



## England & Wales mortality monitor – Q3 2025

### Summary

At the end of Q3 2025, the cumulative standardised mortality rate for 2025 was 4.9% below the 2015-2024 average and 1.4% below 2024, the previous year.

### Background

This is the latest in a series of quarterly updates monitoring mortality in England & Wales. It is based on provisional weekly deaths data published by the Office for National Statistics (ONS) up to 26 September 2025 (i.e. week 39 of 2025) on 8 October 2025. We intend to publish the next quarterly update, for data to the end of 2025, in January 2026.

We are also publishing briefer monthly summaries, which include Charts D and E from the quarterly monitor, every four or five weeks.

All updates are publicly available from the CMI pages of the Institute and Faculty of Actuaries website: <https://www.actuaries.org.uk/learn-and-develop/continuous-mortality-investigation/other-cmi-outputs/mortality-monitor>. The same page has “beta” mortality monitor software, which is available to Authorised Users. This enables users to produce their own ad hoc updates to the results of this report.

### Notes

We have used our standard approach in producing this report, basing it on data published by the Office for National Statistics.

Our calculations rely on data for registered deaths. Comparisons of mortality between years may not be entirely on a like-for-like basis due to changes in the timing of registration of deaths – including differences in the timing of public holidays in different years.

Since 9 September 2024 death certification reforms means that the five-day period for registering a death starts on the date that the registrar receives a signed medical certificate of cause of death from the medical examiner, or relevant notification from the coroner. Previously, deaths should legally have been registered within five days of the death occurring or the date on which a body was found (including weekends and bank holidays), unless a coroner was involved.

Our [analysis](#) suggested that weekly figures were only materially affected in the weeks shortly after that date, but the cumulative standardised mortality rate for 2024 may be around 0.25% lower than if the reforms had not been implemented. That would lead to the mortality improvement for 2024 being around 0.25% higher and the eventual mortality improvement for 2025 being around 0.25% lower than if the reforms had not been implemented. There are indications that weeks at the end of December and start of 2025 may also have been materially affected by the reforms. No adjustment has been made for this, but we aim to obtain further data to allow further analysis of the potential impact.

All of our analysis in this update is based on Standardised Mortality Rates (SMRs). These adjust the provisional weekly deaths data published by the Office for National Statistics to control for changes in the size and age and sex distribution of the population over time.

### Contents

Charts A, B and C show centred averages of weekly SMRs. The annual averages smooth out seasonal variations. The quarterly averages smooth short-term variations but still show seasonal patterns, allowing the identification of, for example, winters with particularly heavy or light mortality.

Chart D shows cumulative standardised mortality (cSMR) for each year, relative to the average for 2015-2024, and Chart E shows cumulative standardised mortality improvements (cSMRI) for each year (i.e. the progression of annual mortality improvements over the course of each year). Charts D2 and E2 show the same information as charts D and E respectively in a different format and may be easier to interpret for those with colour vision deficiency.



Charts A to E show results for males and females combined, for ages 20-100. Charts F and G show variations in the cSMR and cSMRI by sex and age band.

Full details of the methods used are included in [Working Paper 111](#).

The numerical results underlying the charts are provided in an accompanying spreadsheet, together with further results, including SMRs by sex and age band.

## Use of this document

Please note that:

- The CMI disclaims any liability from use of or reliance on these calculations, including in relation to financial transactions such as longevity swaps; and
- The CMI does not guarantee that it will continue to publish quarterly updates.

Please also see the reliances and limitations, disclaimer, and copyright notice on the final page of this document.

This document is categorised as a “Research Report” as defined in the Terms and Conditions.

## TAS compliance

This paper is intended to translate publicly available demographic information published by the Office for National Statistics and similar bodies into indicative mortality measures to illustrate recent mortality experience primarily in England & Wales. The paper is intended for use by actuaries and other parties interested in detailed mortality statistics and is for information only.

The paper complies with the principles in the Financial Reporting Council’s Technical Actuarial Standard “TAS 100: General Actuarial Standards”. Any person using this paper should exercise judgement over its suitability and relevance for their purpose.

## Smoothed mortality at a point in time

Chart A shows quarterly (13-week) and annual (53-week) centred averages of SMR, since weekly deaths data became available. Note that although we have used data from 31 July 1999 to 26 September 2025, the quarterly and annual averages start 6 and 26 weeks later and stop 6 and 26 weeks earlier.

The annual average SMR was fairly flat from 2010 to mid-2018, remaining within the range from 1.25% to 1.36%, but it reached a new low of 1.22% in late 2018 and early 2019. It rose rapidly because of the coronavirus pandemic, reaching 1.49% in September 2020, but has since fallen. The latest value is 1.22%, a new record low.

The quarterly average SMR shows that mortality typically peaks near the start of each year. However during the pandemic the quarterly average SMR peaked at 1.80% in week 15 of 2020 and 1.77% in weeks 1 and 2 of 2021. In contrast, the low of 1.09% in week 30-33 of 2020 was, at the time, the lowest ever seen. The quarterly average SMR of 1.08% in the summer of 2025 is a new record low.

