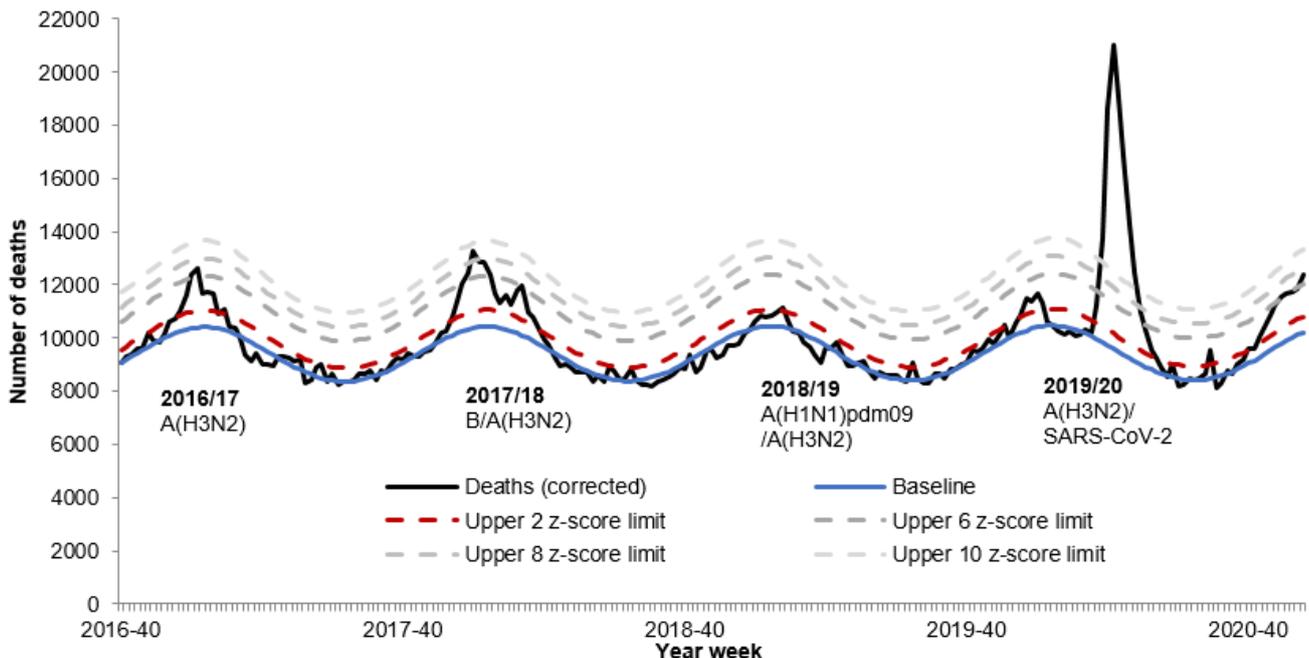
In week 50 2020, an estimated 12,292 all-cause deaths were registered in England and Wales (source: [Office for National Statistics](#)). This is similar to the 12,303 estimated death registrations in week 49 2020.

Excess all-cause (EuroMOMO) mortality in subpopulations, UK

In week 51 2020 in England, statistically significant excess mortality by week of death above the 2 z-score threshold was seen overall, by age group in the 15 to 64 and 65 plus year olds and sub-nationally (all ages) in the North East, Yorkshire and Humber, and West and East Midlands and London regions after correcting GRO disaggregate data for reporting delay with the standardised [EuroMOMO](#) algorithm (Figure 3). This data is provisional due to the time delay in registration; numbers may vary from week to week.

In the devolved administrations, no statistically significant excess all-cause mortality for all ages was observed for Northern Ireland in week 51. Statistically significant excess mortality was observed for Scotland in week 48. Data was not available for Wales.

Figure 1: Weekly observed and expected number of all-cause deaths in all ages, with the dominant circulating respiratory virus, England, 2016 to week 51 2020



Note: The recent weeks' data are estimates with large registration delay corrections and therefore should be interpreted with caution. These estimates may differ substantially to future reports as the actual number of deaths become known.

Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 51 2020?	Weeks with excess in 2020/21
<5	x	NA
5-14	x	NA
15-64	✓	40-51
65+	✓	42-51

Table 2: Excess mortality by UK country, for all ages*

Country	Excess detected in week 51 2020?	Weeks with excess in 2020/21
England	✓	40, 42-51
Wales	-	43, 44
Northern Ireland	x	44, 45
Country	Excess detected in week 48 2020?	Weeks with excess in 2020/21
Scotland	✓	43-48

- : data not available

* Excess mortality is calculated as the observed minus the expected number of deaths in weeks above threshold

NB. Separate total and age-specific models are run for England which may lead to discrepancies between Tables 1 + 2

* NA refers to no excess seen

- Seasonal mortality is seen each year in England and Wales, with a higher number of deaths in winter months compared to the summer. Additionally, peaks of mortality above this expected higher level typically occur in winter, most commonly the result of factors such as cold snaps and increased circulation of respiratory viruses, in particular influenza and in summer occasionally as a result of heat-waves.
- Immunisation & Countermeasures Division's weekly mortality surveillance aims to detect and report acute significant weekly excess mortality above normal seasonal levels in a timely fashion. Excess mortality is defined as a significant number of deaths reported over that expected for a given point in the year, allowing for weekly variation in the number of deaths. This triggers further investigation of spikes and informs any public health responses.
- The aim is not to assess general mortality trends or precisely estimate the excess attributable to different factors, although some end-of-winter estimates and more in-depth analyses (by age, geography etc.) are undertaken.
- Separate to the calculations presented in this report, excess winter deaths (EWD), comparing the number of deaths in the winter period compared to the non-winter period, are calculated by [ONS](#) and presented in an [atlas](#) down to local authority level.

Produced by the Immunisation & Countermeasures Division, National Infection Service, Public Health England.