



information

CIRCULAR

BENCHMARKING - MORTALITY RATES AMONGST ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT COUNTRIES

Introduction

This circular is the second in a benchmark series on international health comparisons. The first examined overall measures of health status and level of health service provision, and this circular examines mortality rates for specific diseases amongst OECD countries.

Age standardised death rates per 100,000 population for all persons were calculated for each disease group. Table B (Appendix B) is a summary of this information, showing for each disease the countries which have the highest and lowest mortality rates, the European country with the lowest mortality rate, the degree to which Queensland's mortality rate exceeds the lowest European rate¹ (expressed as percentages), Queensland person years life lost for each disease and the Queensland potential mortality gain through lowering its death rate to that of the lowest European country².

All Causes

- ❖ Japan had the lowest mortality rate with 406.5 deaths per 100,000 persons, while France had the lowest mortality rate amongst the European countries (474.9 per 100,000). (Appendix A, Figure A1). Singapore had the highest mortality rate for persons for all causes (619.8), followed closely by Ireland (618.0) (Appendix A, Figure A1)
- ❖ The Queensland death rate for all causes was only 2.6 per cent greater than the lowest European country (France).
- ❖ The largest three causes of person years of life lost in Queensland are ischaemic heart disease (20,948), transport accidents (18,193) and suicide and self-inflicted injury (11,894).
- ❖ The greatest potential for further mortality gain lies with ischaemic heart disease (14,000), transport accidents (9,310), suicide and self-inflicted injury (9,080) and chronic bronchitis, emphysema and asthma (4,044).
- ❖ The four conditions with the highest excess mortality are malignant melanoma of skin (680%), mental disorders (500%), chronic bronchitis, emphysema and asthma (370%) and suicide and self-inflicted injury (323%).

Footnote:

1. Queensland percentage excess mortality was calculated by subtracting the lowest European mortality rate from the Queensland mortality rate and by dividing by the lowest European rate. This was then multiplied by one hundred to convert to a percentage. The calculation was done for all cause of death categories.
2. Queensland mortality gain represents the years of life lost Queensland would save if Queensland reduced its mortality to the lowest European country's mortality, in relation to each cause.

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Total cardiovascular disease

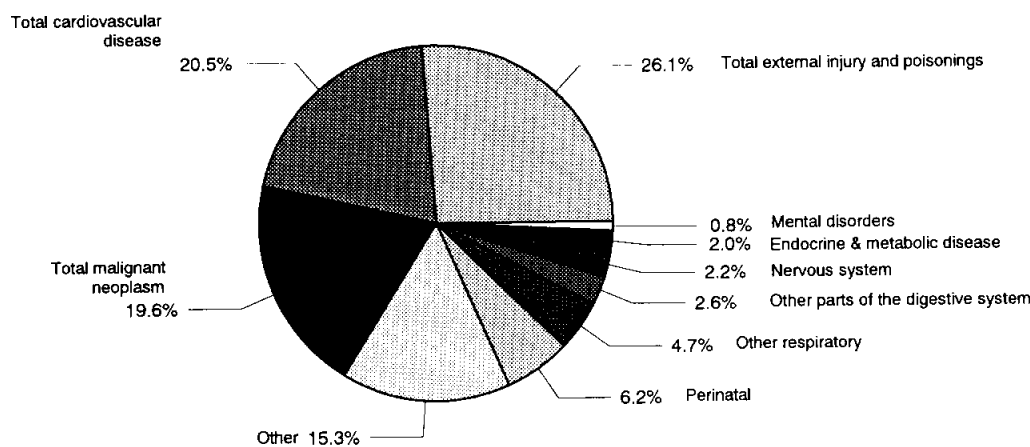
- ❖ For total cardiovascular disease Ireland had the highest mortality rate (275.2 per 100,000), Hong Kong had the lowest rate (119.2), and France was the lowest European country (132.6) (Appendix A, Figure A2).
- ❖ Queensland mortality rate due to cardiovascular disease was 55 per cent higher than the lowest European country.
- ❖ For Queensland the total person years of life lost for cardiovascular disease (32,994) was 20.5 per cent of the total for all causes, and was slightly higher than for total malignant neoplasms (Figure 1).
- ❖ Queensland's potential for mortality gain for total cardiovascular disease (11,680) was greater than for total malignant neoplasms, but less than for total external injury and poisoning (Figure 2).

- Of all disease subcategories ischaemic heart disease had the greatest number of person years of life lost for Queensland (20,948), which was 13 per cent of the total (Appendix B, Table B).
- Also, of all the subcategory disease groups, this condition would yield the greatest mortality gain for Queensland (14,000) (Figure 2).

(b) Cerebrovascular disease

- Portugal had the highest mortality rate for cerebrovascular disease (121.0 per 100,000), while Canada had the lowest rate (31.1) (Appendix A, Figure A4).
- Queensland had close to a 40 per cent excess in comparison with Canada for this disease.
- The percentage of total person years of life lost for this condition was 3.5 per cent of the total for all causes for Queensland.

Figure 1: Percentage of total person years of life lost for Queensland¹ by leading causes of death



¹ This is the person years of life that would have been lived if deaths due to the disease in all ages up to the age of 75 years had been eliminated

(a) Ischaemic heart disease

- The highest mortality rate for ischaemic heart disease was 160.2 per 100,000 in Ireland (Appendix A, Figure A3). The mortality rate due to this cause was lowest in Japan (23.9), with France having the lowest value amongst the European countries (41.5).
- Queensland's mortality rate was three times greater than the rate for France, indicating considerable room for improvement (Appendix B, Table B).

