

Proactive release of Covid-19 vaccine related treatment injury claims – January 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 21 January 2026 for treatment injury claims lodged with ACC between 18 February 2021 (when New Zealand began COVID-19 vaccinations) and 20 January 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 20 January 2026, ACC has received 4,495 claims for injuries relating to the Covid vaccination. 1,779 claims have been accepted, 2,693 have been declined and 23 are yet to be decided. The following tables break down these numbers by the gender, 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 suppressed 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 Official Information Act 1982. 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 52% 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	0	631
Second	387	547	<4	--
Third Primary/Booster ¹	294	468	--	--
Unspecified	889	1,256	17	2,162
Total	1,779	2,693	23	4,495

¹ACC 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 20 January 2026.

Primary Injury Group	Accepted Claims
Allergic Reaction	234
Sprain	215
Cardiac injury	191
Contusion	172
Adverse Drug Reaction	130
Anaphylactic Reaction	96
Infection	73
Shoulder Damage/Injury	66
Cellulitis	58
Bursitis	46
Inflammation	43
Nerve Damage	35
Other	420
Total	1,779

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	1,896
No Causal Link	447
Withdrawn	135
Lack of Information	73
Underlying Health Condition	23
Ordinary Consequence of Treatment	19
Other	100
Total	2,693

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 21 January 2026.

Payments to 21 January 2026	Number of Accepted Claims
No payment to date	260
Up to \$100	407
Over \$100 to \$500	546

Over \$500 to \$1,000	153
Over \$1,000 to \$5,000	193
Over \$5,000 to \$10,000	58
Over \$10,000	162
Total	1,779

566 out of 1,779 accepted claims had resulted in payments of over \$500 by 21 January 2026. 260 accepted claims had yet to receive a payment by 21 January 2026.

Total payments made by ACC by 21 January 2026 on these 1,779 accepted claims was \$16,877,835.

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

Gender

Gender	Accepted	Declined	Pending Decision	Total
Female	1,199	1,703	11	2,913
Male	580	990	12	1,582
Total	1,779	2,693	23	4,495

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	0	101
18-24	110	171	<4	--
25-29	113	177	<4	--
30-34	139	230	5	374
35-39	147	223	<4	--
40-44	156	275	<4	--
45-49	196	300	<4	--
50-54	169	319	<4	--
55-59	193	256	<4	--
60-64	131	212	<4	--
65-69	152	165	0	317
70-74	87	136	0	223
75-79	57	82	<4	--
80 plus and Unknown	71	80	0	151
Total	1,779	2,693	23	4,495

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
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Māori	146	239	4	389
Pacific Peoples	61	103	<4	--
Asian	152	219	<4	--
European	1,276	1,914	15	3,205
Other	144	218	0	362
Total	1,779	2,693	23	4,495

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	125	62
June 2021	112	74
July 2021	151	52
August 2021	386	131
September 2021	543	276
October 2021	623	332
November 2021	453	433
December 2021	414	396
January 2022	372	315
February 2022	404	388
March 2022	126	287
April 2022	48	171
May 2022	35	162
June 2022	25	116
July 2022	63	99
August 2022	58	110
September 2022	29	92
October 2022	24	67
November 2022	15	64
December 2022	14	50
January 2023	12	33
February 2023	9	38
March 2023	6	28
April 2023	60	38
May 2023	38	54
June 2023	17	47
July 2023	11	25
August 2023	10	31

September 2023	12	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	22	26
May 2024	14	30
June 2024	18	18
July 2024	5	17
August 2024	4	14
September 2024	8	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	10	19
May 2025	11	28
June 2025	8	21
July 2025	4	13
August 2025	<4	13
September 2025	<4	9
October 2025	<4	14
November 2025	<4	7
December 2025	0	5
Unknown	6	0
Total	4,495	4,495

²Few 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	429	251
Bay of Plenty	162	194
Canterbury	286	398
Capital & Coast	187	199
Counties Manukau	95	238
Hawkes Bay	84	100
Hutt Valley	72	110
Lakes	45	62
Mid Central	102	126
Nelson Marlborough	118	143

