Of child deaths in England over the last three years, 15% are related to infection, according to a new report published on 14 December by the University of Bristol's National Child Mortality Database (NCMD) team.
The report uses the NCMD's unique data on all child deaths in England to examine 1,507 infection-related deaths between April 2019 and March 2022.

The report finds that children under one were at greater risk of infection related death than other age groups, but also that risk varied by ethnic and socio-economic background. Children from an Asian/Asian British or black/black British ethnic background were at higher risk, with children from a Pakistani ethnic background at the highest risk of all. The chance of dying of infection in the most deprived neighborhoods was twice that of those living in the least deprived neighborhoods.

Children with underlying health conditions and learning disabilities were also over-represented. Of the children whose deaths were infection related. 90% had an underlying health condition, and 67% of the children who died between 5 and 17 years of age had a learning disability.

The report also uses the NCMD's rapid notification data, which is logged within 48 hours of death, to look at patterns of infection related death last winter. The results show that seasonal variations in the level of deaths, with highs in winter and lows in summer, appeared to be disrupted by the COVID-19 pandemic. Deaths rose in the winter of 2021/22, but failed to return to typical levels in the summer of 2022/23—and the latest data shows infection-related deaths may have continued to rise throughout the year.

Professor Karen Luyt, Program Director for the National Child Mortality Database and Professor of Neonatal Medicine at the University of Bristol, said, "Overall, 1 in 6 deaths in children were linked to infection. Over a third of deaths had contributory factors, potentially modifiable through universal implementation of the learning and recommendations from our report."
"We urge all health care teams caring for infants, children and young people to learn from and apply these findings to enable continual quality improvement in care. We call for research policy to prioritize research in child populations at highest risk of fatal infections."

The report also presents recommendations to improve and save children's lives in future, as well as learning from the detailed child death review that takes place whenever any child dies in England.

In 36% of the cases, the child death overview panel reviewing the death identified modifiable factors—circumstances that may, by means of a locally or nationally achievable intervention, be modified to reduce the risk of future child deaths.


Provided by University of Bristol