- Compared to other disease subcategories, cerebrovascular disease was in the middle range for potential mortality gain (Figure 2).

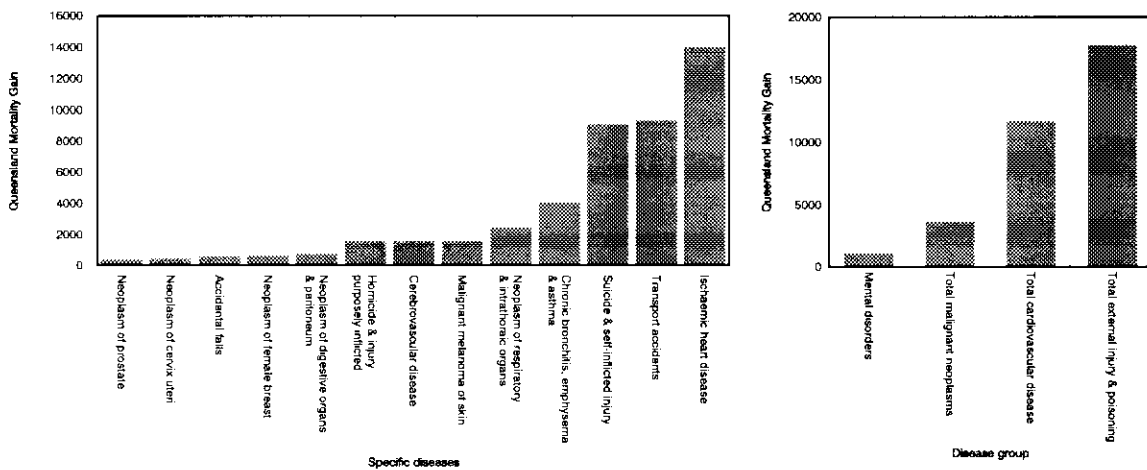
Total malignant neoplasms

- ❖ The country in which total malignant neoplasms claimed the highest number of lives per 100,000 persons was Luxembourg (150.3 per 100,000) (Appendix A, Figure A5).
- ❖ Portugal had the lowest mortality rate due to this cause (107.6), with low rates also being found in Greece (108.0) and Japan (108.5) (Appendix A, Figure A5).

(a) Digestive organs and peritoneum

- Japan had the highest number of deaths per 100,000 for malignant neoplasm of the digestive organs and peritoneum (64.9 per 100,000) and the United States was the country with the lowest (30.1) (Appendix A, Figure A6).
- Queensland had a low percentage excess (12.3) for this disease compared to other diseases (Figure 3).
- Of all the malignant neoplasms, this condition had the highest number of total person years of life lost for Queensland (4.2% of total for all causes).

Figure 2: QUEENSLAND MORTALITY GAIN CALCULATION* BY DISEASE GROUP



* This calculation represents the years of life lost Queensland would save if mortality in Queensland was reduced to the lowest European mortality, in relation to each disease group. It is calculated by the following equation:
 Queensland mortality gain = Total person years of life lost x % excess mortality / (% excess mortality + 100)

- ❖ Total person years of life lost (19.6%) and excess mortality (13%) were lower for total malignant neoplasms, than for either total cardiovascular disease or total external injury and poisoning for Queensland (Figures 1 and 3).
- ❖ Queensland potential for mortality gain for total malignant neoplasms (3,680), was also lower than for the other leading causes of death (Figure 2).

- Queensland potential for mortality gain for malignant neoplasms of the digestive organs and peritoneum was low compared to other disease subcategories (742) (Figure 2).

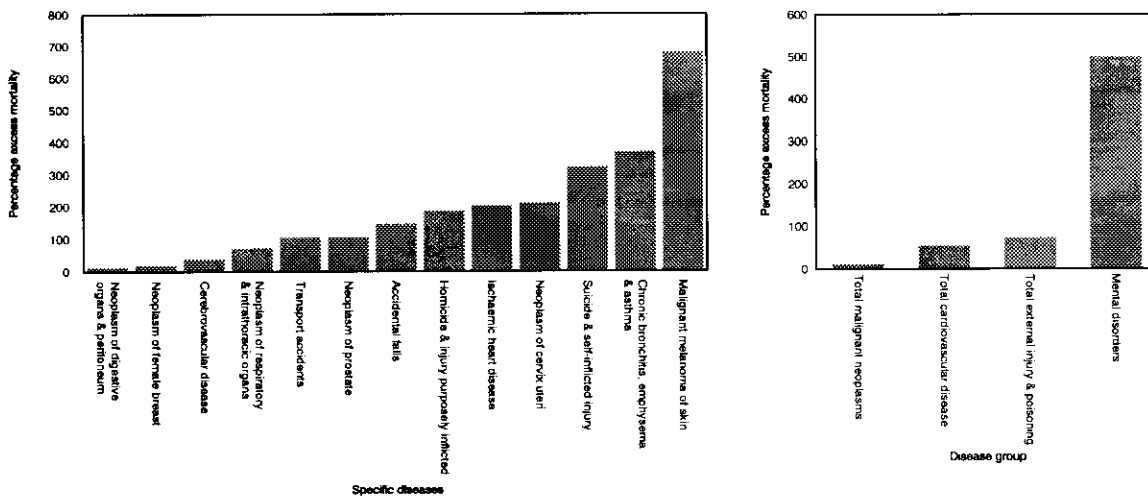
(b) Respiratory and intrathoracic organs

- Belgium (40.4 per 100,000) had the highest mortality rate for malignant neoplasm of the respiratory and intrathoracic organs. Portugal had the lowest mortality rate (16.1) (Appendix A, Figure A7).

