Deaths involving coronavirus (COVID-19) in Scotland

Week 24 (8 June to 14 June 2020)

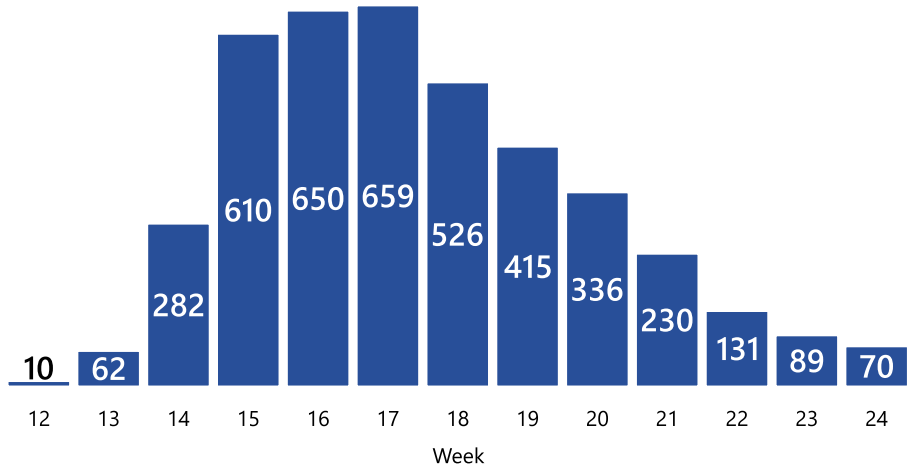
Published on 17 June 2020

This statistical report includes provisional statistics on the number of deaths associated with coronavirus (COVID-19) and the total number of deaths registered in Scotland, for weeks 1 to 24 of 2020

As of 14th June, 4,070 deaths had been registered which mentioned COVID-19

The highest number of COVID-19 deaths were registered in week 17 (20th to 26th April). Deaths have decreased weekly since then to reach a level of 70 in week 24 (8th to 14th June).

Deaths per week involving Covid-19



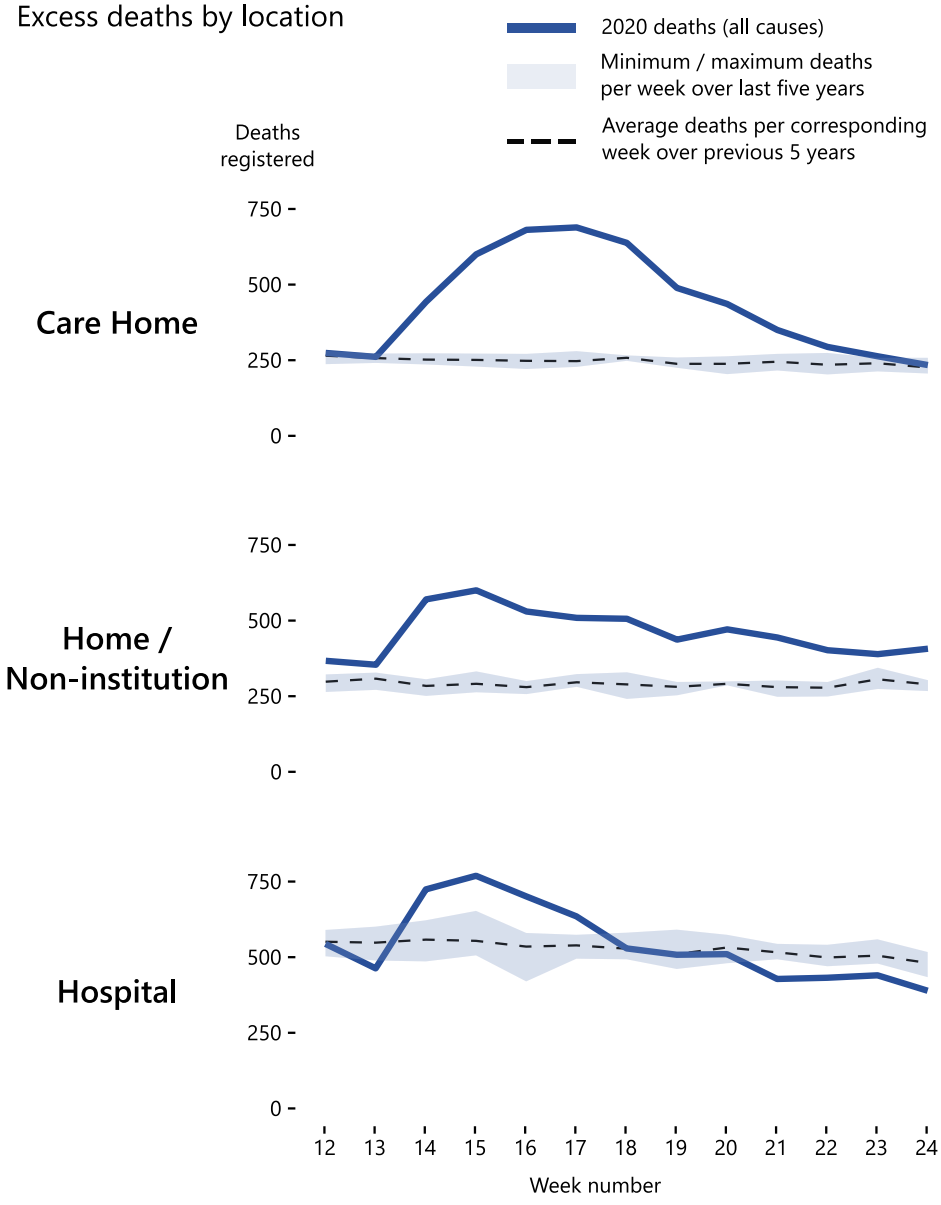
Most excess deaths have occurred in care homes

Between weeks 12 and 24 (8 to 14 June) there were 2,451 (77%) more deaths in care homes than average. Excess deaths peaked in week 17 and have fallen since then to be just above usual levels (8 deaths above the 5 year average in week 24).

In the same period, there were 2,215 excess deaths which took place at home or in a non-institutional setting (59% above average).

Excess deaths in hospitals peaked in week 15 and have now fallen to below average levels. The total excess over weeks 12 to 24 is 3% above average.

Excess deaths by location



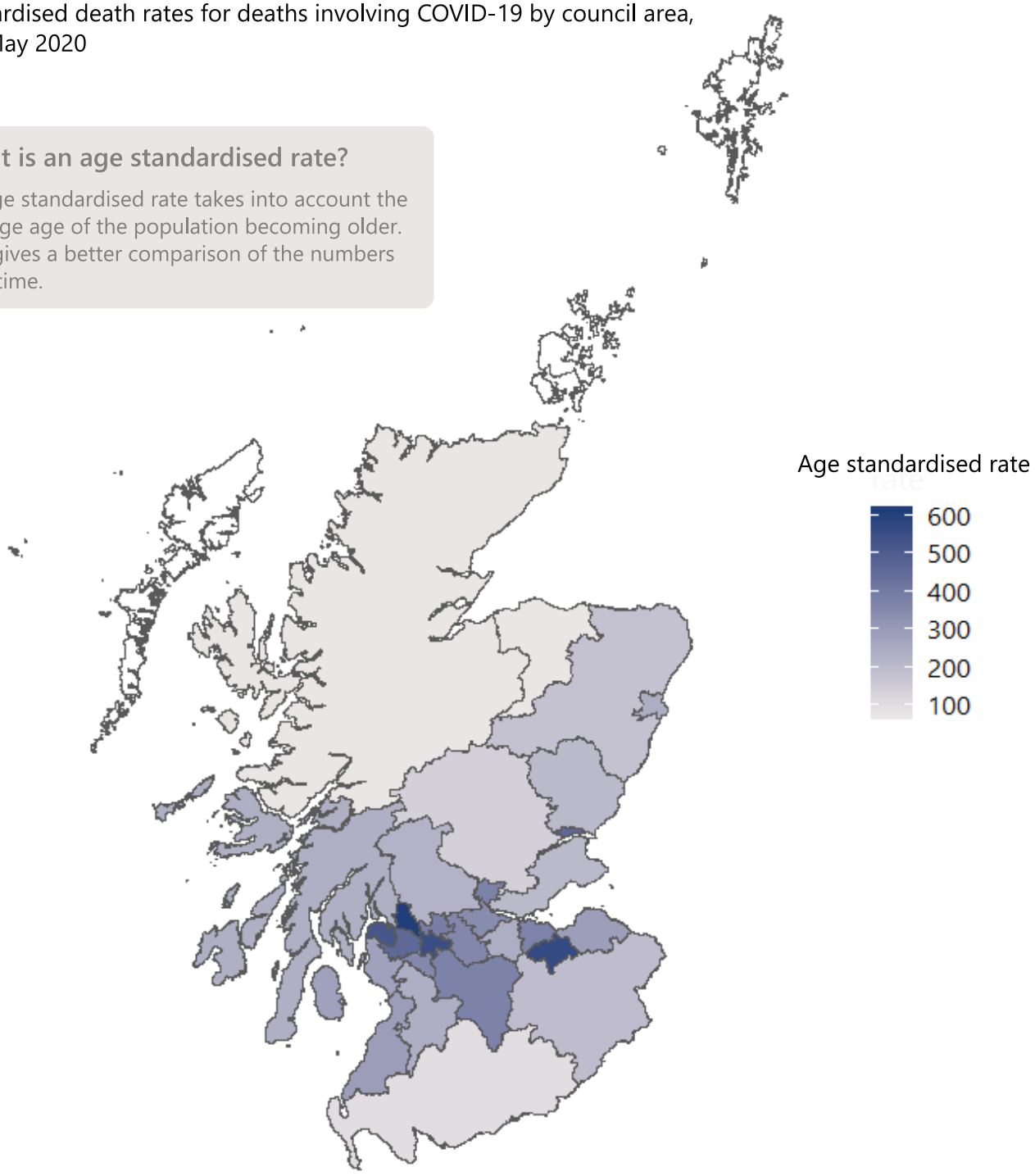
Local authorities across the central belt have higher death rates

West Dunbartonshire had the highest age-standardised death rate of all council areas, closely followed by Midlothian, Glasgow City and Inverclyde.

Age-standardised death rates for deaths involving COVID-19 by council area, March to May 2020

What is an age standardised rate?

An age standardised rate takes into account the average age of the population becoming older. This gives a better comparison of the numbers over time.



Rates for Na h-Eileanan Siar, Orkney Islands and Shetland Islands were not calculated due to very small numbers.

Key Findings

Deaths involving COVID-19

- As at 14th June, there have been a total of 4,070 deaths registered in Scotland where the novel coronavirus (COVID-19) was mentioned on the death certificate. The first mention of COVID-19 in a registered death certificate was the week beginning 16th March 2020.

- Of the total number of deaths registered in week 24 (8th to 14th June), there were 70 where COVID-19 was mentioned on the death certificate, a decrease of 19 from the previous week (1st to 7th June). This is the seventh weekly reduction in a row, and the lowest weekly total since late March.

- Deaths involving COVID-19 accounted for 7% of all deaths registered in week 24. This proportion has fallen steadily from its peak in week 17 when COVID-19 deaths accounted for 36% of all deaths.

