Proactive release of Covid-19 vaccine related treatment injury claims - July 2025

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 22 July 2025 for treatment injury claims lodged with ACC between 18 February 2021 (when New Zealand began COVID-19 vaccinations) and 21 July 2025, 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 21 July 2025, ACC has received 4,442 claims for injuries relating to the Covid vaccination. 1,769 claims have been accepted, 2,627 have been declined and 46 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. If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

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	208	416	5	629
Second	386	534	8	928

Third Primary/Booster ¹	294	456	4	754
Unspecified	881	1,221	29	2,131
Total	1,769	2,627	46	4,442

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 21 July 2025.

Primary Injury	Accepted Claims
Allergic Reaction	232
Sprain	214
Cardiac injury	187
Contusion	172
Adverse Drug Reaction	130
Anaphylactic Reaction	96
Infection	74
Shoulder Damage/Injury	66
Cellulitis	58
Bursitis	44
Inflammation	42
Nerve Damage	35
Other	419
Total	1,769

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	1,858
No Causal Link	427
Withdrawn	134
Lack of Information	72
Underlying Health Condition	22
Ordinary Consequence of Treatment	19
Other	95
Total	2,627

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 22 July 2025.

Payments to 22 July 2025	Number of Accepted Claims	
No payment to date	260	

Up to \$100	412
Over \$100 to \$500	538
Over \$500 to \$1,000	153
Over \$1,000 to \$5,000	189
Over \$5,000 to \$10,000	61
Over \$10,000	156
Total	1,769

559 out of 1,769 accepted claims had resulted in payments of over \$500 by 22 July 2025. 260 accepted claims had yet to receive a payment by 22 July 2025.

Total payments made by ACC by 22 July 2025 on these 1,769 accepted claims was \$14,948,677.

To date, 7 claims have been accepted by ACC which have related to a fatal injury.

<u>Sex</u>

Sex	Accepted	Declined	Pending Decision	Total
Female	1,193	1,665	27	2,885
Male	576	962	19	1,557
Total	1,769	2,627	46	4,442

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	52	0	99
18-24	110	169	<4	
25-29	113	174	0	287
30-34	139	227	<4	
35-39	147	220	<4	
40-44	155	270	<4	
45-49	195	292	9	496
50-54	168	311	7	486
55-59	189	250	8	447
60-64	131	205	4	340
65-69	152	155	5	312
70-74	87	133	<4	
75-79	56	81	<4	
80 plus and Unknown	69	75	<4	
Total	1,769	2,627	46	4,442

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	145	233		
Pacific Peoples	63	98	0	161
Asian	152	217	<4	
European	1,266	1,859	40	3,165
Other	143	220	<4	
Total	1,769	2,627	46	4,442

71% of claims lodged with ACC for Covid vaccination injuries have been for clients with European ethnicity with 71% 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	124	62
June 2021	112	74
July 2021	151	52
August 2021	386	131
September 2021	538	276
October 2021	618	331
November 2021	450	433
December 2021	411	396
January 2022	370	315
February 2022	397	388
March 2022	124	287
April 2022	48	171
May 2022	34	162
June 2022	24	116
July 2022	62	99
August 2022	57	110
September 2022	28	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	59	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	22	24
January 2024	6	16
February 2024	5	23
March 2024	11	15
April 2024	21	26
May 2024	16	30
June 2024	17	18
July 2024	5	17
August 2024	<4	15
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	8	19
May 2025	11	27
June 2025	5	21
July 2025 (To 21 July)	<4	9
Unknown	6	0

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 I Te Whatu Ora Region

The Health New Zealand 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	433	250
Bay of Plenty	148	189
Canterbury	256	392
Capital & Coast	177	196
Counties Manukau	69	236
Hawkes Bay	74	100
Hutt Valley	62	109
Lakes	38	63
Mid Central	96	125
Nelson Marlborough	103	143
Northland	96	117
South Canterbury	55	35
Southern	288	378

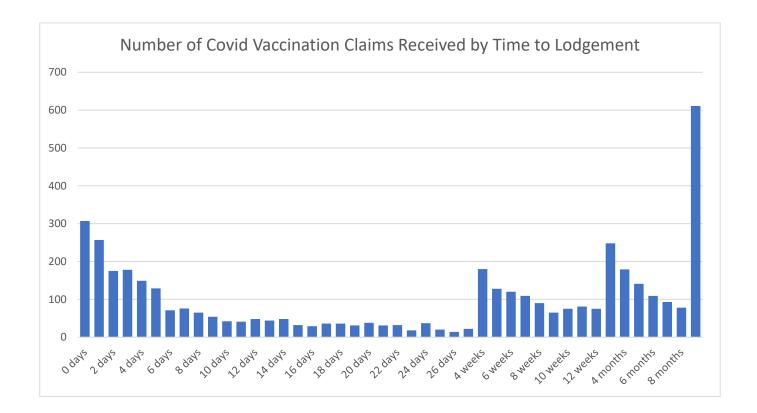
Tairawhiti	19	27
Taranaki	110	142
Waikato	278	383
Wairarapa	24	28
Waitemata	130	386
West Coast		27
Whanganui	67	99
Overseas	<4	0
Unknown	1,895	1,017
Total	4,442	4,442

