



# Skye and Lochalsh

*Mortality*

**Paper 4 of a population needs assessment for Skye and Lochalsh**

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The Health Intelligence Team are part of the Directorate of Public Health of NHS Highland and provide an expert resource of demographic and population health evidence.

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## Skye and Lochalsh Population Needs Assessment

This is the fourth report in a series that will contribute to a population needs assessment in relation to adult health and social care services for Skye and Lochalsh and includes detail of events in the area of South West Ross. Reference is also made to the wider Community Partnership area of Skye, Lochalsh and West Ross.

In the first report<sup>1</sup> we looked at the demography and population dynamics of the area using available population estimates and projections. The second report<sup>2</sup> reviewed the social context of the population health of the area through the lens of deprivation. In the third report<sup>3</sup> we considered the seasonal population and the associated impact on health service activity in the area. In this report we look at mortality trends and causes of death.

Further details of future reports are available in the Project Initiation Document (PID)<sup>4</sup>.

The timescale for the epidemiological and comparative part of the needs assessment is from April to June 2019.

## Background

Mortality data provides valuable insight into registered deaths and cause of death. This information can be used as an indicator of general health of an entire population. It can also highlight numbers of premature deaths, life expectancy and identify trends in causes of deaths. The main source of deaths data in Scotland (death registrations) is the [National Records of Scotland](#)<sup>1</sup> (NRS). At the time of writing the latest complete year of mortality data published by NRS is for the calendar year 2017.

In this report we follow national reporting conventions for death data that provide figures on the basis of the underlying cause of death. The underlying cause of death is defined as the disease or injury which initiated the chain of events leading directly to death, or the accident /act that produced the fatal injury. For deaths registered from the 1<sup>st</sup> of January 2000, the

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<sup>1</sup> The National Records of Scotland (NRS) is a non-ministerial department of the devolved Scottish Government responsible for producing statistics about Scotland's population.

causes of death are coded with the International Statistical Classification of Diseases and Related Health Problems (Tenth Revision) which is commonly referred to as ICD-10<sup>5</sup>.

Scotland has one of the highest rates of death (mortality) in Western Europe and this is reflected in the country's comparatively low life expectancy<sup>6,7</sup>.

Gains in life expectancies have stalled in Scotland, as in a number of other countries, since around 2012<sup>7,8</sup>.

There are considerable variations or inequalities in mortality rates and trends within Scotland across different geographical and socio-economic groupings<sup>8,9</sup>.

This report considers the main causes, age of death and the local mortality rates of the residents of the Skye and Lochalsh and South West Ross (SLSWR) area. It aims to highlight patterns and trends to support service planning and the management and prevention of long term conditions.

## Summary

There were 158 deaths recorded in the SLSWR area in 2017. The average age at death for men living in the area was 75 years of age and for women 81 years. In recent years about one in three deaths occur in the under 75 year old age group. In 1979 this figure was one in two.

All-age and all-cause mortality rates for SLSWR residents have been consistently lower than those of Highland and Scotland.

At small area level within the Skye, Lochalsh and West Ross (SLWR) Community Partnership all-age and all-cause standardised mortality rates were not significantly different in 2015-2017 ranging from 1,112 to 854 per 100,000 population.

The most common causes of death of SLSWR residents in 2015-2017 were cancers, heart diseases, cerebrovascular disease (stroke) and respiratory conditions.

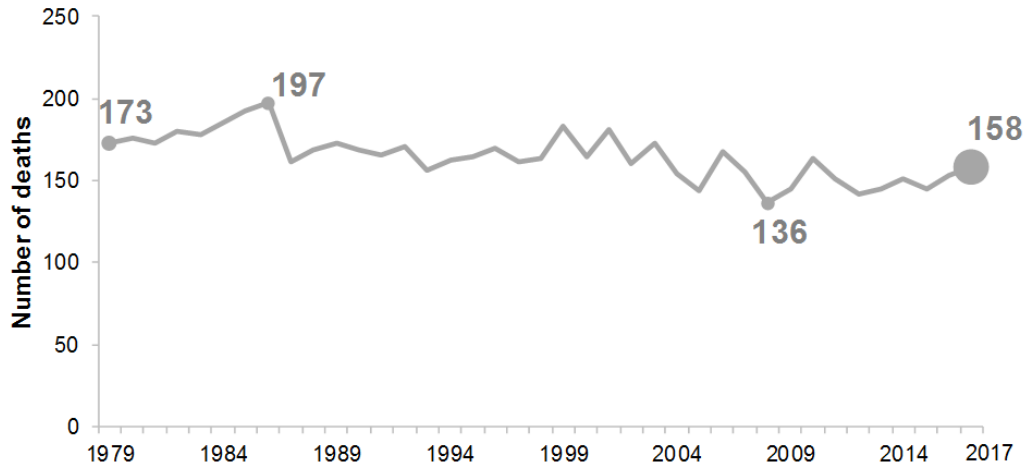
The proportions of the major causes of death have changed over time. In 2005-2007 coronary heart disease accounted for a higher proportion of all deaths (21.5 percent) compared to 12 percent in 2015-2017. In 2005-2007 dementia and Alzheimer's disease accounted for 4 percent of all deaths but in 2015-2017 these causes were recorded as the principal reason for death in 9 percent of events.

The population of SLSWR has significantly lower rates of mortality than Scotland for all major causes of death with the exception of cerebrovascular disease and deaths from external causes. The number of the events observed for these two causes are not significantly different from Scotland. The external cause category includes injuries, poisoning, falls, self-harm and assault.

In 2015-2017 age-standardised avoidable mortality rates for SLSWR and Highland residents were both significantly lower than those of Scotland. The measure suggests that around 40 deaths (26 percent of all deaths) of residents of SLSWR could be considered avoidable given timely and effective healthcare or public health interventions. Neoplasms (cancers and other non-cancerous tissue growths), cardiovascular diseases and unintentional injuries account for three-quarters of all avoidable deaths in the area.

## Numbers of deaths

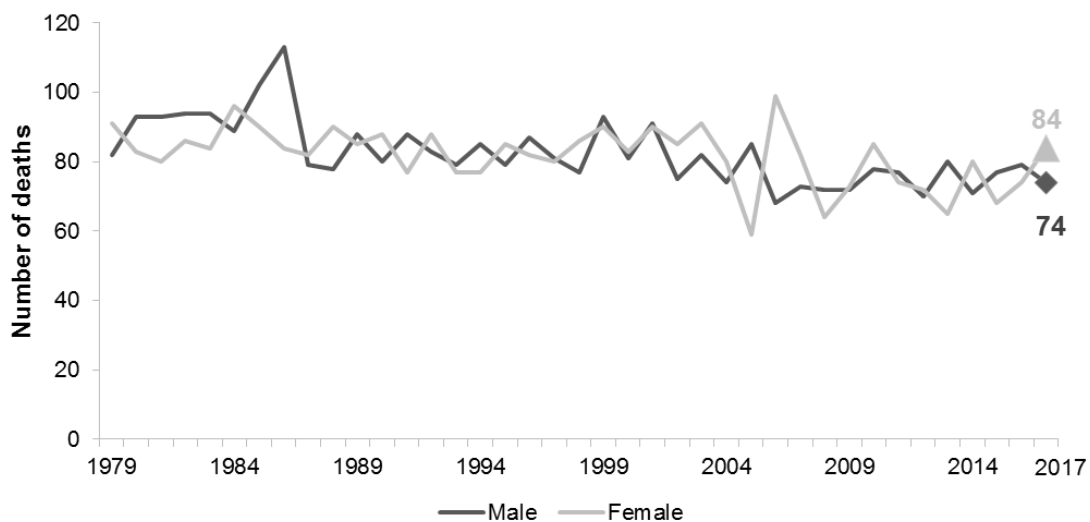
**Figure 1: Number of annual deaths of Skye, Lochalsh and South West Ross residents by calendar year of registration**



Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland

In 2017, 158 deaths were registered of SLSWR residents. Figure 1 shows there were more deaths annually at the beginning of the period. The lowest numbers of deaths were recorded in 2008 (136). From this point an increase of 16 percent in the number of deaths can be observed by 2017. However, within this period, considerable year to year variation can be seen with the numbers changing by as much as 12 percent between 2009 and 2010.