- 47% of COVID-19 deaths registered to date related to deaths in care homes. 46% of deaths were in hospitals and 7% of deaths were at home or non-institutional settings.

- The proportion of COVID-19 deaths which took place in care homes has risen over time but has dropped back in recent weeks and now represents 50% of all COVID-19 deaths in week 24. The number of deaths in care homes fell for a seventh week, by 7 to 35.

- More than three quarters (77%) of all deaths involving COVID-19 to date were of people aged 75 or over.

- This number is different from the count of deaths published daily on the gov.scot website, because the latter is based on deaths of those who have tested positive for COVID-19. The NRS figures published here include all deaths where COVID-19 (included suspected cases) was mentioned on the death certificate.

All Deaths

- The provisional total number of deaths registered in Scotland in week 24 of 2020 (8th to 14th June) was 1,032. This is a decrease of 61 from the number registered in the previous week.

- The average number of deaths registered in the corresponding week over the previous five years was 1,000. There were 3% more deaths (32) registered in week 24 of 2020 (8th to 14th June) compared to the average.

- For the period covering weeks 12 – 24, there were 2,451 excess deaths in care homes (77% above average), 2,214 excess deaths at home or in non-institutional settings (59% above average) whilst after an early peak, excess deaths in hospitals have fallen and are now only 216 (3%) above average levels.

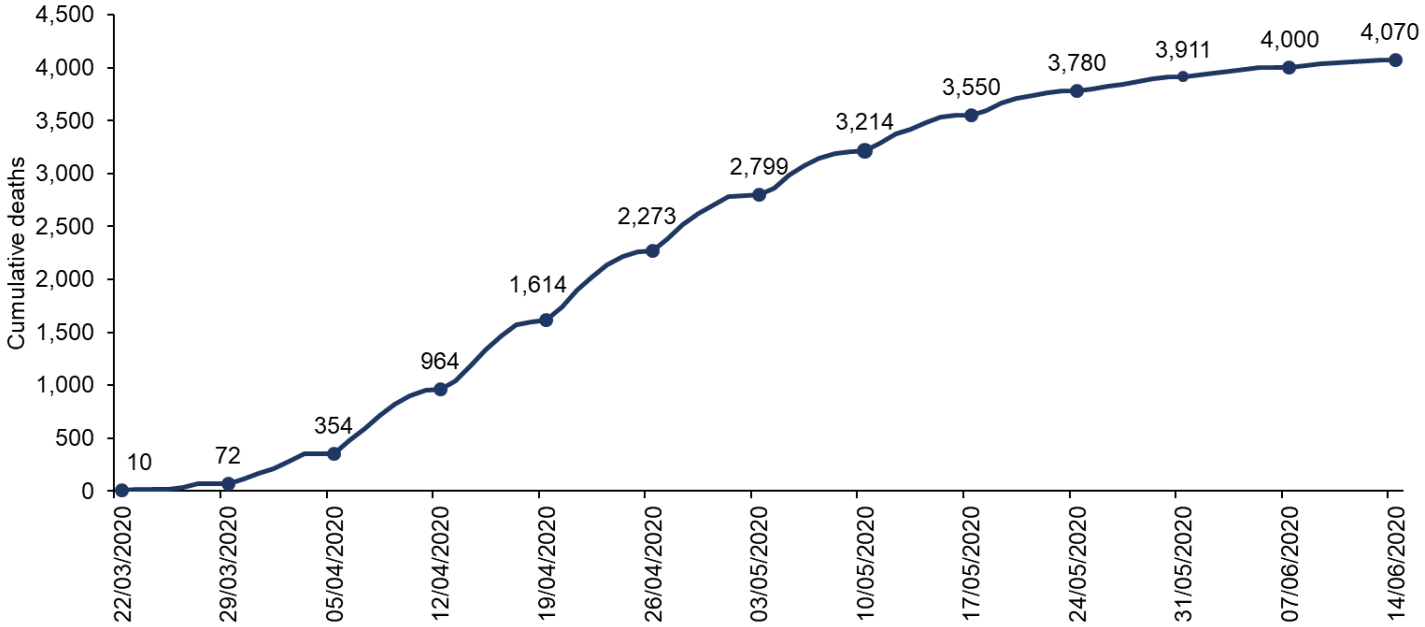
Additional Analysis (deaths occurring in March, April & May 2020)

- People in the most deprived areas were 2.1 times more likely to die with COVID than those living in the least deprived areas.

- Of those who died with COVID in May, 92% had at least one pre-existing condition. The most common pre-existing condition was dementia and Alzheimer's disease (38% of all deaths involving COVID) followed by ischaemic heart disease (11%).

- Age-standardised death rates (adjusting for the age-structure of the population), were 45% higher for men than for women (367 vs 253 per 100,000 population for deaths occurring in March - May).

Figure 1: Cumulative number of deaths involving COVID-19 by date of registration, Scotland, 2020



Why are the NRS number of deaths different from the Scottish Government daily updates?

Put simply - they are two different measures that each have a valuable role in helping to monitor the number of deaths in Scotland involving COVID-19.

Scottish Government daily updates
These are provided by Health Protection Scotland (HPS) and count:

- all people who have had a positive test for COVID-19 and died within 28 days.

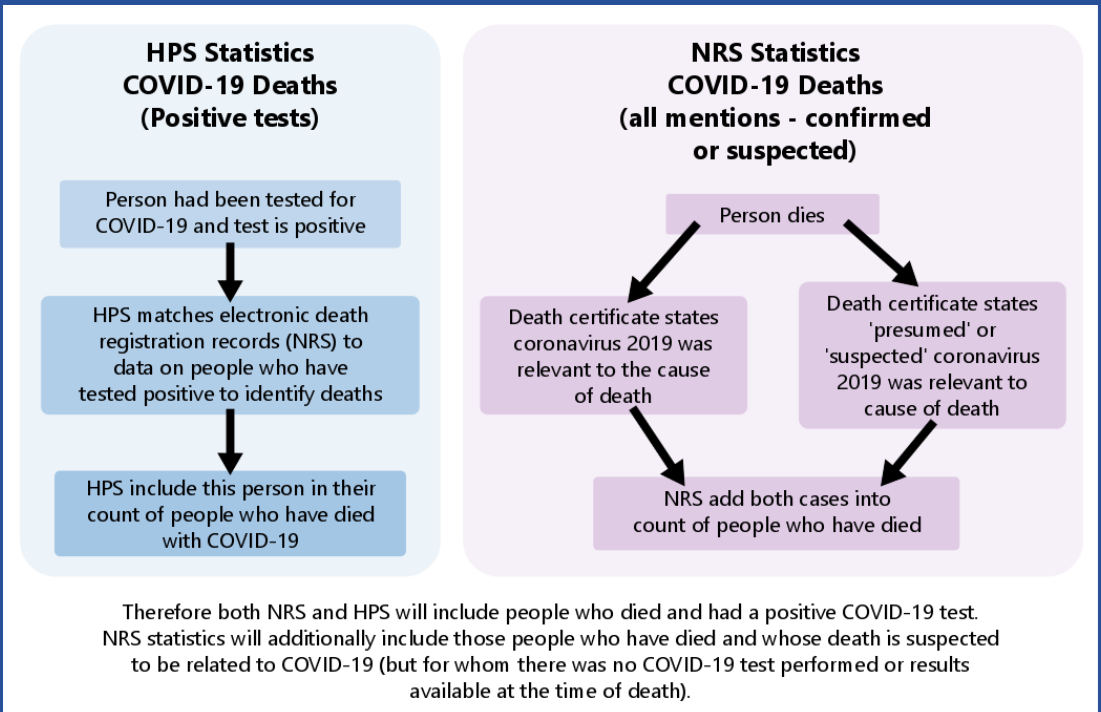
These are important because they are available earlier, and give a quicker indication of what is happening day by day and are broadly comparable with the figures released daily for the UK by the Department for Health and Social Care.

NRS weekly death totals
The figures in this publication count:

- all deaths where COVID-19 was mentioned on the death certificate by the doctor who certified the death. This includes cases where the doctor noted that there was suspected or probable coronavirus infection involved in the death.

As a result these weekly totals are likely to be higher than the daily figures - because the daily updates only include those who tested positive for the virus.

Using the complete death certificate allows NRS to analyse a lot of information, such as location of death and what other health conditions contributed to the death. We will start publishing more detailed breakdowns of the figures as soon as possible.

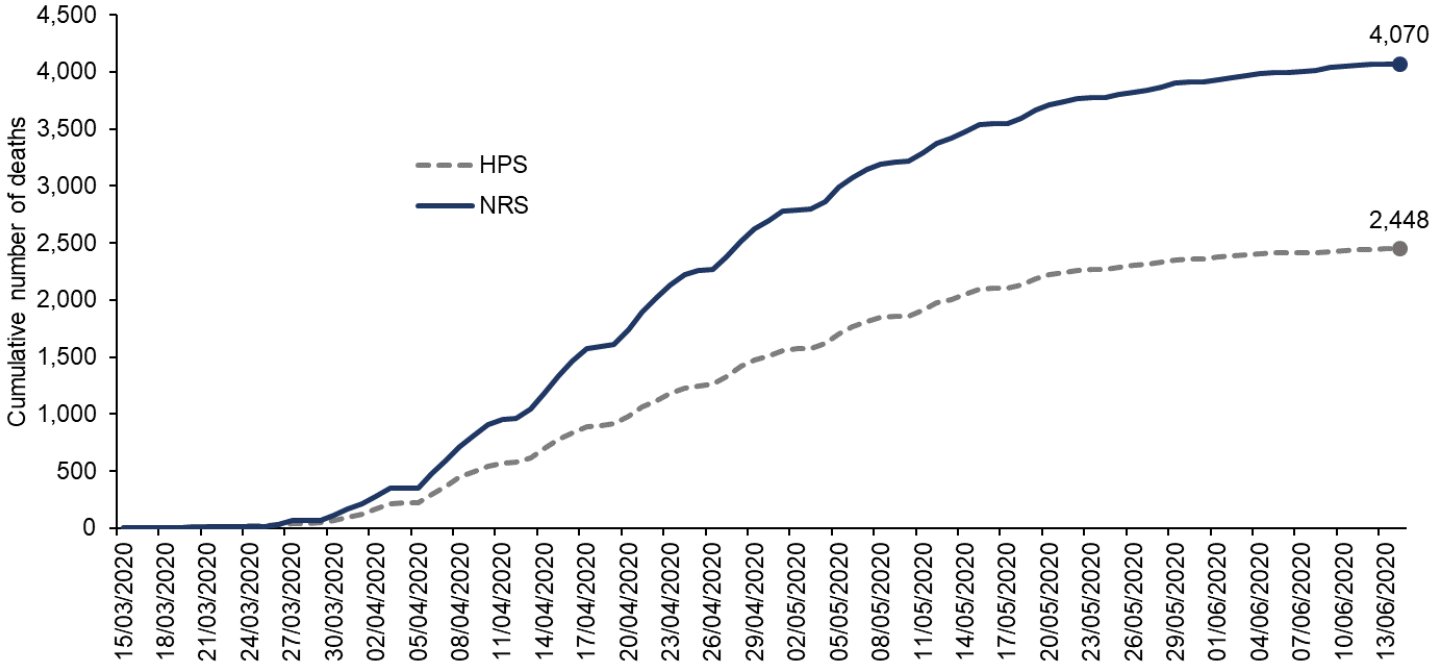


Therefore both NRS and HPS will include people who died and had a positive COVID-19 test. NRS statistics will additionally include those people who have died and whose death is suspected to be related to COVID-19 (but for whom there was no COVID-19 test performed or results available at the time of death).

