Child Mortality in British Columbia
January 1, 2020 – December 31, 2024

Introduction

About the Child Death Review Unit

By law, every child's death in British Columbia must be reported to the BC Coroners Service (BCCS), an agency within the Ministry of Public Safety and Solicitor General. As part of its mandate under the *Coroners Act* (2007), the BCCS must review, on an individual or aggregate basis, the facts and circumstances of child deaths in British Columbia for the purposes of discovering and monitoring trends in child deaths and determining whether further evaluation is necessary or desirable, or in the public interest. In fulfilling its mandate, the BCCS reviews child deaths considering the impact on public health and safety and how to prevent similar child deaths in the future.

About This Report

This report presents findings related to the 1,536 child deaths that occurred in British Columbia during the five-year period between January 1, 2020 and December 31, 2024. It primarily consists of descriptive data that is intended to characterize child mortality in B.C. through the demographics, causes and circumstances surrounding the deaths.

Key Terms

The Coroners Act defines a child as a person under the age of 19 years. Children have been grouped by their age at the time of death as follows:

- Neonate (0-28 days);
- Infant (29 to 365 days);
- 1-4 years;
- 5-9 years;
- 10-14 years; and
- 15-18 years.

Data Source

Multiple data sources were used for this review. Sources are described as follows:

- **All Cases** – Includes all child deaths in BC that occurred between January 1, 2020 and December 31, 2024, inclusive.
- **Protocol Questions (2020-2024)** – For all child deaths, coroners complete an additional set of questions, called protocols, that provide more insight into the circumstances surrounding the death.
- **Linked Data Cohort** – BC Vital Statistics provided linked data for all child deaths between January 1, 2020 and December 31, 2024, inclusive.

Data Limitations and Confidentiality

The BC Coroners Service operates in a live database environment. Data contained within this review includes open and closed Coroners Service case files as of July 2, 2025. It also includes analysis of investigative notes, toxicology results, medical records and other documents collected, and completed protocols questions and coroner investigations. Some investigations remain open and are therefore subject to reclassification. Provisions under the Coroners Act and the *Freedom of Information and Protection of Privacy Act* (*FOIPPA*)* allow the BCCS to disclose information to meet its legislative mandate and support the findings and recommendations generated through the review process. For the purposes of this report, information is presented in aggregate. Details that could identify decedents have been omitted to respect the privacy of both the children and youth who died and their families.

Small discrepancies in mortality counts between BCCS mortality data and BC Vital Statistics data may exist. These discrepancies are attributable to coding differences between the two agencies and the time delay involved in reconciling any changes between preliminary and final certifications of death. Small discrepancies could also arise with future reports, as 393 cases are still under investigation at the time of data extraction.

Considerations for Future Review

Indigenous Children and Youth

Indigenous (First Nations, Métis and Inuit) ethnicity data is not currently uniformly collected for all child deaths. The collection of Indigenous health and mortality data is essential to addressing existing health inequities experienced by Indigenous people, which reflects continuing structural and systemic disadvantages created through the history of colonization. Indigenous peoples have the right to own, control, access, and steward data about their communities, lands, and culture. Information management and data collection strategies must align with the practices and culture

* *Freedom of Information and Protection of Privacy Act (FOIPPA)* provides access to records and information created and compiled by the public bodies of B.C.

of the Indigenous Nation, community or Peoples who are represented in the data. For these reasons, Indigenous and non-Indigenous mortality data is not differentiated in this report.

The commitment to creating necessary systemic change is situated in the context of reconciliation between Indigenous and non-Indigenous peoples in B.C. and Canada, which was affirmed when the provincial government passed the Declaration on the Rights of Indigenous Peoples Act (DRIPA) in November 2019.

BCCS convened a death review panel in March 2025 to review deaths by suicide of youth and young adults and make recommendations regarding policy and practice in an effort to prevent future deaths. One of the recommendations was directed to BCCS to collaborate with the Ministry of Health, Métis Nation British Columbia, and provincial Inuit leadership to implement information sharing strategies as the only Memorandum of Understanding that is currently in place is between BCCS and the First Nations Health Authority. The BC Coroners Service is committed to working alongside and supporting Indigenous partners to identify ways to improve outcomes for all youth in B.C., which includes ensuring that a distinctions-based approach to collecting and sharing information is utilized.

Race-Based Data Collection

As of the writing of this report, there is no provincial data standard for collection and reporting of race-based information. Accordingly, with the exception of Indigeneity, the BCCS does not collect data or report on information related to race.

The Anti-Racism Data Act, which introduced on May 2, 2022, and passed unanimously through the legislative assembly and received royal assent on June 2, 2022, has allowed the Province to begin the work to collect intersectional demographic data, such as age, gender identity and ethnic origin. This will align B.C. with all jurisdictions in Canada, helping break down barriers and better identify interconnected issues, such as economic status, employment and outcomes in health care.

BCCS recognizes the importance of aligning its work with provincial data standards in a manner that recognizes and addresses systemic racism and other prejudice. The death review panel on deaths by suicide of youth and young adults also includes a recommendation to BCCS to collaborate with the Ministry of Health and the Ministry of Attorney General to document information including but not limited to the race and ethnicity of decedents; the BCCS intends to include this important information in all death review activities as soon as practicable.

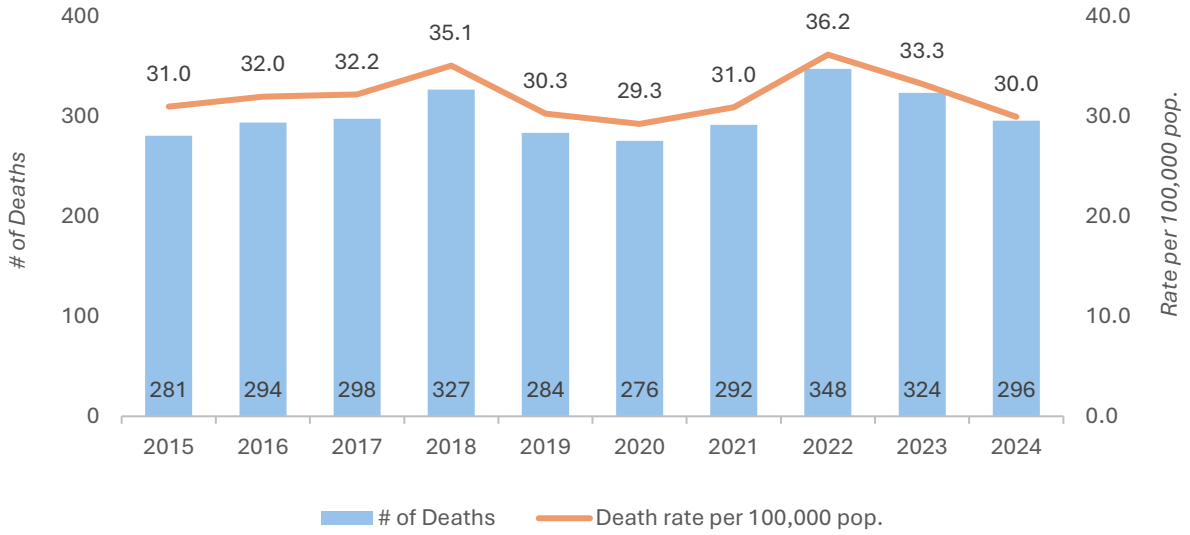
Rurality

While the total number of child and youth deaths in rural and remote areas of the province remains low, the rates of child deaths (expressed in deaths per 100,000 residents under 19 years of age) is significantly higher in the Northern Health Authority than in other health authorities. While this

review does not contemplate the impacts of rurality on health care services available to residents of more remote communities, there are opportunities to develop collaborative relationships and identify further learning and understanding in the future.

Part One: Overview of Child Mortality in British Columbia

Figure 1: Child Deaths in British Columbia, 2015-2024 [1]



From 2020-2024, there were a total of 1,536 child deaths reported to the BC Coroners Service.

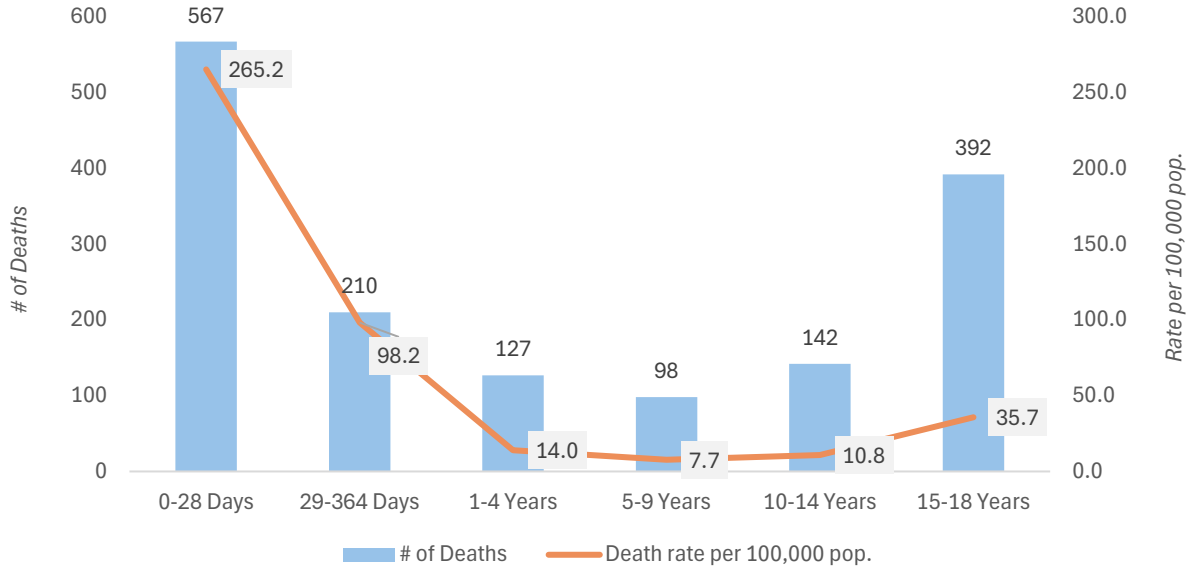
- Within this 5-year period, the average annual number of child deaths was 307 (increased from the average annual of 297 deaths in the previous 5-year period, between 2015 and 2019).
- The average annual death rate remained unchanged at 32 deaths per 100,000 child population between the reporting 5-year period (2020-2024) and the previous 5-year period (2015-2019).

