

# Study: High excess death rates in the West for 3 years running since start of pandemic despite containment and vaccines

June 3 2024

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Excess death rates have remained high in the West for three years

running since the start of the COVID-19 pandemic, finds a data analysis of 47 countries published in *BMJ Public Health*.

This is despite the implementation of various containment measures and the availability of COVID-19 vaccines, giving rise to "serious cause for concern," say the researchers, who call on governments and policymakers to thoroughly investigate the underlying causes.

The researchers wanted to gauge the effectiveness of the response to the health crisis posed by the COVID-19 pandemic, as reflected in excess deaths.

These refer to the numbers of people who died from any cause above and beyond what would normally be expected for any given week/month between January 2020 and December 2022 in 47 countries in Europe, North America, Australia and New Zealand.

The researchers applied a statistical method called Karlinsky and Kobak's estimate model. This uses historical death data in a particular country from 2015 until 2019 and accounts for [seasonal variation](#) and annual trends in deaths due to changes in population structure.

The total number of excess deaths in the countries included in the analysis was 3,098,456. Excess deaths were reported by 41 countries (87%) in 2020, by 42 (89%) in 2021, and by 43 (91%) in 2022.

In 2020, the year in which the COVID-19 pandemic started and containment measures—such as lockdowns, social distancing, school closures and quarantines—were implemented, 1,033,122 excess deaths (11.5% higher than expected) were recorded.

In 2021, the year in which both COVID-19 containment measures and COVID-19 vaccines were used to curb SARS-CoV-2 virus spread and

infection, a total of 1,256,942 excess deaths (just under 14% higher than expected) were reported.

And in 2022, the year in which most containment measures were lifted, but COVID-19 vaccines were continued, preliminary data indicate that 808,392 excess deaths were recorded.

Greenland was the only country out of the 47 reporting no excess deaths between 2020 and 2022. Among the others, the percentage difference between the reported and projected number of deaths was highest in 13 countries (28%) during 2020, in 21 (46%) during 2021, and in 12 (26%) during 2022.

The percentage difference between the documented and projected number of deaths was highest in 28% of countries during 2020, in 46% during 2021, and in 26% during 2022.

It's not clear how many of these excess deaths reflect the impact of COVID-19 infection, or the indirect effects of containment measures and vaccination programs, say the researchers.

While it's likely that the indirect effects of containment measures did change the scale and nature of disease for numerous causes of death following the pandemic, those caused by restricted [health care use](#) and socioeconomic upheaval are difficult to prove, they add.

The researchers acknowledge various limitations to their findings, including the incompleteness of some data—particularly for 2022—because it can take months or even years before a death is registered in certain countries, they explain.

And the way in which these data are compiled differs among nations, highlight the researchers, who also point out that the data they used

provided no detailed stratification of key characteristics, such as age or sex.

Nevertheless, they conclude, "Excess mortality has remained high in the Western world for three consecutive years, despite the implementation of COVID-19 [containment](#) measures and COVID-19 vaccines. This is unprecedented and raises serious concerns.

"Government leaders and policymakers need to thoroughly investigate underlying causes of persistent [excess mortality](#) and evaluate their health crisis policies."

**More information:** Excess mortality across countries in the Western World since the COVID-19 pandemic: 'Our World in Data' estimates of January 2020 to December 2022, *BMJ Public Health* (2024). [DOI: 10.1136/bmjph-2023-000282](#)

Provided by British Medical Journal

Citation: Study: High excess death rates in the West for 3 years running since start of pandemic despite containment and vaccines (2024, June 3) retrieved 18 June 2024 from <https://medicalxpress.com/news/2024-06-high-excess-death-west-years.html>

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