



[Home](#) > [Statistics](#) > [Health](#) > [Causes of death](#) > [Provisional Mortality Statistics](#) > Jan - May 2024

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Provisional Mortality Statistics

Provisional deaths data for measuring changes in patterns of mortality

Reference period Jan - May 2024

Released 30/08/2024

On this page

[Key statistics](#)

[Provisional mortality data](#)

[Australian deaths by week](#)

[Mortality by selected causes of death](#)

[Timeliness and completeness of data](#)

[Data downloads](#)

[Methodology](#)

[Articles](#)

Key statistics

- 74,194 deaths occurred between January and May 2024, comparable to 2023 but 3.0% fewer than 2022.
- 15,972 deaths occurred in May 2024, 3.9% fewer than in 2023 and 3.2% fewer than 2022.
- COVID-19 caused 621 deaths in June, up from 434 in May (see [article](#)).

Since April 2024 there have been changes in how provisional mortality data is presented. These changes have been outlined in previous publications. April 2024 was selected as the time frame to implement changes as it coincides with the beginning of the reporting period for deaths occurring in 2024. The format of these reports will take account of the following factors.

- Deaths will no longer be compared to a "baseline average". The ABS now releases official Excess mortality estimates every six months. Estimates to December 2023 are included in this publication and can be accessed from the articles link. These estimates are modelled from a historical baseline accounting for age structure and population. With this report available, the baseline constructed

from an average count of deaths which was previously included in the Provisional Mortality Report is no longer necessary. The latest excess mortality estimates are available in the article '[Measuring Australia's excess mortality during the COVID-19 pandemic until December 2023](/articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-december-2023)' (</articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-december-2023>), published on 28 June.

- Mortality from influenza and respiratory syncytial virus is analysed alongside COVID-19. The Director-General of the World Health Organization called an end to the emergency phase of the pandemic in May 2023. In line with this, the information presented can be changed to reflect changing data needs. As the pandemic has progressed it is important to consider not only the impact of COVID-19 alone, but also that of other active acute respiratory infections. This additional information is included in the attached article: '[Deaths due to COVID-19, influenza and RSV in Australia - 2022 - July 2024](/articles/deaths-due-covid-19-influenza-and-rsv-australia-2022-july-2024)' (</articles/deaths-due-covid-19-influenza-and-rsv-australia-2022-july-2024>).

Previous year comparisons

Deaths for 2024 will have two comparisons points - they will be compared to deaths occurring in 2023 and 2022.

This publication does not provide official estimates of excess mortality. The ABS publishes official excess mortality estimates in the report '[Measuring Australia's excess mortality during the COVID-19 pandemic until December 2023](/articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-december-2023)' (</articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-december-2023>).

Age-standardised death rates can be accessed via the data downloads tab in this publication.

Counts of deaths for 2015-2023 are included in the historical data cubes of the data downloads section of this report. Customised datasets are able to be created from these data cubes.

Provisional mortality data

The ABS publishes two regular reports that provide preliminary information on mortality - Provisional Mortality Statistics and Deaths due to COVID-19, influenza and RSV in Australia. These reports provide information on different time periods and serve different purposes.

Provisional Mortality Statistics focus on monitoring patterns of mortality (by all-causes and specified leading causes of death) and highlight any changes potentially associated with the COVID-19 pandemic. Data must be sufficiently complete to detect such changes, and as such these reports are only released once the majority of deaths that occurred in a particular period have been registered and reported.

Deaths due to COVID-19, influenza and RSV in Australia articles focus on all deaths registered and reported with COVID-19, influenza or respiratory syncytial virus (RSV) written on the death certificate up until a specified time. These articles include important information about these acute respiratory infection certified deaths, including demographic details. While it is recognised data will be incomplete, it can still indicate

emerging trends or changes among these deaths. The most recent article on deaths due to these selected acute respiratory disease, that occurred and were registered up until 31 July 2024 can be accessed through the articles link on this page.