Age Group

Table 1: Child Deaths By Age Group, 2020-2024

	2020	2021	2022	2023	2024	**Total**
0-28 Days	110	111	123	120	103	567
29-364 Days	42	39	46	40	43	210
1-4 Years	22	20	30	30	25	127
5-9 Years	19	15	16	21	27	98
10-14 Years	14	27	46	30	25	142
15-18 Years	69	80	87	83	73	392
Total	276	292	348	324	296	**1,536**

Figure 2: Child Deaths & Death Rate By Age Group, 2020-2024 [1, 2]

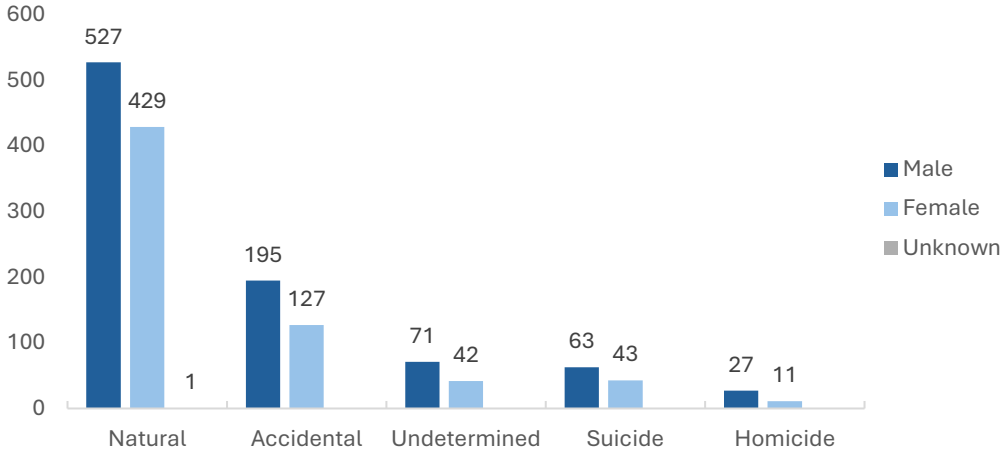


Note: Rate of death is calculated per 100,000 population of children within the corresponding age group for children aged 1-18 years. For children under 1 year old, death rate is calculated per 100,000 live births.

- Neonatal (0-28 days) deaths accounted for the majority of all child deaths (567) and the highest rate of deaths among all age groups (265.2 per 100,000 live births).
- The second largest number of child deaths were in the age group of 15-18 years (392 deaths).
- The age group with the second highest rate of death were infants over one-month and under one-year (29-364 days; 98.2 per 100,000 live births).
- Children aged 5-9 years accounted for both the smallest number of deaths (98 deaths) and the lowest death rate (7.7 per 100,000 child population).

Biological Sex

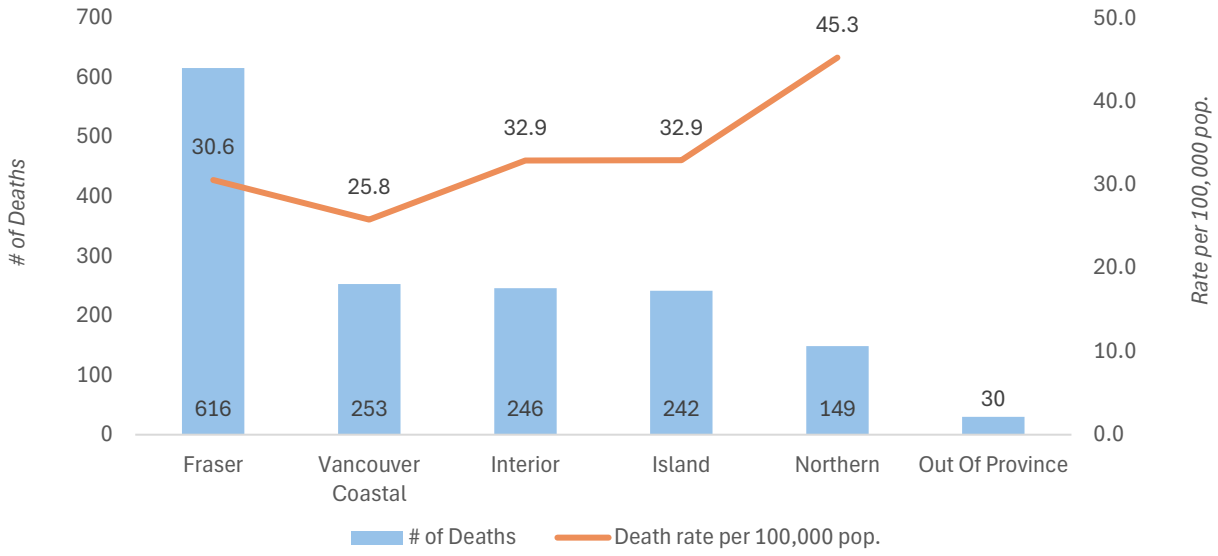
Figure 3: Classification of Death By Biological Sex, 2020-2024



- More child deaths occurred among males (57%) than females (42%) across all classifications.

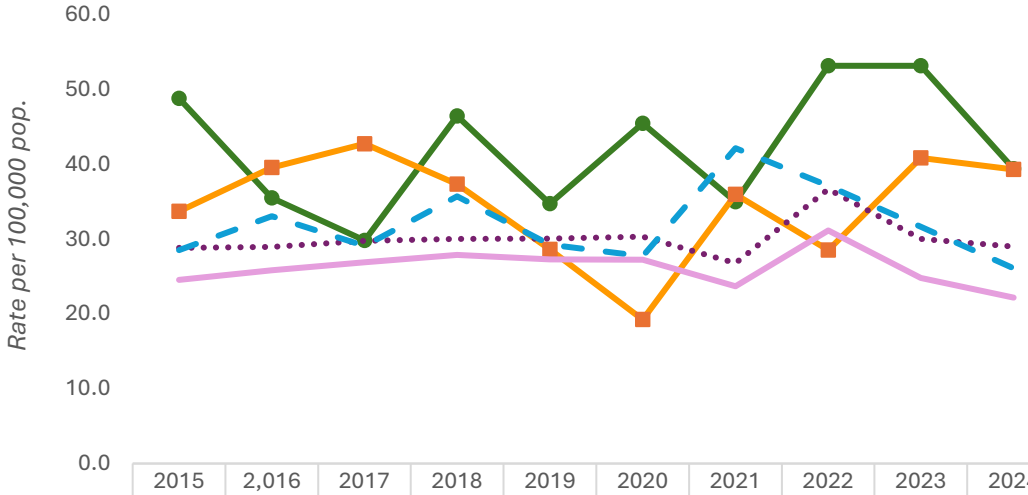
Health Authority of Residence

Figure 4: Child Deaths and Death Rate By Health Authority of Residence, 2020-2024 [1]



- The largest number of deaths were of children residing in Fraser Health Authority (616), followed by Vancouver Coastal Health (253). Northern Health recorded the smallest number of child deaths (149).
- However, Northern Health recorded the highest child death rate (45.3 per 100,000 child population), followed by Interior Health and Island Health, each at 32.9 per 100,000 child population.

Figure 5: Child Death Rates per 100,000 by Health Authority of Usual Residence, 2015-2024 [1]



	2015	2,016	2017	2018	2019	2020	2021	2022	2023	2024
Northern	48.8	35.5	29.8	46.5	34.8	45.5	35.0	53.2	53.2	39.4
Interior	33.7	39.6	42.8	37.3	28.6	19.2	36.0	28.5	40.8	39.3
Fraser	28.9	29.0	29.8	30.0	30.1	30.3	26.8	36.7	30.0	29.0
Island	28.6	33.1	29.1	35.7	29.3	27.7	42.2	37.1	31.7	26.1
Vancouver Coastal	24.5	25.9	26.9	27.9	27.3	27.2	23.7	31.2	24.8	22.2

- Northern Health had the highest child death rate in comparison with other health authorities in most years during the reporting period from 2020 to 2024.

Categorization of Deaths

The BC Coroners Service (2025) investigates all child deaths and determines the classification of death as below:

- **Natural**: Death primarily resulting from a disease of the body and not resulting secondarily from injuries or abnormal environmental factors.
- **Accidental**: Death due to unintentional or unexpected injury. It includes death resulting from complications reasonably attributed to the accident.
- **Suicide**: Death resulting from self-inflicted injury, with intent to cause death.
- **Homicide**: Death due to injury intentionally inflicted by the action of another person. Homicide is a neutral term that does not imply fault or blame.
- **Undetermined**: Death which, because of insufficient evidence or inability to otherwise determine, cannot reasonably be classified as natural, accidental, suicide or homicide.