**Chart A: Quarterly and annual centred average SMRs – whole period**

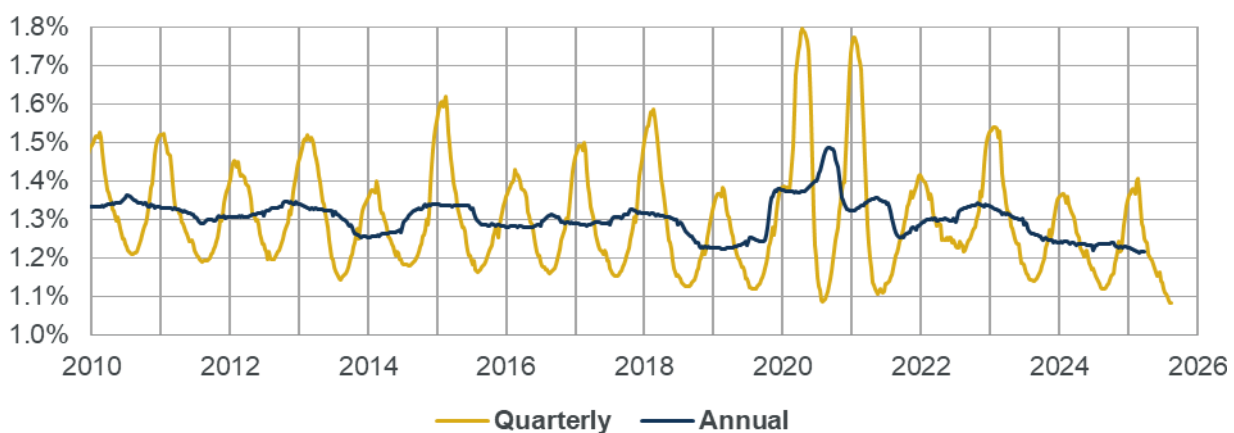


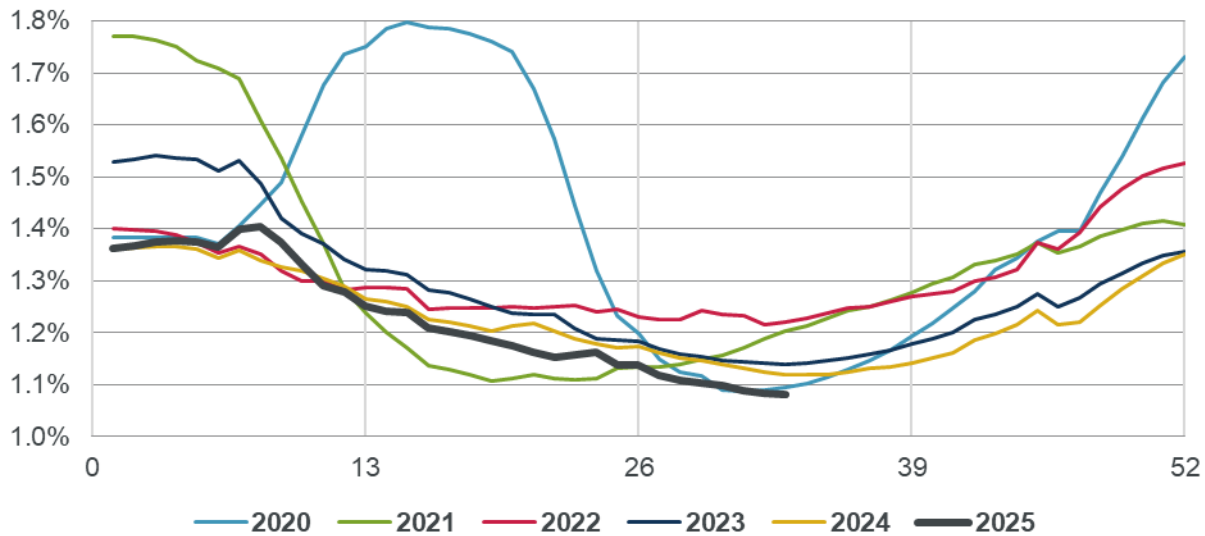
Chart B shows the same information as Chart A, magnified to show the current year and the previous five years more clearly.

**Chart B: Quarterly and annual centred average SMRs – current and previous five years**



Chart C shows the quarterly average SMRs from Chart B for each year, with values plotted by week number to aid comparison. Although lines are labelled by calendar year, the quarterly averages for weeks towards the start and end of each year will be affected by mortality in earlier and later years respectively. The chart again illustrates the exceptional nature of mortality during the pandemic, with highs in Q2 of 2020 and Q1 of 2021, and lows in Q3 of 2020 and Q2 of 2021. The latest figure is lower than the corresponding point of any earlier year, although similar to 2020.