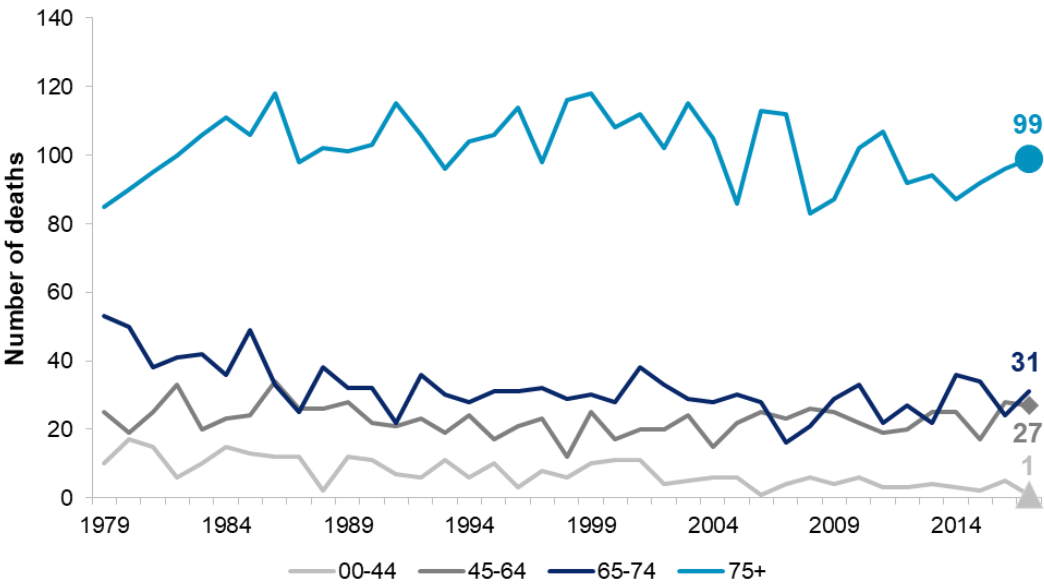
**Figure 2: Number of annual deaths of Skye, Lochalsh and South West Ross residents by sex and calendar year of registration**



Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland

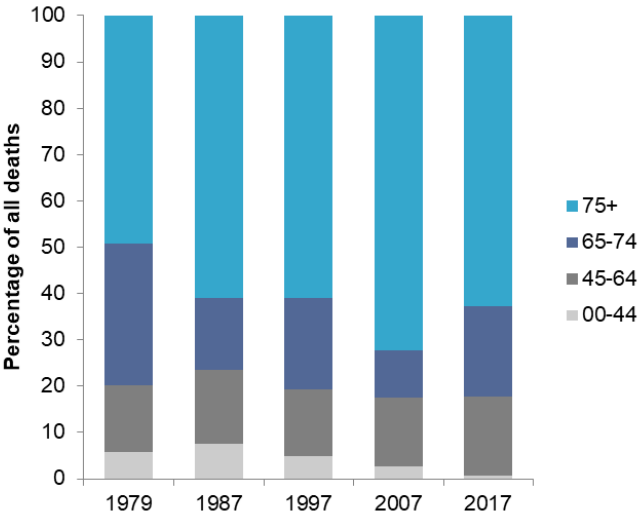
The annual number of deaths to males and females are similar over the period.

**Figure 3: Number of annual deaths to Skye, Lochalsh and South West Ross residents by age group and calendar year of registration**



Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland

**Figure 4: Proportion of deaths by age group of Skye, Lochalsh and South West Ross residents by calendar year of registration**



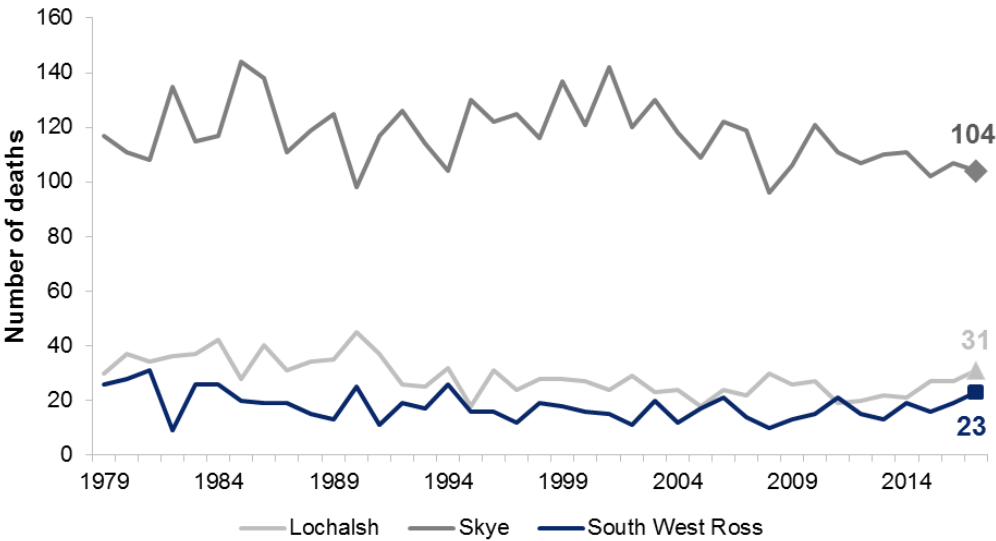
The numbers of deaths to those aged less than 75 years of age living in the area have decreased over time. The most notable change has been in the 00-44 year age group.

On average there were 100 deaths a year of residents aged over 75 years old. The annual variation in the number of events in this age group is more notable than in the younger age groupings.

Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland

In 1979 half of all deaths of residents occurred to those aged under 75 years of age. In recent years about one in three deaths occur in this age range.

**Figure 5: Number of annual deaths of residents of Skye, Lochalsh and South West Ross by calendar year of registration**



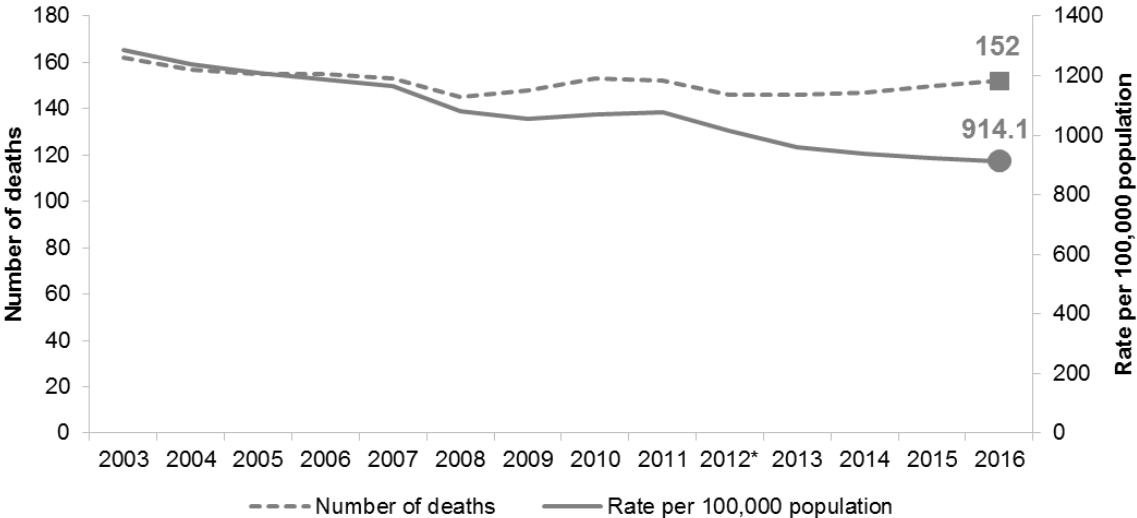
Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland

Figure 5 highlights the number of annual deaths by areas within SLSWR. To understand these trends and those shown in figures 1 to 4, it is important to account for changes in population over the period. In our first report we highlighted the ageing of the population structure of the area with larger cohorts of people moving into older age ranges and being replaced by smaller numbers. These population changes will impact on the number of deaths.

**Mortality trends**

To explore mortality trends over time and to adjust for changes in the age distribution of the population we use directly age standardised death rates calculated with the 2013 European Standard Population. Similarly, if two area populations have different age distributions, a comparison of the number of deaths and their crude rates (calculated by dividing the total number of deaths by the total population) may be misleading. More details of the rationale for using age and age-sex standardisation and aggregating time periods for analysis are available in the Project Initiation Document (PID)<sup>4</sup>.

