



PROACTIVE RELEASE June 2022

GOV-015769 Data related to COVID-19 vaccinations

The treatment injury data provided was extracted on 7 June 2022 and includes claims lodged between 18 February 2021, when New Zealand began COVID vaccinations, and 4 June 2022, 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*, *Novavax*, or included the terms *covid* or *Pfizer* together with *vacc* or *injection*. 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.

During this period ACC has received 2,846 claims for injuries relating to the Covid vaccination. 1,136 claims have been accepted, 1,463 have been declined and 247 are yet to be decided. The following tables break down these numbers by the sex, age and ethnicity of the claimants.

Comirnaty had until very recently been the only Covid vaccine that has been used as part of New Zealand's vaccination response but more recently the Astra Zeneca 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.

Claim lodgement rates

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.

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 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/booster dose. Whilst nearly 52% have provided this information it has been provided as free text and nearly 50% of 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 | 144 | 256 | 24 | 424 |
| Second | 302 | 382 | 68 | 752 |
| Third Primary/Booster | 106 | 140 | 45 | 291 |
| Unspecified | 584 | 685 | 110 | 1,379 |
| Total | 1,136 | 1,463 | 247 | 2,846 |

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 4 June 2022.

| Primary Injury | Accepted Claims |
|---|-----------------|
| Allergic Reaction | 193 |
| Sprain | 127 |
| Contusion | 114 |
| Cardiac injury | 105 |
| Adverse Drug Reaction | 93 |
| Anaphylactic Reaction | 82 |
| Infection | 62 |
| Cellulitis | 44 |
| Nerve Damage | 21 |
| Bursitis | 20 |
| Other (injuries with fewer than 20 accepted claims) | 245 |
| Total | 1,136 |

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 | 1,138 |
| No Causal Link | 170 |
| Withdrawn | 55 |
| Lack of Information | 31 |
| Ordinary Consequence of Treatment | 16 |
| Other | 53 |
| Total | 1,463 |

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 7 June 2022.

| Payments to 7 June 2022 | Number of Accepted Claims |
|--------------------------|---------------------------|
| No payment to date | 215 |
| Up to \$100 | 326 |
| Over \$100 to \$500 | 374 |
| Over \$500 to \$1,000 | 67 |
| Over \$1,000 to \$5,000 | 76 |
| Over \$5,000 to \$10,000 | 27 |
| Over \$10,000 | 51 |
| Total | 1,136 |

Total payments made by ACC by 7 June 2022 on these 1,136 accepted claims was \$1,701,115. 221 out of 1,136 accepted claims had resulted in payments of over \$500 by 7 June 2022. 215 accepted claims had yet to receive a payment by 7 June 2022.

To date fewer than 4 claims have been lodged with ACC which have related to a fatal injury.

Ethnicity

The ethnicity data provided 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.

| Ethnicity | Accepted | Declined | Pending Decision | Total |
|-----------------|--------------|--------------|------------------|--------------|
| Māori | 99 | 127 | 20 | 246 |
| Pacific Peoples | 42 | 58 | 6 | 106 |
| Asian | 104 | 127 | 18 | 249 |
| European | 802 | 1,031 | 180 | 2,013 |
| Other | 89 | 120 | 23 | 232 |
| Total | 1,136 | 1,463 | 247 | 2,846 |

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 9% of the claims accepted.

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.

Age Band

| Age Band | Accepted | Declined | Pending Decision | Total |
|---------------------|--------------|--------------|------------------|--------------|
| 5-11 | 9 | 13 | 0 | 22 |
| 12-17 | 37 | -- | <4 | 80 |
| 18-24 | 87 | 112 | 7 | 206 |
| 25-29 | 78 | 124 | 10 | 212 |
| 30-34 | 103 | 144 | 19 | 266 |
| 35-39 | 103 | 146 | 27 | 276 |
| 40-44 | 113 | 153 | 21 | 287 |
| 45-49 | 138 | 156 | 40 | 334 |
| 50-54 | 103 | 167 | 36 | 306 |
| 55-59 | 112 | 133 | 21 | 266 |
| 60-64 | 82 | 99 | 23 | 204 |
| 65-69 | 83 | 70 | 15 | 168 |
| 70-74 | 40 | 51 | 10 | 101 |
| 75-79 | 19 | 25 | 12 | 56 |
| 80 plus and unknown | 29 | -- | <4 | 62 |
| Total | 1,136 | 1,463 | 247 | 2,846 |