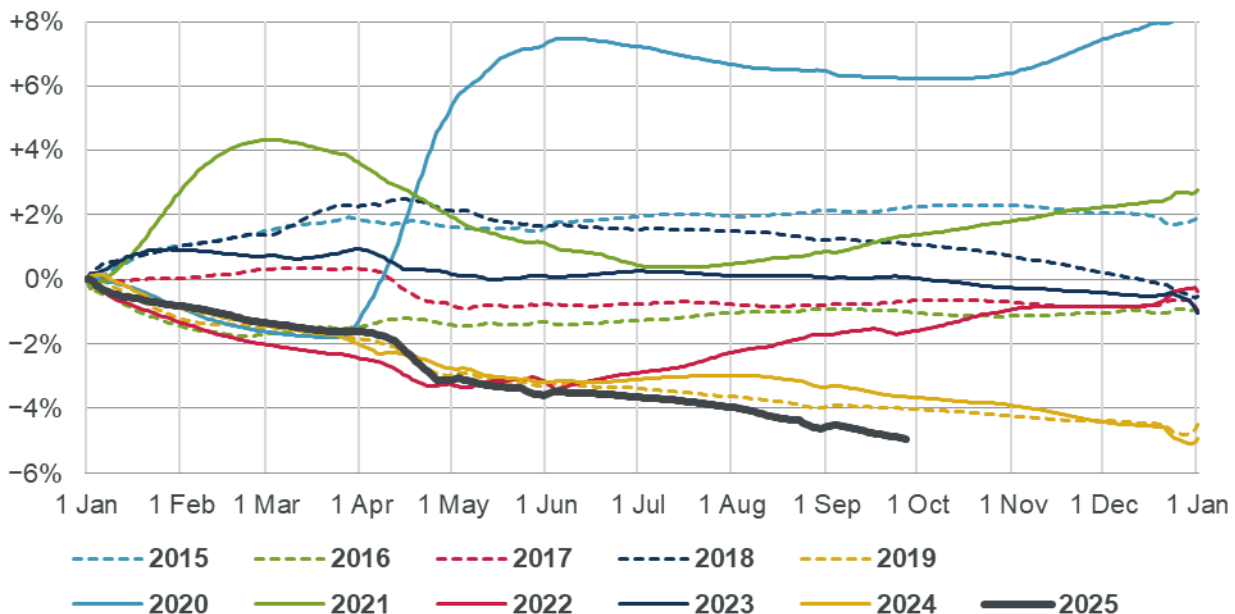
Chart C: Quarterly centred average SMRs, by week number



## Cumulative mortality

Chart D shows cumulative standardised mortality rates for 2025 and the previous ten years compared to the 2015-2024 average. The calculation method is described in Section 4.2 of Working Paper 111. Chart D2 (in Appendix 1) shows the same information in a different format and may be easier for those with colour vision deficiency.

Chart D: Cumulative standardised mortality rate (cSMR) compared to the 2015-2024 average



All years have a value of 0% at the start of the year, by definition, as there has been no mortality at that point of the year; the year-end values show how mortality for each year as a whole compares to the 2015-2024 average; and intermediate points show how mortality has developed during the year, relative to the average. If mortality improvements had been constant throughout the period considered then the lines for each year would form a “fan”, with the end-year values decreasing steadily from year to year. While we saw a decrease of this sort in the years up to 2011 (not shown), there is no clear pattern to the end-year values for later years, as mortality has been volatile with low improvements. Mortality for complete calendar years was lowest in 2024 and highest in 2020 (of the years shown).

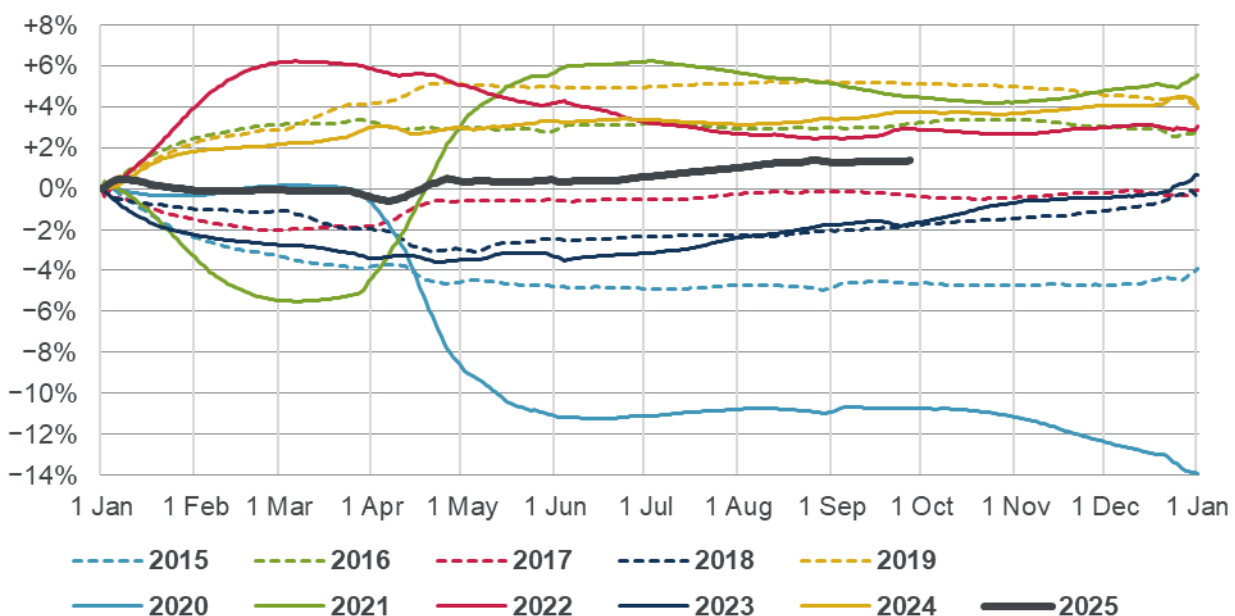
Chart D shows that cumulative standardised mortality to week 39 of 2025 was 4.9% lower than the ten-year average and lower than any other individual year.

Chart E shows the cumulative annual standardised mortality improvement (also described in Section 4.2 of Working Paper 111) for 2025 and for the previous ten years. Chart E2 (in Appendix 1) shows the same information in a different format and may be easier for those with colour vision deficiency.