- For Queensland the percentage excess for this disease was over 70 per cent, but it is still low compared to other diseases (Figure 3).
- The total person years of life lost for this disease was 3.6 per cent of the total for all causes.

melanoma would save the second highest number of person years of life lost, if Queensland's mortality was reduced to the lowest European country's mortality (1,584) (Figure 2).

Figure 3: QUEENSLAND PERCENTAGE EXCESS MORTALITY* BY DISEASE GROUP



* Queensland percentage excess mortality for each disease was calculated using the following equation:

$$\% \text{ Excess mortality} = (\text{Queensland mortality rate} - \text{Lowest European mortality rate} / \text{Lowest European rate}) \times 100$$

- Of all the cancer subcategories, malignant neoplasm of the respiratory and intrathoracic organs would give the highest mortality gain (2,447) (Figure 2).

(c) Malignant melanoma of skin

- Surprisingly, New Zealand had the highest mortality rate for malignant melanoma of skin (4.0 per 100,000) (Appendix A, Figure A8). Queensland had the second highest rate. Hong Kong, Japan and Singapore had the lowest mortality rate (0.2) and Greece and Portugal (0.5) were the European countries with the lowest rate.
- Queensland had a very high excess mortality rate for this condition compared to other conditions (680%) (Figure 3).
- The total person years of life lost for malignant neoplasm of skin (1.1% of total for all causes) was in the middle range of all the cancer subcategories for Queensland (Table B, Appendix B).
- Of all the cancer disease groups, malignant

(d) Malignant neoplasm of female breast

- Luxembourg had the greatest mortality rate for malignant neoplasm of female breast (29.1 per 100,000) (Appendix A, Figure A9). Japan had the lowest mortality rate (6.3), while Greece was the lowest European country (15.3). Queensland had a mortality rate for this condition which was below the mean (Appendix A, Figure A9).
- Queensland mortality rate was 19.6% higher than the mortality rate in Greece (Figure 3).
- The total person years of life lost for breast cancer was also in the middle range compared to the other cancer conditions (2.4% of total for all causes), although it was higher than for malignant melanoma of skin.
- Mortality gain for breast cancer would be low (619) (Figure 2).

(e) Malignant neoplasm of cervix uteri

- Deaths due to malignant neoplasm of cervix uteri were most prevalent in Singapore (7.2 per 100,000). Italy had the lowest number of deaths per 100,000 females (0.9) (Appendix A, Figure A10).
- The Queensland percentage excess for this condition (211.1) was third highest of all cancer conditions (after malignant melanoma of skin and other malignant neoplasm of skin) (Appendix B, Table B).
- The total person years of life lost for malignant neoplasm of cervix uteri was fairly low compared to other cancer conditions (0.4%).
- Cancer of the cervix had the second lowest mortality gain (460), of all disease subcategories.

(f) Malignant neoplasm of prostate

- Mortality rates for malignant neoplasm of the prostate ranged from 22.2 per 100,000 male population in Norway, to 2.4 in Hong Kong (Appendix A, Figure A11).
- Greece was the European country with the lowest rate of 8.2 per 100,000 male population. Queensland had a value close to the median.
- The percentage excess for malignant neoplasm of the prostate was 105 per cent (Figure 3).
- The total person years of life lost for cancer of the prostate (0.5%) was slightly higher than for malignant neoplasm of cervix uteri.
- Cancer of the prostate had the lowest mortality gain (393), of all disease subcategories (Figure 2).

Total external injury and poisoning

- ❖ For total injury and poisoning (external causes) deaths ranged from 24.7 per 100,000 persons in Hong Kong to 72.6 per 100,000 in Finland. The Netherlands was the lowest European country (26.2) (Appendix A, Figure A12).
- ❖ There was a higher percentage excess (73%) for total external injury and poisoning than for total cardiovascular disease or total cancers in Queensland (Figure 3).
- ❖ Total external injury and poisoning was the biggest contributor to the total person years of life lost (26.1%)(Figure 1), and would yield the highest mortality gain for Queensland (17,814) (Figure 2).

(a) Transport accidents

- Portugal had the highest death rate (26.0 per 100,000) due to transport accidents. Hong Kong had the lowest rate (4.8), and the Netherlands was the lowest European country (8.4) (Appendix A, Figure A13).
- Queensland's percentage excess due to transport accidents was 105 per cent (Figure 3).
- Transport accidents in Queensland had the highest number of total person years of life lost (11.3%) compared to other accident subcategory causes of death.
- Of all disease subcategories, transport accidents would give the second highest mortality gain (9,310), after ischaemic heart disease (Figure 2).