**Figure 6: Number of deaths from all causes (all ages), 3 year rolling average numbers and directly age-sex standardised rates per 100,000 population for Skye, Lochalsh and South West Ross residents<sup>1</sup>**

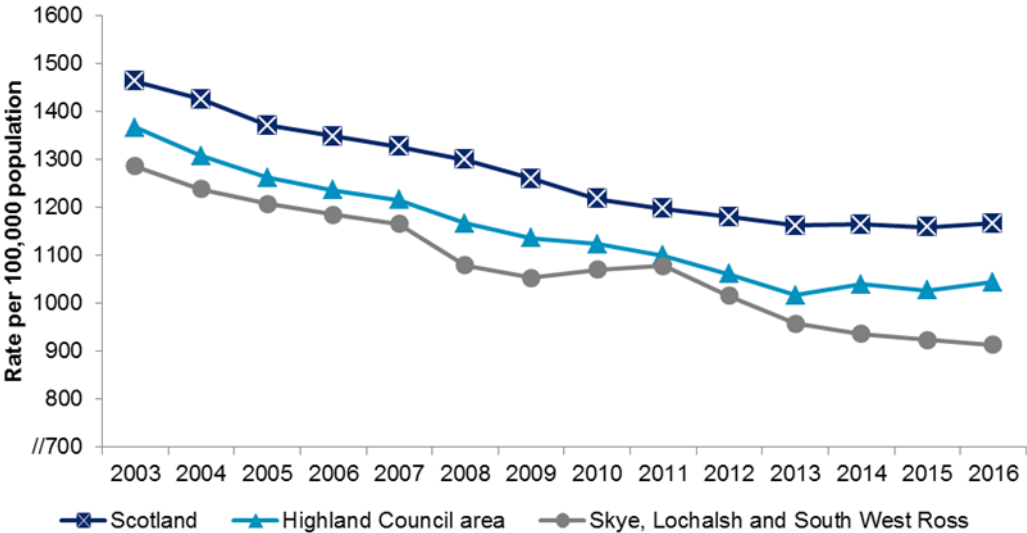


1. The x-axis series label shows the mid-year of the three year period

**Data source:** Rates calculated by NHS Highland Health Intelligence Team using NRS Vital Events (Deaths Series) files and population denominators derived from Small Area Population Estimates published by NRS<sup>10</sup>.

Figure 6 shows that age-sex standardised death rates of the SLSWR population have decreased over the period. The rate in the most recent period of 914 per 100,000 is 29 percent lower than the rate at the beginning of the period.

**Figure 7: Deaths from all causes (all ages), 3 year rolling directly age-sex standardised rates per 100,000 population for Skye, Lochalsh and South West Ross residents, Highland and Scotland<sup>1</sup>**



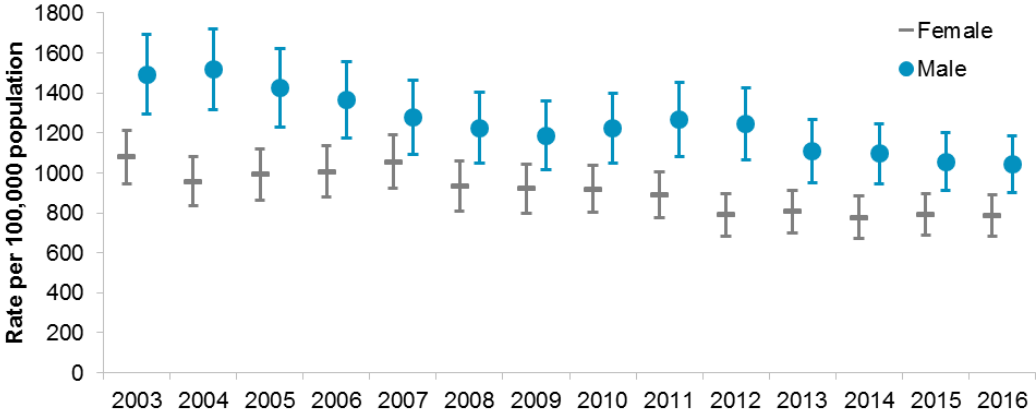
1. The x-axis series label shows the mid-year of the three year period

**Data source:** Rates for SLSWR calculated by NHS Highland Health Intelligence Team using NRS Vital Events (Deaths Series) files and population denominators derived from Small Area Population Estimates published by NRS<sup>10</sup>. The rates for Highland and Scotland are available from ScotPHO Community and Wellbeing Profiles<sup>11</sup>.



Figure 7 shows that all-age and all-cause mortality rates for SLSWR residents have been consistently lower than those of Highland and Scotland over the period. The reasons for the lack of recent improvement in national mortality rates are the subject of investigation by a national expert group under the auspices of the Directors of Public Health<sup>12</sup>.

**Figure 8: Deaths from all causes (all ages), 3 year rolling directly age standardised rates per 100,000 population for male and female residents of Skye, Lochalsh and South West Ross**

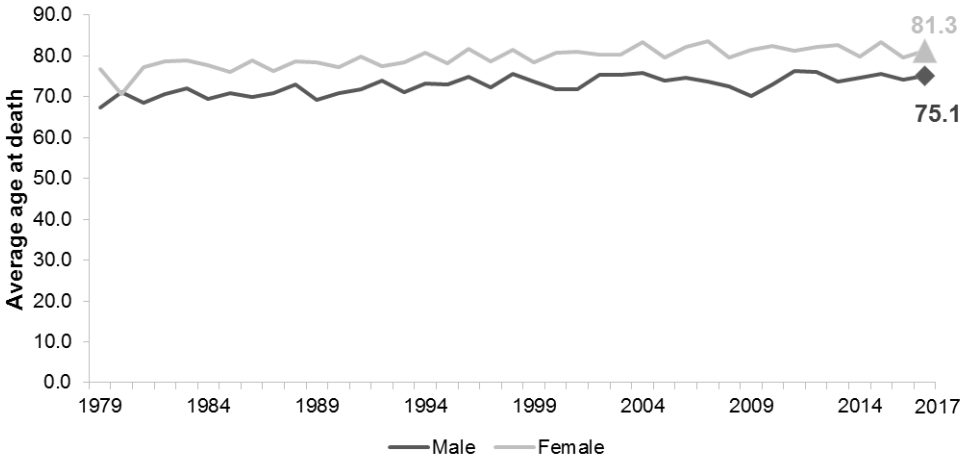


1. The x-axis series label shows the mid-year of the three year period

**Data source:** Rates for SLSWR calculated by NHS Highland Health Intelligence Team using NRS Vital Events (Deaths Series) files and population denominators derived from Small Area Population Estimates published by NRS<sup>10</sup>.

Figure 8 highlights that male all-cause and all-age mortality rates have been consistently higher than female rates over the period. Both the male and female rates are significantly lower in 2015-2017 than in 2002-2004. The female rates have remained relatively static since 2011-2013.

**Figure 9: Average annual age at death of male and female residents of Skye, Lochalsh and South West Ross**



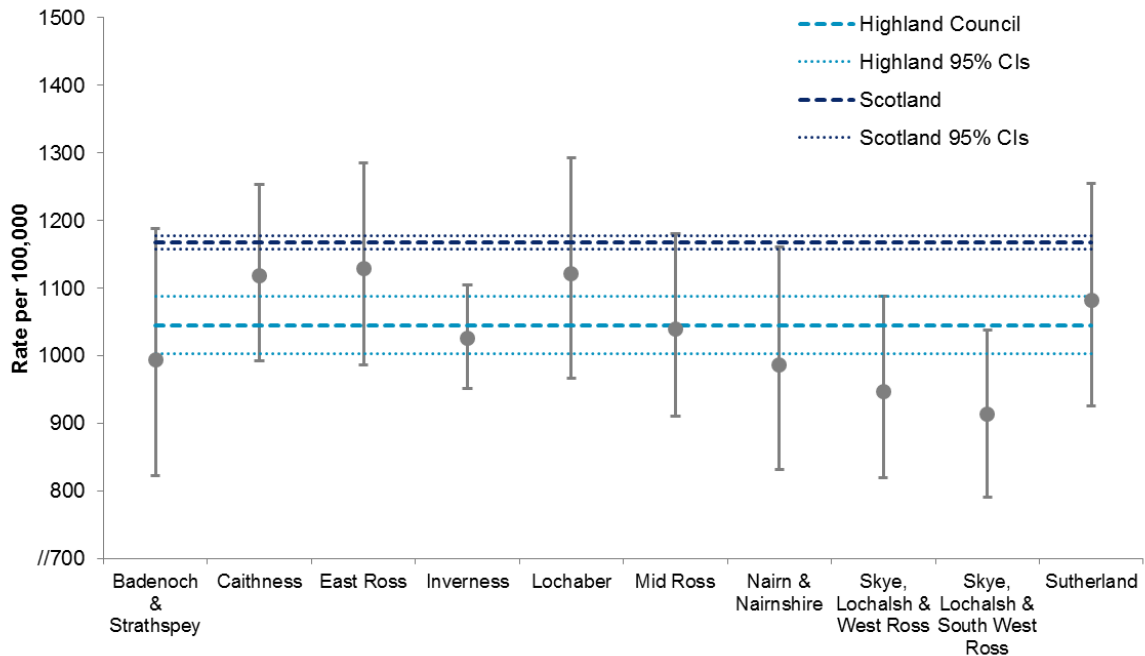
1. The x-axis series label shows the mid-year of the three year period

**Data source:** National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland

Average age at death has increased for both male and female residents of the SLSWR area over time. However, males on average continue to die at younger ages.