All years have a value of 0% at the start of the year, by definition, as there has been no mortality at that point of the year; the year-end values show how mortality for each year as a whole compares to the previous year; and intermediate points show how mortality improvements have developed during the year.

Note that Chart E shows mortality improvements, so a higher value represents a higher improvement and lower mortality; whereas in Chart D a higher value represents higher mortality.

### Chart E: Cumulative annual standardised mortality improvement (cSMRI)



The cumulative mortality improvement to 26 September 2025, relative to 2024, is +1.4%.

Note that:

- The cumulative values at the end of the year in Charts D and E may not necessarily agree precisely with the corresponding values based on annual data. This is because some weeks span two years, requiring us to estimate in which year those deaths were registered.
- Mortality improvements vary by age (as shown later in this report) and the mortality improvements shown in Chart E are sensitive to the age distribution of the chosen standard population.

### Variation by sex and age

Charts F and G shows how cSMR and cSMRI have varied by sex and age band. Tables 1 and 2 show the values at 26 September 2025.

We note that results by age should currently be treated with particular caution as delays between occurrences and registrations could have impacted different age ranges to different degrees.



**Table 1: Cumulative standardised mortality rate (cSMR) compared to the 2015-2024 average, by sex and age-band, at 26 September 2025**

	0-64	65-84	85+	20-100	20-44	45-64	65-74	75-84
Male	-1.0%	-6.1%	-4.2%	<b>-4.6%</b>	-3.7%	-0.5%	-4.6%	-7.0%
Female	-3.9%	-6.0%	-5.1%	<b>-5.4%</b>	-3.0%	-4.4%	-4.5%	-6.8%
Combined	-2.1%	-6.1%	-4.6%	<b>-4.9%</b>	-3.4%	-2.0%	-4.6%	-6.9%

**Table 2: Cumulative annual standardised mortality improvement (cSMRI) relative to mortality in 2024, by sex and age-band, at 26 September 2025**

	0-64	65-84	85+	20-100	20-44	45-64	65-74	75-84
Male	+0.6%	+1.8%	+0.7%	<b>+1.2%</b>	+3.8%	-0.3%	+2.3%	+1.6%
Female	+2.9%	+1.7%	+1.1%	<b>+1.6%</b>	+4.1%	+2.7%	+1.7%	+1.8%
Combined	+1.5%	+1.8%	+0.9%	<b>+1.4%</b>	+3.9%	+0.9%	+2.1%	+1.6%

Mortality rose during 2020 and 2021 due to the coronavirus pandemic and was higher than the 2015-2024 average at all ages in those years:

- For over-65s and above, mortality was higher in 2020 than in 2021.
- For under-65s, mortality was higher in 2021 than in 2020.

In 2022 to 2024, cumulative mortality rates were generally:

- below the 2015-2024 average for over-65s; but
- remained above the 2015-2024 average for under-45s.

In 2025 to date:

- Mortality is below the 2015-2024 average for all groups shown.
- Mortality improvements are positive for all groups shown except males aged 45-64. The strongest improvements are for ages 20-44, although we note that this is the age band for which estimates are most uncertain due to higher levels of net migration.

## Implication for CMI\_2025

The analysis in this section shows possible outcomes from CMI\_2025 for a range of scenarios for mortality in 2025. We currently expect that CMI\_2025 will use the same method as CMI\_2024. However, it is possible that we may need to make further changes to the method so that CMI\_2024 meets Subscribers' needs. We aim to confirm our intentions for CMI\_2025 towards the end of 2025.

Table 3 is based on Tables 7.1 and 7.2 of [Working Paper 201](#) (which include further detail on the methods used) and shows how life expectancy might change between CMI\_2024 and hypothetical versions of CMI\_2025, based on mortality improvements of +6%, +3%, 0%, -3%, or -6% in 2025 (not varying by age or sex) and assuming no change in method.

If mortality in the final quarter of 2025 is the same as in the final quarter of 2024 then the full-year mortality improvements for 2025 would be the same as the Q3 figures shown in Table 2. The "headline" figure of +1.4% improvement for ages 20-100 would imply an increase in life expectancy between CMI\_2024 and CMI\_2025 of less than 1%. While Table 2 shows some variation in mortality improvements by age, improvements are between 0% and +3% at almost all ages, which would also imply an increase in life expectancy between CMI\_2024 and CMI\_2025 of less than 1%. Ages 20-44 show stronger mortality improvements, but these have relatively little impact on life expectancy.



However, as seen in Charts D and E, users should be mindful that the progression of mortality within a year can vary significantly in different years. For example, although mortality in 2023 to the end of Q3 was nearly 2% higher than in 2022, mortality to the end of 2023 was lower than in 2022.