(b) Accidental falls

- Mortality due to accidental falls per 100,000 population was highest in Austria (9.9 per 100,000) (Appendix A, Figure A14). Spain was the country with the lowest mortality from accidental falls per 100,000 population (1.7).
- Queensland had an excess of 147 per cent for this cause compared with Spain (Figure 3).
- Total person years of life lost in Queensland as a result of accidental falls was low (0.6%).
- Of all injury and poisoning subcategories, accidental falls had the lowest mortality gain for Queensland (570) (Figure 2).

(c) Suicide and self-inflicted injury

- Given the role of sociocultural factors in the reporting of deaths to suicide, international comparisons of mortality from this cause are particularly hazardous (Lopez, 1990:112). Suicide is likely to be widely underreported in a number of countries where socio-religious attitudes might be sufficiently persuasive to prompt an alternative diagnosis on the death certificate. Analysis of the WHO data found that the lowest rates were reported for countries with a strong Catholic tradition including Greece (3.1 per 100,000), Italy (5.5), Spain (6.0), Portugal (6.2) and Ireland (7.3).
- Finland had the highest suicide rate (23.7) (Appendix A, Figure A15).
- For Queensland, the percentage excess (323%) for suicide was the highest amongst injury and poisoning subcategories (Figure 3).
- Both the total person years of life lost (7.4%) and the Queensland mortality gain (9,080) for suicide were second highest compared to other injury and poisoning subcategory causes of death (Appendix B, Table B).

(d) Homicide and injury

- Homicide and injury purposely inflicted by other persons is highest in the United States (8.3 per 100,000). It was lowest in Japan, Ireland and Spain (0.8) (Appendix A, Figure A16).
- The percentage excess (188%) due to homicide in Queensland was high (Figure 3).
- Total person years of life lost due to this cause was 1.5 per cent of the total.
- Homicide was in the middle range for Queensland mortality gain amongst the disease subcategories (1,575)(Figure 2).

Mental disorders

- ❖ As with suicide, international comparisons of mortality due to mental disorders have problems concerning comparability of the data.
- ❖ Finland had the highest number of deaths per 100,000 population due to mental disorders (13.8 per 100,000). Hong Kong (0) had the lowest and Greece (1.1) was the European country with the lowest (Appendix A, Figure A17).
- ❖ Queensland had a percentage excess of 500 per cent for mental disorders (Figure 3).
- ❖ Both total person years of life lost (0.8%) and mortality gain (1,090) for mental disorders in Queensland were less than for each of the three main leading causes of death (i.e. neoplasms, cardiovascular, injury and poisoning) (Figures 1 and 2).

Chronic bronchitis, emphysema and asthma

- ❖ For chronic bronchitis, emphysema and asthma, Italy had the highest mortality rate (14 per 100,000), while Greece had the lowest (2 per 100,000)(Appendix A, Figure A18).
- ❖ The percentage excess for Queensland was high (370%) (Figure 3).
- ❖ For Queensland the total person years of life lost for chronic bronchitis, emphysema and asthma was 3.2 per cent of the total for all causes.
- ❖ Chronic bronchitis, emphysema and asthma had the fourth highest mortality gain for Queensland, of all the disease subcategories (4,044). This was slightly lower than the mortality gain for all causes (4083) (Figure 2).

Conclusion

Overall Japan and France were the countries with the lowest mortality. Although Japan had the highest number of deaths for malignant neoplasm of the digestive organs and peritoneum, for other types of neoplasms Japan had amongst the lowest number of deaths per 100,000 population. Japan also had the lowest death rate for all causes and ischaemic heart disease.

France was the European country with the lowest mortality rate for all causes, total cardiovascular disease and ischaemic heart disease. Greece had the lowest mortality rate among European countries for malignant neoplasm of lip, oral cavity and pharynx, malignant melanoma of skin, malignant neoplasms of female breast and prostate, mental disorders, diseases of the nervous system, rheumatic fever and rheumatic heart disease, suicide and self-inflicted injury and chronic bronchitis, emphysema and asthma.

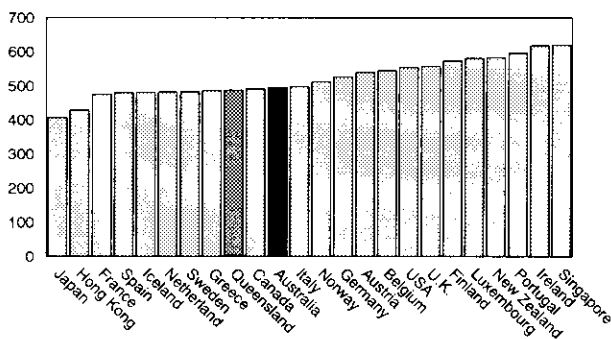
Queensland is at the lower end of the mortality rate for all causes in Figure A1 (Appendix A). Therefore, it is not unreasonable for Queensland to aim to have health equal to the best of the European countries. Queensland performs better than Australia for most disease groups, except for malignant melanoma of skin, ischaemic heart disease, accidental falls, suicide and homicide, and total external injury and poisoning.

The findings of this circular therefore give further emphasis to the importance of focusing on the development of an outcomes approach and to the need for strengthening population health program activities for the four national priority areas.

The next information circular in this international series will explore the associations between lifestyle variables (i.e. dietary factors, cigarette and alcohol consumption) and mortality rates for OECD countries.

