Proactive release of Covid-19 vaccine related treatment injury claims – July 2026

Please find background information about treatment injury data at the end of this document.

COVID-19 vaccine related treatment injury claims

The data below was extracted on 13 July 2026 for treatment injury claims lodged with ACC between 18 February 2021 (when New Zealand began COVID-19 vaccinations) and 11 July 2026, where the treatment event was *vaccination* or *injection/medications, adverse reaction/medication error* and where the medication type was recorded as *vaccine*.

However, as these fields are only completed when cover for the claim is decided, the figures provided have been supplemented by a text search of the claim forms received by ACC which mention *Comirnaty* (the name of the Pfizer-BioNTech COVID-19 vaccine), *AstraZeneca*, *Vaxzevria* (alternative name of the AstraZeneca COVID-19 vaccine), *Novavax*, *Nuvaxovid* (the name of the Novavax COVID-19 vaccine), or included the terms *covid* or *Pfizer* together with *vacc, injection, booster, jab, or shot*. This text search allows us to identify claims that have been lodged but where cover has not been decided. Free text search methods are not reliable data extraction methods and can result in anomalies in the data; so claims identified by this method above have been manually reviewed and some false positive matches removed. As the data below was extracted from a live system, figures may differ if rerun in the future.

Data

Between 18 February 2021 and 11 July 2026, ACC has received 4,586 claims for injuries relating to the Covid vaccination. 1,797 claims have been accepted, 2,745 have been declined and 44 are yet to be decided. The following tables break down these numbers by the sex, age and ethnicity of the claimants.

Comirnaty was originally the only Covid vaccine that was used as part of New Zealand's vaccination response but more recently the AstraZeneca and Novavax Covid-19 vaccines have also been used. The specific vaccine used is not always identified on the claim so identifying the vaccine used cannot be reliably determined. Given the vaccination policy, the vast majority of the claims reported below relate to the Pfizer-BioNTech Comirnaty vaccine.

Privacy

ACC does not routinely disclose low value numbers related to claims. Accordingly, some of the values in the tables only indicate that the number is less than 4 (denoted as <4). In other instances, values are supressed and notated as (--) to limit the potential for particular individuals or matters specific to certain individuals from being identified.

Withholding in this way is necessary to protect the privacy of these individuals under section 9(2)(a) of the Act. In doing so, we have considered the public interest in making the information available and have determined that it does not outweigh the need to protect the privacy of these persons.

Dose

ACC has asked lodging providers to indicate whether the vaccination leading to the claim was a first, second or third primary/booster dose. Whilst 51% have provided this information it has been provided as free text, the remaining claims do not clarify which dose was involved. The table below categorises the claims received based on whether the claim was for the first, second or third primary/booster dose or whether this wasn't clear from the description given.

Dose	Accepted	Declined	Pending Decision	Total
First	209	422	<4	--
Second	390	549	7	946
Third Primary/Booster[1]	294	475	<4	--
Unspecified	904	1,299	32	2,235
Total	**1,797**	**2,745**	**44**	**4,586**

[1]ACC does not routinely collect the number of booster dose, we are unable to specify if that is the first booster or a subsequent booster dose.

Accepted Injuries

Treatment injuries are confirmed and recorded when a claim is decided. The following table shows the primary injury recorded for the accepted Covid vaccination claims decided by 11 July 2026.

Primary Injury Group	**Accepted Claims**
Allergic Reaction	236
Sprain	218
Cardiac injury	192
Contusion	175
Adverse Drug Reaction	130
Anaphylactic Reaction	97
Infection	73
Shoulder Damage/Injury	67
Cellulitis	58
Bursitis	46
Inflammation	43
Nerve Damage	35
Other	427
Total	**1,797**

Declined Reason

The table below shows the number of declined claims, broken down by declined reasons, which relate to the treatment injury assessment criteria.

Declined Reason	**Number of Declined Claims**
No Injury	1,924
No Causal Link	457
Withdrawn	141
Lack of Information	76
Underlying Health Condition	23
Ordinary Consequence of Treatment	19
Other	105
Total	**2,745**

Severity of Injuries

Measuring the impact of an injury on a person is challenging. ACC and others use the overall cost of a treatment injury claim as an indicator of the severity of the injury because more costly claims are likely to indicate claims where there has been a more severe impact on the person injured. While not always directly related, overall cost is one measure of severity and impact.

The following table shows the number of accepted claims grouped by the total payments made per claim to 13 July 2026.