**Table 3: Percentage difference in life expectancy between CMI\_2024 Core and illustrative CMI\_2025 for different mortality improvements in 2025**

Improvement in 2025	Male 25	Male 45	Male 65	Male 85	Female 25	Female 45	Female 65	Female 85
+6%	+1.0%	+1.6%	<b>+2.4%</b>	+2.7%	+0.9%	+1.4%	<b>+2.2%</b>	+2.6%
+3%	+0.4%	+0.7%	<b>+1.2%</b>	+1.2%	+0.4%	+0.7%	<b>+1.0%</b>	+1.2%
0%	-0.1%	-0.1%	<b>-0.1%</b>	-0.4%	-0.1%	-0.1%	<b>-0.1%</b>	-0.2%
-3%	-0.7%	-1.1%	<b>-1.5%</b>	-2.0%	-0.6%	-0.9%	<b>-1.3%</b>	-1.7%
-6%	-1.3%	-2.0%	<b>-2.8%</b>	-3.6%	-1.1%	-1.8%	<b>-2.6%</b>	-3.2%





Chart F: Cumulative standardised mortality rate (cSMR) compared to the 2015-2024 average, by sex and age-band

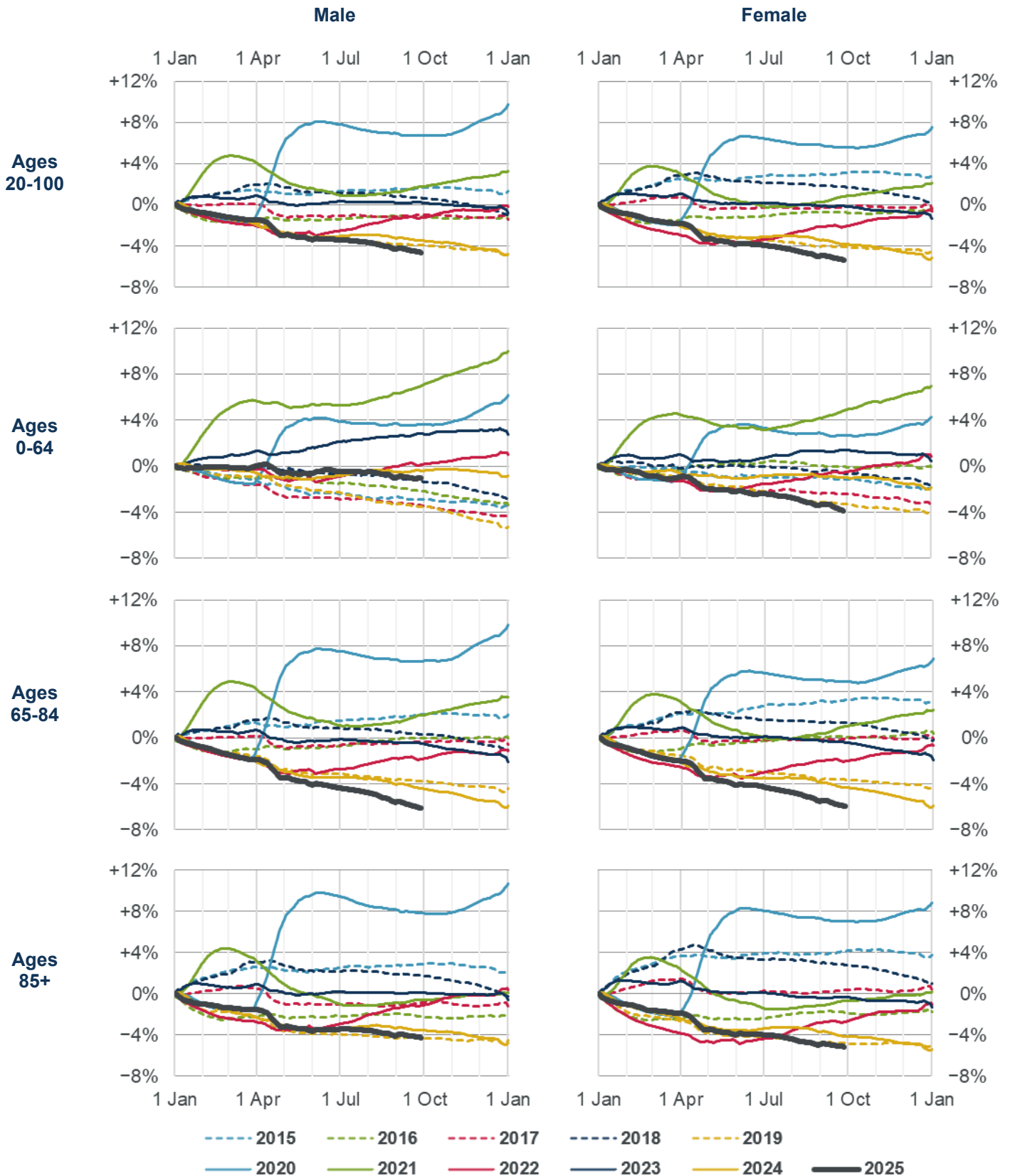






Chart F (cont): Cumulative standardised mortality rate (cSMR) compared to the 2015-2024 average, by sex and age-band