The BC Coroners Service uses these classifications to categorize child deaths into three main groups:

Group One: Natural Causes

Natural deaths are fatalities caused by an internal disease process, such as an underlying medical condition or acquired illness, or from complications of the condition or treatment. With natural deaths, the child is generally under the care of a physician and the cause of death may be expected or, occasionally, sudden and unexpected due to a previously undiagnosed medical condition or an unanticipated deterioration.

Group Two: Injury Causes

Injury deaths include fatalities caused by damage to the body from external causes. Injury deaths are generally classified as either accidental or non-accidental.

- **Accidental deaths** are deaths in which injuries are not purposely inflicted.
- **Non-accidental deaths** result from injuries purposely inflicted by self or others where the manner of death is classified as Suicide or Homicide.

Group Three: Undetermined Causes

Undetermined deaths include those that due to insufficient evidence or inability to otherwise determine cannot be reasonably categorized as natural or injury related. This includes some infant sleeping deaths in which the cause of death cannot be confirmed. This may also include deaths in the preliminary stages of investigation at the time of this report where classification has yet to be determined. Table 2 identifies total deaths by cause of death categorization type.

Table 2: Child Deaths By Categorizations of Death and Age Group, 2020-2024				
Age Group	Natural	Injury-Related Death	Undetermined	**Total**
0-28 Days	542	5	20	567
29-364 Days	128	35	47	210
1-4 Years	69	41	17	127
5-9 Years	72	24	2	98
10-14 Years	62	69	11	142
15-18 Years	84	292	16	392
Total	957	466	113	**1,536**

Part Two: Child Deaths By Cause

The three most common causes of deaths for each age group are displayed in Table 3.

Table 3: Leading Causes of Child Death By Age Group, 0-18 Years, BC, 2020-2024

Rank	Under 1 Year	1-4 Years	5-9 Years	10-14 Years	15-18 Years
1	Certain conditions originating in the perinatal period[1]	Other Accidental Injury[2]	Neoplasm[3]	Suicide	Unregulated Drug Toxicity[4]
2	Congenital malformations, deformations and chromosomal abnormalities[5]	Undetermined[6]	Motor Vehicle Incident[7**]	Neoplasm[3]	Suicide
3	Undetermined[6]	Neoplasm[3]	Other Accidental Injury[2**]	Unregulated Drug Toxicity[4]	Motor Vehicle Incident[7]

[1] Includes prematurity, complications of pregnancy, labour and delivery, diseases and disorders specific to, and originating in the perinatal period (P00-P96; ICD-10).
[2] Includes unintentional injuries excluding motor vehicle incident and unregulated drug toxicity.
[3] Includes malignant neoplasms, in situ neoplasms, benign neoplasms, and neoplasms of uncertain or unknown behaviour (C00-C97, D00-D48; ICD-10).
[4] Includes deaths from unregulated drug toxicity which are classified as "Accidental".
[5] Includes congenital disorders and chromosomal abnormalities, excluding inborn errors of metabolism (Q00-Q99; ICD-10).
[6] Includes cases which the death is classified as "Undetermined" and the death investigation is completed or still in progress and subject to change.
[7] Includes accidents involving motor vehicles, passenger vehicles, and off-road vehicles happening on public or non-public roadways. Excludes ATV, dirt bike, and snowmobile accidents on off-road or non-public roadways. Excludes pedestrian conveyance incidents not involving a motor vehicle or passenger vehicle.
** Motor Vehicle Incident and Other Accidental Injury are ranked equally in this age group; however, "Motor Vehicle Incident" represents a broader category and are therefore listed ahead. In contrast, "Other Accidental Injury" includes a wider range of incident types such as accidental drowning, falls, and fire-related deaths.

Natural Deaths

Total number of natural deaths: **957.**

62% of all child deaths that occurred during the reviewed period were due to natural causes.

Figure 6: Percentage of Classification of Death in Child Mortality, 2020-2024

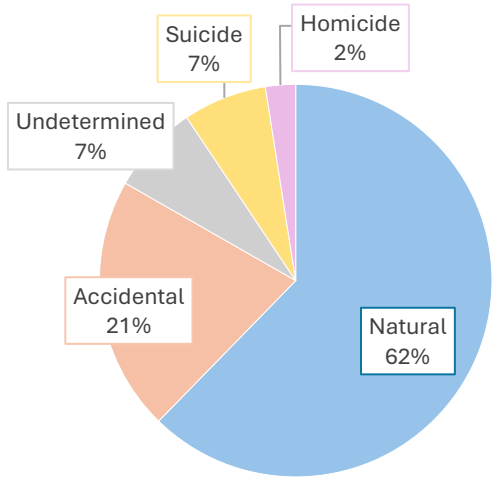
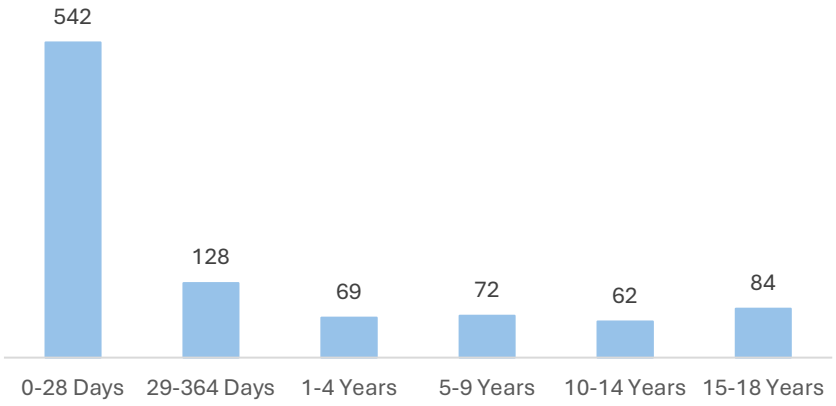


Figure 7: Natural Deaths By Age Group, 2020-2024



Over half (57%) of child deaths from natural diseases were neonates (0-28 days of age; 542 deaths). Of the 957 natural deaths, the leading causes of death include certain conditions originating in the perinatal period (49%, 467 deaths), congenital malformations, deformations and chromosomal abnormalities (20%, 195 deaths), and childhood neoplasm (10%, 99 deaths).

Injury-Related Deaths

Total number of injury-related deaths: **466**.

Deaths from injuries were the cause of 30% of the 1,536 deaths reviewed.

- Accidental injury was the cause of 69% (322 deaths) of total injury-related deaths.
- Non-accidental injury, including suicide and homicide, caused 31% (144 deaths) of injury-related deaths.
- 63% (292 deaths) of injury-related deaths involved youth aged 15-18 years.

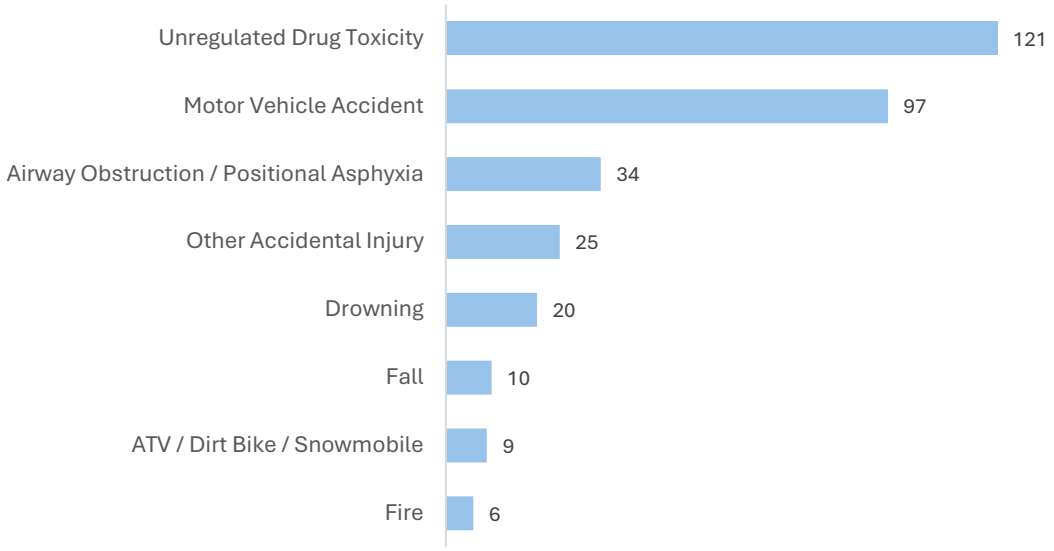
Injury-Related Deaths: Accidental

Table 4: Injury-Related Deaths - Accidental

Accidental Injury: Unregulated Drug Toxicity	• Unregulated drug toxicity was the leading cause of child deaths from accidental injury (38%, 121 deaths). ○ Of the 121 deaths, 86% (104 deaths) were youth aged 15 to 18 years. ○ Slightly more drug toxicity deaths occurred among females (51%, 62 deaths) than males (49%, 59 deaths).
Accidental Injury: Motor Vehicle Incident (MVI)	• MVI was the second leading cause of child deaths from accidental injury (30%, 97 deaths). ○ 62% (60 deaths) of MVI deaths involved youth aged 15 to 18 years. ○ 68% (66 deaths) of MVI deaths involved male youths and 32% (31 deaths) involved female youths.
Accidental Injury: Obstruction of Airway	• 11% (34 deaths) were from accidental obstruction of the airway and/or positional asphyxia not from MVI. ○ 88% (30 deaths) of the deaths involved children under one year of age, with unsafe sleep environment[8] risk factors identified.
Accidental Injury: Other Causes	• 6% (20 deaths) of the accidental injury-related deaths were from drowning and water submersion. • Falls (10 deaths) and incidents involving an all-terrain vehicle (ATV), dirt bike, or snowmobile on off-road or non-public roadway (9 deaths) each accounted for approximately 3% of the accidental deaths. • 2% (6 deaths) were from fire-related injuries causing death. • 8% (25 deaths) were the result of other accidental injuries. Of the 25 deaths, 5 (20%) have both the cause and means of death still to be determined.