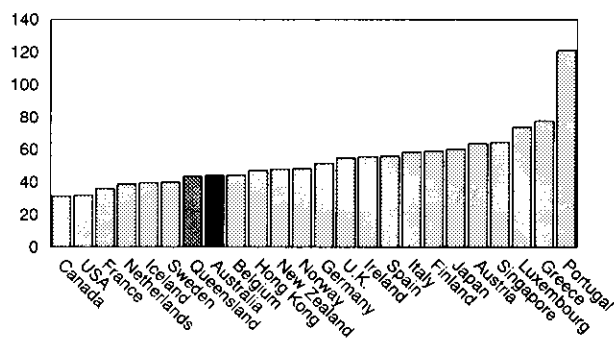
APPENDIX A

Figure A1: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
All causes



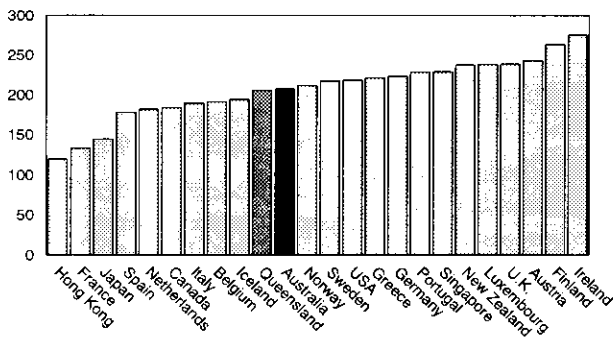
* Standardised to the Standard World Population, 1960

Figure A4: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Cerebrovascular disease



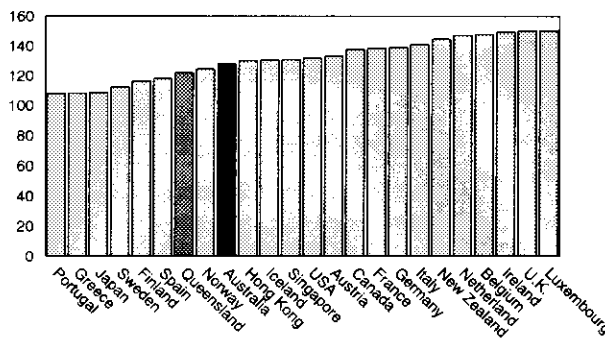
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Figure A2: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Total cardiovascular disease



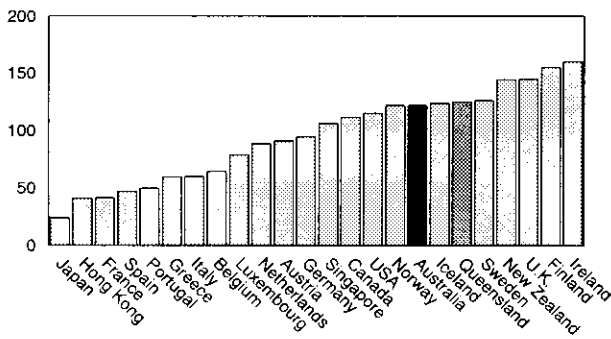
* Standardised to the Standard World Population, 1960

Figure A5: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Total malignant neoplasms



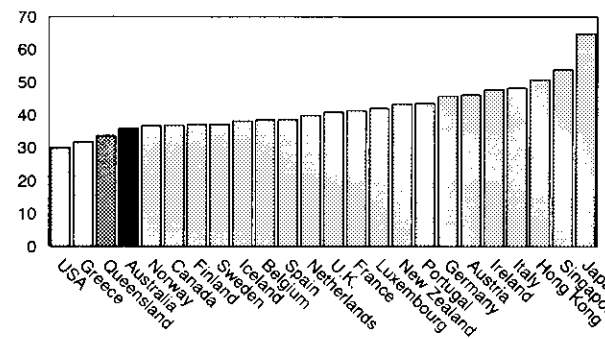
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Figure A3: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Ischaemic heart disease



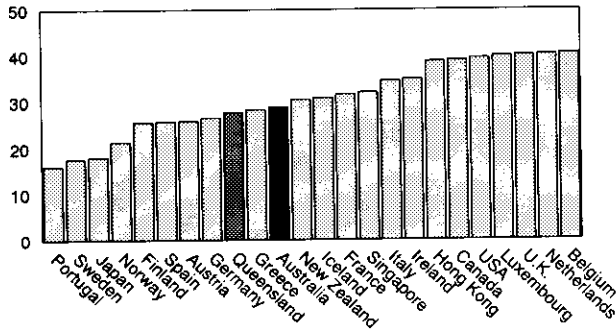
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Figure A6: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Malignant neoplasm of digestive organs and peritoneum



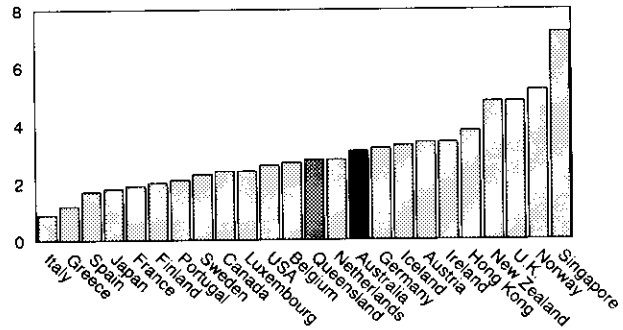
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Figure A7: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Malignant neoplasm of respiratory and intrathoracic organs



