

Foreword

The British Columbia Vital Statistics Agency is pleased to present the 2004 Annual Report, the one hundred and thirty-third published since the establishment of the Division of Vital Statistics in 1872. The tables, figures, and maps in this publication are based on information collected from registrations of live births, stillbirths, deaths, marriages, changes of name, and adoption and update provisional statistics released throughout the year in the Agency's Quarterly Digest.

This publication contains approximately 80 tables, figures, and maps that summarize selected information about the health of British Columbians. The report includes a detailed glossary, defining the terms and statistical methods used in the body of the publication. In addition a set of Information Boxes supplement the standard tables with information on a wide range of subjects, from a statistical profile of a typical day in British Columbia to a detailed analysis of the number and type of deaths in the province from illicit drug use.. Throughout the report, key indicators are presented for the province's Health Authorities (HA) and local health areas (LHA).

Beginning with the 2000 Annual Report the Agency has presented data using the tenth revision of the World Health Organization's International Classification of Diseases (ICD-10) coding scheme. Where possible, this report follows a format consistent with previous annual reports that present statistics from the current year along with comparative statistics from the preceding five years. Many changes in the codes and in the rules for selection of the underlying cause of death preclude direct comparison of data in ICD-10 with data from prior to 2000. Extensive manual reviews using translation tables in conjunction with recoding of data from ICD-9 to ICD-10 enabled the production of trend data. This approach is unique to publications of this Agency.

Vital Statistics would like to acknowledge the many groups and individuals who ensure complete and accurate recording of vital events. Their contributions have resulted in continual improvement in the quality of vital event data.



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