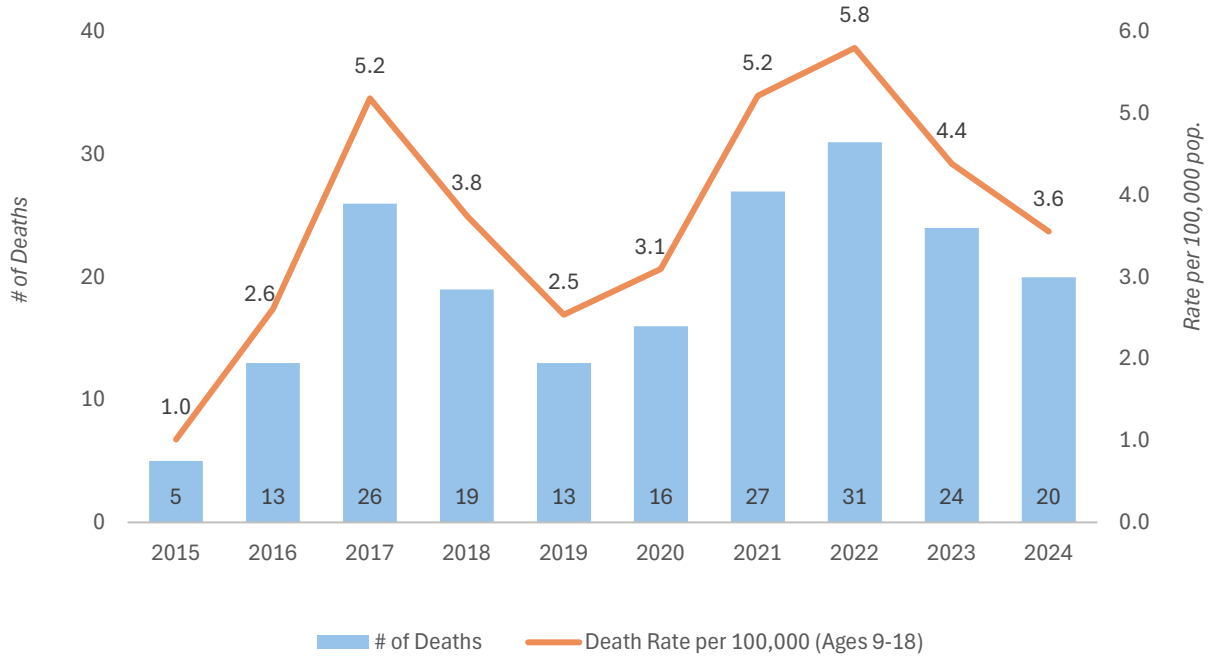
[8] Co-sleeping, sleep position, sleep surface and sleep environment are some of the risk factors known to cause or contribute to infant deaths.

Figure 8: Accidental Injury-Related Causes of Death, 2020-2024



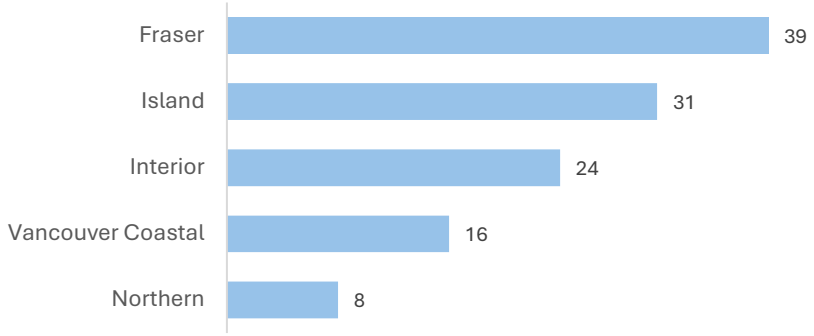
Accidental Injury-Related: Unregulated Drug Toxicity Deaths

Figure 9: Accidental Injury-Related Deaths from Unregulated Drug Toxicity & Death Rate per 100,000 Pop. Aged 9-18 Years, 2015-2024 [1]



Note: The count and rate of death for accidental exposure to unregulated drug toxicity are now calculated for children aged 9-18 years. Children under 9 years are excluded due to very small numbers, with one death occurring in each of 2020, 2021, and 2023.

Figure 10: Accidental Drug Toxicity Deaths in Children Aged 9-18 Years, by Health Authority of Residence, 2020-2024

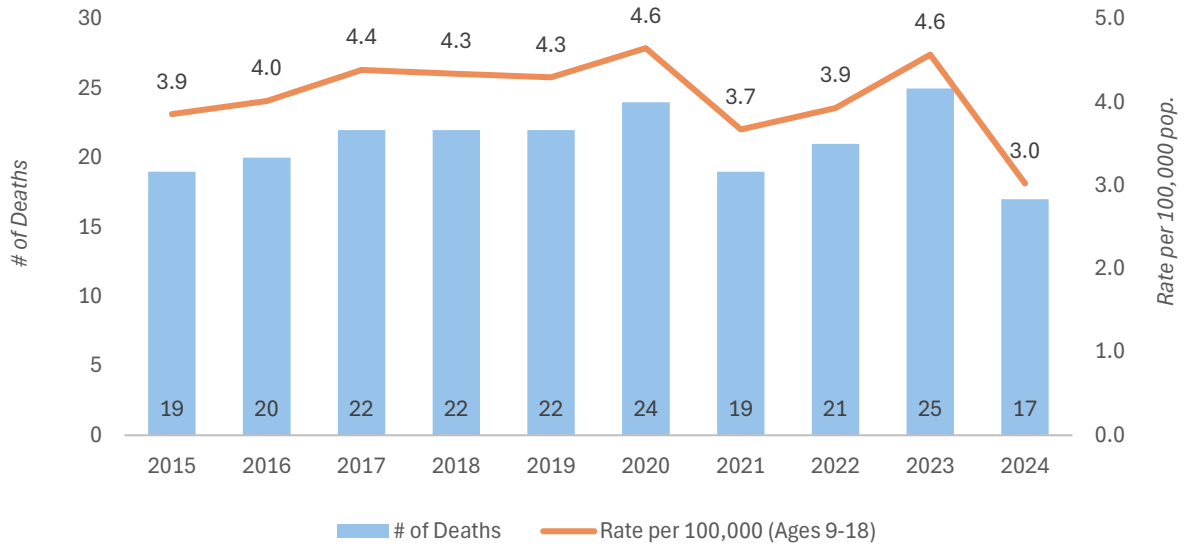


- Between 2020-2024, the total number of deaths of children aged 9-18 years due to unregulated drug toxicity increased by 55% from the previous five-year period (from 76 deaths in 2015-2019 to 118 deaths in 2020-2024) (fig.9).
- The 5-year average annual death rate per 100,000 population of children aged 9-18 years due to unregulated drug toxicity increased by 46%, from 3% in 2015-2019 to 4.4% in 2020-2024 (fig.9).
- Fraser Health had the highest number of deaths in children aged 9-18 years due to unregulated drug toxicity (39), followed by Island (31) and Interior Health (24) (fig.10).

Injury-Related Deaths: Non-Accidental

	Table 5: Injury-Related Deaths – Suicide and Homicide
Suicide	• Suicide accounted for 23% (106 deaths) of injury-related deaths in children. ○ 75% (80 deaths) of deaths by suicide involved youth from 15-18 years. ○ More deaths by suicide occurred in males (59%, 63 deaths) than in females (41%, 43 deaths). ○ 60% (64 deaths) of deaths by suicide were caused by asphyxiation due to ligature strangulation or hanging.
Homicide	Homicide accounted for 8% (38 deaths) of injury-related deaths. • 53% (20 deaths) of homicide deaths involved youth from 15-18 years. • 71% (27 deaths) of homicide victims were male, and 29% (11 deaths) were females.

Figure 11: Non Accidental Injury-Related Deaths From Suicide & Death Rate per 100,000 Pop. Aged 9-18 Years, 2015-2024 [1]



Note: The count and rate of death for suicide are now calculated for children aged 9-18 years. Children under 9 years are excluded due to no cases.

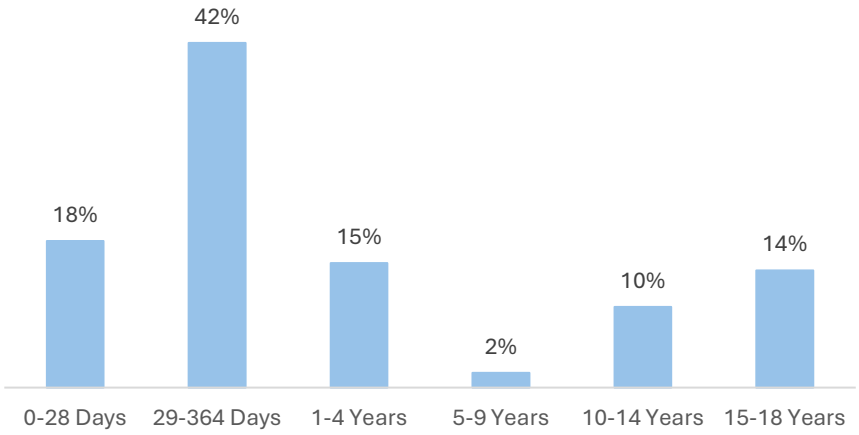
- The average number of deaths by suicide per year were similar in the 5-year periods from 2015-2019 and 2020-2024 (21 deaths).
- The 5-year average annual death rate per 100,000 child population aged 9-18 years caused by suicide decreased from 4.2 in 2015-2019 to 4 in 2020-2024.