Figure 2 illustrates the differences between the two sets of figures. In the early stages, the figures were closely aligned but over time they have diverged with the NRS figure higher than the HPS figure. This is due to the inclusion of probable and suspected COVID deaths whereas the HPS figure only includes deaths of those who had tested positive for the virus.

It should be noted that the apparent flattening of these curves over weekends are caused by a limited number of death registrations taking place at weekends and are not an indication that the curve has reached a plateau. Figures for weekends will be artificially low and the numbers are likely to rise more steeply at the beginning of the week as registrars catch up with the backlog of death registrations.

Figure 2: Cumulative number of deaths involving COVID-19 in Scotland using different data sources 2020



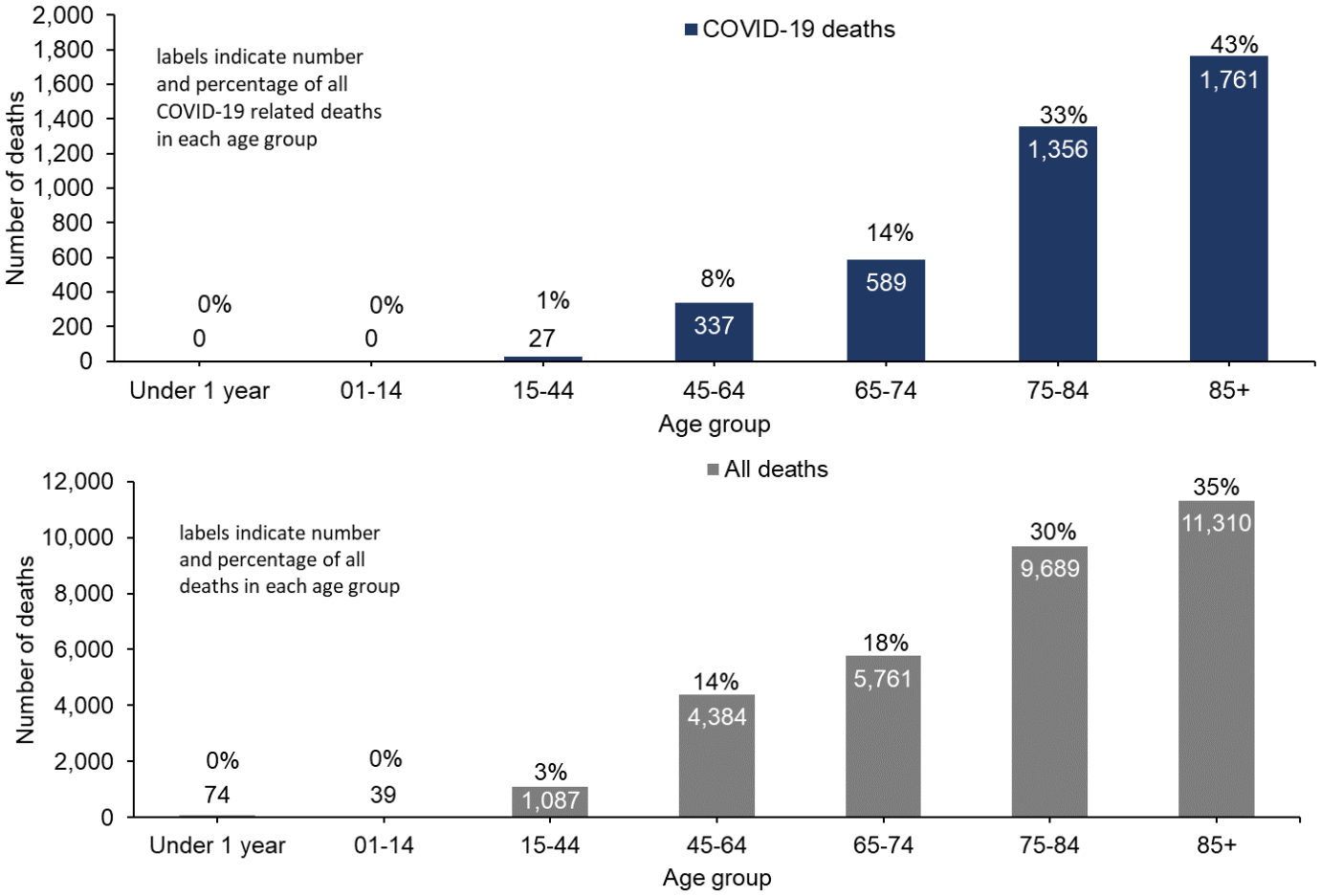
How are different age groups being impacted?

- More than three quarters (77%) of all deaths involving COVID-19 to date were of people aged 75 or over.
- The greatest proportion of COVID-19 deaths are in people aged 85+ with 43% of all COVID-19 deaths. This compares with 35% of deaths from all causes in this age category.

What are the number of deaths broken down by sex?

- Of all deaths to date involving COVID-19, just under 50% were male (2,031) and just over 50% were female (2,039).
- Age-standardised death rates (adjusting for the age-structure of the population) were 45% higher for men than for women (367 vs 253 per 100,000 population for deaths occurring in March - May).

Figure 3: COVID-19 deaths and all deaths registered between weeks 1 and 24 (year to 14th June), 2020 by age group, Scotland

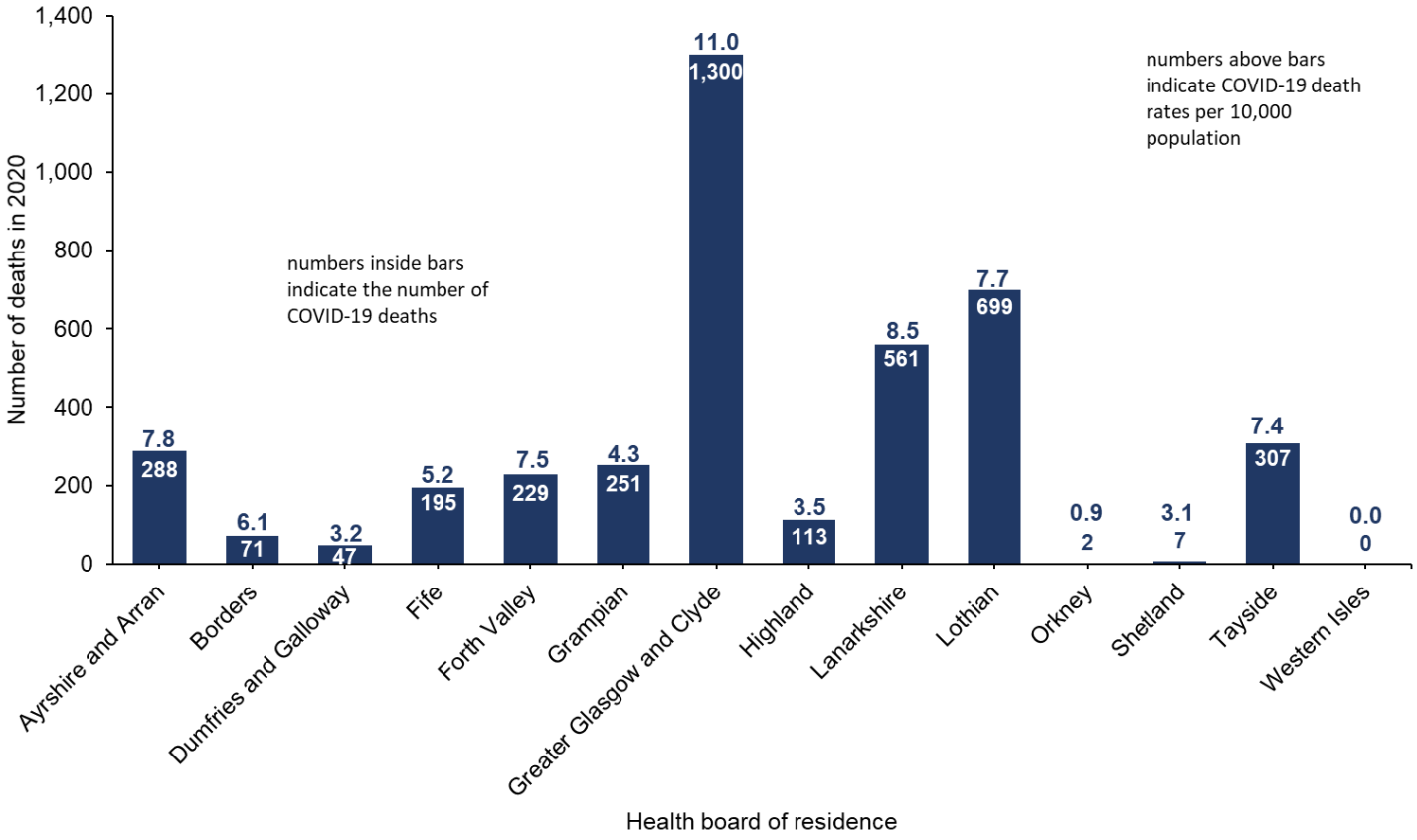


How do the number of deaths differ across Scotland?

- In week 24 (8th to 14th June), the Health Board area with the highest number of deaths involving COVID-19 was Greater Glasgow and Clyde with 17 deaths (also the highest number of COVID-19 deaths to date with 1,300).
- The Health Board area with the highest rate of COVID-19 deaths to date was also Greater Glasgow and Clyde with 11 deaths per 10,000 population.
- Figures for council areas are available in the accompanying data and charts spreadsheet.

The rates presented in figure 4 are crude death rates (simply calculated by dividing the number of deaths by the total population). Age-standardised death rates are preferred for comparing between areas which may have different population structures (i.e. if one area has a greater proportion of older people). A comparison of health boards and local authorities using age-standardised rates is available in figures S7 and S8 at the end of this report.

Figure 4: Deaths involving COVID-19 registered between weeks 1 and 24 (year to 14th June), 2020 by Health Board of residence, Scotland[1]



[1] Rates per 10,000 population are based on population in mid-2019 as these are the most recent population estimates at the time of publication.

How do these weekly death figures compare with those produced by ONS (for England and Wales)?

The figures are produced using same definition as those published by the ONS for England and Wales, so are broadly comparable.

One minor difference is how the registration weeks are defined:

- Weeks used by ONS (for England and Wales) run from Saturday to Friday
- NRS weeks (for Scotland) run from Monday to Sunday (this is the ISO8601 standard week).

In practice, this is likely to have very little impact on comparisons as there are few registrations that take place on Saturdays and Sundays.