Payments to 13 July 2026	**Number of Accepted Claims**
No payment to date	264
Up to $100	413
Over $100 to $500	548

Over $500 to $1,000	152
Over $1,000 to $5,000	196
Over $5,000 to $10,000	60
Over $10,000	164
Total	**1,797**

572 out of 1,797 accepted claims had resulted in payments of over $500 by 13 July 2026, 264 accepted claims had yet to receive a payment by 13 July 2026.

Total payments made by ACC by 13 July 2026 on these 1,797 accepted claims was $18,377,921.

To date, 6 claims have been accepted by ACC which have related to a fatal injury.

Gender

Gender	Accepted	Declined	Pending Decision	Total
Female	1,211	1,734	26	2,971
Male	586	1,011	18	1,615
Total	**1,797**	**2,745**	**44**	**4,586**

The table above shows that females are more likely than males to have lodged a claim for a Covid vaccination treatment injury. Claims for female clients represent 65% of claims lodged.

Age Band

Age Band	Accepted	Declined	Pending Decision	Total
5-11	11	13	0	24
12-17	47	54	<4	--
18-24	111	175	<4	--
25-29	113	178	<4	--
30-34	140	235	<4	--
35-39	149	230	<4	--
40-44	156	282	<4	--
45-49	199	305	5	509
50-54	170	322	4	496
55-59	194	258	5	457
60-64	132	216	5	353
65-69	155	170	<4	--
70-74	89	137	5	231
75-79	57	87	<4	--
80 plus and Unknown	74	83	<4	--
Total	**1,797**	**2,745**	**44**	**4,586**

Ethnicity

The ethnicity data provided below is based on ACC's 'prioritised ethnicity' data field. This method reduces the six ethnic responses to a single response by a system of "prioritisation" where: Māori regardless of other ethnicities listed is classified as Māori; Pacific peoples with any other response other than Māori is classified as Pacific; Asian peoples with any other response other than Māori and Pacific are classified as Asian; Other ethnicity regardless of any other response other than Māori, Asian or Pacific is classified as Other. Those that listed European and did not list Māori, Pacific, Asian or Other are classified as European.

ACC reports ethnicity using a different method to Statistics New Zealand. Care must be taken when comparing ACC's ethnicity data with other Government agencies or census data.

Ethnicity	Accepted	Declined	Pending Decision	Total
Māori	148	247	0	395
Pacific Peoples	61	105	<4	--
Asian	154	224	<4	--
European	1,290	1,949	36	3,275
Other	144	220	--	--
Total	**1,797**	**2,745**	**44**	**4,586**

71% of claims lodged with ACC for Covid vaccination injuries have been for clients with European ethnicity and 72% of the claims accepted for cover. Māori comprise 9% of claims lodged with ACC for Covid vaccination injuries and 8% of the claims accepted.

Claims by Month

The following table shows the number of Covid vaccination injury claims received by ACC by month. This is grouped by the recorded accident date ('Number of Claimed Vaccinations' column in table below) and by the date on which the claim was lodged with ACC ('Number Lodged' column in table below). ACC records treatment injury accident dates as the date on which the client first sought treatment for the injury. This may not necessarily be the date on which the event leading to the injury occurred although for the purpose of the analysis this date is used as a proxy for the date of vaccination.

Month	Number of Claimed Vaccinations	Number Lodged
February - March 2021[2]	15	5
April 2021	67	20
May 2021	129	62
June 2021	114	74
July 2021	153	52
August 2021	388	131
September 2021	546	276
October 2021	628	333
November 2021	456	433
December 2021	419	396
January 2022	376	315
February 2022	406	388
March 2022	128	287
April 2022	48	171
May 2022	36	162
June 2022	25	116
July 2022	64	99
August 2022	58	110
September 2022	30	92
October 2022	24	67
November 2022	15	64
December 2022	14	50
January 2023	12	33
February 2023	9	38
March 2023	7	28
April 2023	60	38
May 2023	38	54
June 2023	17	47
July 2023	11	25
August 2023	10	31

September 2023	13	26
October 2023	8	24
November 2023	13	22
December 2023	23	24
January 2024	6	16
February 2024	5	23
March 2024	11	15
April 2024	23	26
May 2024	15	30
June 2024	18	18
July 2024	5	17
August 2024	4	14
September 2024	9	18
October 2024	7	15
November 2024	<4	14
December 2024	9	22
January 2025	6	16
February 2025	<4	13
March 2025	7	17
April 2025	13	19
May 2025	14	28
June 2025	8	21
July 2025	5	13
August 2025	<4	13
September 2025	<4	9
October 2025	<4	14
November 2025	<4	7
December 2025	<4	--
January 2026	0	<4
February 2026	5	11
March 2026	7	12
April 2026	23	20
May 2026	<4	20
June 2026	<4	18
July 2026 (to date)	<4	6
Unknown	6	0
Total	**4,586**	**4,586**

[2]Few vaccinations and consequently vaccination claims were lodged in the month of February 2021, so February and March 2021 have been grouped together to avoid reporting small numbers.