Australian deaths by week

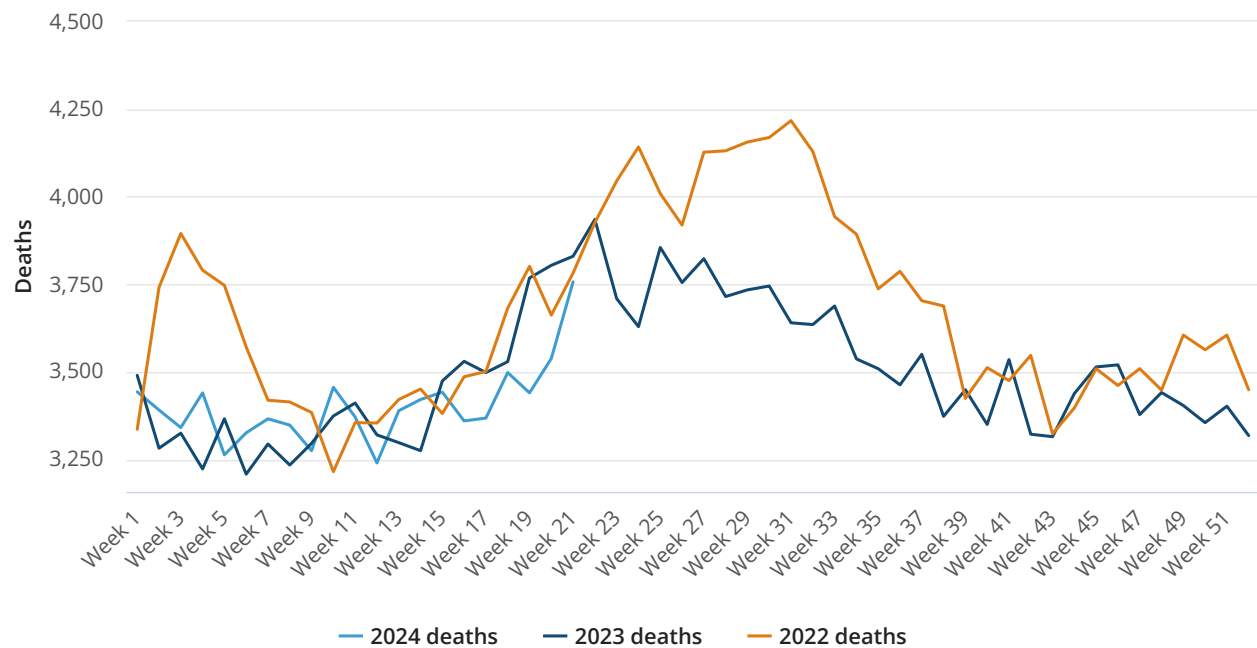
All-cause deaths

For all deaths:

- In 2024, there were 74,194 deaths that occurred by 31 May and were registered by 31 July. This is 148 fewer deaths (0.2%) than the same period in 2023, and 2,279 (3.0%) fewer than in 2022.
- 15,972 deaths occurred in May 2024. This is 655 fewer deaths (3.9%) than May 2023, and 521 (3.2%) fewer than May 2022.
- 14,058 of the deaths occurring in May 2024 were doctor certified and 1,914 were coroner referred.
- The age-standardised death rate (SDR) for May was 43.0 deaths per 100,000 people, below the rates for 2023 (46.3) and 2022 (47.4).

Deaths are presented by counts only. Counts of death do not account for changes in population. See data downloads for weekly and monthly age-standardised death rate calculations.

All deaths, Australia, 3 January 2022 - 26 May 2024 (a)(b)(c)



a. Data is by occurrence.

b. Data is provisional and subject to change.

c. Weeks are defined as seven-day periods which start on a Monday as per the ISO week date system. Refer to 'Weekly comparisons' on the [methodology \(/methodologies/provisional-mortality-statistics-methodology/jan-2024\)](#) page of this publication for more information regarding the data in this graph. Week 1 ended 9 Jan 2022, 8 Jan 2023 and 7 Jan 2024.