## Comparative mortality rates

**Figure 10: Deaths from all causes (all ages), directly age-sex standardised rates per 100,000 population for Skye, Lochalsh and South West Ross residents, Highland, Highland Community Partnerships and Scotland, 2015-2017**



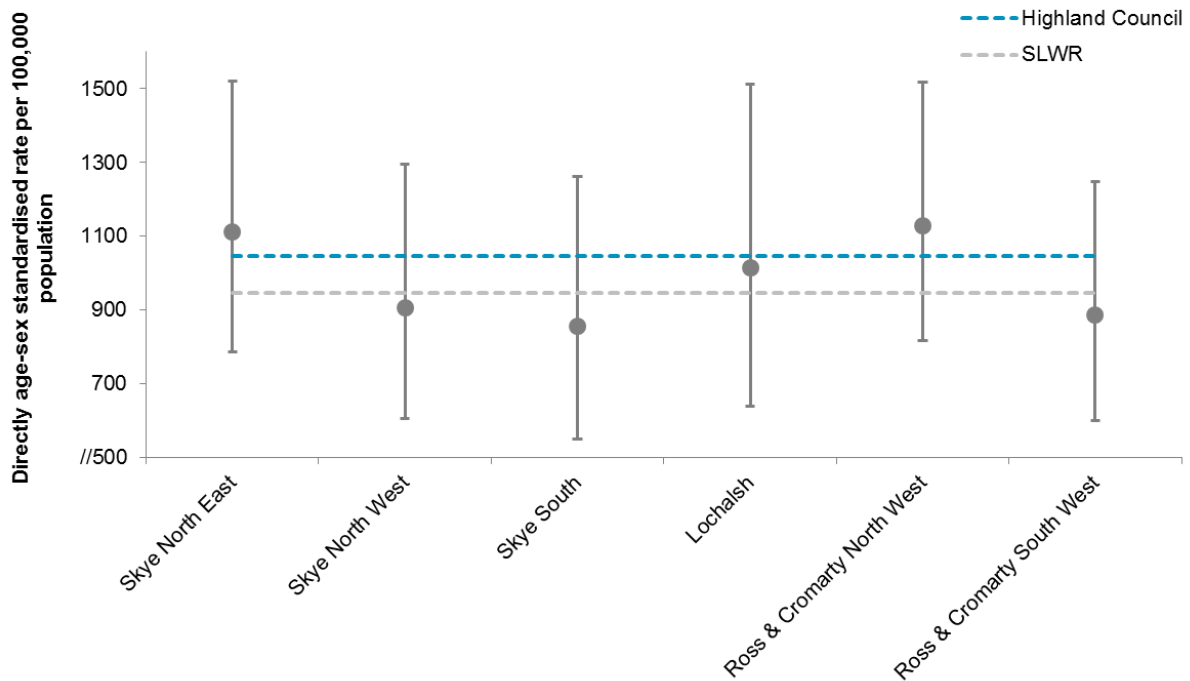
**Data source:** Rates for SLSWR calculated by NHS Highland Health Intelligence Team using NRS Vital Events (Deaths Series) files and population denominators derived from Small Area Population Estimates published by NRS<sup>10</sup>. The rates for Highland, Highland Community Partnerships and Scotland are available from ScotPHO Community and Wellbeing Profiles<sup>11</sup>.

Figure 10 compares the all-cause and all age mortality rates of Highland Community Partnerships with Scotland and Highland in the period 2015-2017. Inverness and the SLWR partnerships have rates significantly lower than Scotland. The rate for the population of SLSWR is presented for comparison.

At small area level in the same period the all-cause mortality rates of the residents of the Intermediate Geographies within the SLWR area were similar (Figure 11).

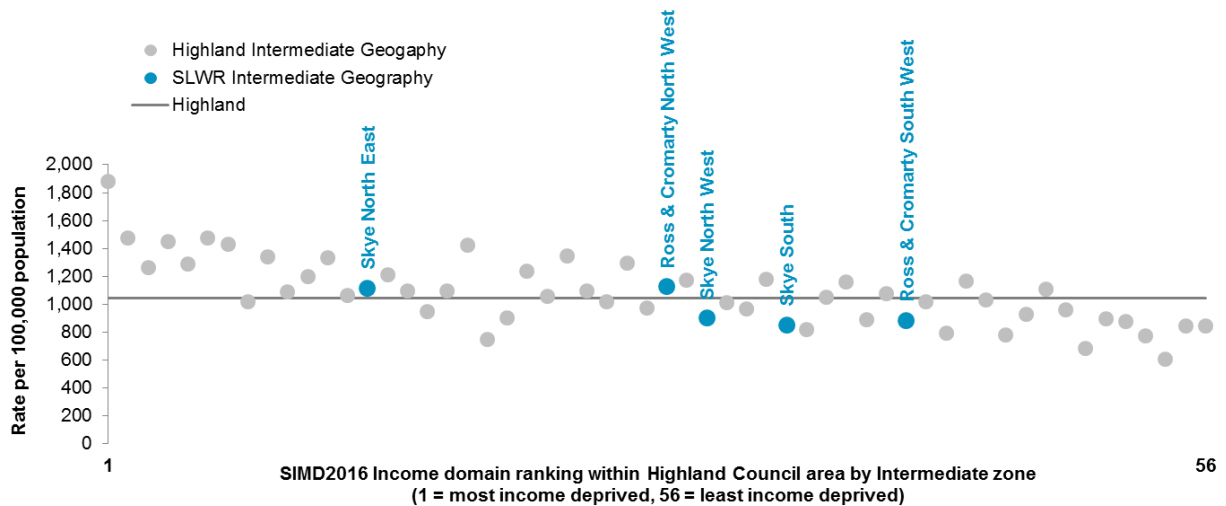
Figure 12 highlights the variation in the range of all-cause mortality rates across all 54 of the Intermediate Geographies in the Highland Council area ranked by an indicator of income deprivation from the Scottish Index of Multiple Deprivation<sup>13</sup>. None of the areas identified within SLWR have extreme income or mortality values in a Highland context.

**Figure 11: Deaths from all causes (all ages), directly age-sex standardised rates per 100,000 population for Intermediate Geographies in the Skye, Lochalsh and West Ross area, 2015-2017**



Data source: ScotPHO Health and Wellbeing Profile<sup>11</sup> (extracted June 2019)

**Figure 12: Deaths from all causes (all ages), directly age-sex standardised rates per 100,000 population for Intermediate Geographies in Highland Council area ranked by income deprivation, 2015-2017**



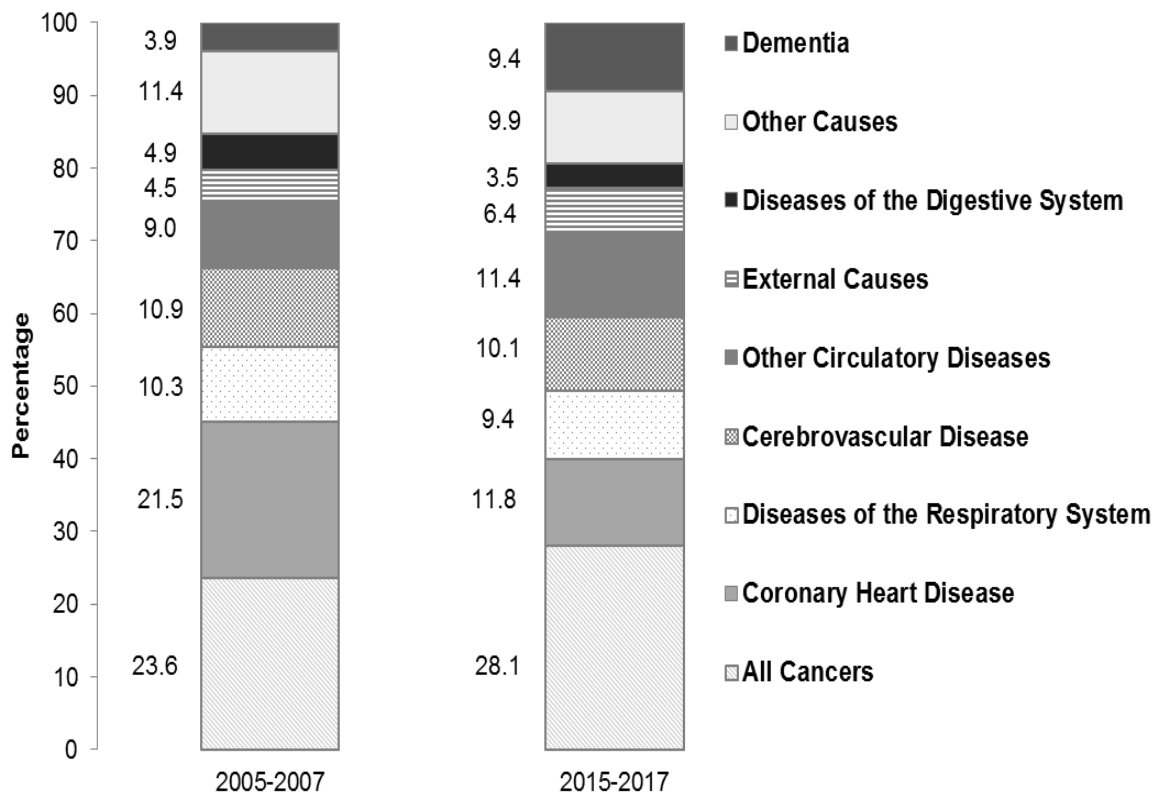
Data source: ScotPHO Health and Wellbeing Profile<sup>11</sup> (extracted June 2019)