Health New Zealand | Te Whatu Ora Region

The Health New Zealand | Te Whatu Ora region has been provided below based on the Region of Treatment where this has been identified and by the Region of Residence of the client.

Given that the number of claims received from some regions is quite small only the total number of claims lodged has been shown in the table below.

Health New Zealand Region	Region of Treatment	Region of Residence
Auckland	436	257
Bay of Plenty	163	197
Canterbury	292	406

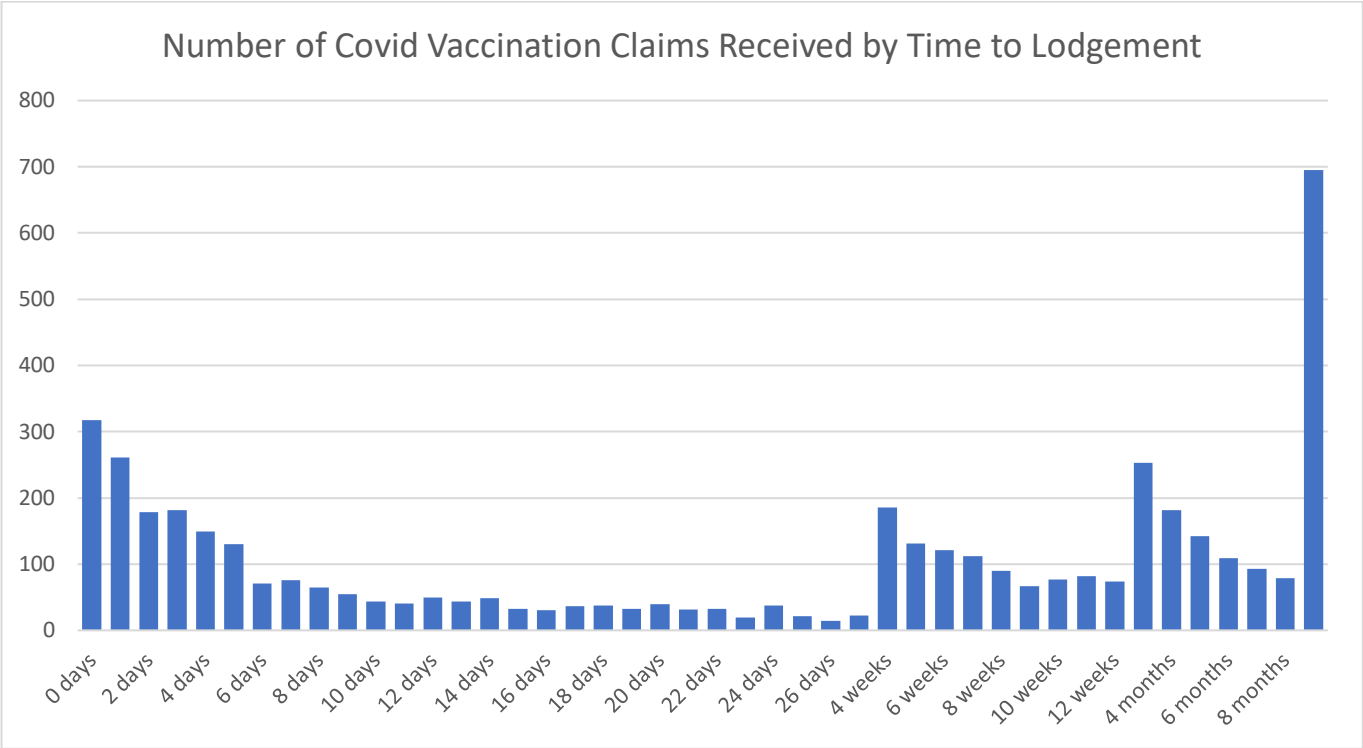
Capital & Coast	191	203
Counties Manukau	98	241
Hawkes Bay	85	102
Hutt Valley	74	112
Lakes	47	66
Mid Central	103	127
Nelson Marlborough	120	145
Northland	101	119
South Canterbury	56	35
Southern	322	387
Tairawhiti	21	28
Taranaki	120	144
Waikato	299	392
Wairarapa	26	28
Waitemata	165	393
West Coast	--	27
Whanganui	73	100
Overseas	<4	0
Unknown	1,764	1,077
Total	**4,586**	**4,586**

Time to Lodgement

Some vaccination injuries are immediately apparent whereas other injuries may take some time to become apparent. The table below shows the time between the accident date (assumed to be the date of vaccination in most cases) and the date when the claim is lodged with ACC.

