

Press release: 12.756-054/22

**Approximately 9% of all deaths in Austria in 2021 due to COVID-19**

**Vienna**, 2022-03-03 – A total of 90 434 people died in Austria in 2021, according to preliminary results from Statistics Austria. This was 9.1% or 7 559 more people than in the five years before the pandemic (average 2015 to 2019: 82 875 deaths). In 2020, there had already been significantly more deaths due to the pandemic than in previous years (10.5% or 8 724 more deaths than the 2015 to 2019 average). In 2021, 7 857 persons or 8.7% died from COVID-19, men (4 257 COVID-19 deaths) more frequently than women (3 600 COVID-19 deaths).

"The Corona pandemic also led to higher mortality in 2021. As in the year before, more people died overall in 2021 than in the years before the pandemic, and almost 8 000 due to COVID-19 infection. Although the corona waves of deaths were less pronounced in 2021 than in 2020, more people died due to COVID-19 than due to cancer at the peak last autumn," says Statistics Austria Director General Tobias Thomas.

Deaths due to COVID-19 occurred primarily at older ages: The mean age of those who died from COVID-19 was 77.7 years for men and 82.9 years for women. The share of COVID-19 as a cause of death increased from adulthood for both men and women and was highest between the ages of 75 and 85 for both sexes.

There were also marked regional differences in the proportion of those who died from COVID-19 in 2021: Carinthia (10.5%), Salzburg (9.6%), and Vienna (9.5%) registered the highest share, while Tyrol (6.3%), Vorarlberg (6.8%), and Burgenland (7.8%) had the lowest.

For more detailed information regarding [Causes of Death](#) please refer to our Website. Further information on [deaths](#) can be found on our website, where an interactive web application – [the Atlas of Deaths](#) – also graphically illustrates the development and regional distribution.

**Information on methodology, definitions:** The preliminary results of the Cause of Death Statistics 2021 refer to all deaths occurring in Austria between January 1 and December 31, 2021, and registered with the civil status authorities by February 15, 2022.

The **legal basis** for determining the cause of death is the civil status act (Personenstandsgesetz - PStG) 2013: Federal Law No. 16/2013; § 28 para. 1. Accordingly, Statistics Austria has to receive and process information on the cause of death. Causes of death statistics are based on **death certificates**, with a structure according to the World Health Organisation. The death certificate is filled in by a medical examiner, pathologist or forensic pathologist. On the death certificate is indicated the causal chain of illnesses that ultimately led to death. From these, the disease that triggered the death process (the **underlying cause**) is selected and coded according to international guidelines (the International Classification of Causes of Diseases – ICD-10). An example would be a COVID-19 disease with the sequelae pneumonia or viral myocarditis. In addition, the physician can also specify **accompanying diseases** that contributed to the death process. Examples would be diabetes or high blood pressure. Death certificates are sent to the civil registries for certifying the death. Certified cases are forwarded to Statistics Austria, where they are pre-sorted, entered, coded and evaluated. Extensive pathophysiological knowledge is necessary for the coding of the deaths.

Since only **diagnoses** and no laboratory results are indicated on the death certificate, data of the cause of death statistics were enriched with the results from the Epidemiological Reporting System (EMS) of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection.

However, there are the following differences in coverage:

**Not every confirmed COVID-19 case may be coded in the cause of death statistics with underlying disease COVID-19.** For example, for advanced metastatic cancer, COVID-19 is classified as a disease that accelerates the death process (comorbidity). This means, that despite a laboratory confirmation from the EMS, COVID-19 may not have been coded as underlying cause.

COVID-19 cases without positive laboratory findings may also appear in the **cause of death statistics**. However, these must have definite clinical symptoms (for coding details, see [www.dimdi.de](http://www.dimdi.de)).

In EMS, cases are counted as deceased if they occur within 28 days of initial diagnosis. In the **cause of death statistics**, all cases reported to the central reporting registry in a given year are included.

In both data sources, delivery delays of varying degrees may occur, sometimes leading to significant differences in the key figures of the two data sources. The EMS data used here refer to the database status as of February 1, 2022.

The total number of deaths in a year depends on the **size and age structure of the population**. **Mortality** is usually described using **age-standardised death rates**. The standardised death rate indicates how many deaths would have occurred per 100 000 living persons due to the prevailing mortality conditions if the age structure of the population in the relevant reporting period (here provisional figures for the annual average in 2021) had corresponded to that of a standard population. This eliminates the disturbing influence of the respective age structure, i.e. this measure takes into account both the overall growing population and its continuous ageing, thus making different death conditions comparable over time. The **standard population** used is the standard population 2013 published by Eurostat, which is an "artificial population" with an estimated age structure for the European population used as a basis for calculating comparable age-standardised death rates.

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