You can view the latest weekly figures from ONS for England and Wales here and their latest monthly analysis here. The latest figures from NISRA for Northern Ireland are available here. The figures for the rest of the UK are a week behind those for Scotland so the equivalent weeks should be compared.

Figure 5: Deaths by week of registration, Scotland, 2020

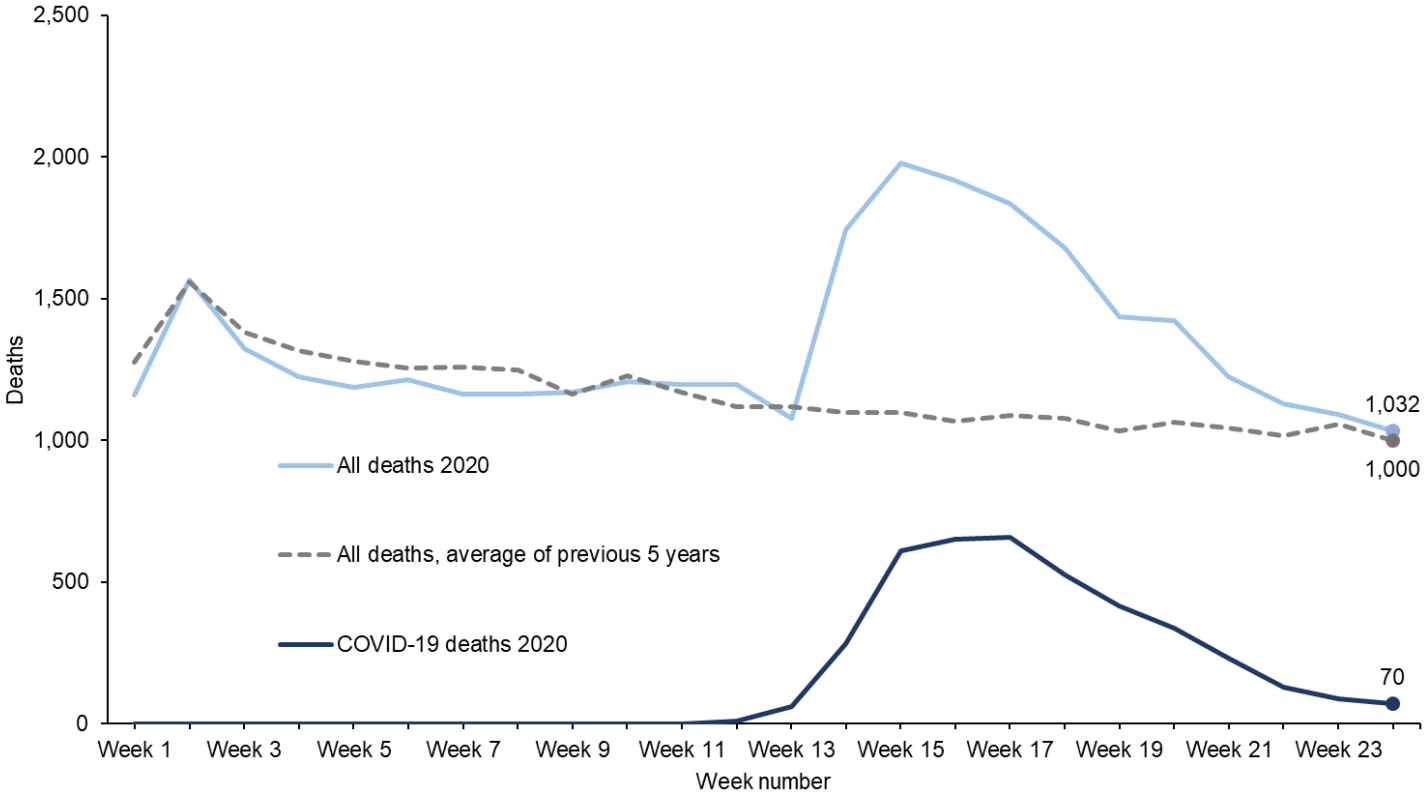


Figure 5 shows that in 2020 up to week 13, the number of weekly registered deaths in Scotland had been broadly in line with the five year average. From week 14 onwards there has been a clear divergence from the five year average. After peaking in week 15, the number of excess deaths has reduced. For the most recent week (ending 14th June) there were 32 (3%) more deaths registered compared to the average for this time of year.

What are "Excess Deaths"?

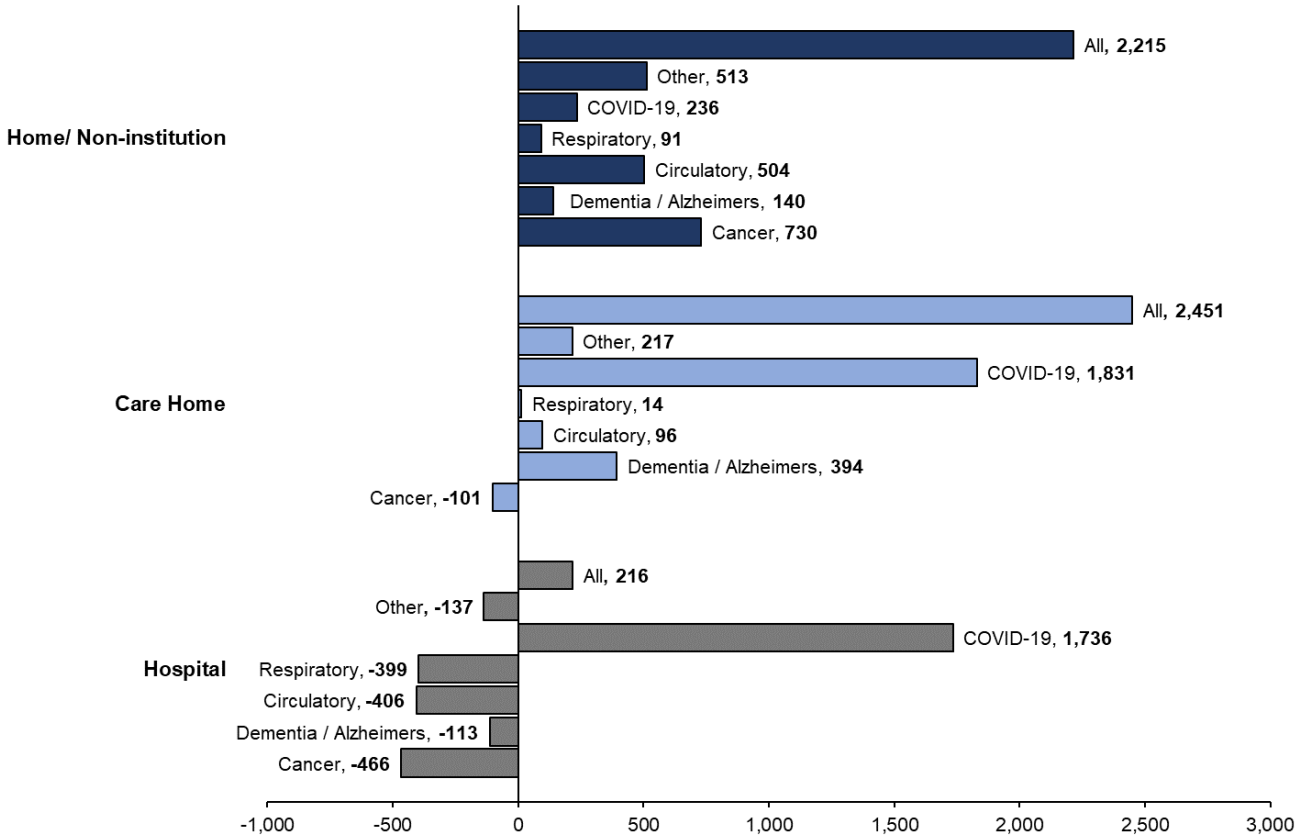
The total number of deaths registered in a week in 2020 minus the average number of deaths registered in the same week over the period 2015 to 2019.

Deaths involving COVID-19 as a percentage of all deaths rose from 16% in week 14 to 36% in week 17, but has since fallen to 7% in week 24.

Figure 6 shows the number of excess deaths during weeks 12 to 24 (the period since the first coronavirus death was registered) broken down by location of death and the underlying cause of death. There were 2,451 excess deaths in care homes (77% above average for the time of year), 2,214 excess deaths at home or in non-institutional settings (59% above average) whilst after an early peak, excess deaths in hospitals have fallen and are now only 216 (3%) above average levels.

In care home and hospitals, COVID-19 was the cause of the majority of excess deaths whilst in home and non-institutional settings there were far fewer excess deaths involving COVID-19. Cancer, circulatory deaths, and deaths from other causes accounted for most of the excess deaths in these settings. Conversely, in hospital settings there were lower than average numbers of deaths from all causes other than COVID-19.

Figure 6: Excess Deaths by underlying cause of death* and location, weeks 12 to 24, 2020



* ICD-10 codes for cause of death categories are as follows:

Cancer – C00-C97
Dementia and Alzheimer's – F01, F03, G30
Circulatory – I00-I99
Respiratory – J00-J99
COVID-19 – U07
Other – all other codes not mentioned above

What do we mean by "Underlying Cause of Death"?

The figures in this publication focus on deaths where COVID-19 was mentioned on the death certificate (either as the underlying cause or as a contributory factor).

In order to present a comparison of different causes of death, it is better to focus on deaths by underlying cause. This is because several causes can be listed on an individual death certificate so if we include all mentions of each particular cause we would end up with some double counting within our analysis.

The analysis of excess mortality in table 4 and figure 6 is based on deaths where COVID-19 was the underlying cause of death. Therefore the number of deaths in to week 24 (51) are slightly lower than the number given for COVID-19 deaths elsewhere in this publication (70) as they are deaths involving COVID (either as the underlying cause or as a contributory factor).

Of all deaths involving COVID-19 registered by 14th June, it was the underlying cause in 94% of cases (3,810 out of 4,070).

More information on how the underlying cause of death is determined is available on the NRS website.

Where have COVID-19 deaths taken place?

Of the 4,070 deaths involving COVID-19 which were registered to date, 47% related to deaths in care homes. 46% of deaths were in hospitals and 7% of deaths were at home or non-institutional settings.