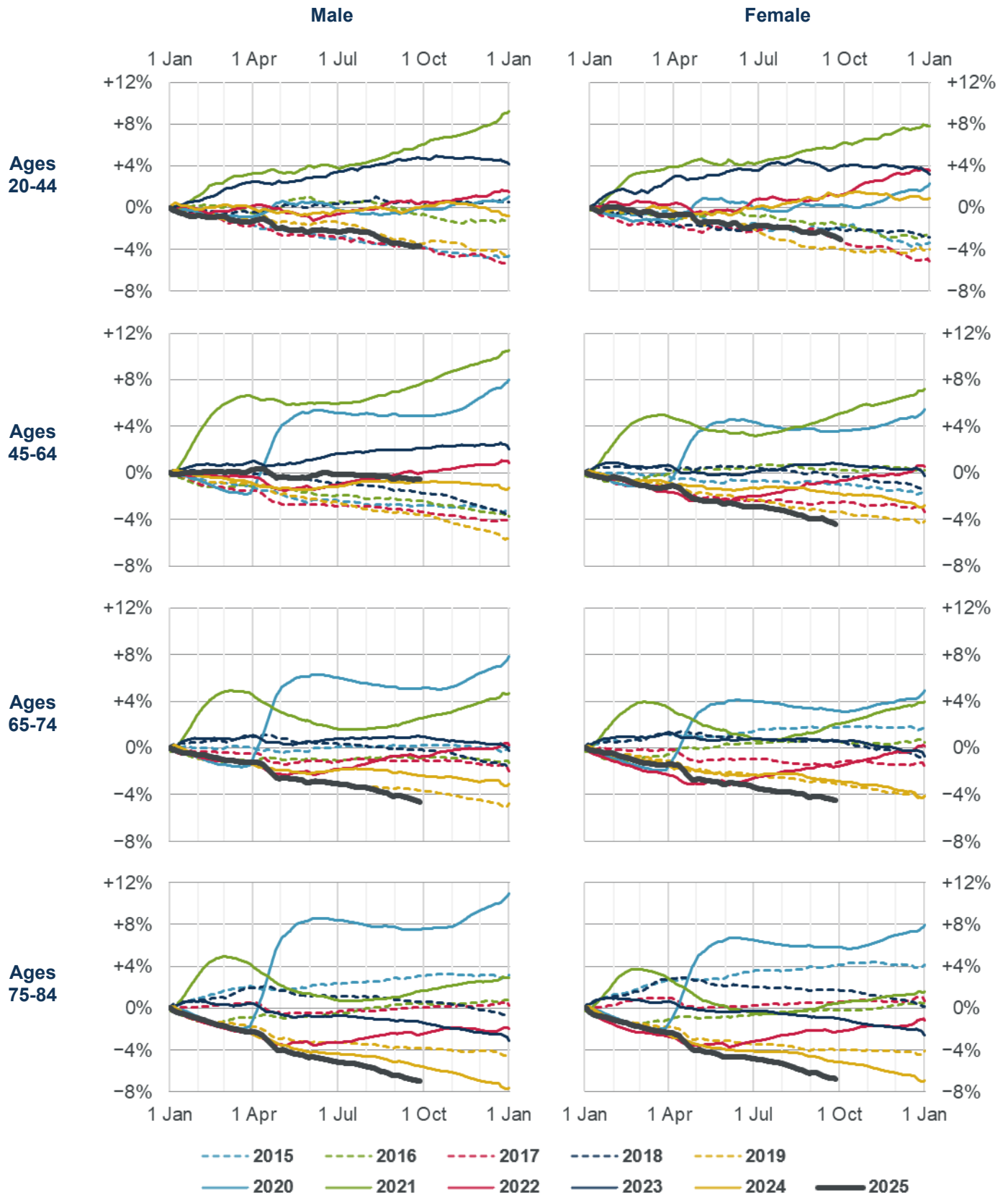




Chart G: Cumulative annual standardised mortality improvement (cSMRI), by sex and age band