Undetermined Causes of Death

Total number of Undetermined deaths: **113**

About 7% of all child deaths were classified as Undetermined. It is worth noting that 60% of these deaths remain under investigation at the time of data extraction, and are therefore subject to reclassification as investigations are completed and causes of death are determined.

Figure 12: Undetermined Deaths By Age Group, 2020-2024



Children under 1 year old are the age group in which the Undetermined classification is most frequently applied. In instances where otherwise healthy infants under one year of age die suddenly and unexpectedly, often in their sleep, risk factors associated with sleep are examined. Co-sleeping, sleep position, sleep surface and sleep environment are some of the risk factors known to cause or contribute to infant deaths.

In June 2012, The BC Coroners Service joined with the majority of Canadian chief coroners and chief medical examiners in agreeing to adopt the classification “Undetermined” to describe unexpected infant deaths where no cause is identified following complete autopsy, examination of the death scene, and review of the clinical history.

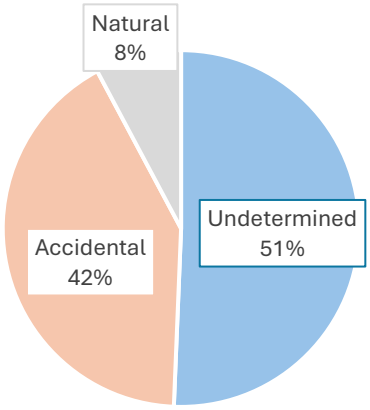
There was agreement that terms such as Sudden Infant Death Syndrome, Sudden Unexpected Infant Death and Sudden Unexplained Death in Infancy had a tendency to create confusion rather than clarity, as they are all reflections of an undetermined cause of death. Further to that, this terminology is not useful in understanding the risk factors and preventative measures associated with infant sleeping death (BC Coroners Service, 2024).

To address preventable risk factors and improve knowledge about infant safe sleep environments, the Coroners Service works with provincial partners to update safe sleep resources for parents and caregivers. Perinatal Services BC (2024), part of the Provincial Health Services Authority (PHSA), provides safer infant sleep practice resources. PHSA and others continue to use SIDS/SUDI/SUID terminology while recognizing the Coroners Service’s shift to the terminology “undetermined”.

Sleep Environment

Figure 13: Child Deaths With Sleep Environment and Co-Sleeping Risks Identified, 2015-2024

Figure 14: Percentage of Child Deaths Involving Sleep-Related Risk Factors By Classification of Death, 2020-2024



- The average number of child deaths with identified risks related to sleep environment and co-sleeping declined over the 5-year periods, decreasing from 17 deaths in 2015-2019 to 15 deaths in 2020-2024 *(fig. 13)*.
- Amongst the deaths with identified risks related to sleep environment and co-sleeping, slightly over half (51%, 39 deaths) were classified as undetermined deaths *(fig. 14)*.

Part Three: Characteristics of Child Deaths

Deaths of Children Under 12 Months of Age

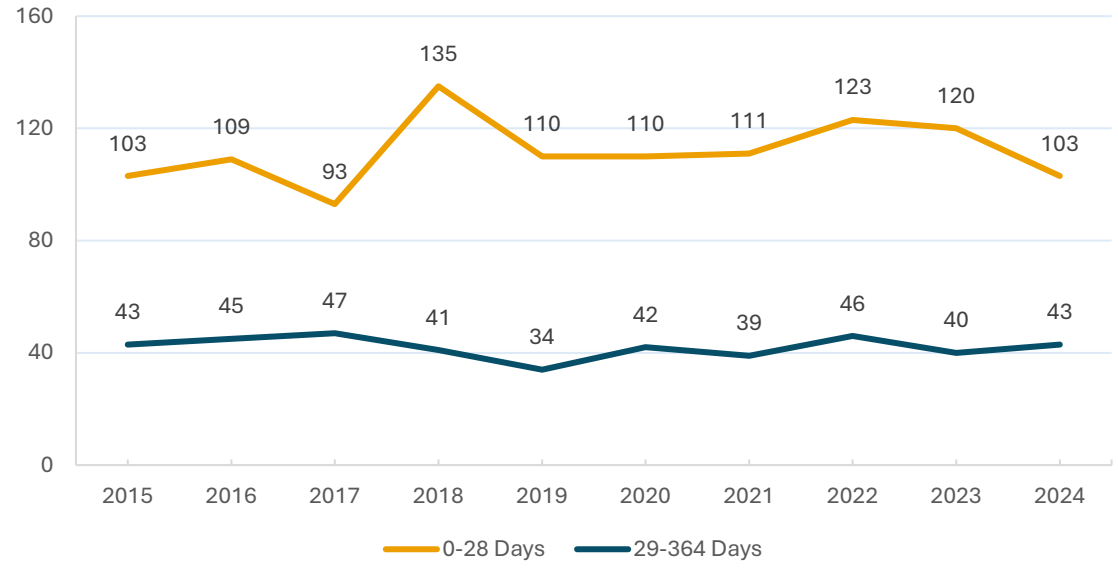
Total number of deaths, 2020-2024: **777**

Table 6: Infant Deaths Under One Year By Health Authority of Residence, 2015-2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Fraser	55	61	53	66	60	71	66	77	68	70
Vancouver Coastal	24	33	28	34	27	34	23	34	25	19
Interior	28	23	25	26	21	12	27	17	25	24
Island	18	25	21	30	23	20	24	21	25	20
Northern	19	11	7	17	11	12	10	16	14	11
Out of Province	2	1	6	3	2	3	0	4	3	2
Total	**146**	**154**	**140**	**176**	**144**	**152**	**150**	**169**	**160**	**146**

During 2020-2024, 73% (567 deaths) of deaths in children under 12 months of age occurred within the first four weeks of life (the neonatal period). Given the higher mortality numbers, neonates are considered separately from infants aged 29-364 days.

Figure 15: Child Deaths Under One Year, 2015-2024



Neonates (within 28 days of age)

Total number of deaths in 2020-2024: **567**

Figure 16: Neonate (0-28 Days) Deaths, 2015-2024

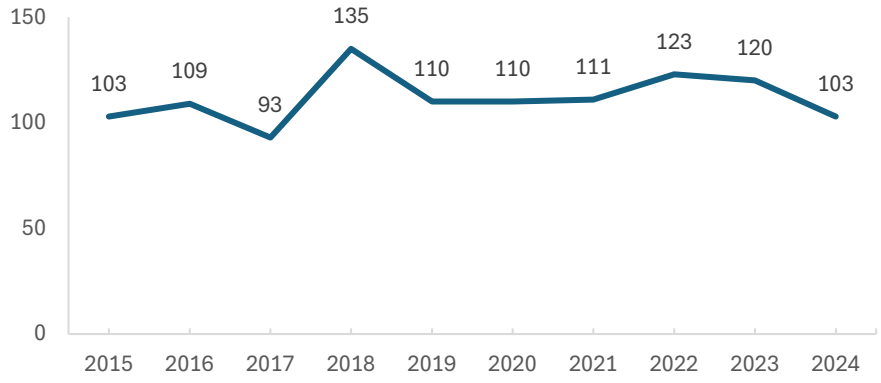


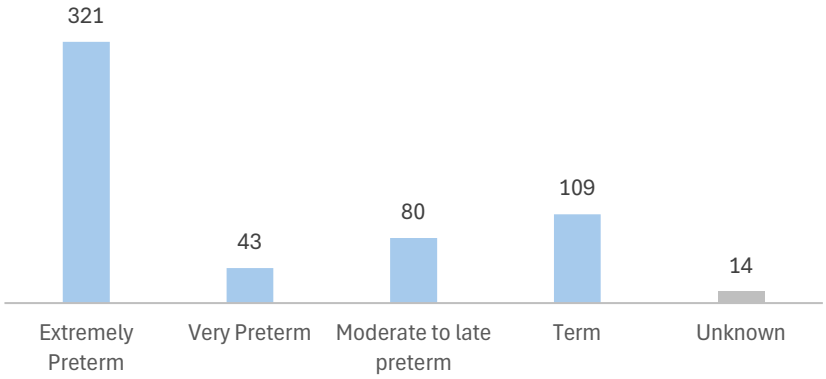
Figure 17: Classification of Neonatal (0-28 Days) Deaths, 2020-2024

Natural disease was identified as the cause of 96% (542 deaths) of neonatal deaths. The leading natural causes are certain conditions originating in the perinatal period (e.g., prematurity, complications of pregnancy, labour and delivery), and congenital malformations, deformations, and chromosomal abnormalities.

The World Health Organization (2025) defines prematurity (preterm) as babies born alive before 37 complete weeks of pregnancy. The sub-categories for preterm birth are based on gestational age as below:

- Extreme preterm: less than 28 weeks gestational age
- Very preterm: 28 to less than 32 weeks gestational age
- Moderate to late preterm: 32 to 37 weeks gestational age.