Age-specific death rates

The following table shows age-specific death rates (deaths per 100,000 population) for different age groups by sex in May 2024, presented with both those from 2023 and 2022.

May 2024

- Across all age groups, death rates were lower for May in 2024 than in 2023 and 2022. The May 2024 death rate for those aged under 45 years was 11.0% below the rate in May 2023 and 20.8% below the rate in May 2022. For all age groups, the death rate in May 2024 was at least 5% lower than both May 2023 and May 2022.
- For males, death rates for all age groups were lower for May in 2024 than both 2023 and 2022 with the exception of males under 45 years (0.5% higher than in 2023 but 17.4% lower than 2022). The death rate for males aged 75 to 84 years was 9.5% lower in May 2024 than in 2023 and 11.6% lower than in 2022.

- For females, death rates for all age groups were lower for May in 2024 than both 2023 and 2022. The death rate for females aged under 45 years was 28.7% lower in 2024 than in 2023, and 27.3% lower in 2024 than in 2023.
- For all age groups, the male death rate is higher than the female death rate, with the rate ratio being largest in the youngest age group and smallest in the oldest age group.

Year to date, January to May 2024

- Across all age groups, death rates were lower in the year to May for 2024 than in 2023 and 2022, with the largest difference in the 75 to 84 age group (5.6% lower than 2023 and 11.1% lower than 2022).
- For males, death rates for all age groups were lower in the year to May for 2024 than both 2023 and 2022 with the exception of males aged under 45 years (1.4% higher than in 2023 but 6.1% lower than in 2022). The largest difference was in the 75 to 84 age group (6.4% lower than in 2023 and 13.2% lower than in 2022).
- For females, death rates for all age groups were lower in the year to May for 2024 than both 2023 and 2022. The largest difference was for females aged under 45 years (8.9% lower than in 2023 and 10.0% lower than in 2022).

Age specific rates, 2024, 2023, 2022 (a)(b)(c)(d)

	May			January - May		
	2024	2023	2022	2024	2023	2022
Persons						
0-44	3.535	3.974	4.464	20.239	20.706	21.860
45-64	28.186	30.756	31.491	139.539	140.717	148.365
65-74	96.631	102.146	105.766	456.850	465.807	488.085
75-84	279.113	303.678	309.459	1298.201	1375.646	1459.924
85 and over	1,159.706	1,232.829	1,240.181	5225.216	5340.151	5714.212
All ages	58.474	62.393	63.400	273.185	279.314	295.150
Males						
0-44	4.757	4.732	5.762	26.538	26.163	28.269
45-64	35.634	38.534	39.651	176.772	178.865	185.991
65-74	121.243	127.674	133.901	571.801	578.482	617.735
75-84	326.690	361.132	369.684	1535.910	1641.573	1768.484
85 and over	1,236.476	1,342.135	1,367.349	5554.263	5748.291	6193.785
All ages	61.243	65.640	67.490	288.117	295.347	313.800
Females						
0-44	2.277	3.194	3.131	13.750	15.096	15.282
45-64	21.011	23.252	23.609	103.657	103.910	111.999
65-74	74.046	78.614	79.646	351.264	361.798	367.502
75-84	236.639	252.279	255.610	1085.838	1137.778	1184.095
85 and over	1,107.956	1,160.290	1,157.355	5004.013	5070.308	5402.596
All ages	55.741	59.192	59.370	258.457	263.511	276.775

- Data is by occurrence.
- Data is provisional and subject to change.
- Doctor certified and coroner referred deaths are included.
- Age-specific death rates reflect deaths per 100,000 of the estimated resident population (ERP).

Mortality by selected causes of death

Cause-specific mortality

The following analysis is based only on doctor certified deaths (i.e. coroner referred deaths are not included). Any changes in patterns of coroner referral could affect counts of doctor certified deaths. Some conditions have higher coroner referral rates (ischaemic heart disease, cerebrovascular diseases and to a lesser extent, respiratory diseases and diabetes) so counts for those conditions would be more likely to be affected by such changes.