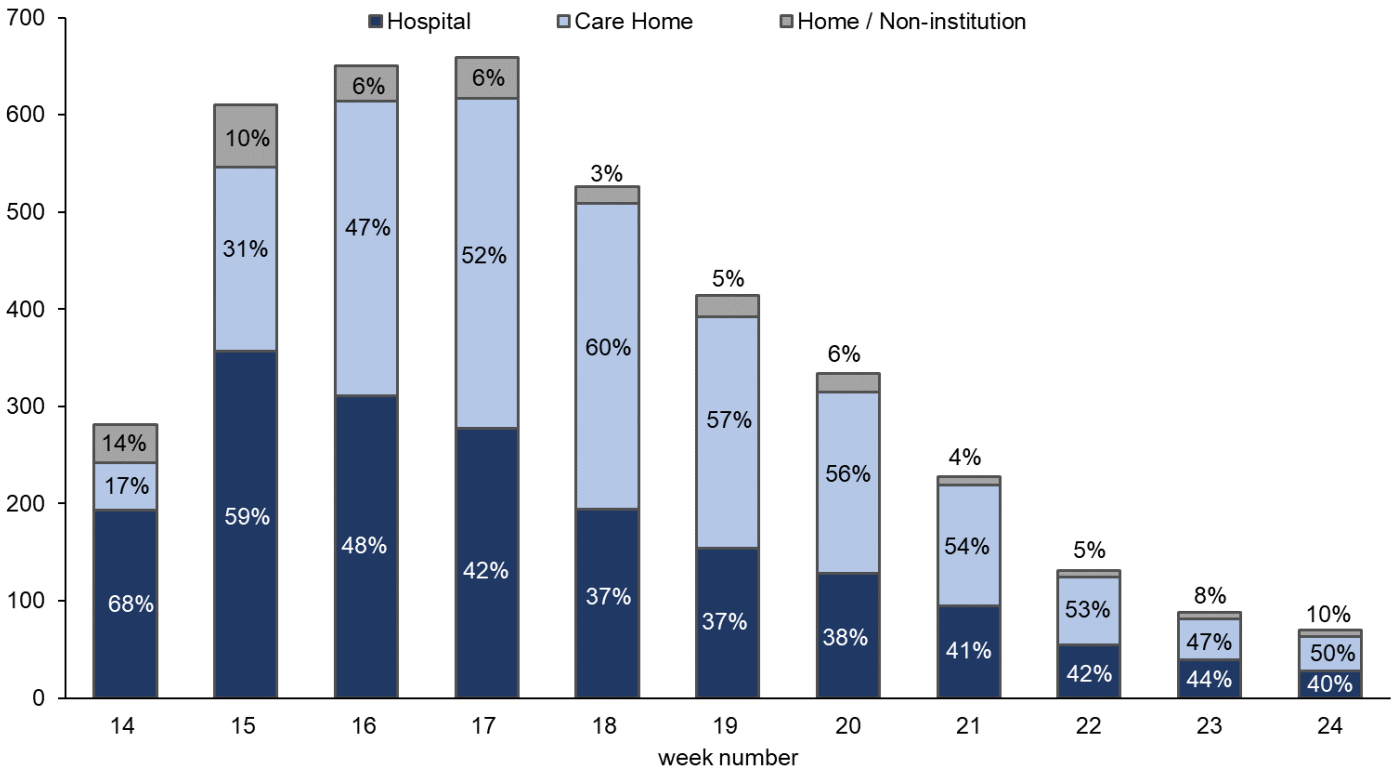
To put these figures into context, in 2018 (the latest year for which final figures are available) around 24% of all deaths occurred in care homes, 49% in hospitals and 27% in home or non-institutional settings.

Figure 7 shows the numbers and proportion of deaths involving COVID-19 by location for weeks 14 to 24 in 2020.

In earlier weeks most COVID deaths were occurring in hospitals. The proportion of deaths in care homes has increased over time although has dropped back in recent weeks and now represents 50% of COVID deaths in week 24. The number of deaths in care homes fell for a sixth week, by 7 to 35.

Breakdowns of location of death within health board and council area are available in the accompanying data and charts spreadsheet.

Figure 7: Deaths involving COVID-19 by location of death, weeks 14 to 24, 2020

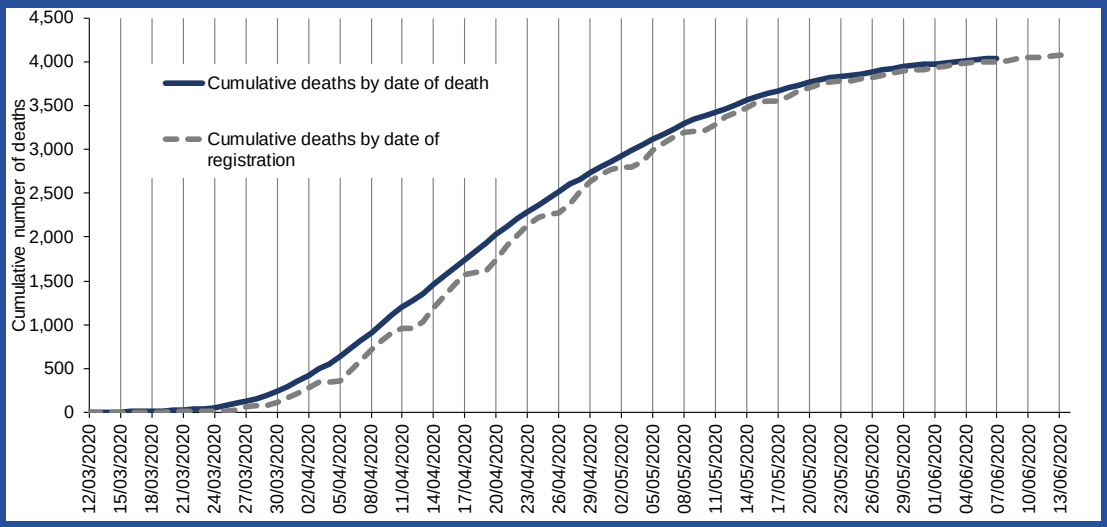


Why focus on date of registration rather than the actual date of death?

The figures throughout this report are based on the date a death was registered rather than the date the death occurred. When someone dies, their family (or a representative) have to make an appointment with a registrar to register the death. Legally this must be done within 8 days, although in practice there is, on average, a 3 day gap between a death occurring and being registered.

This therefore means that the latest trend in COVID-19 deaths by date of registration (the NRS headline measure) has a lag of around 3 days when compared with the figures on date of death. Figure 8 below illustrates this – of the 4,000 deaths which were registered by 7th June, all had all occurred by 3rd June.

Figure 8: Deaths involving COVID-19, Date of Death vs Date of Registration 2020



This publication includes all deaths which were registered by 14th June. There will, however, be deaths which occurred before 14th June but were not yet registered. In order to include a more complete analysis based on date of death, we need to wait an additional week to allow the registration process to fully complete. The trend based on date of death therefore only includes deaths which occurred by 7th June as the vast majority of these have now been registered – so although this gives a more accurate picture, it takes more time to compile. However, they are valuable statistics and provide a clearer understanding of the impact and progress of COVID-19, when used alongside the other available daily and operational data.

In Summary

The death count based on **date of registration is more timely** but is incomplete.

The death count based on **date of death is more complete** and gives a more accurate trend on the progress of the virus, but less timely (a one week delay compared to date of registration figures).

ADDITIONAL ANALYSIS OF DEATHS OCCURRING IN MARCH, APRIL AND MAY 2020

This section provides an in-depth analysis of all deaths which occurred in Scotland during March, April and May. This is a different basis from the rest of this report which is based on the date deaths were registered. The box on page 14 explains the difference between these two measures.

These analyses will be updated on a monthly basis and will next appear in this publication when data for deaths occurring in June become available.

Age-standardised mortality rates

Age-standardised mortality rates are a better measure of mortality than numbers of deaths, as they account for the population size and age structure and provide more reliable comparisons between groups or over time. As the probability of death tends to increase with age, changes in the age-distribution of the population could have an effect on any apparent trend shown by numbers of deaths, or crude death rates (dividing the number of deaths by the total population).

Similarly, if two groups populations have different age-distributions, using age-standardised rates will remove the effect of the differences between the groups and show which one has the higher mortality.

Age-standardised rates are therefore more reliable for comparing mortality over time and between different countries, different areas within a country, deprivation quintiles, and different sexes.

More information on the calculation of age-standardised mortality rates is available on our website.

When adjusting for size and age structure of the population, for all deaths involving COVID-19 there were 65 deaths per 100,000 people in March, rising to 583 per 100,000 people in April and falling again to 267 per 100,000 people in May. Rates for males were significantly higher than for females (367 compared with 253 per 100,000 people in March, April and May combined).

Looking only at deaths where COVID-19 was the underlying cause, the rates were only slightly lower – reflecting the fact that it was the underlying cause in the vast majority (94%) of deaths involving COVID-19.

In the combined data for March, April and May, the age-standardised mortality rate was 237 per 100,000 people, with a similar differential between males (346) and females (237).

Figure S1a: Age standardised rates for deaths involving COVID-19 by sex, March, April and May 2020

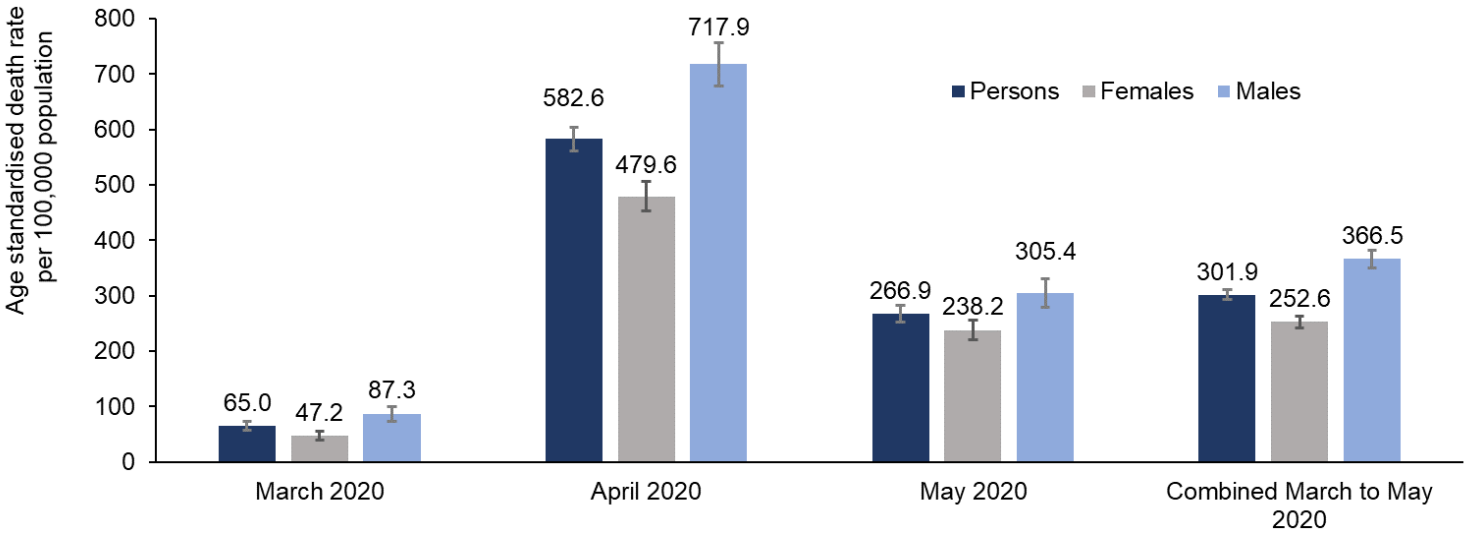
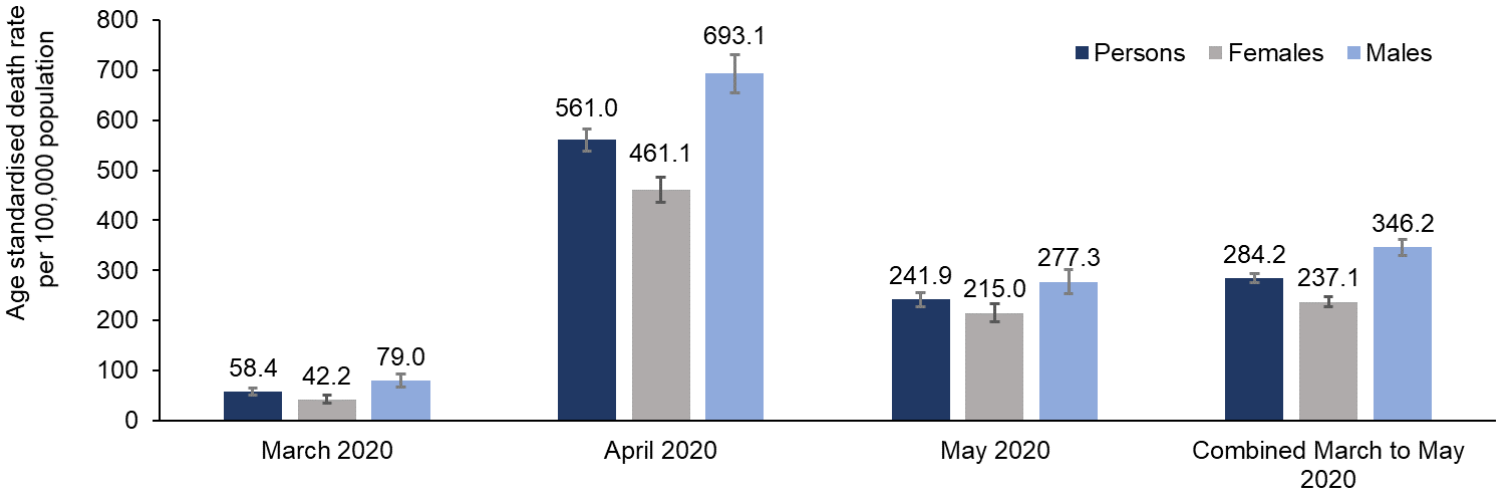