Figure 18: Neonatal (0-28 Days) Deaths by Gestational Age, 2020-2024



More than three quarters (78%, 444 deaths) of the neonatal deaths occurred amongst neonates born preterm, including over half (57%, 321 deaths) were extremely preterm, 8% (43 deaths) were very preterm, and 14% (80 deaths) were moderate to late preterm.

Table 7: Causes of Death, Neonate (0-28 Days)	

Natural	• Most deaths in neonates were from natural diseases (96%, 542 deaths).
	  ○ Certain conditions originating in the perinatal period (P00 – P96; ICD10) were the leading cause of all deaths in neonates, accounting for about 75% (423 deaths).
	  This includes preterm births; complications of pregnancy, labour, and delivery; birth trauma; other disorders; and infections related to the perinatal period.
	• Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99; ICD-10) caused 18% (102 deaths) of all deaths in neonates.

Undetermined	• Undetermined causes accounted for 4% (20 deaths) of deaths in this age group.
Accidental	• Accidental injuries accounted for 1% (5 deaths) of deaths in this age group. In the 5 deaths, 3 were from positional asphyxia and 2 died from a motor vehicle incident.

Stillbirths

Stillbirth is defined by HealthLinkBC (2022) as "the loss of a baby after 20 weeks of pregnancy but before the baby is born. It can happen during the pregnancy or during labour". There is no requirement that stillbirths be reported to BC Coroners Service, nor is there jurisdiction for the Coroners Service to investigate stillbirths.

Infants from 29-364 days

Total number of deaths 2020-2024: **210**

Figure 19: Child Deaths, Infants 29-364 Days, 2015-2024

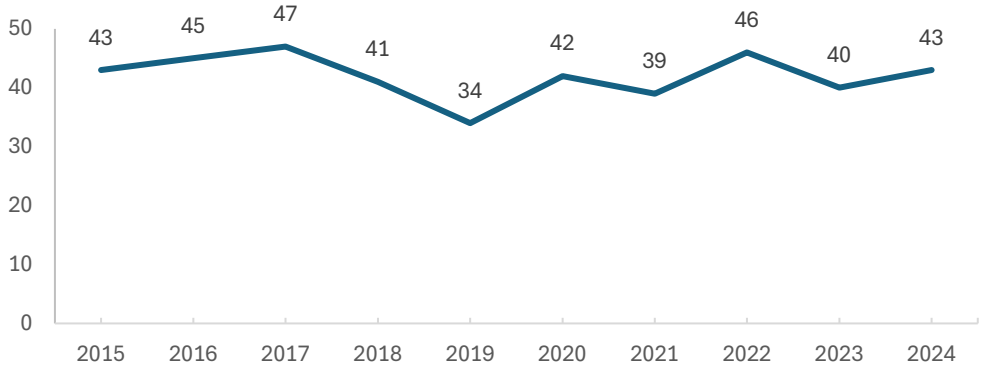


Figure 20: Classification of Death, Infants 29-364 Days, 2020-2024

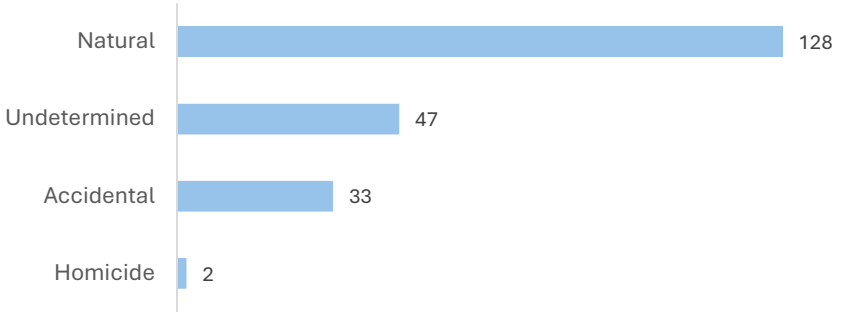


Table 8: Causes of Death, Infants from 29-364 Days	
Natural	• Natural diseases caused 61% (128 deaths) of all deaths in infants 29-364 days. ○ 39% (50 deaths) of the 128 natural deaths were from congenital malformations, deformations and chromosomal abnormalities (Q00Q99; ICD-10). ○ 32% (41 deaths) of the 128 deaths were from conditions originating in the perinatal period (P00 – P96; ICD-10), including preterm deliveries and perinatal complications.
Undetermined	• 22% (47 deaths) of the deaths in infants 29-364 days were classified as undetermined. ○ 6% (3 deaths) of the 47 deaths classified as undetermined were from exposure to unregulated drug toxicity.
Accidental	• 16% of the deaths in this age group were from accidental injuries (33 deaths). ○ 82% (27 deaths) of the 33 accidental deaths were from obstruction of the airway and/or positional asphyxia.
Homicide	• 1% of the infant deaths were due to homicide (2 deaths).

Deaths of Children Between 1 and 4 Years

Total number of deaths 2020-2024: **127**

Figure 21: Child Deaths, Children 1-4 Years, 2015-2024

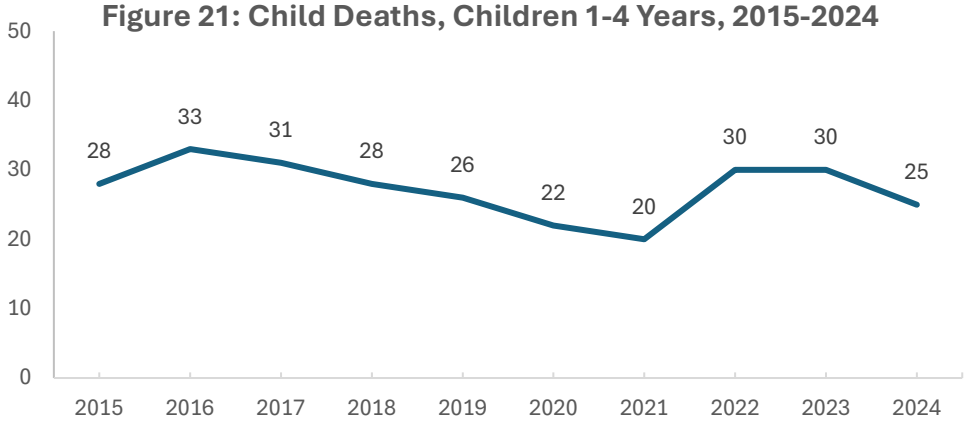


Figure 22: Classification of Death, Children 1-4 Years, 2020-2024

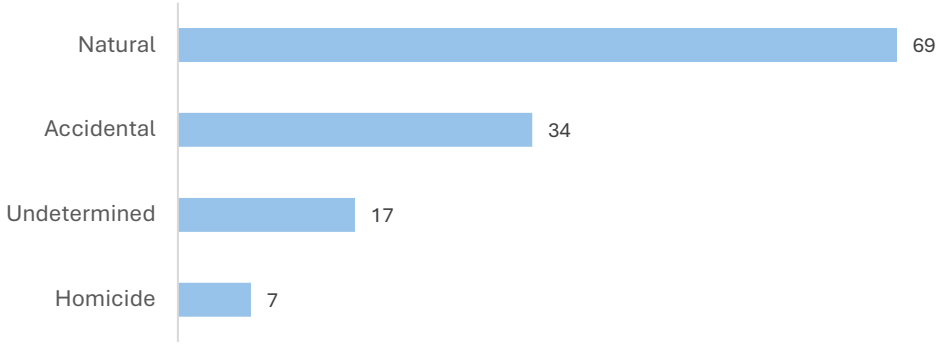


Table 9: Causes of Death, Children 1-4 Years	
Natural	• Natural diseases caused 54% (69 deaths) of the deaths in children aged 1-4 years. ○ Neoplasm (C00-C97, D00-D48; ICD-10) was the leading cause of natural deaths (23%, 16 deaths) in children aged 1-4 years.
Accidental	• Accidental injuries represented 27% (34 deaths) of all deaths in children aged 1-4 years. ○ The most common cause of accidental deaths were motor vehicle incidents (11 deaths), followed by drowning (6 deaths) and fall from height (5 deaths). ○ Accidental exposure to unregulated drug toxicity accounted for 3 deaths in this age group.
Undetermined	• 13% (17 deaths) of the deaths in this age group were classified as undetermined.
Homicide	• 6% (7 deaths) were the result of homicide.