COVID-19

- In May 2024 there were 429 deaths due to COVID-19 that were certified by a doctor. This is well below the 610 deaths in May 2023 and the 883 deaths in May 2022.
- Between January and May 2024 there have been 1,600 deaths from COVID-19 certified by a doctor. This is 28.3% fewer than at the same point in 2023 and 64.7% fewer than in 2022.
- As the pandemic has progressed the number of people dying 'with' COVID-19 has increased. In May 2024 there were 110 people who died with COVID-19 being identified (via death certificates) as a contributing factor to their death (ie. COVID-19 was certified on the death certificate but it was not the underlying cause of death).

Other causes of death

- Deaths due to respiratory diseases (excluding COVID-19) in May 2024 were 5.4% higher than in 2023 and 11.2% higher than in 2022. Deaths from pneumonia were 30.3% higher in May for 2024 than in 2022 while deaths from chronic respiratory diseases were 10.8% higher in May 2024 than in 2022. Between January and May 2024, deaths from respiratory diseases were 9.5% higher than in 2023 and 13.9% higher than in 2022 with deaths from influenza, pneumonia and chronic respiratory diseases all higher in 2024 than in 2022 or 2023.
- Deaths due to ischaemic heart disease in May 2024 were 14.0% below 2023 and 20.7% lower than 2022. Between January and May, deaths due to ischaemic heart disease were 9.2% lower than 2023 and 17.4% lower than 2022
- Deaths due to cerebrovascular diseases in May 2024 were 12.7% lower than 2023 and 11.7% lower than 2022. Between January and May, these deaths were 6.2% lower than 2023 and 8.0% lower than 2022.

Doctor certified deaths by cause, 2024, 2023, 2022 (a)(b)

	May			January to May		
	2024	2023	2022	2024	2023	2022
Cancer	4,316	4,470	4,349	21,307	21,111	20,837
Dementia	1,570	1,586	1,547	7,002	6,874	7,091
Respiratory diseases	1,320	1,252	1,187	5,811	5,307	5,104
Chronic lower respiratory diseases	718	698	648	3,140	2,946	2,900
Influenza and pneumonia	282	254	232	1,130	928	829
Pneumonia	241	211	185	987	839	780
Ischaemic heart disease	1,068	1,242	1,346	4,922	5,419	5,961
Other cardiac conditions	902	914	890	4,024	3,946	3,888
Cerebrovascular diseases	755	865	855	3,453	3,682	3,754
Diabetes	486	510	492	2,088	2,205	2,217
COVID-19	429	610	883	1,600	2,230	4,539

a. Only doctor certified deaths are included.

b. Data is by date of occurrence.

Timeliness and completeness of data

Each death registration in the national mortality dataset has 3 dates:

- The date on which the death occurred.
- The date on which the death was registered with the jurisdictional Registry of Births Deaths and Marriages (RBDM).
- The date on which the death was lodged with the ABS.

When looking to measure change over time, the completeness of data for the most recent period is important. When data is received each month by the ABS, the lag between the date of death and the date of registration means that approximately 40-50% of reported registrations are of deaths that occurred in the month being reported. The remainder are deaths that occurred in earlier months.

In July 2024, the ABS received 18,280 death registrations. Of these, 18,143 deaths occurred in 2024, 94 occurred in 2023 and the remaining 43 occurred in 2022 or earlier years.

For deaths which are doctor certified, approximately 95% of registrations are received after a second month of reporting, while for coroner certified deaths, the proportion of registrations reported after a second month is lower (approximately 80%). This is because it takes longer for coroners to certify deaths due to the complexity of investigations.

As coroner referred deaths make up a smaller proportion of all deaths (approximately 11-14%) their inclusion in all-cause data only reduces the overall completeness by around 2%. This should be considered when making comparisons with historical counts, noting also that the level of completeness will be higher for the start of any given month than the end of that month.