Figure S1b: Age standardised rates for deaths where COVID-19 was the underlying cause, by sex, March, April and May 2020



The age-standardised mortality rate from all causes was 1,257 per 100,000 people in March, 1,782 per 100,000 people in April and 1,282 per 100,000 people in May. The April figure is considerably higher than the latest annual figure for 2018 when there were 1,140 deaths per 100,000 population.

Leading causes of death

As this analysis compares different causes of death it is based on the underlying cause of death and therefore the figures for COVID-19 only include those deaths where it was the underlying cause rather than all those in which it was mentioned.

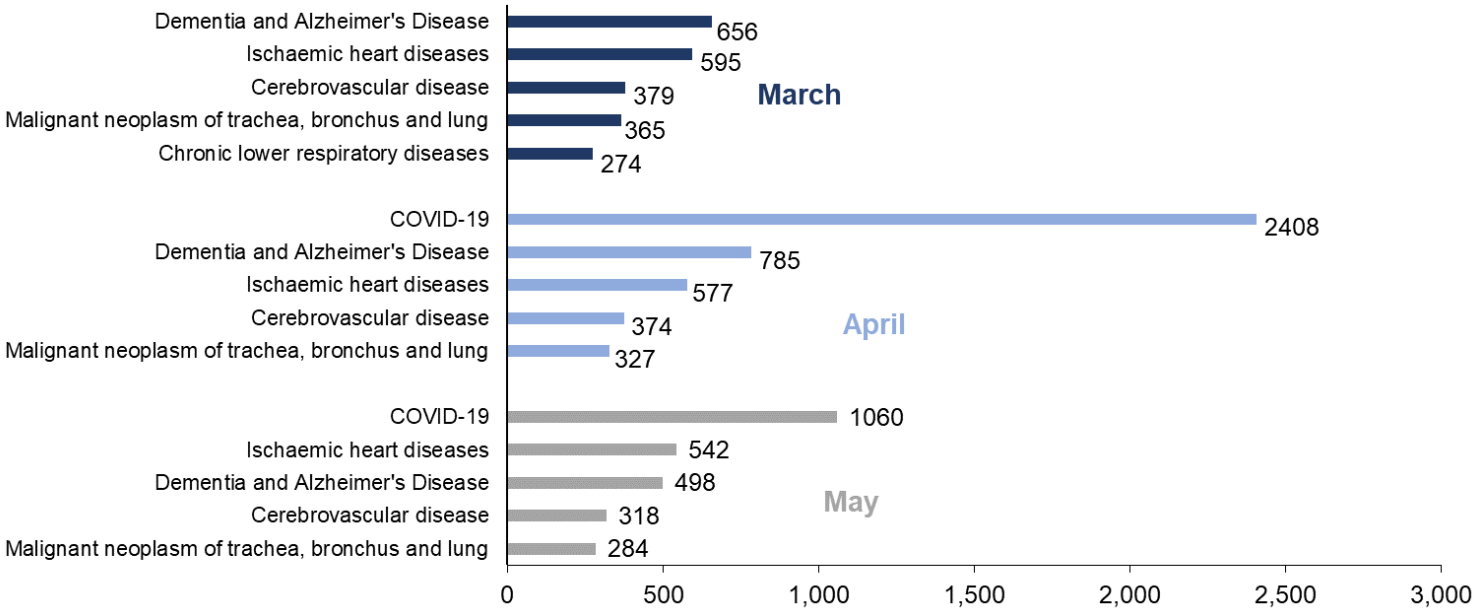
The leading cause of death in March 2020 was Dementia and Alzheimer's Disease (656 deaths, 12% of all deaths) followed by ischaemic heart disease (595, 11%). Although there were 265 deaths in March where COVID-19 was the underlying cause, it was not one of the top 5 leading causes of death.

The leading cause of death analysis is based on a list of causes developed by the World Health Organisation (WHO). There are around 60 categories in total and cancers are grouped separately according to the type of cancer. For example, lung, breast and prostate cancer are all counted as separate causes.

In April, this changed as COVID-19 clearly became the leading cause of death with 2,408 deaths and representing 32% of all deaths in that month.

By May, COVID-19 was still the leading cause of death, but to a much lesser extent than in April, with 1,060 deaths and representing 19% of all deaths.

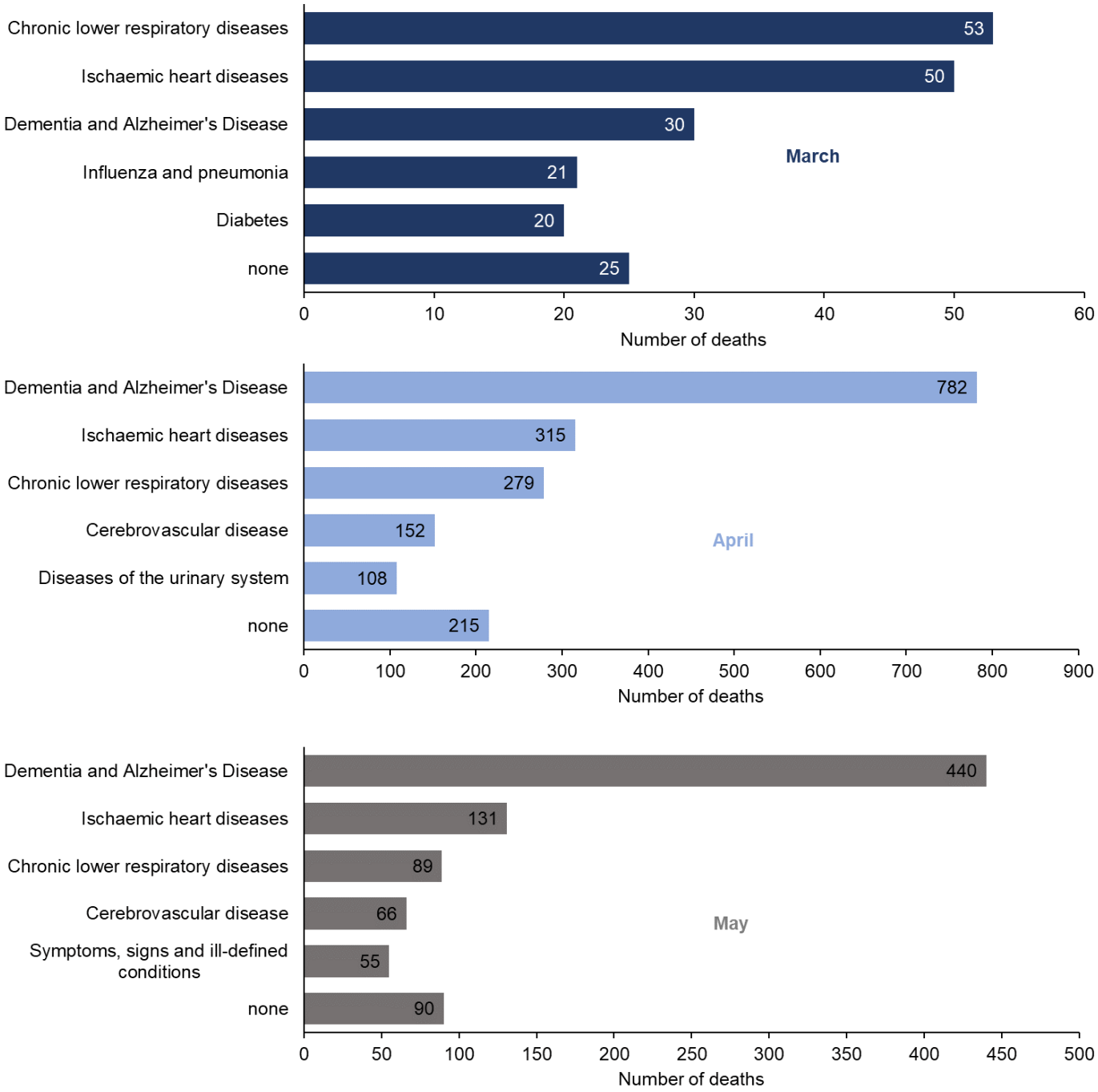
Figure S2: Top 5 leading causes of death, March, April and May 2020



Pre-existing conditions of people who died with COVID-19

Of the 296 deaths involving COVID-19 in March, 92% (271) had at least one pre-existing condition. This was similar for April (2,287, 91%) and May (1,082, 92%).

Figure S3: Pre-existing medical conditions in deaths involving COVID-19



In March, the most common pre-existing condition among those who died with COVID-19 was chronic lower respiratory diseases (18%), closely followed by ischaemic heart disease (17%). In April, and May the most common pre-existing condition was dementia and Alzheimer's disease (31% and 38% respectively).

Pre-existing conditions are defined as a health condition mentioned on the death certificate which either came before COVID-19 or was an independent contributory factor in the death. Where only COVID-19 was recorded on the death certificate, or only COVID-19 and subsequent conditions caused by COVID-19 were recorded, these deaths are referred to as having no pre-existing conditions.

We have used methodology developed by ONS to determine the main pre-existing condition. This is the defined as the one pre-existing condition that is, on average, most likely to be the underlying cause of death for a person of that age and sex had they not died from COVID-19. For more detail on how pre-existing conditions and main pre-existing conditions are derived, refer to the methodology paper.