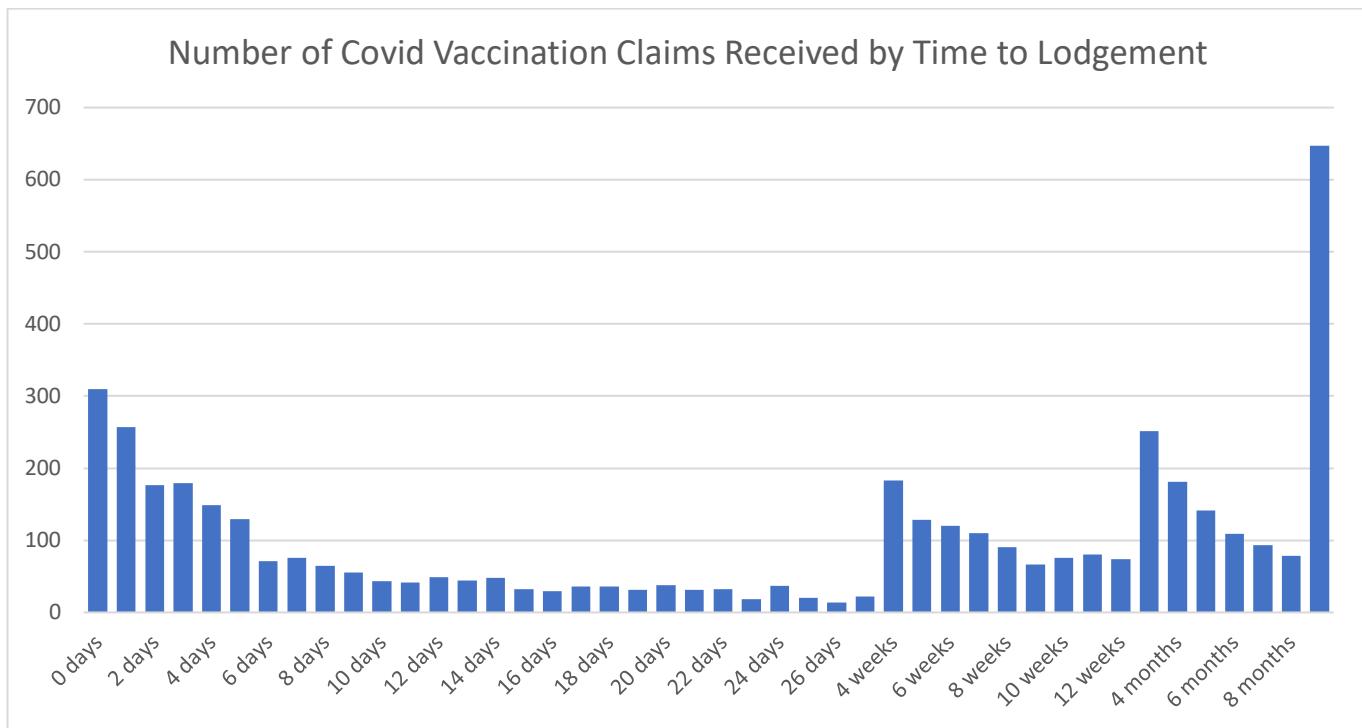
Northland	101	117
South Canterbury	56	35
Southern	318	381
Tairawhiti	21	27
Taranaki	118	142
Waikato	294	389
Wairarapa	26	28
Waitemata	165	390
West Coast	--	27
Whanganui	72	100
Overseas	<4	0
Unknown	1,716	1,038
Total	4,495	4,495

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	310	22 days	32
1 days	257	23 days	18
2 days	176	24 days	37
3 days	179	25 days	20
4 days	149	26 days	14
5 days	129	27 days	22
6 days	71	4 weeks	183
7 days	76	5 weeks	128
8 days	65	6 weeks	120
9 days	55	7 weeks	110
10 days	43	8 weeks	90
11 days	41	9 weeks	66
12 days	49	10 weeks	76
13 days	44	11 weeks	80
14 days	48	12 weeks	74
15 days	32	3 months	251
16 days	29	4 months	181
17 days	36	5 months	141
18 days	36	6 months	109
19 days	31	7 months	93
20 days	38	8 months	78
21 days	31	9 months +	647

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 payments for the COVID vaccination related claims was extracted on 2 February 2026 and includes payments from 18 February 2021 to 2 February 2026. The following table shows the payments to 2 February 2026 on the 1,779 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	\$356,061	\$4,122,733
2025	\$3,485,065	\$424,277	\$202,856	\$4,112,198
2026 (to 2 February 2026)	\$257,182	\$26,335	\$10,332	\$293,849

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.