This pattern of registration and reporting is highlighted in the table below, which also shows the slight variation in reporting timelines by cause of death.

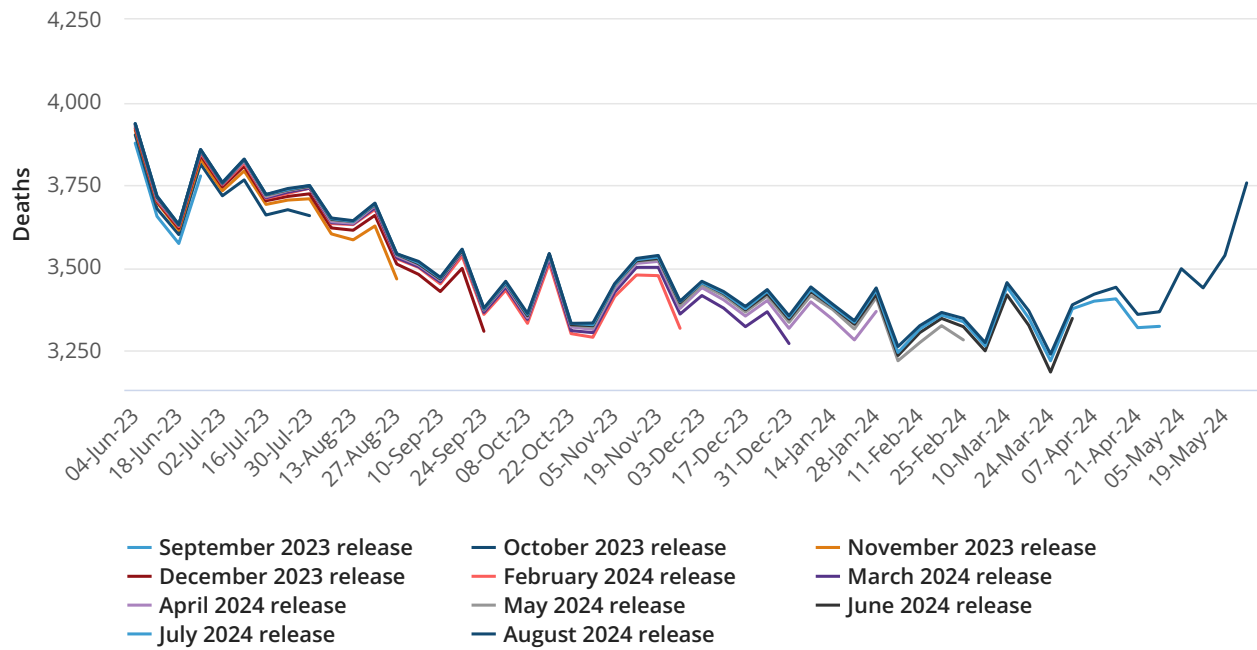
Estimated completeness of death registrations received by the ABS (a)(b)(c)

Cause of death	Total proportion reported at the end of		
	the month the death occurred (%)	the month after the death occurred (%)	two months after the death occurred (%)
All cause - doctor and coroner certified	43.4	93.2	97.6
All cause - doctor certified only	46.1	95.1	98.5
All cause - coroner certified only	24.5	80.0	91.1
Ischaemic heart disease (I20 - I25)	44.8	94.8	98.3
Other cardiac conditions (I26 - I51)	46.0	95.4	98.7
Cerebrovascular diseases (I60 - I69)	46.7	95.5	98.8
Respiratory diseases (J00 - J99)	46.2	96.0	99.0
Chronic lower respiratory diseases (J40 - J47)	45.2	94.2	98.1
Influenza and pneumonia (J09 - J18)	46.3	95.3	98.6
Cancer (C00 - C97, D45, D46, D47.1, D47.3 - D47.5)	47.4	95.7	98.7
Diabetes (E10 - E14)	44.1	92.4	97.0
Dementia, including Alzheimer's disease (F01, F03, G30, G31.0, G31.8)	46.6	95.8	98.9

- a. Percentages are based on the date registrations were received by the ABS for deaths that occurred in 2019-2023.
 b. Only doctor certified deaths are included for cause-specific data.
 c. Data is provisional and subject to change.