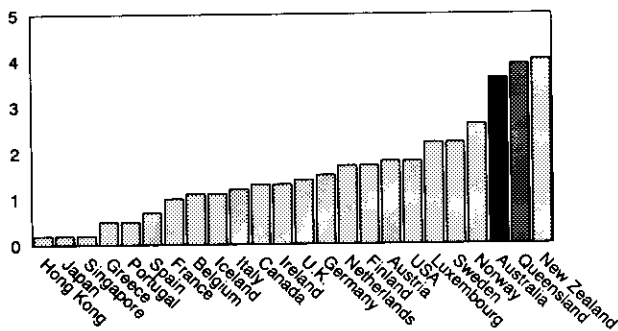
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Figure A10: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Malignant neoplasm of cervix uteri



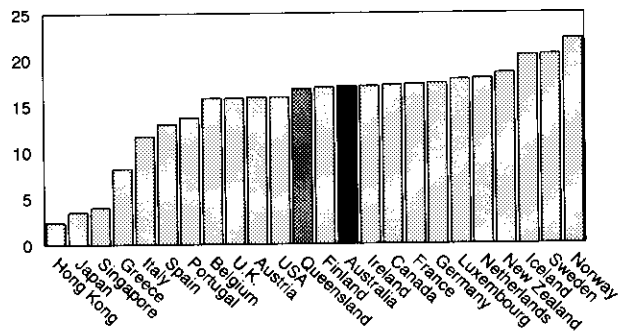
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Figure A8: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Malignant melanoma of skin



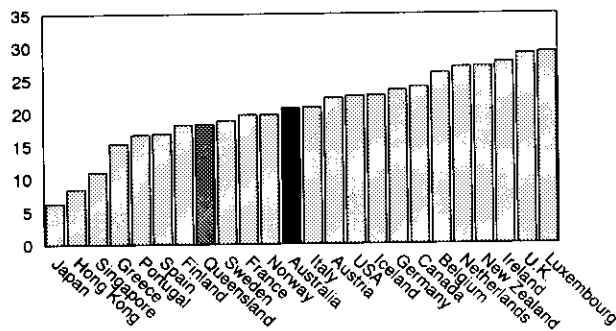
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Figure A11: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Malignant neoplasm of prostate



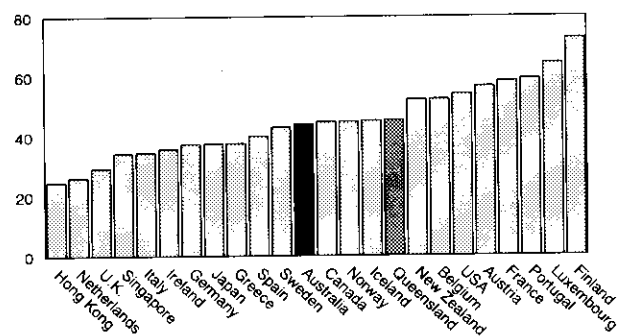
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Figure A9: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Malignant neoplasm of female breast



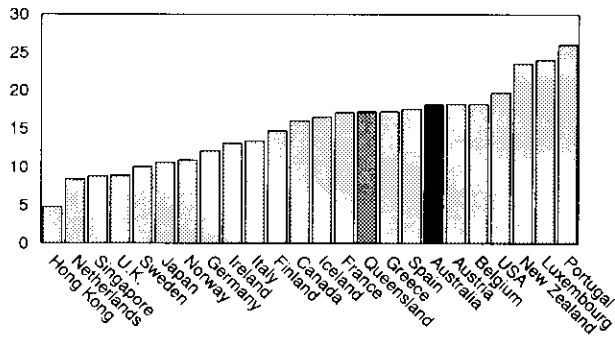
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Figure A12: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Total external injury and poisoning



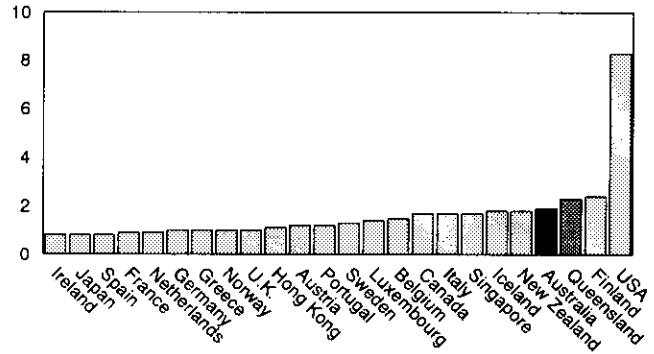
* Standardised to the Standard World Population, 1960

Figure A13: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Transport accidents



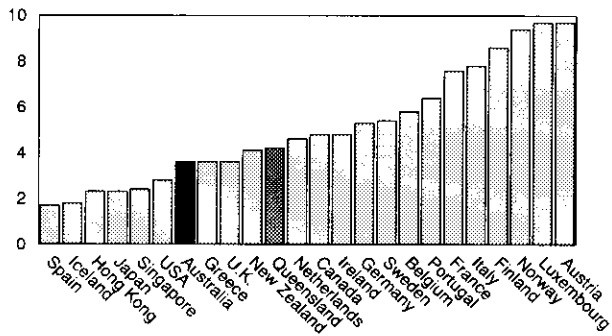
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Figure A16: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Homicide and injury purposely inflicted by other people