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	307	22 days	32
1 days	257	23 days	18
2 days	175	24 days	37
3 days	178	25 days	20
4 days	149	26 days	14
5 days	129	27 days	22
6 days	71	4 weeks	180
7 days	76	5 weeks	128
8 days	65	6 weeks	120
9 days	54	7 weeks	109
10 days	42	8 weeks	90
11 days	41	9 weeks	65
12 days	48	10 weeks	75
13 days	44	11 weeks	81
14 days	48	12 weeks	75
15 days	32	3 months	248
16 days	29	4 months	179
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 +	611

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:

- a) 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.
- b) 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).

Monthly Payments

Data on below payments for the COVID vaccination related claims was extracted on 24 July 2025 and includes payments to 24 July 2025. The following table shows the payments to 24 July 2025 on the 1,769 accepted COVID-19 vaccination related claims, by payment month and payment type. As the data is taken from a live system, figures may differ if rerun in the future.

Payment Month	Compensation	Rehabilitation	Treatment	Total
April 2021	\$0	\$0	\$137	\$137
May 2021	\$0	\$0	\$341	\$341
June 2021	\$3,369	\$0	\$1,998	\$5,367
July 2021	\$3,109	\$717	\$3,764	\$7,591

August 2021	\$14,232	\$922	\$4,639	\$19,793
September 2021	\$32,132	\$1,698	\$10,853	\$44,682
October 2021	\$34,187	\$3,446	\$13,685	\$51,318
November 2021	\$92,871	\$1,380	\$23,666	\$117,917
December 2021	\$106,282	\$3,969	\$24,180	\$134,432
January 2022	\$141,168	\$1,821	\$23,392	\$166,381
February 2022	\$162,650	\$3,626	\$25,632	\$191,908
March 2022	\$356,333	\$6,810	\$77,281	\$440,424
April 2022	\$195,845	\$14,760	\$41,879	\$252,484
May 2022	\$260,504	\$17,190	\$66,068	\$343,762
June 2022	\$228,689	\$22,981	\$45,064	\$296,733
July 2022	\$250,568	\$13,856	\$50,501	\$314,925
August 2022	\$194,597	\$26,432	\$60,636	\$281,665
September 2022	\$264,450	\$18,334	\$35,818	\$318,602
October 2022	\$417,207	\$26,202	\$41,507	\$484,916
November 2022	\$318,585	\$24,015	\$44,984	\$387,584
December 2022	\$312,110	\$44,487	\$53,731	\$410,328
January 2023	\$254,807	\$21,615	\$50,528	\$326,950
February 2023	\$273,764	\$30,648	\$38,403	\$342,815
March 2023	\$517,738	\$24,732	\$40,344	\$582,814
April 2023	\$336,429	\$25,615	\$25,850	\$387,894
May 2023	\$298,005	\$28,340	\$25,097	\$351,442
June 2023	\$217,763	\$22,241	\$30,717	\$270,720
July 2023	\$237,562	\$22,747	\$43,231	\$303,539
August 2023	\$498,989	\$35,755	\$34,557	\$569,301
September 2023	\$177,941	\$31,830	\$41,845	\$251,616
October 2023	\$271,420	\$27,373	\$28,038	\$326,831
November 2023	\$180,417	\$25,621	\$41,650	\$247,688
December 2023	\$205,188	\$33,168	\$46,533	\$284,889
January 2024	\$233,702	\$11,808	\$18,006	\$263,516
February 2024	\$713,364	\$19,855	\$25,387	\$758,606
March 2024	\$201,080	\$18,838	\$32,328	\$252,246
April 2024	\$363,272	\$40,311	\$48,450	\$452,033
May 2024	\$327,031	\$33,821	\$30,921	\$391,773
June 2024	\$199,380	\$26,756	\$19,903	\$246,038
July 2024	\$250,269	\$26,739	\$30,318	\$307,326
August 2024	\$161,105	\$21,392	\$21,745	\$204,242
September 2024	\$236,020	\$18,657	\$36,586	\$291,263
October 2024	\$172,396	\$13,805	\$29,728	\$215,929
November 2024	\$377,494	\$21,938	\$22,481	\$421,913
December 2024	\$257,869	\$19,772	\$40,436	\$318,077
January 2025	\$261,572	\$22,154	\$13,440	\$297,166
February 2025	\$490,142	\$16,738	\$16,380	\$523,260
March 2025	\$348,138	\$20,468	\$21,732	\$390,339
April 2025	\$249,880	\$41,123	\$21,732	\$312,415
May 2025	\$229,388	\$47,010	·	\$298,583
June 2025	*	\$47,010	\$22,185 \$14,038	\$298,583
July 2025 (To 24 July)	\$223,177 \$172,554	\$39,094	\$14,038	\$276,310

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.

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.