

# An analysis of excess deaths during the COVID-19 pandemic across Canada

May 30 2022

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An analysis of excess deaths in Canada during the COVID-19 pandemic shows wide variation by province and underscores the need for better and consistent data for current and future health crisis management. The

article is published in *CMAJ (Canadian Medical Association Journal)*.

Excess deaths (obtained from Statistics Canada) are the difference between the actual reported numbers of deaths and the expected numbers. Using publicly available data, the analysis looked at deaths in Canadian provinces from March 2020 to October 2021 to explore excess deaths overall and those related to COVID-19 before the Omicron wave. Death rates varied widely, with the highest COVID-19 mortality rate in Quebec and the lowest in Prince Edward Island and Nova Scotia. Ontario is the province where excess deaths and COVID-19 deaths rose and fell in closest alignment. British Columbia, Alberta and Saskatchewan all had higher overall excess mortality than other provinces. In BC, there was a spike in deaths from the excessive heat wave in summer 2021.

There are several possible explanations for this wide variability in [death rates](#) during the pandemic. A few examples are provincial differences and limitations in COVID-19 testing, reporting practices of cause of [death](#), and different public health measures such as business and school closures, mask mandates and other [public health](#) events.

"Having confidence in the accuracy of data on COVID-19 deaths is key to understanding different provincial experiences of the pandemic and to distinguish whether provinces had a 'COVID-19 problem,' a broader mortality problem or both," writes Dr. Kim McGrail, School of Population and Public Health, University of British Columbia, Vancouver, BC.

Deaths from [illicit drugs](#), which worsened during the pandemic, and BC's heat wave contributed to excess deaths, although the pandemic may have contributed as well.

"Human Rights Watch concluded that an inadequate policy response

contributed to heat-related deaths in BC, and that these deaths were highly associated with social and material deprivation, which may have been related to the COVID-19 pandemic," writes Dr. McGrail.

"Pandemic policies and border shutdowns likely also contributed to an unsafe drug supply, more people using alone and other [social factors](#) that contributed to higher rates of opioid-related deaths."

Measures to control the pandemic are also known to have reduced deaths. Other studies reported fewer [motor vehicle accidents](#) and a large reduction in influenza-related deaths.

The author calls for collaboration across Canada's health care systems, with consistent terms and definitions to allow faster reporting of deaths and better overall health data.

"Such collective assessment and learning is key to help ensure preparedness for another SARS-CoV-2 variant, another weather event or an entirely new health threat. It will take the collective efforts of all stakeholders, including the public, to be ready and willing to respond to the next crisis. Conversations that support that preparedness should start now," urges Dr. McGrail.

**More information:** Excess mortality, COVID-19 and health care systems in Canada, *Canadian Medical Association Journal* (2022). [DOI: 10.1503/cmaj.220337](https://doi.org/10.1503/cmaj.220337)

Provided by Canadian Medical Association Journal

Citation: An analysis of excess deaths during the COVID-19 pandemic across Canada (2022, May 30) retrieved 25 April 2024 from <https://medicalxpress.com/news/2022-05-analysis-excess-deaths-covid-pandemic.html>

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