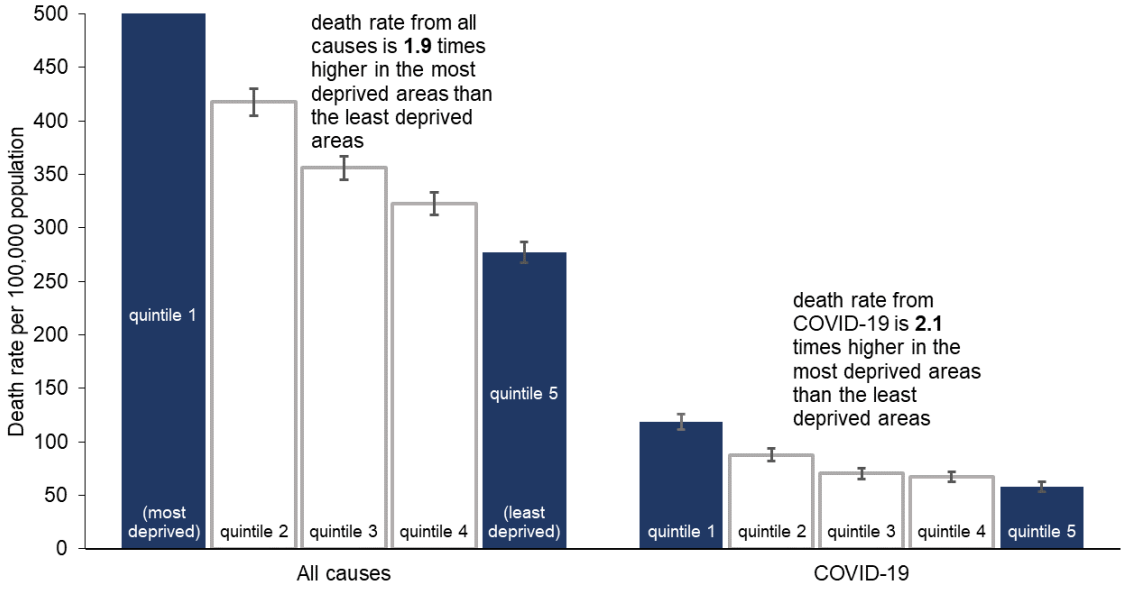
Mortality by deprivation

The age-standardised rate of deaths involving COVID-19 in the most deprived quintile (118.9 per 100,000 population) was more than double (2.1 times higher) than in the least deprived quintile (57.6 per 100,000 population).

The gap was smaller when considering the rate of deaths from all causes (1.9 times higher in the most deprived quintile than in the least deprived quintile.

Deprivation quintiles are based on the Scottish Index of Multiple Deprivation (SIMD). This is an area based measure of deprivation. Quintiles are allocated according to the deceased's usual place of residence.

Figure S4: Age-standardised death rates by SIMD quintile, March to May 2020

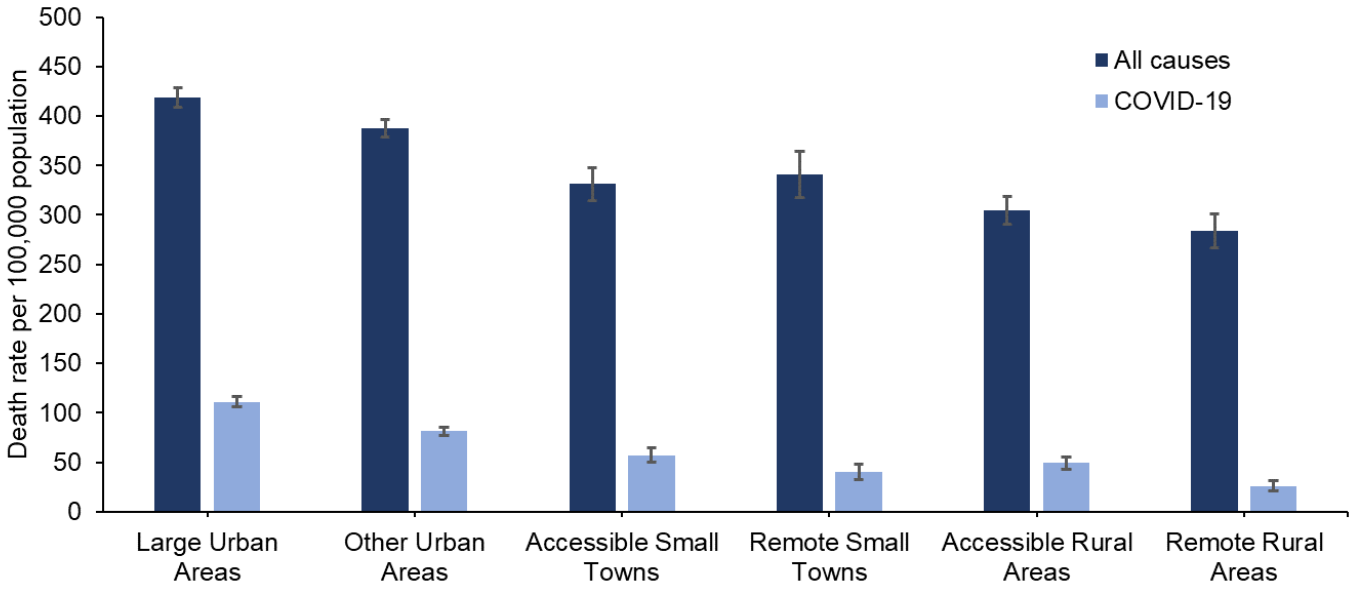


Mortality by urban rural classification

The age-standardised rate for deaths involving COVID-19 was over 4 times higher in large urban areas (111.2 deaths per 100,000 population) than in remote rural locations (25.8 per 100,000 population).

The gap was substantially smaller when considering the rate of deaths from all causes (1.5 times higher in large urban areas than in remote rural areas).

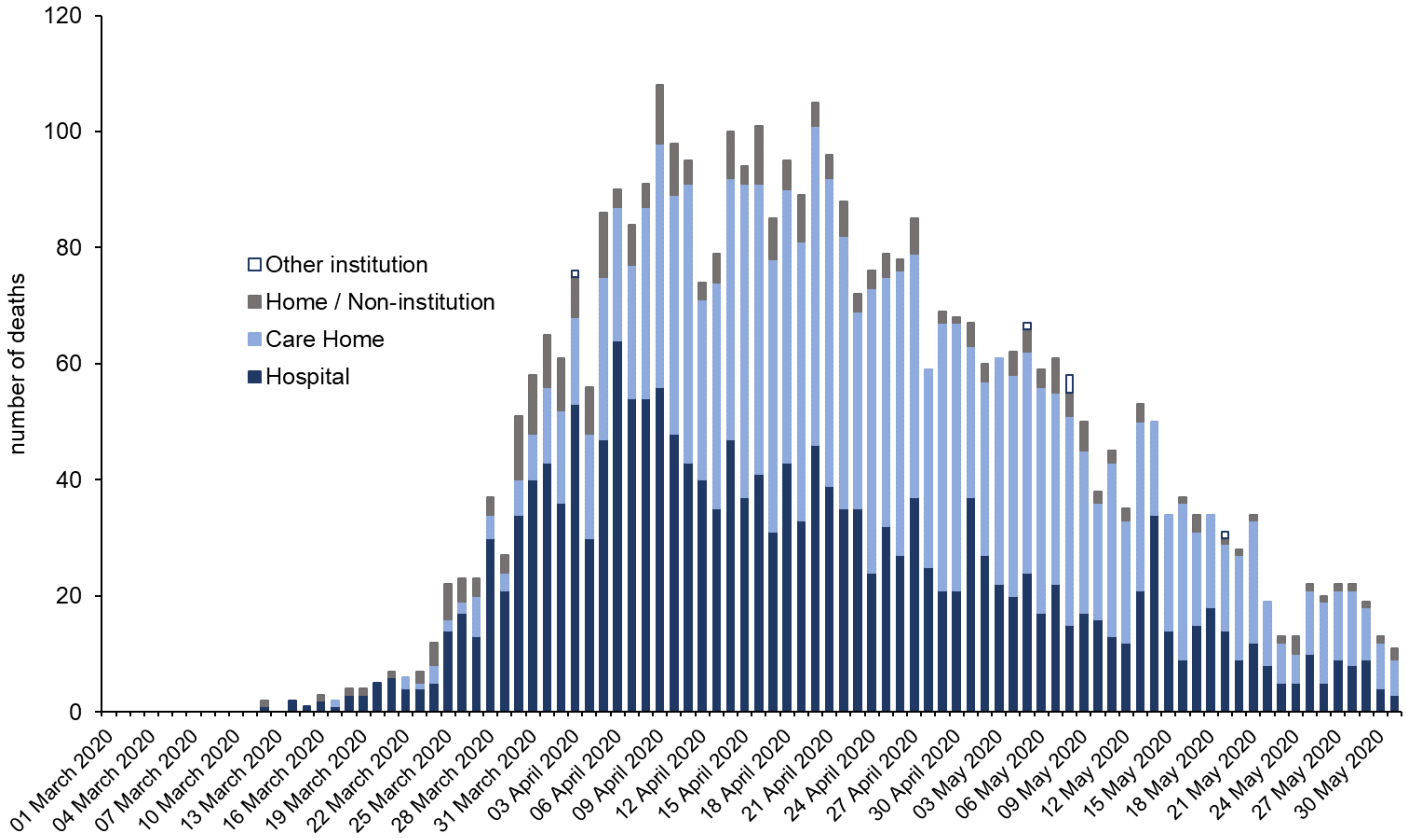
Figure S5: Age-standardised death rates by urban rural classification, March to May 2020



Daily deaths by location of death

During March and the first half of April, the majority of deaths involving COVID-19 took place in hospitals, but from mid-April onwards there were more deaths in care homes. Hospital deaths peaked on 6th April and have been reducing since then. Care home deaths continued to increase until 20th April and have now begun to decrease.