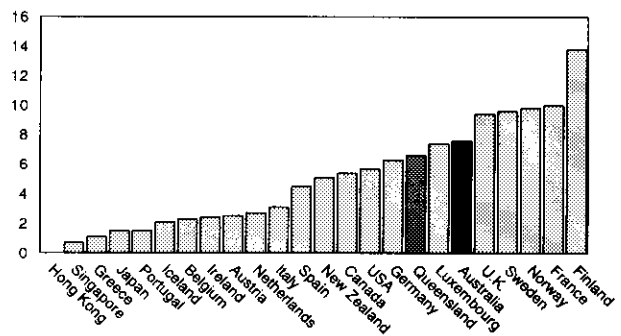
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Figure A14: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Accidental falls



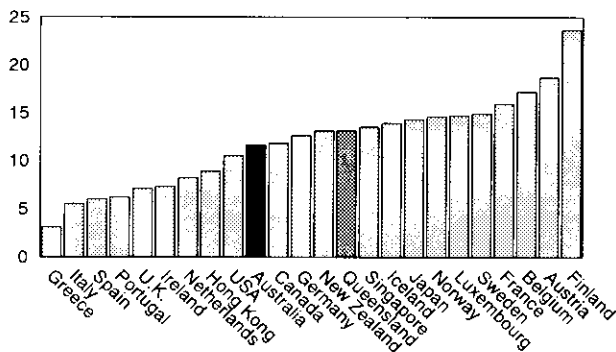
* Standardised to the Standard World Population, 1960

Figure A17: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Mental disorders



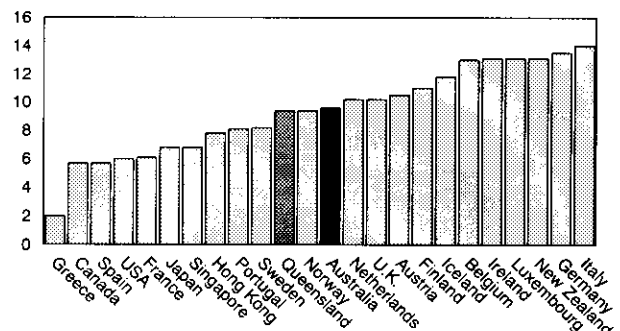
* Standardised to the Standard World Population, 1960

Figure A15: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Suicide and self-inflicted injury



* Standardised to the World Standard Population, 1960

Figure A18: AGE STANDARDISED DEATH RATE* PER 100,000 POPULATION AMONGST OECD COUNTRIES FOR PERSONS 1988
Chronic bronchitis, emphysema and asthma



* Standardised to the World Standard Population, 1960

Table B: Causes of death by age standardised death rate per 100,000 population for persons, 1988