## Causes of death

Overall the most common causes of death of SLSWR residents in 2015-2017 are cancers, heart diseases, cerebrovascular disease (stroke) and respiratory conditions (Figure 13 and Table 1).

Table 1 and Figure 13 highlight that over time the absolute numbers of deaths has remained constant but the proportions of the major causes of death have changed. In 2005-2007 coronary heart disease accounted for a higher proportion of all deaths (21.5 percent) compared to 12 percent in 2015-2017. In 2005-2007 dementia and Alzheimer's disease accounted for 4 percent of all deaths but in 2015-2017 these causes were recorded as the principal reason for death in 9 percent of the events.

**Figure 13: Proportion of deaths by cause for residents of all ages and both sexes in Skye, Lochalsh and South West Ross in 2005-2007 and 2015-2017**



Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland based upon 3 digit ICD 10 codes

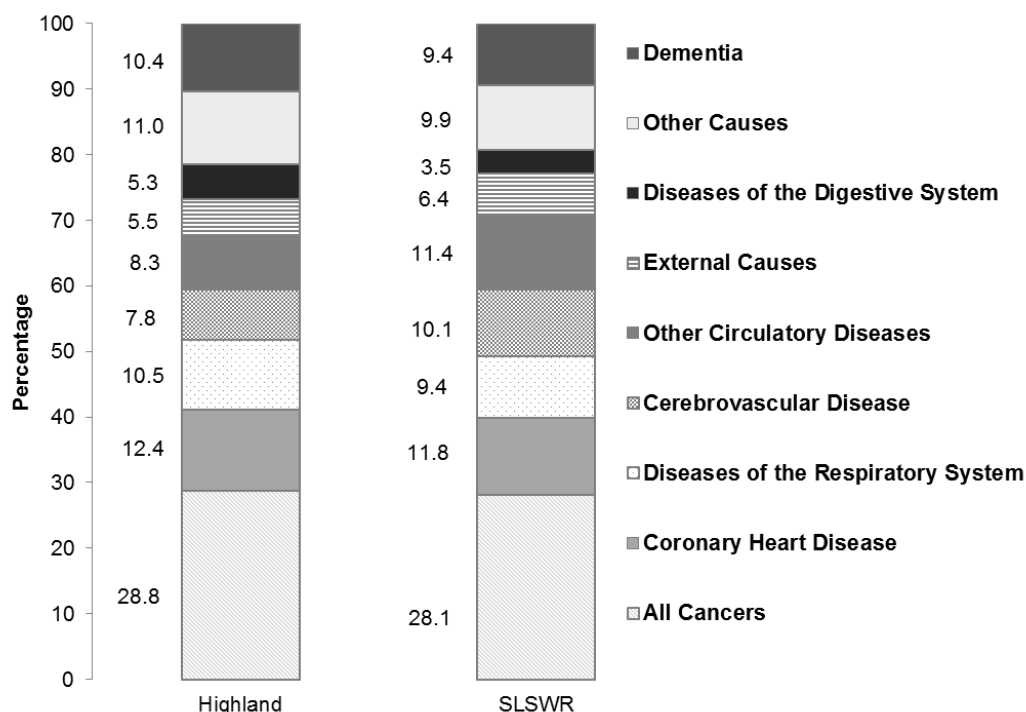
**Table 1: Numbers and proportions of deaths by cause for residents of all ages and both sexes in Skye, Lochalsh and South West Ross in 2005-2007 and 2015-2017**

	ICD 10 codes	Average number of deaths		% change in numbers
		2005-2007	2015-2017	
All Cancers	C00-C97	37	43	16.2
Coronary Heart Disease	I20-I25	33	18	-45.5
Other Causes	All other codes	18	15	-16.7
Cerebrovascular Disease	I60-I69	17	15	-11.8
Diseases of the Respiratory System	J00-J99	16	14	-12.5
Other Circulatory Diseases	I00-I19, I26-I59 & I70-I99	14	17	21.4
Diseases of the Digestive System	K00-K93	8	5	-37.5
External Causes	V01-Y98	7	10	42.9
Dementia & Alzheimer's Disease	F01, F03 & G30	6	14	133.3
All Causes		155	152	-1.9

Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland based upon 3 digit ICD 10 codes

The major causes of death recorded for residents of SLSWR in 2015-2017 were very similar to those in the Highland Council area as a whole (Figure 14).

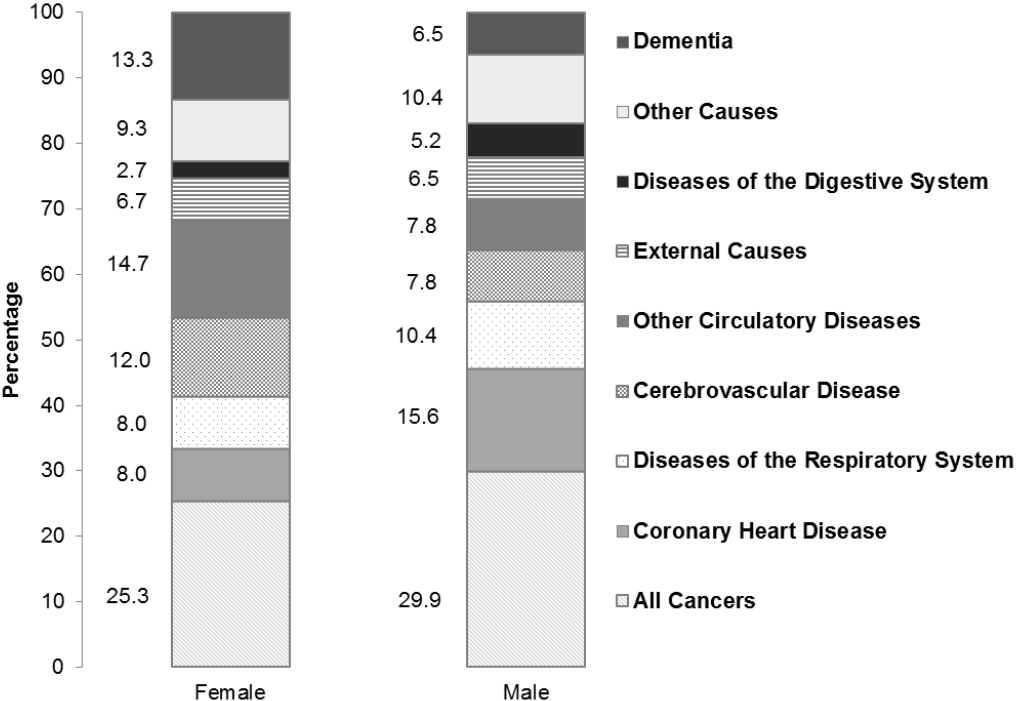
**Figure 14: Proportion of deaths by cause for residents of all ages and both sexes in Skye, Lochalsh and South West Ross and Highland in 2015-2017**



Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland based upon 3-digit ICD10 codes

There are differences in the cause of death by gender, with women more likely to die from dementia and Alzheimer’s disease and men more likely to die from Coronary Heart Disease. Cancers, considered as a grouping, are the leading causes of death for both men and women.