Figure S6: Daily deaths by location of death, COVID-19 deaths



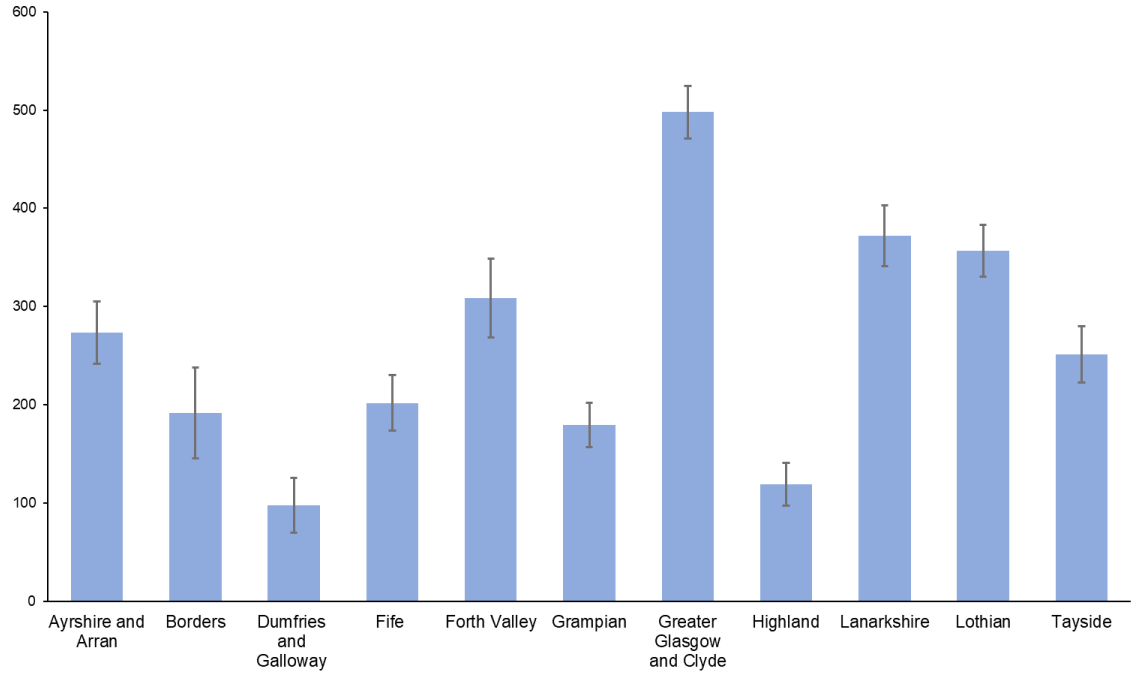
Age-standardised rates by health board and council area

Figure 4 presented crude death rates by health board area, but crude rates can be affected by different population structures between areas (i.e. if one area has a greater proportion of older people). Age-standardised death rates are considered a more comprehensive measure for making these types of comparisons.

Figure S7 shows that Greater Glasgow and Clyde had the highest rate of all health boards, followed by Lanarkshire and Lothian.

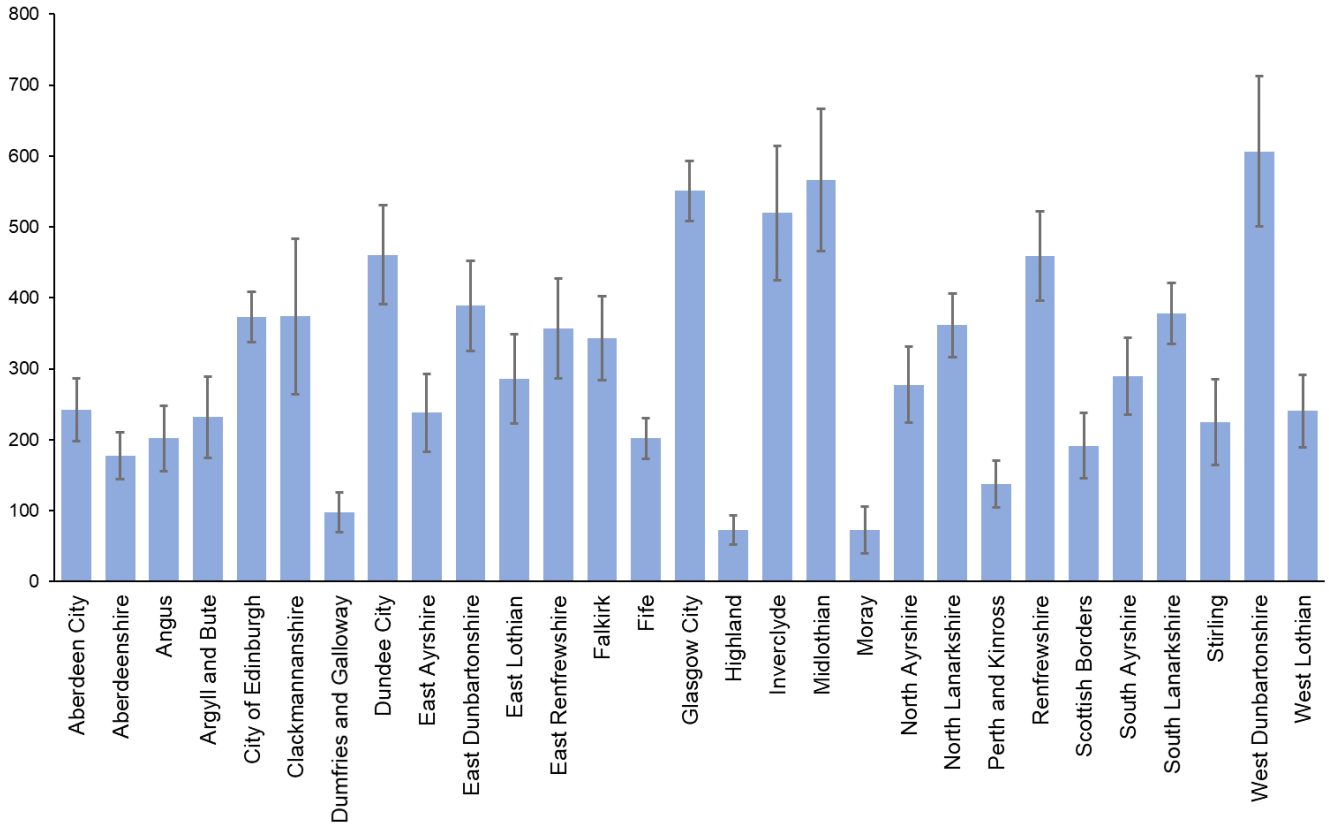
Figures are not shown for Orkney and Shetland as the number of deaths involving COVID-19 are too low to calculate robust age-standardised rates. There were no COVID-19 deaths in Western Isles.

Figure S7: Age-standardised rates for deaths involving COVID-19 in NHS health boards, March-May 2020



West Dunbartonshire had the highest age-standardised death rate of all council areas, closely followed by Midlothian, Glasgow City and Inverclyde. Dumfries and Galloway, Moray and Highland had the lowest rates (in addition to Orkney and Shetland whose numbers were too low to calculate rates) and Na h-Eileanan Siar where there were no deaths (Figure S8).

Figure S8: Age-standardised rates for deaths involving COVID-19 in council areas, March-May 2020



COVID-19 deaths by occupation

Analysis by major occupation group (of deaths involving COVID-19 of people aged 20-64 years old) showed that the highest number of deaths occurred among 'process, plant and machine operatives' (43 deaths and an age-standardised death rate of 25.1 per 100,000 population). For context, there were 223 deaths across all occupations, with a rate of 9.9 per 100,000 population. See table S7 in the accompanying additional analysis spreadsheet.

At a more detailed level of occupational grouping, 'transport and mobile machine drivers and operatives' had the highest rate (25.7 per 100,000 population).

Compared to the average death rate (of deaths involving COVID-19) for all occupations, health care workers had a lower death rate (5.9 per 100,000 population) whilst social care workers had a higher rate (13.6 per 100,000 population).

It is important to note that these are the occupations as stated on the death certificate. It does not mean that the individuals contracted the virus while at work, merely that this was their occupation at the time of their death.

COVID-19 deaths at a small area level

A breakdown of deaths involving COVID by intermediate zone is available in table S8 of the accompanying additional analysis spreadsheet. Intermediate zones are a statistical geography that sit between datazones and local authorities. There are 1,279 intermediate zones covering the whole of Scotland and their populations ranges between 2,500 and 6,000.

Things you should know about how these statistics are compiled

Figures are based on the date of registration. In Scotland deaths must be registered within 8 days but in practice, the average time between death and registration is around 3 days.

Figures are allocated to weeks based on the ISO8601 standard. Weeks begin on a Monday and end on a Sunday. Often weeks at the beginning and end of a year will overlap the preceding and following years (e.g. week 1 of 2020 began on Monday 30 December 2019) so the weekly figures may not sum to any annual totals which are subsequently produced.

Deaths involving COVID-19 are defined as those where COVID-19 is mentioned on the death certificate, either as the underlying cause of death or as a contributory cause. Cause of death is coded according to the International Statistical Classification of Diseases and Related Health Conditions 10th Revision (ICD-10). The relevant codes included in this publication are U07.1 and U07.2.

Figures include deaths where 'suspected' or 'probable' COVID-19 appears on the death certificate.

Data are provisional and subject to change in future weekly publications. The data will be finalised in June 2021. Reasons why the data might be revised later include late registration data being received once the week's figure have been produced or more information being provided by a certifying doctor or The Crown Office and Procurator Fiscal Service (COPFS) on the cause of death.

We recently published a note on our website which explains why we cannot currently analyse COVID-19 deaths data on the basis of ethnic group.

Certain user enquiries for ad-hoc analysis related to COVID-19 deaths have been published on our website.

Index of available analysis on registered deaths involving COVID-19

Breakdown	Frequency	When Added	Latest Period Covered	Date Last Published
Age group	Weekly	8th April 2020	Week 24	17th June 2020
Sex	Weekly	8th April 2020	Week 24	17th June 2020
Location	Weekly	15th April 2020	Week 24	17th June 2020
Health Board	Weekly	8th April 2020	Week 24	17th June 2020
Local Authority	Weekly	22nd April 2020	Week 24	17th June 2020
Excess deaths by cause	Weekly	22nd April 2020	Week 24	17th June 2020
Excess deaths by cause and location	Weekly	17th June 2020	Week 24	17th June 2020
Age-standardised mortality rates – Scotland	Monthly	13th May 2020	May	17th June 2020
Age-standardised mortality rates – sub-Scotland l	Monthly	17th June 2020	March - May combined	17th June 2020
Leading causes of death	Monthly	13th May 2020	May	17th June 2020
Pre-existing conditions	Monthly	13th May 2020	May	17th June 2020
Deprivation	Monthly	13th May 2020	March - May combined	17th June 2020
Urban Rural	Monthly	13th May 2020	March - May combined	17th June 2020
Daily occurrences by location of death	Monthly	13th May 2020	March April and May	17th June 2020
Occupation	Monthly	17th June 2020	March – May combined	17th June 2020
Intermediate Zone	Montlhy	17th June 2020	March – May combined	17th June 2020

National Records of Scotland

We, the National Records of Scotland, are a non-ministerial department of the devolved Scottish Administration. Our aim is to provide relevant and reliable information, analysis and advice that meets the needs of government, business and the people of Scotland. We do this as follows:

Preserving the past – We look after Scotland's national archives so that they are available for current and future generations, and we make available important information for family history.

Recording the present – At our network of local offices, we register births, marriages, civil partnerships, deaths, divorces and adoptions in Scotland.

Informing the future – We are responsible for the Census of Population in Scotland which we use, with other sources of information, to produce statistics on the population and households.

You can get other detailed statistics that we have produced from the Statistics section of our website. Scottish Census statistics are available on the Scotland's Census website.

We also provide information about future publications on our website. If you would like us to tell you about future statistical publications, you can register your interest on the Scottish Government ScotStat website.

You can also follow us on twitter @NatRecordsScot

Enquiries and suggestions

Please get in touch if you need any further information, or have any suggestions for improvement.

For media enquiries, please contact communications@nrscotland.gov.uk

For all other enquiries, please contact statisticscustomerservices@nrscotland.gov.uk