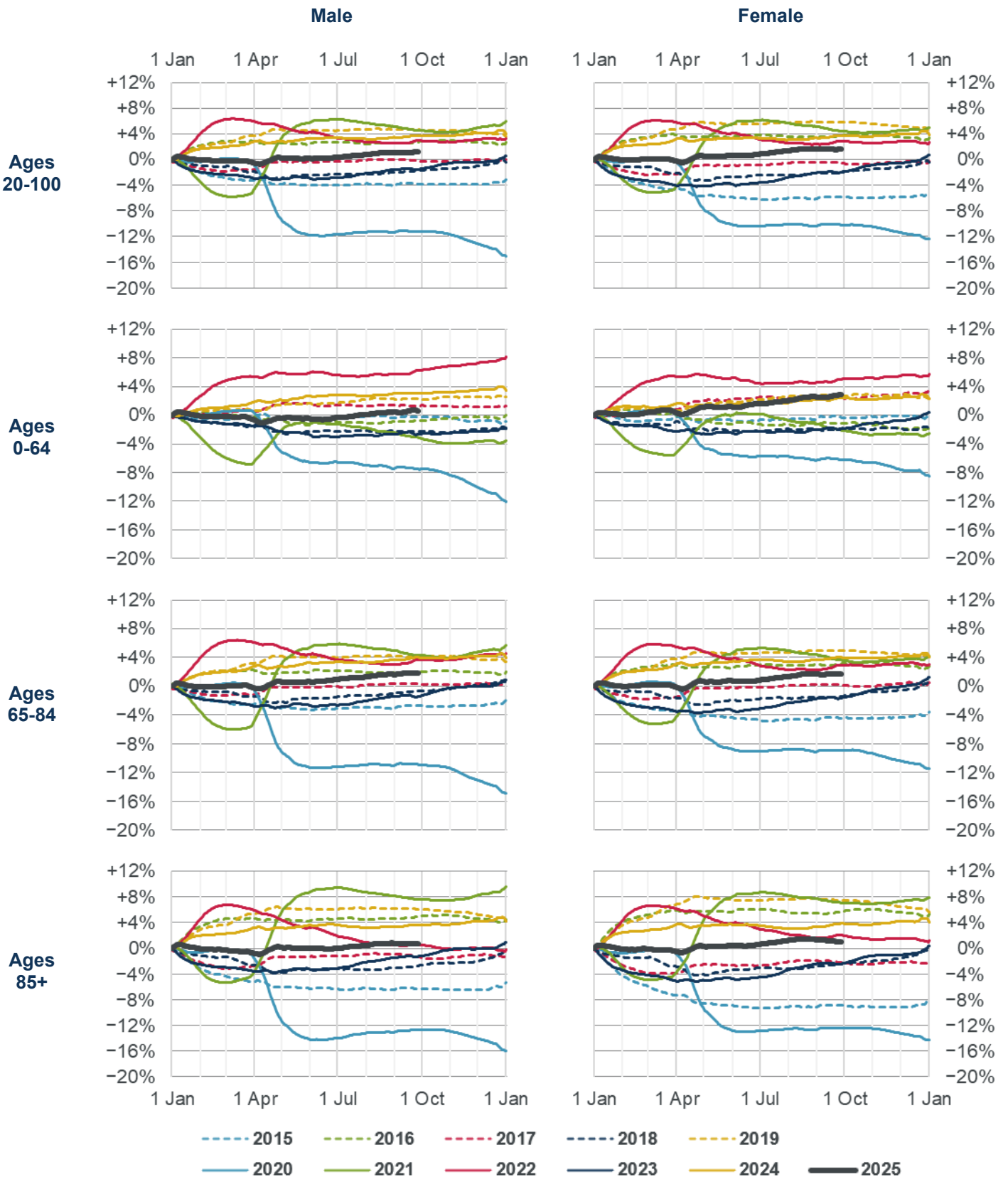




Chart G (cont): Cumulative annual standardised mortality improvement (cSMRI), by sex and age band





## Appendix 1 – Accessible versions of charts D and E

Chart D2: Cumulative standardised mortality rate (cSMR) compared to the 2015-2024 average, showing 2015-2025 and highlighting individual years