Deaths of Children Between 5 and 9 Years

Total number of deaths, 2020-2024: **98**

Figure 23: Child Deaths, Children 5-9 Years, 2015-2024

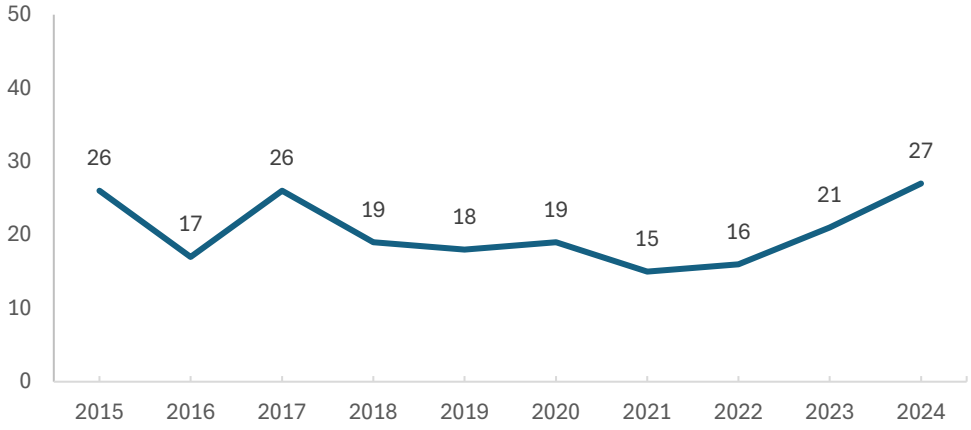


Figure 24: Classification of Death, Children 5-9 Years, 2020-2024

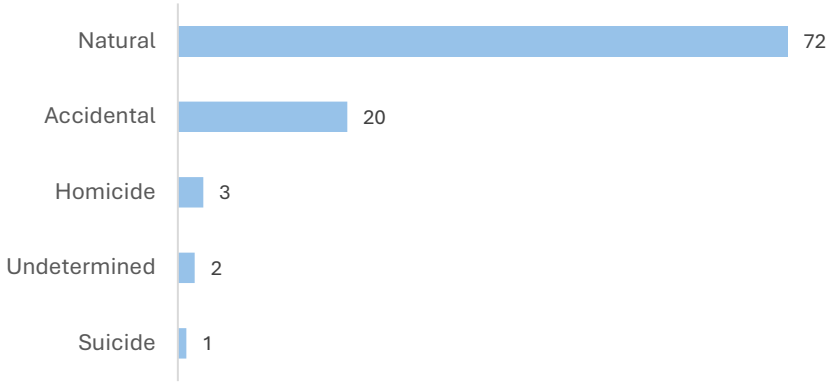


Table 10: Causes of Death, Children 5-9 Years	
Natural	• 73% (72 deaths) of the deaths in children aged 5-9 years were due to natural diseases. ○ Neoplasm (C00-C97, D00-D48; ICD-10) was the leading cause of natural deaths (39%, 28 deaths) in children aged 5-9 years.

Accidental Injuries	• 20% (20 deaths) were from accidental injuries.
	  ○ The most common cause of accidental deaths were motor vehicle incidents (10 deaths).
	  ○ Drowning accounted for 3 deaths, and fall and fire-related injury each resulted in 2 deaths in this age group.

Other Causes	• Homicide accounted for 3% (3 deaths) of all deaths in children 5-9 years. • Undetermined deaths accounted for 2% of deaths in this age group (2 deaths). • Suicide accounted for 1% of deaths in this age group (1 death).

Deaths of Children Between 10 and 14 Years

Total number of deaths, 2020-2024: **142**

Figure 25: Child Deaths, Children 10-14 Years, 2015-2024

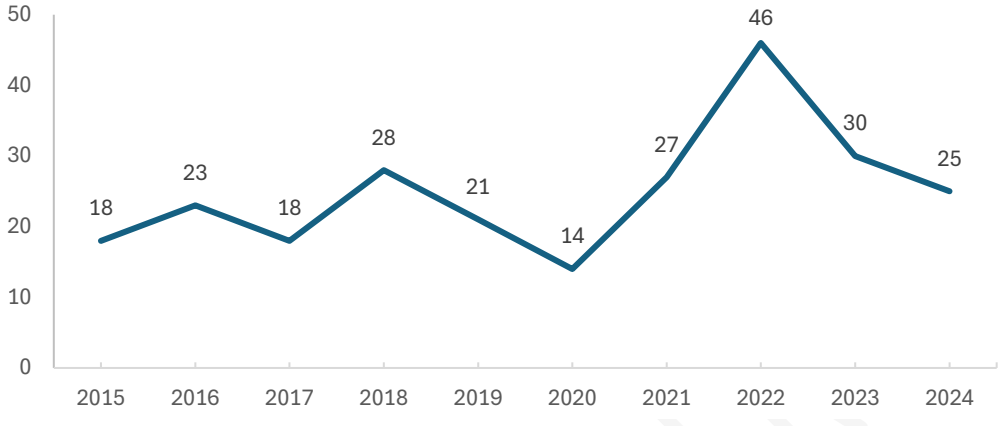


Figure 26: Classification of Death, Children 10-14 Years, 2020-2024

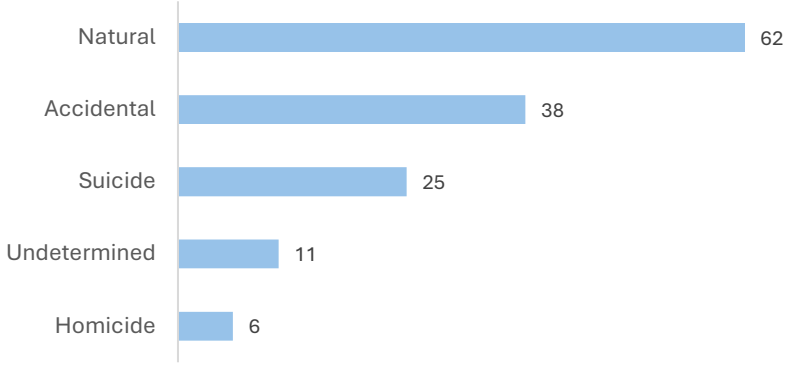


Table 11: Causes of Death, Children 10-14 Years	
Natural	• Deaths due to natural causes were the leading cause of death for children aged 10-14 years (44%, 62 deaths). ○ Neoplasm (C00-C97, D00-D48; ICD-10) was the leading cause of natural deaths (34%, 21 deaths) in children aged 10-14 years.
Accidental	• Accidental injuries accounted for 27% (38 deaths) of the deaths in this age group ○ Amongst the 38 accidental deaths, 37% (14 deaths) were from exposure to unregulated drug toxicity, and 32% (12 deaths) were from motor vehicle incidents.
Suicide	• 18% (25 deaths) of the deaths were from suicide. ○ Among the suicidal deaths, there were more males (52%, 13 deaths) than females (48%, 12 deaths).
Other causes	• 8% of the deaths were classified as undetermined (11 deaths). • 4% of the deaths were due to homicide (6 deaths).

Deaths of Children Between 15 and 18 Years

Total number of deaths, 2020-2024: **392**

Figure 27: Child Deaths, Children 15-18 Years, 2020-2024

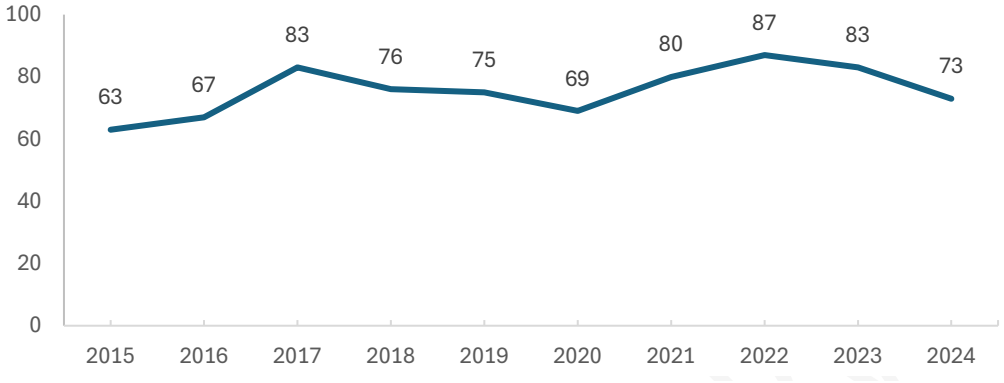


Figure 28: Classification of Death By Sex, Children 15-18 years, 2020-2024

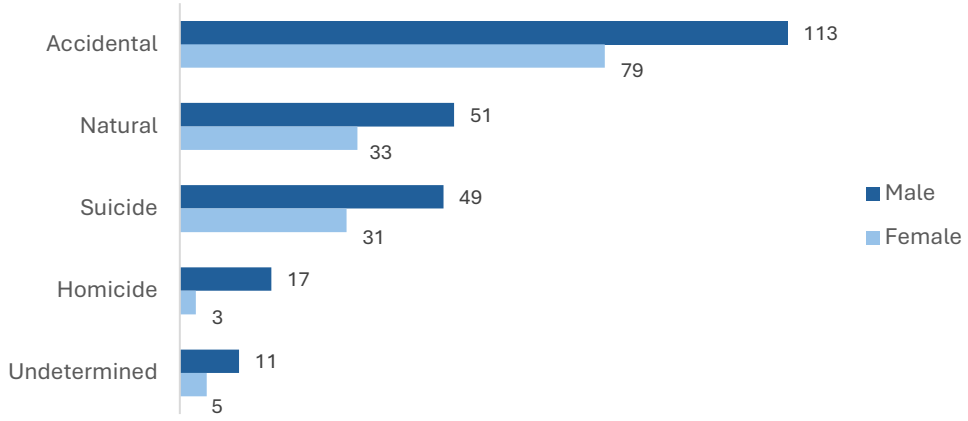


Table 12: Causes of Death, Children 15-18 Years	
Accidental	• Accidental injuries caused 49% (192 deaths) of the deaths in this age group. Amongst the 192 accidental deaths: ○ 54% (104 deaths) were from exposure to unregulated drug toxicity, comprising 52% females (54 deaths) and 48% males (50 deaths). ○ 31% (60 deaths) were from motor vehicle incidents.
Natural	• Natural diseases accounted for 21% (84 deaths) of the deaths in children aged 15-18 years. ○ Neoplasm (C00-C97, D00-D48; ICD-10) was the leading cause of natural deaths (29%, 24 deaths) in children aged 15-18 years.
Suicide	• 20% (80 deaths) of children in this age group died from suicide. ○ More males (61%, 49 deaths) died by suicide than females (39%, 31 deaths).
Homicide	• Homicide accounted for 5% (20 deaths) of deaths in this age group.
Undetermined	• Undetermined deaths accounted for 4% (16 deaths) of deaths.