	Queensland		Australia		Mean	Median	Highest	Lowest	Europ		Lowest	Queensland				
	Value	Rank ¹	Value	Rank ¹					Count	Value		Count	Value	Count	Value	% ² Excess Mort
Total deaths	487.1	15	495.9	14	522.3	512.6	Singre	619.8	France	474.9	Jap	406.5	2.6	16.5	161135	4083
<i>Malignant neoplasms of lip oral cavity and pharynx</i>	2.8	11	2.9	9.5	3.2	2.8	HKong	9.5	Greece	1.1	Greece	1.1	154.6	12.1	725	440
<i>Malignant neoplasms of digestive organs & peritoneum</i>	33.8	21	36.1	21	42.2	40.9	Jap	64.9	USA	30.1	USA	30.1	12.3	10.6	6777	742
<i>Malignant neoplasms of respiratory & intrathoracic organs</i>	27.7	15	28.9	14	30.7	30.8	Belg	40.4	Port	16.1	Port	16.1	72.1	9.9	5843	2447
<i>Malignant melanoma of skin</i>	3.9	2	3.6	2	1.5	1.3	NZL	4.0	Greece Portl	0.5	HKong Jap Sinpre	0.2	680	17.5	1817	1584
<i>Other malignant neoplasm of skin</i>	1.2	2	0.9	2.5	0.5	0.4	Ireland	1.6	Luxg	0.1	Luxg	0.1	1100	11.1	282	259
<i>Malignant neoplasm of female breast</i>	18.3	16	20.7	13	20.6	20.8	Luxg	29.1	Greece	15.3	Jap	6.3	19.6	15.7	3779	619
<i>Malignant neoplasm of cervix uteri</i>	2.8	11.5	3.1	10.0	3	2.7	Singre	7.2	Italy	0.9	Italy	0.9	211.1	16.7	678	460
<i>Malignant neoplasm of prostate</i>	16.8	13	17.1	10.5	14.8	17.0	Norw	22.2	Greece	8.2	HKong	2.4	104.9	6.0	768	393
<i>Malignant neoplasm of other & unspecified sites</i>	12.3	13	12.6	11.5	11.7	12.6	Belg	18.0	Austria	8.1	Jap	4.0	51.9	15.0	4538	1550
<i>Malignant neoplasm of lymphatic & haemopoietic tissue</i>	11.3	6	11.9	5.5	10.1	10.6	NZL	12.4	Port	8.0	Singre	6.5	41.3	16.2	4273	1249
Total malignant neoplasms	121.8	17	127.7	16	131.4	131.6	Lux	150.3	Port	107.6	Port	107.6	13.2	12.2	31556	3680
<i>Endocrine & metabolic diseases, immunity disorders</i>	10	13	11.2	8	10.4	10.4	USA	19.2	Iceland	3.7	HKong	3.5	170.3	15.7	3291	2074
<i>Chronic bronchitis, emphysema & asthma</i>	9.4	12.5	9.6	12	9.4	9.6	Italy	14	Greece	2	Greece	2	370	9.7	5137	4044
Mental disorders	6.6	7	7.6	6	5.0	4.5	Finld	13.8	Greece	1.1	HKong	0	500	16.6	1308	1090
<i>Diseases of the nervous system</i>	8.1	16	9.1	13	8.8	9.2	Belgm	14.3	Greece	5.6	HKong	3.4	44.6	22.8	3550	1095
<i>Rheumatic fever & rheumatic heart disease</i>	1.3	14	1.7	8	1.5	1.4	NZL	3.4	Greece Iceland	0.2	Greece Iceland	0.2	550	15.5	464	393
<i>Hypertensive disease</i>	3.3	17	4.1	15	5.8	4.5	Singre	18.2	Swedn	1.6	Swedn	1.6	106.3	7.9	429	221
<i>Ischaemic heart disease</i>	125.1	6	122.0	7	94.5	94.5	Ireld	160.2	France	41.5	Jap	23.9	201.5	8.9	20948	14000
<i>Diseases of pulmonary circulation & other forms of heart disease</i>	20.6	20	22.9	20	38.6	35.9	Greece	75.6	U.K	17.5	HKong	10.6	17.7	14.5	4217	634
<i>Cerebrovascular disease</i>	43.4	17	44.0	17	54.1	51.5	Portl	121	Canada	31.1	Canada	31.1	39.6	9.5	5561	1578
<i>Other diseases of the circulatory system</i>	11.5	16	12.2	15	12.5	13.5	Belg	22.0	Iceland	4.4	Singre	2.9	161.4	8.2	1375	849
Total cardiovascular disease	205.2	14	206.9	14	207	217.3	Ireld	275.2	France	132.6	HKong	119.2	54.8	9.5	32994	11680
<i>Diseases of the upper respiratory tract</i>	0.2	12	0.1	17.5	0.3	0.2	Greece	1.6	-	-	-	-	-	-	132	-
<i>Other diseases of the respiratory system</i>	34.6	15	35.0	14	42.1	36.1	Singre	110.1	Greece	20.8	Greece	20.8	66.3	11.4	7641	3046
<i>Diseases of oral cavity, salivary glands & jaws</i>	0	-	0	-	0	0	-	-	-	-	-	-	-	-	16	-
<i>Diseases of other parts of the digestive system</i>	16.5	17	17.1	15	20.5	17.7	Port	32.2	Iceland	10.7	Iceland	10.7	54.2	12.7	4118	1447
<i>Transport accidents</i>	17.2	8.5	18.1	7	15.1	16.0	Port	26.0	Nerthd	8.4	HKong	4.8	104.8	38.6	18193	9310
<i>Accidental poisoning</i>	0.6	13.5	1.3	7.5	1.4	0.9	Finld	9.6	Germn	0.2	Germn	0.2	200	30.7	541	361
<i>Misadventures during medical care abnormal reactions, late complication</i>	0.1	18	0.2	15.5	0.5	0.3	France	1.9	-	-	-	-	-	26.5	96	-
<i>Accidental falls</i>	4.2	14	3.6	16	5.1	4.8	Austria	9.9	Spain	1.7	Spain	1.7	147.1	17.7	958	570
<i>Accidents caused by fire & flames</i>	0.5	16.5	0.6	15.5	0.9	0.8	USA	1.9	Lux	0.3	Singre	0	66.7	37.1	460	184
<i>Other accidents, including late effects</i>	7.1	6	5.7	10.5	5.8	5.5	Spain	10.8	Nerthd	2.7	Nerthd	2.7	163	39.4	6831	4234
<i>Drugs, medicaments causing adverse effects in therapeutic use</i>	0.2	4	0.2	4	0.1	0.1	0.6	France	-	-	-	-	-	25.5	128	-
<i>Suicide & self-inflicted injury</i>	13.1	11.5	11.6	14	11.9	12.6	Finld	23.7	Greece	3.1	Greece	3.1	322.6	31.4	11894	9080
<i>Homicide & injury purposely inflicted by other persons</i>	2.3	3	1.9	3	1.6	1.2	USA	8.3	Ireland Spain	0.8	Jap Ireland Spain	0.8	187.5	37.3	2415	1575
<i>Other violence</i>	0.6	18.5	0.8	16	2.4	1.6	Port	12.3	Greece	0.3	Greece	0.3	100	31.9	600	300
Total external injury & poisoning	45.4	9	44.0	12	44.7	44.0	Finld	72.6	Nerthd	26.2	HKong	24.7	73.3	35.1	42116	17814

Standardised to the standard World Population, 1960

Based on the International Classification of Disease 9th Revision codes

For person years of life lost, calculations were done for all ages below 75 years

The table is based on 23 countries, with a rank of 23 representing the lowest death rate

1. When calculating Queensland's rank Australia was excluded, and vice versa

2. % Excess mortality for Queensland = (Queensland mortality rate - Lowest European mortality rate / lowest European rate) x 100.

3. Queensland Mortality Gain = Total PYLL x % excess mortality / (% excess mortality + 100)