**Figure 15: Proportion of deaths by cause for residents of all ages in Skye, Lochalsh and South West Ross by sex in 2015-2017**



Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland based upon 3-digit ICD10 codes

**Table 2: Numbers and proportions of deaths by cause for residents of all ages in Skye, Lochalsh and South West Ross by sex in 2015-2017**

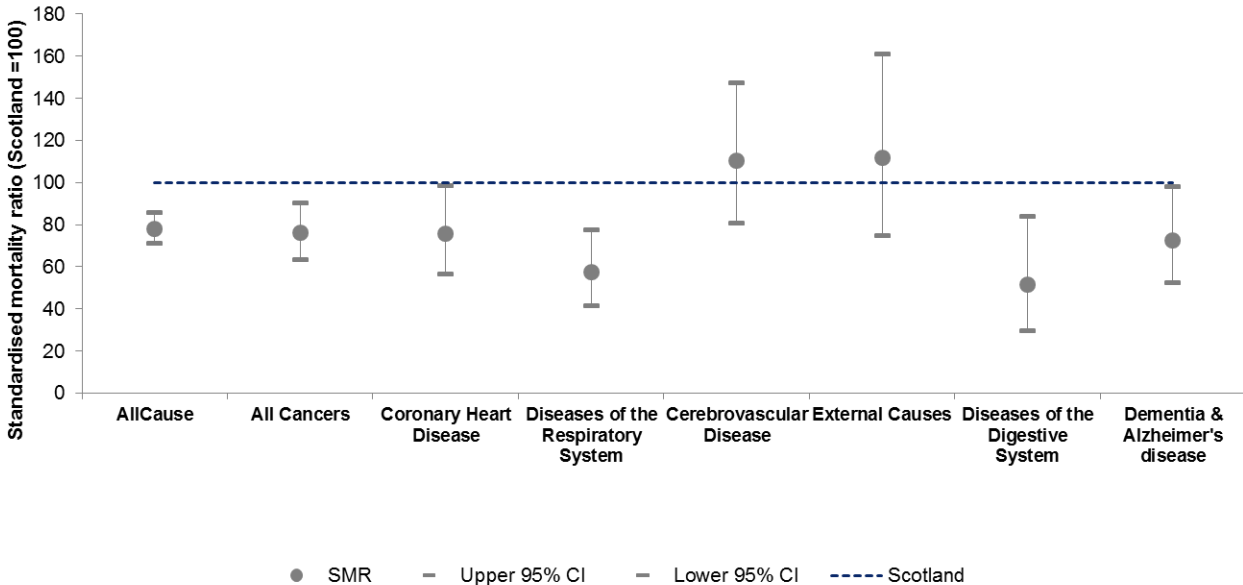
	ICD 10 codes	Average number of deaths		
		Female	Male	Total
All Cancers	C00-C97	19	23	43
Coronary Heart Disease	I20-I25	6	12	18
Diseases of the Respiratory System	J00-J99	6	8	14
Cerebrovascular Disease	I60-I69	9	6	15
Other Circulatory Diseases	I00-I19, I26-I59 & I70-I99	11	6	17
External Causes	V01-Y98	5	5	10
Diseases of the Digestive System	K00-K93	2	4	5
Other Causes	All other codes	7	8	15
Dementia & Alzheimer’s Disease	F01, F03 & G30	10	5	14
All Causes		75	77	152

Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland

In Figure 16 we use standardised mortality ratios (SMRs) to compare the mortality risks of the SLSWR population with Scotland. The calculation of these SMRs involve the comparison of the observed number of events with the aggregated number that would be expected when the age and sex condition specific death rates in the Scottish population are applied to the age and sex groups of the SLSWR population. The value of the SMR for Scotland, as the standard population, is 100. If the actual number is 10 percent more than the expected number, the SMR will be 110. The use of SMRs is especially applicable when the population of interest and number of events is small and direct standardisation would not be appropriate. Confidence intervals at 95 percent are provided as an aid to interpretation. Conceptually, if the observed number of deaths is equal to the expected number, the SMR would have a value of 100. The statistical test for the significance of the SMR is whether the confidence intervals exclude the value of 100.

As previously shown in Figure 7, Figure 16 confirms that all cause and all age mortality in SLSWR was significantly lower than Scotland in 2015-2017 by 22 percent. The local population has significantly lower rates of mortality for all major causes of death with the exception of cerebrovascular disease and deaths from external causes. The number of the events observed for these two causes are not significantly different from Scotland.

**Figure 16: Standardised mortality ratios of the major cause of death of Skye, Lochalsh and South West Ross residents (all ages and both sexes) in the period 2015-2017**



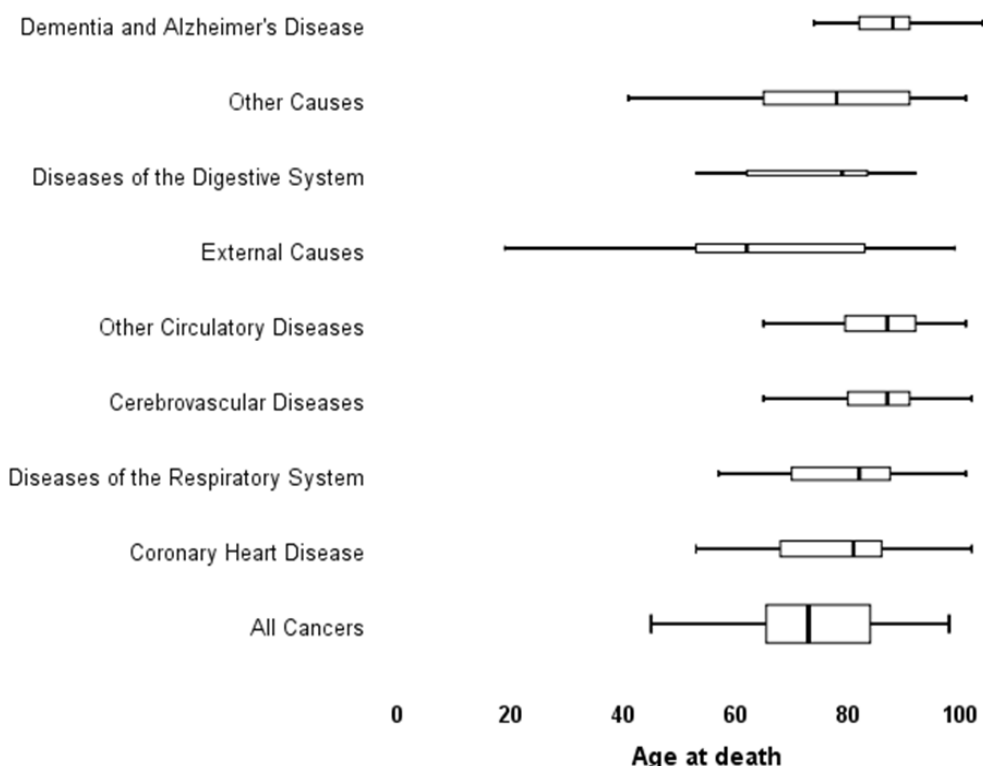
Data source: Standardised mortality ratios calculated by NHS Highland Health Intelligence Team using NRS Vital Events Reference Tables for Scotland; locally held NRS Vital Events (Deaths Series) files and population denominators derived from Small Area Population Estimates published by NRS<sup>10</sup>.

**Table 3: Average annual number of deaths, standardised mortality ratios (Scotland =100) and average age of death for residents of Skye, Lochalsh and South West Ross, 2015-2017**

	Observed	Expected	SMR	Upper 95% CI	Lower 95% CI	Average age at death
All Causes	152	195	78.1	85.6	71.1	78.1
All Cancers	43	56	76.1	90.5	63.5	73.9
Coronary Heart Disease	18	24	75.5	98.6	56.7	78.1
Diseases of the Respiratory System	14	25	57.6	77.7	41.7	78.2
Cerebrovascular Disease	15	14	110.6	147.6	80.9	84.9
External Causes	10	9	112.0	161.0	74.9	64.1
Diseases of the Digestive System	5	10	51.7	84.1	29.5	75.2
Dementia & Alzheimer's disease	14	20	72.6	97.9	52.5	87.0

Data source: Standardised mortality ratios calculated by NHS Highland Health Intelligence Team using NRS Vital Events Reference Tables for Scotland; locally held NRS Vital Events (Deaths Series) files and population denominators derived from Small Area Population Estimates published by NRS<sup>10</sup>. Average age of death calculated from locally held NRS Vital Events (Death Series) files.

**Figure 17: Box plot of age of death for residents of Skye, Lochalsh and South West Ross, 2015-2017\***



\* Box widths are proportionate in size to the number of deaths by cause. Outliers have been removed in line with PHIE Disclosure Control recommendations.

Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland

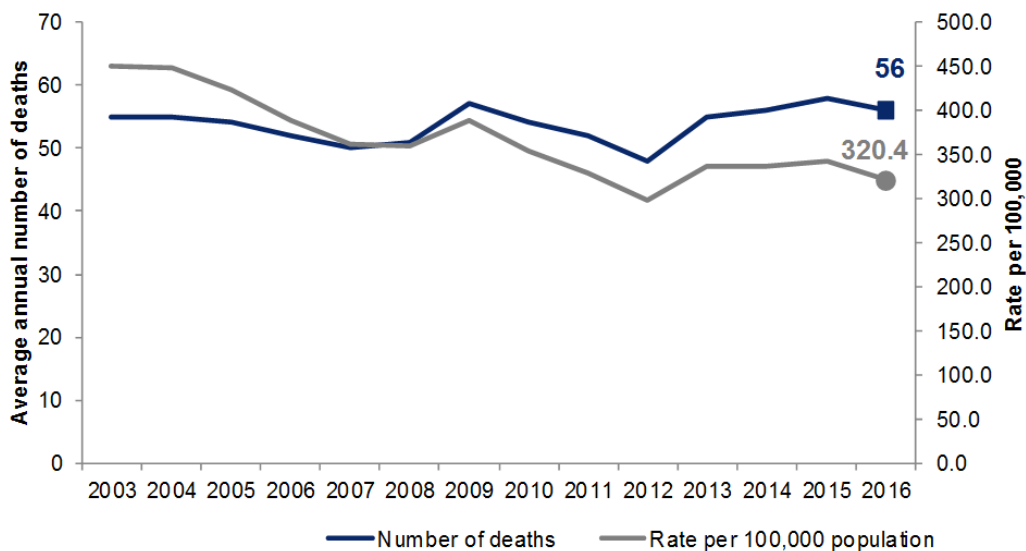


## Premature mortality

Premature mortality is a national quality outcome indicator that is based on the age-standardised mortality rate (using the European Standard Population) per 100,000 people aged less than 75 years in Scotland. Scotland has the highest rates of premature mortality in the UK<sup>14</sup>. More than 20,000 people aged less than 75 die each year, with a disproportionate number of these in the most deprived areas of the country<sup>15</sup>. In 2017 the mortality rate among those aged under 75 in Scotland was 425 per 100,000, a decrease of 28 percent from 2001<sup>15</sup>.

In SLSWR in 2015-2017 there were on average 56 deaths to residents under 75 years of age. Figure 18 shows that the number of premature deaths has been consistent over time, but the age-standardised rate per 100,000 population has reduced. Figure 19 indicates that the age-adjusted rate in 2015-2017 at 320.4 per 100,000 population is significantly lower than that of 2002-2004. The age-adjusted premature mortality rate of the residents of the SLSWR area has also been consistently lower than that of the Highland Council area

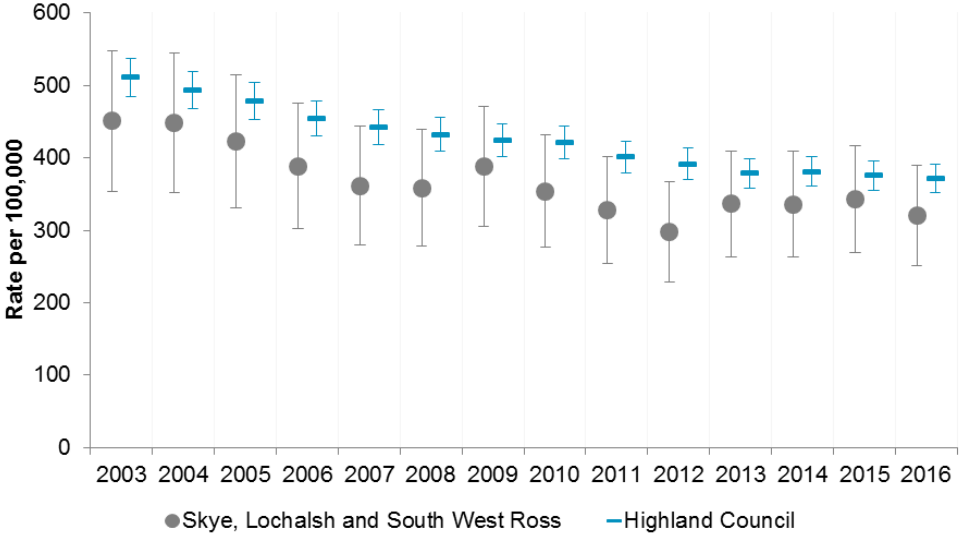
**Figure 18: Average annual number of deaths under 75 years of age and age-standardised all-cause mortality rate per 100,000 population, 3 year rolling periods, for residents of Skye, Lochalsh and South West Ross**



1. The x-axis series label shows the mid-year of the three year period

**Data source: Rates for SLSWR calculated by NHS Highland Health Intelligence Team using NRS Vital Events (Deaths Series) files and population denominators derived from Small Area Population Estimates published by NRS<sup>10</sup>.**

**Figure 19: Under 75, age-standardised death rates for all causes per 100,000 population, 3 year rolling periods for residents of Skye, Lochalsh and South West Ross and the Highland Council area**



**Data source: Rates for SLSWR and Highland calculated by NHS Highland Health Intelligence Team using NRS Vital Events (Deaths Series) files and population denominators derived from Small Area Population Estimates published by NRS<sup>10</sup>.**

**Avoidable mortality**

Avoidable and premature mortality are closely related indicators of population health -for most causes of death considered as avoidable there is an upper age limit of 74 years. These deaths are considered avoidable in the presence of ‘timely and effective healthcare’ or ‘public health interventions’<sup>16,17</sup>. Included in the list are deaths from conditions such as heart disease, some cancers, respiratory diseases and type 2 diabetes – where lifestyle and environment may have contributed to early death. The list also includes those deaths that could have been prevented such as HIV/Aids, accidental and self-inflicted injuries, rubella and various infections and drug use disorders<sup>16</sup>.

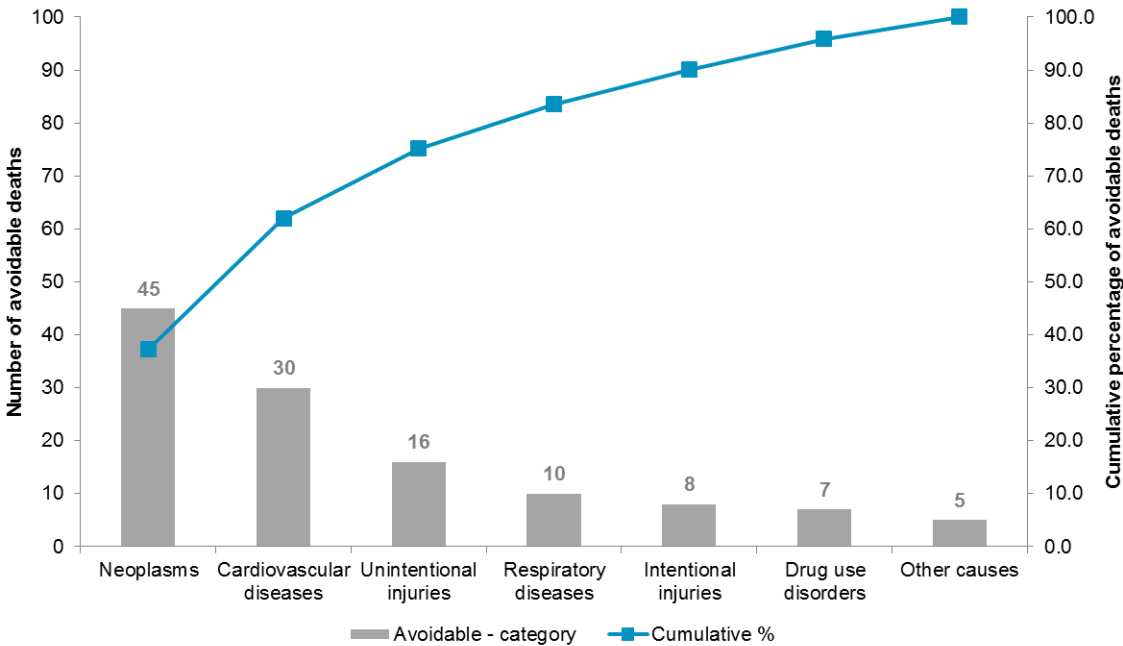
However, it is important to remember that a particular condition may be avoidable, but this does not imply that every death from that condition can be prevented. Factors such as lifestyle, age of the person, the extent of disease progression at diagnosis and the potential contribution of other medical conditions are not taken into account by the metric.