Part Four: Ministry of Children and Family Development (MCFD)

Slightly over one-third (35%, 534 deaths) of all children and youth who died between 2020 and 2024 were in receipt of services from the Ministry of Children and Family Development (MCFD) at the time of, or within the year preceding their death.

Figure 29: Deaths of Children 0-18 Years Receiving MCFD Services Within The Year Preceding The Death, 2020-2024

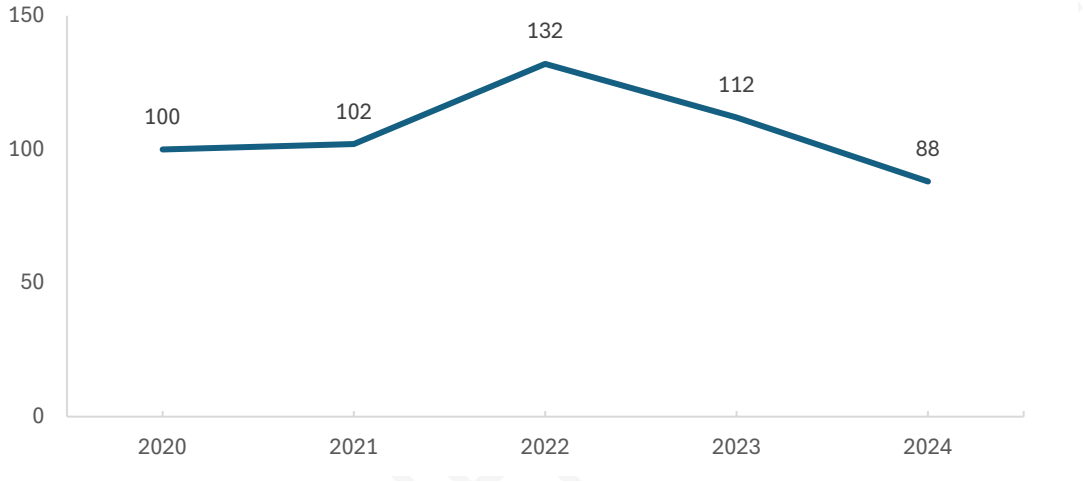
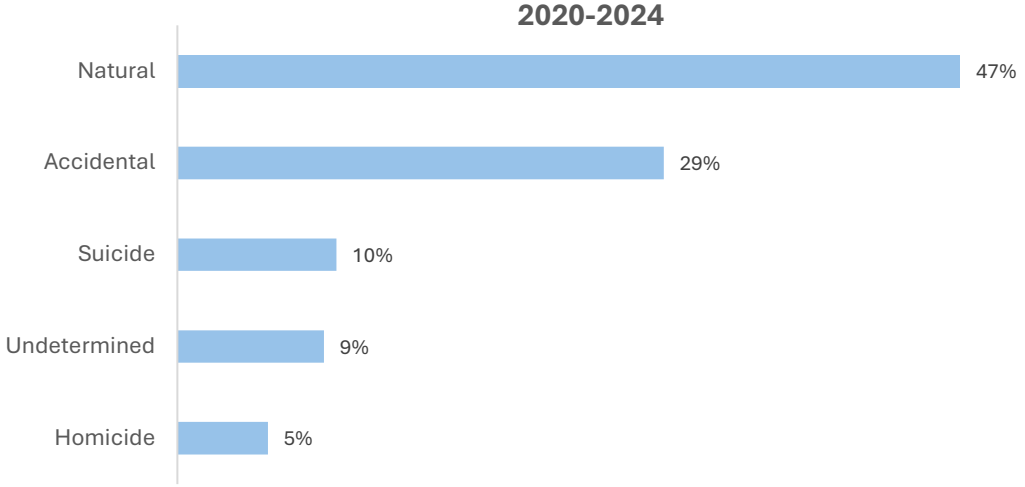


Figure 30: Percentage of All Child Deaths Receiving MCFD Services Within The Year Preceding The Death, By Classification of Death, 2020-2024



Almost half (47%, 251 deaths) of the children recipients of the MCFD services died from natural causes *(fig. 30)*. Many of these children and youth were referred for services and benefits based on diagnosed health conditions.

Figure 31: Deaths By Age Group of Children Receiving MCFD Services Within The Year Preceding The Death, 2020-2024

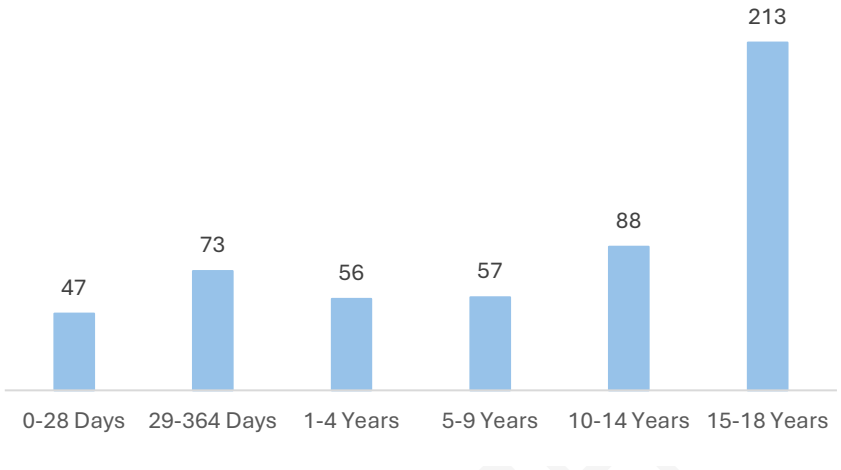
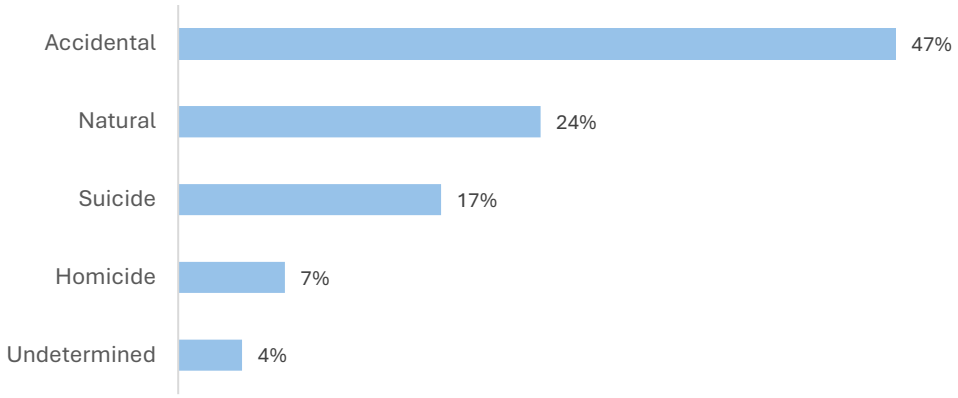


Figure 32: Percentage of Deaths of Youth 15-18 Years in Receipt of MCFD Services, By Classification of Death, 2020-2024



MCFD-involved youth aged 15 to 18 years were the age demographic that experienced the most deaths *(fig.31)*.

- Within this age group, accidental injuries were the most common cause of death *(fig.32),* and over three quarters (77%, 78 deaths) of those were caused by unregulated drug toxicity.

Glossary

Aggregate
Presentation of individual findings as a collective sum.

Death investigation – complete
The investigation of the death has been completed. Post-mortem testing is complete, and results finalized. A Coroner's Report is released.

Death investigation – in progress
Circumstances of the death are still under investigation and/or awaiting additional information such as medical records, post-mortem testing results, or toxicological findings that will support the completion of a Coroners Report.

Health Authority
The five regional health authorities in British Columbia govern, plan and deliver health care services within their geographic areas. Their responsibilities include but are not limited to identifying population health needs, planning appropriate programs and services, ensuring programs and services are properly funded and managed, and meeting performance objectives.
Regional health authority breakdown can be found at BC Government: Regional Health Authorities, last updated June 9, 2021.

Motor Vehicle Incident
Includes accidents involving motor vehicles, passenger vehicles, and off-road vehicles happening on public or non-public roadways. Excludes ATV, dirt bike, and snowmobile accidents on off-road or non-public roadways. Excludes pedestrian conveyance (e.g., pedal cycling) incidents not involving a motor vehicle or passenger vehicle.

Sleep Environment Risk Factor includes:

- Co-sleeping (sleeping arrangement in which a newborn or infant shares the same sleep surface with an adult or sibling).
- Other sleeping arrangement which the newborn or infant is put on an unsafe sleep surface; for example, adult bed, sofa and household furniture, and car seat.

Unregulated Drugs Inclusion Criteria
The unregulated drug overdose category includes the following:

- Controlled and illegal drugs (e.g., heroin, cocaine, MDMA, methamphetamine, unregulated fentanyl, etc.).
- Medications not prescribed to the decedent but obtained/purchased from unknown means or where origin of drug is not known.
- Combinations of the above with prescribed medications.

Note

1. Population estimates were taken from *BC Stats: Population estimates & projections for British Columbia, release date on July 21, 2025*
2. Number of live births were taken from *BC Vital Statistics: Births, reporting date September 1, 2025*