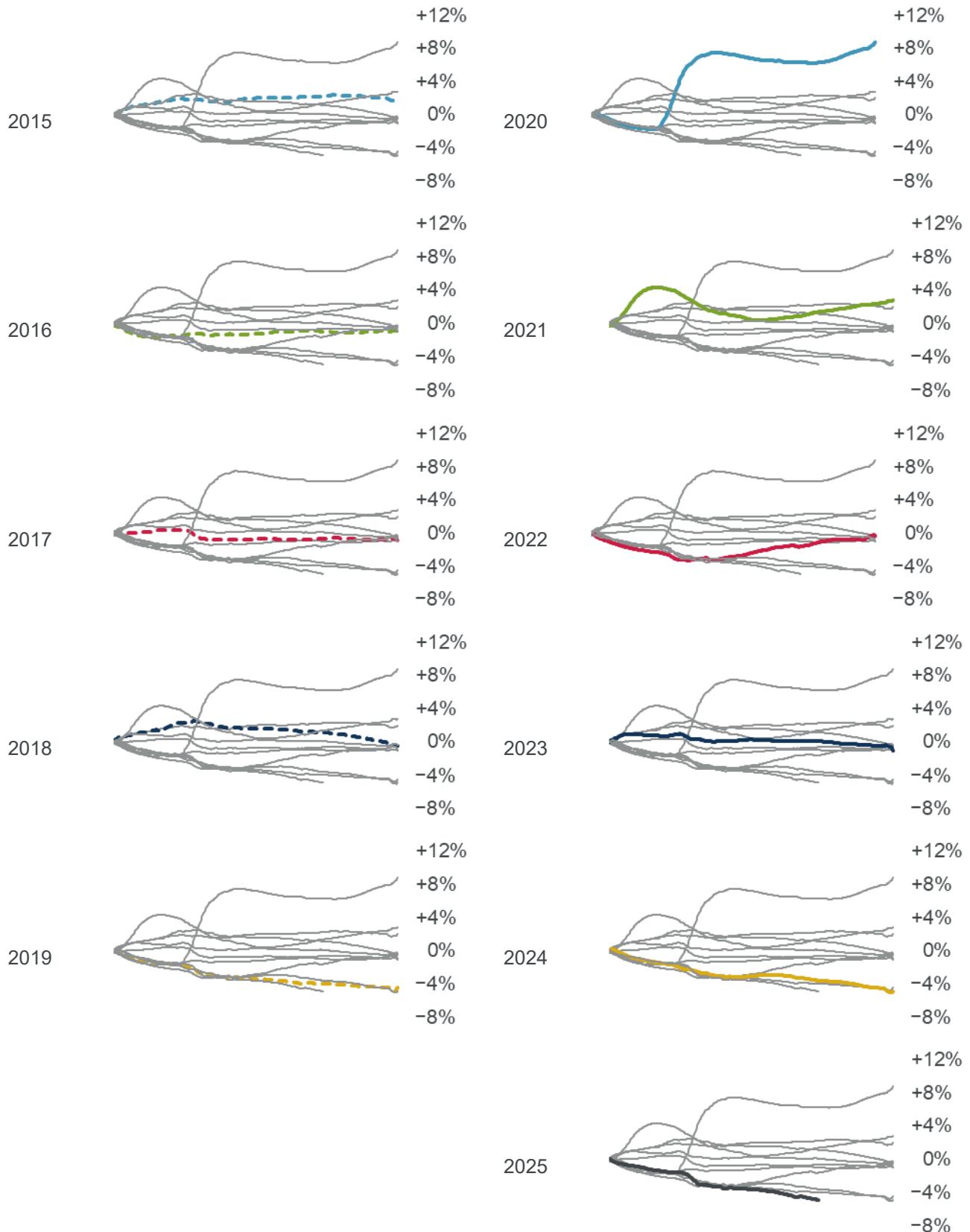
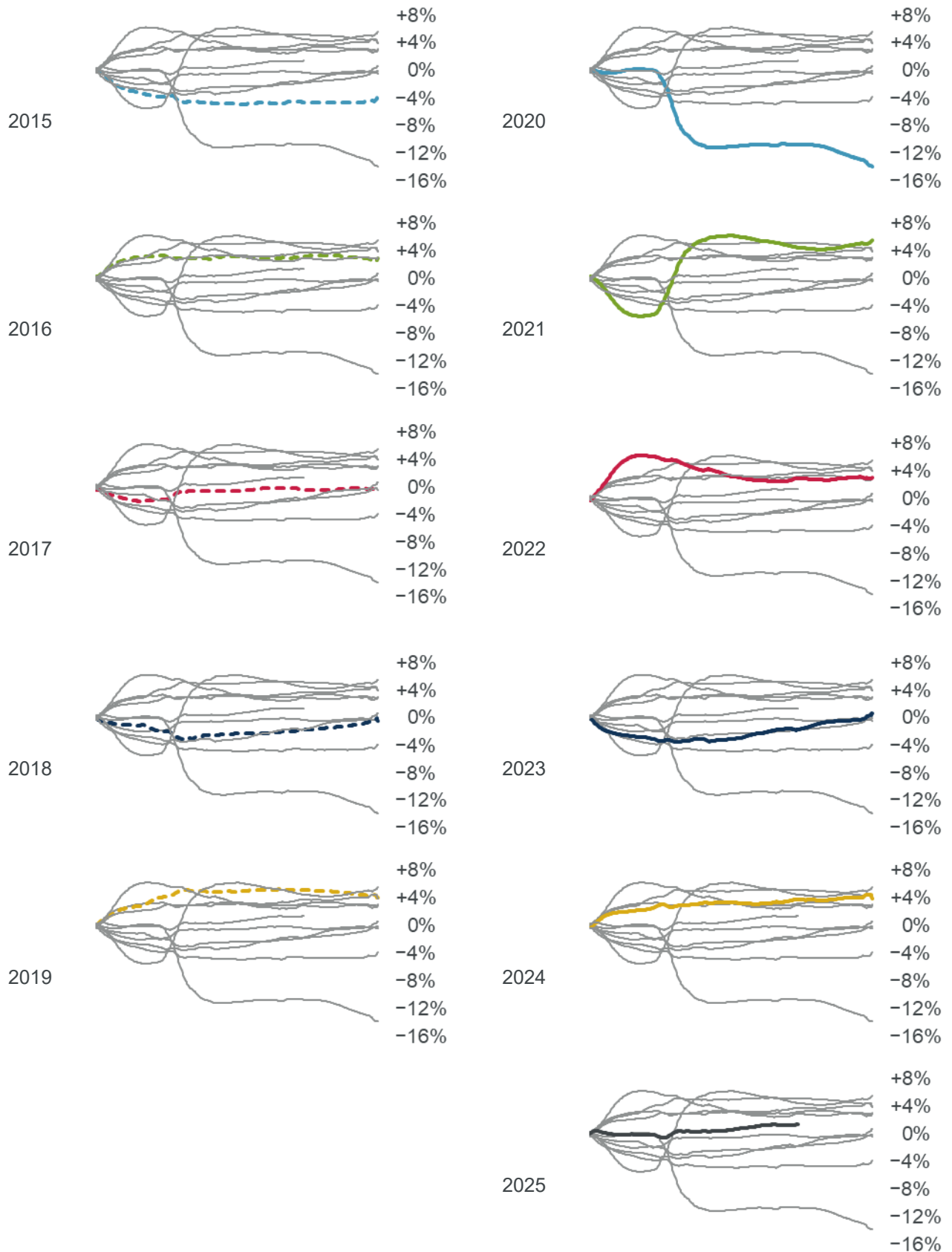




Chart E2: Cumulative annual standardised mortality improvement (cSMRI) for 2015-2025, highlighting individual years





## Reliances and limitations

The purpose of the mortality monitor is to provide regular updates on standardised mortality in England & Wales, adjusting ONS data to allowing for changes in the size and age of the population. This can be used to inform a view on the outcome of the next version of the CMI Model, in the absence of any change in method.

The CMI aims to produce high-quality outputs and takes considerable care to ensure that the mortality monitor and the accompanying spreadsheet of results are accurate. However:

- We cannot guarantee their accuracy (see the Disclaimer).
- There is a reliance on the underlying data, published by the ONS and described as provisional.
- We have also applied judgement and assumptions in deciding on the calculation methods and the presentation of results.
- Anyone using the results of the mortality monitor should ensure that it is appropriate for their particular use and note that care is needed when estimating full year experience from partial year experience. This is particularly true during the coronavirus pandemic.
- Population estimates for the latest years reflect our own estimates and are less certain than published ONS figures for earlier years.

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