The measures of avoidable mortality presented in this report use the definitions and ICD 10 codes developed by the Office of National Statistics (ONS) for their statistical bulletin ‘[Avoidable mortality in the UK](#)’<sup>16</sup>. The full list of codes is available in Appendix A. There are a number of differences in the measure of avoidable mortality calculated by ONS and NRS. NRS include deaths of non-residents of Scotland and neonatal deaths. These are excluded from the ONS methodology and in our local calculations.

In the latest ONS report for 2017 approximately 23 percent of all deaths in the UK were considered avoidable with an age-standardised mortality rate of 224.7 deaths per 100,000 population. Males accounted for 60 percent of these deaths with a significantly higher rate of mortality than women. Scotland had the highest avoidable mortality rates for six out of the seven broad causes of death. Neoplasms (cancers and other non-cancerous tissue growths) continue to be the leading cause of avoidable mortality in the UK. Scotland has significantly higher rates of avoidable deaths for neoplasms, cardiovascular disease, drug use disorders and other deaths<sup>16</sup>.

In the three year period 2015-2017 we identified 121 avoidable deaths to SLSWR residents, amounting to 26 percent of all deaths during the period. Figure 20 shows the number of avoidable deaths by broad grouping in the three year period with neoplasms, cardiovascular diseases and unintentional injuries accounting for three-quarters of all such events.

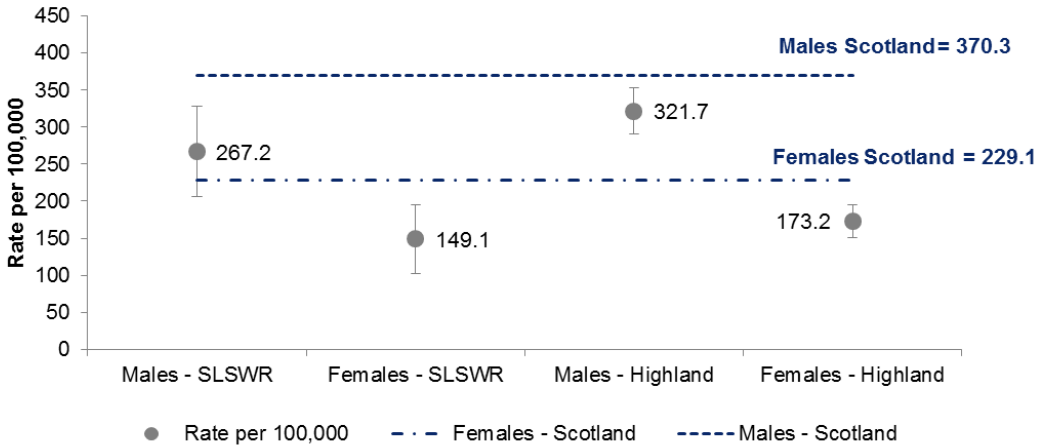
**Figure 20: Number and cumulative percentage of avoidable deaths of residents of the Skye, Lochalsh and South West Ross area by broad category of cause, 2015-2017**



**Data source: National Records of Scotland Vital Events (Deaths Series) files held by NHS Highland**

In this three year period the risk of avoidable deaths was higher for male residents compared to females. For females 1 in 5 deaths (42/226) were avoidable compared to 1 in 3 (79/230) for males. The age-standardised male and female avoidable mortality rates for SLSWR and Highland residents are both significantly lower than those of Scotland. Figure 21 also highlights the greater risk of avoidable mortality for males generally.

**Figure 21: Age standardised avoidable mortality rates by sex for residents of SLSWR, 2015-2017 compared to Scotland and Highland<sup>1</sup>**



**1. Rates for Scotland and Highland based upon deaths in 2016**

**Data source: Rates for SLSWR calculated by NHS Highland Health Intelligence Team using NRS Vital Events (Deaths Series) files and population denominators derived from Small Area Population Estimates published by NRS<sup>10</sup>. Rates for Highland and Scotland for 2016 extracted from NSS Discovery**

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## Appendix A: ICD 10 codes for avoidable mortality

### Avoidable mortality definition (revised, May 2014)

Condition group and cause	ICD-10 codes	Age	Amenable	Preventable
<b>Infections</b>				
Intestinal infectious diseases	A00-A09	0-14	•	
Tuberculosis	A15-A19, B90	0-74	•	•
Selected invasive bacterial and protozoal infections	A38-A41, A46, A48.1, B50-B54, G00, G03, J02, L03	0-74	•	
Hepatitis C	B17.1, B18.2	0-74	•	•
Pertussis (whooping cough)	A37	0-14	•	•
Measles	B05	1-14	•	•
Rubella	B06	0-14		•
Other infections (Diphtheria, Tetanus, Poliomyelitis and Varicella)	A35, A36, A80, B01	0-74	•	•
HIV/AIDS	B20-B24	All	•	•
<b>Neoplasms</b>				
Malignant neoplasm of lip, oral cavity and pharynx	C00-C14	0-74		•
Malignant neoplasm of oesophagus	C15	0-74		•
Malignant neoplasm of stomach	C16	0-74		•
Malignant neoplasm of colon and rectum	C18-C21	0-74	•	•
Malignant neoplasm of liver	C22	0-74		•
Malignant neoplasm of trachea, bronchus and lung	C33-C34	0-74		•
Malignant melanoma of skin	C43	0-74	•	•
Mesothelioma	C45	0-74		•
Malignant neoplasm of breast	C50	0-74	•	•
Malignant neoplasm of cervix uteri	C53	0-74	•	•
Malignant neoplasm of bladder	C67	0-74	•	
Malignant neoplasm of thyroid gland	C73	0-74	•	
Hodgkin's disease	C81	0-74	•	
Leukaemia	C91, C92.0	0-44	•	
Malignant neoplasm of testis	C62	0-74	•	
Malignant neoplasm of unspecified parts of uterus and body of uterus	C54-C55	0-44	•	
Benign neoplasms	D10-D36	0-74	•	
<b>Nutritional, endocrine and metabolic</b>				
Diabetes mellitus	E10-E14	0-74	•	•
Diseases of the Thyroid	E00-E07	0-74	•	
Addison's disease	E27.1	0-74	•	
<b>Drug use disorders</b>				
Alcohol related diseases, excluding external causes	F10, G31.2, G62.1, I42.6, K29.2, K70, K73, K74 (excl. K74.3-K74.5), K86.0	0-74		•
Illicit drug use disorders	F11-F16, F18-F19	0-74		•

<b>Neurological disorders</b>			
Epilepsy and status epilepticus	G40-G41	0-74	•
<b>Cardiovascular diseases</b>			
Rheumatic and other valvular heart disease	I01-I09	0-74	•
Hypertensive diseases	I10-I15	0-74	•
Ischaemic heart disease	I20-I25	0-74	•
DVT with pulmonary embolism	I26, I80.1-I80.3, I80.9, I82.9	0-74	•
Cerebrovascular diseases	I60-I69	0-74	•
Aortic aneurysm and dissection	I71	0-74	•
<b>Respiratory diseases</b>			
Influenza (including swine flu)	J09-J11	0-74	•
Pneumonia	J12-J18	0-74	•
Chronic obstructive pulmonary disorder	J40-J44	0-74	•
Asthma	J45-J46	0-74	•
Selected respiratory diseases	J00-J06, J20-J22, J30-J39	1-14	•
<b>Digestive disorders</b>			
Gastric and duodenal ulcer	K25-K28	0-74	•
Acute abdomen, appendicitis, intestinal obstruction, cholecystitis/lithiasis, pancreatitis, hernia	K35-K38, K40-K46, K80-K83, K85, K86.1-K86.9, K91.5	0-74	•
<b>Genitourinary disorders</b>			
Nephritis and nephrosis	N00-N07, N17-N19, N25-N27	0-74	•
Obstructive uropathy and prostatic hyperplasia	N13, N20-N21, N35, N40, N99.1	0-74	•
<b>Maternal and infant</b>			
Complications of perinatal period	P00-P96, A33	All	•
Congenital malformations of the circulatory system	Q20-Q28	0-74	•
Spina Bifida	Q05	0-74	•
<b>Unintentional injuries</b>			
Transport Accidents	V01-V99	All	•
Accidental Injury	W00-X59	All	•
<b>Intentional injuries</b>			
Suicide and self inflicted injuries	X60-X84, Y10-Y34	All	•
Homicide/Assault	X85-Y09, U50.9	All	•
Misadventures to patients during surgical and medical care	Y60-Y69, Y83-Y84	All	•