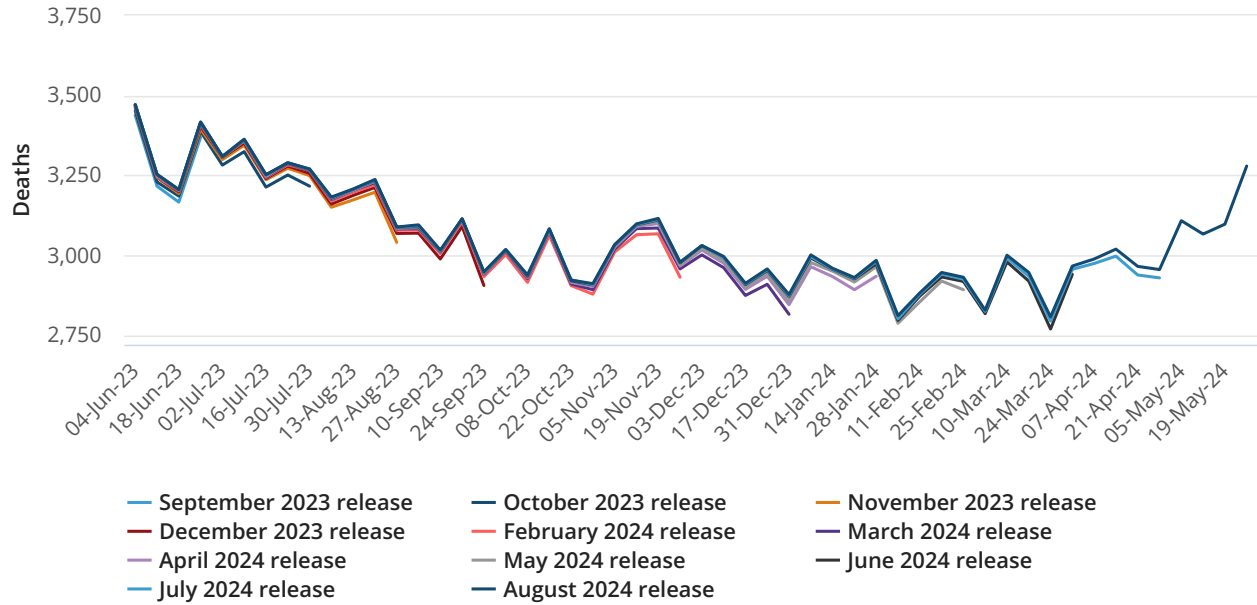
The graphs below show how numbers of deaths for each period have increased over time as additional registrations that occurred in previous months are reported to the ABS. Due to these increases, data for the most recently reported periods should be treated with caution.

All deaths by week of occurrence, by publication release cycle, 29 May 2023 - 26 May 2024



[View full screen](#)

Doctor certified deaths by week of occurrence, by publication release cycle, 29 May 2023 - 26 May 2024



[View full screen](#)

Data downloads

Provisional Mortality Statistics, Jan - May 2024

[Download all \(1.2 MB\)](#)

Provisional Mortality Statistics, Weekly Dashboard, Jan - May 2024.xlsx

[Download XLSX](#)
[156.27 KB]

Provisional Mortality Statistics, Monthly Dashboard Jan - May 2024.xlsx

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[183.33 KB]

Deaths by week of occurrence, 2015-23.xlsx

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Deaths by month of occurrence, 2015-23.xlsx

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[476.38 KB]

Previous catalogue number

This release previously used catalogue number 3303.0.55.004

Methodology

[Provisional Mortality Statistics methodology, Jan - May 2024](#)