Delay	Number of Claims	Delay	Number of Claims
0 days	317	22 days	32
1 days	261	23 days	19
2 days	178	24 days	37
3 days	181	25 days	21
4 days	149	26 days	14
5 days	130	27 days	22
6 days	71	4 weeks	186
7 days	76	5 weeks	131
8 days	65	6 weeks	121
9 days	55	7 weeks	112
10 days	44	8 weeks	90
11 days	41	9 weeks	67
12 days	50	10 weeks	77
13 days	44	11 weeks	82
14 days	49	12 weeks	74
15 days	32	3 months	253
16 days	30	4 months	181
17 days	36	5 months	142
18 days	37	6 months	109
19 days	32	7 months	93
20 days	40	8 months	79
21 days	31	9 months +	695

The table above is illustrated in the chart below.



Costs

There are three broad categories of costs (entitlements) a claim could receive:

- **Compensation** (weekly compensation for lost earnings, lump sums and death benefits)
- **Treatment** (initial hospital treatment and on-going primary and secondary treatment)
- **Rehabilitation** support (physical rehabilitation and various forms of personal support).

The biggest single factor in determining the long-term costs of some injuries is the amount of personal support needed by the client. Some treatment injury types may pertain to injuries, which may be minor and require little or no on-going support from ACC.

Costs are GST exclusive.

Payments by ACC

ACC pays for the provision of services for injured persons through DHBs via two mechanisms:

- Public Health Acute Services (PHAS): These are funded by Vote:Health, through an annual service agreement between the Minister of Health and the Minister for ACC. Funding is distributed to DHBs by MoH according to population-based funding formula. ACC then reimburses the Crown for PHAS provided to injured persons by DHBs.
- Direct purchase of other services by ACC for persons suffering a personal injury.

Payment data relating to this request are limited to services purchased directly by ACC (cost figures exclude PHAS payments).

Payments by Year

Data on below categorised payments for the COVID vaccination related claims was extracted on 13 July 2026 and includes payments from 18 February 2021 to 13 July 2026. The following table shows the payments to 13 July 2026 on the 1,797 accepted COVID-19 vaccination related claims, by payment year and payment type.

As the data is taken from a live system, figures may differ if rerun in the future.

Payment Year	Compensation	Rehabilitation	Treatment	Total
2021 (from 18 February)	$286,183	$12,132	$83,231	$381,546
2022	$3,088,661	$220,514	$566,263	$3,875,438

2023	$3,469,889	$329,381	$446,353	$4,245,622
2024	$3,492,981	$273,691	$356,226	$4,122,898
2025	$3,490,125	$424,277	$203,336	$4,117,738
2026 (to 13 July 2026)	$1,324,215	$221,474	$88,934	$1,634,623

Background information about treatment injury data
ACC has provided cover for treatment injuries since 1 July 2005. The treatment injury provisions replaced the medical misadventure provisions of the Accident Compensation Act 2001, to bring it more in line with the no-fault nature of the scheme.

A treatment injury is a personal injury caused as a result of seeking or receiving medical treatment from, or at the direction of, a registered health professional. In order to fulfil the criteria for cover, the person must have suffered a personal injury and there must be a clear causal link between the treatment and the injury, and the injury must not be a necessary part or ordinary consequence of the treatment.

When considering treatment injury data, it is important to note that the number of claims lodged with ACC cannot be taken as an accurate indication of the occurrence of injury during treatment or the quality of care. This is because, among other reasons, not all occurrences of injury during treatment are lodged with ACC.

Context
Treatment injury (TI) data is available from 1 July 2005, when treatment injury provisions came into law.

The ACC website contains further information on treatment injury https://www.acc.co.nz/for-providers/treatment-safety/.

A full overview of treatment injury in public and private surgical hospitals and general practice settings is available at https://www.acc.co.nz/assets/provider/ACC7971-Supporting-Treatment-Safety-2021.pdf.

Claim lodgement rates are dependent on several factors. They can be influenced by:

- population demography i.e. the characteristics of the resident population, visitors and referred patients
- health status of the population treated
- what level of facility the organisation provides i.e. tertiary versus secondary
- familiarity of health providers or clients in recognising and/or lodging treatment injury claims.

Reference IPP-25811 and GOV-049654