Sex

| Sex | Accepted | Declined | Pending Decision | Total |
|--------------|--------------|--------------|------------------|--------------|
| Female | 769 | 953 | 150 | 1,872 |
| Male | 367 | 510 | 97 | 974 |
| Total | 1,136 | 1,463 | 247 | 2,846 |

The table above shows that females are far more likely than males to have lodged a claim for a Covid vaccination treatment injury. Claims for female clients represent 66% of claims lodged. This compares to 50% of the population with at least one Covid vaccination.¹

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.

Few vaccinations and consequently vaccination claims were lodged in the month of February 2021, so February and March have been grouped together to avoid reporting small numbers. Likewise, we have grouped data for May to 4 June 2022.

¹ Source: [COVID-19: Vaccine data | Ministry of Health NZ](#)

| Month | Number of Claimed Vaccinations | Number Lodged |
|-----------------------|--------------------------------|---------------|
| February - March 2021 | 15 | 5 |
| April 2021 | 68 | 21 |
| May 2021 | 109 | 61 |
| June 2021 | 101 | 68 |
| July 2021 | 133 | 51 |
| August 2021 | 318 | 125 |
| September 2021 | 456 | 262 |
| October 2021 | 527 | 316 |
| November 2021 | 331 | 415 |
| December 2021 | 272 | 375 |
| January 2022 | 229 | 272 |
| February 2022 | 198 | 326 |
| March 2022 | 53 | 237 |
| April 2022 | 20 | 153 |
| May - June 2022* | 12 | 159 |
| Unknown | 4 | 0 |

DHB

The DHB has been provided below based on the DHB of Treatment where this has been identified and by the DHB of Residence of the client. Given that the number of claims received from some DHBs is quite small only the total number of claims lodged has been shown in the table below.

| District Health Board Region | DHB of Treatment | DHB of Residence |
|------------------------------|------------------|------------------|
| Auckland | 259 | 220 |
| Bay of Plenty | 79 | 155 |
| Canterbury | 136 | 311 |
| Capital & Coast | 100 | 157 |
| Counties Manukau | 36 | 233 |
| Hawkes Bay | 39 | 77 |
| Hutt Valley | 38 | 90 |
| Lakes | 24 | 54 |
| Mid Central | 54 | 104 |
| Nelson Marlborough | 58 | 118 |
| Northland | 54 | 87 |
| South Canterbury | 28 | 28 |
| Southern | 150 | 306 |
| Tairāwhiti | 11 | 21 |
| Taranaki | 72 | 117 |
| Waikato | 167 | 327 |
| Wairarapa | 11 | 25 |
| Waitemata | 79 | 316 |
| West Coast | -- | 20 |
| Whanganui | 47 | 75 |
| Overseas | <4 | 0 |
| Unknown | 1,393 | 5 |
| Total | 2,846 | 2,846 |

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 | 113 | 21 days | 32 |
| 1 days | 142 | 22 days | 24 |
| 2 days | 118 | 23 days | 19 |
| 3 days | 132 | 24 days | 30 |
| 4 days | 103 | 25 days | 19 |
| 5 days | 87 | 26 days | 13 |
| 6 days | 67 | 27 days | 19 |
| 7 days | 65 | 4 weeks | 162 |
| 8 days | 51 | 5 weeks | 105 |
| 9 days | 38 | 6 weeks | 92 |
| 10 days | 40 | 7 weeks | 90 |
| 11 days | 34 | 8 weeks | 79 |
| 12 days | 39 | 9 weeks | 64 |
| 13 days | 31 | 10 weeks | 66 |
| 14 days | 32 | 11 weeks | 74 |
| 15 days | 26 | 12 weeks | 61 |
| 16 days | 28 | 3 months | 205 |
| 17 days | 22 | 4 months | 141 |
| 18 days | 26 | 5 months | 105 |
| 19 days | 24 | 6 months + | 200 |
| 20 days | 28 | | |

Treatment Injury

ACC has provided cover for treatment injuries since 1 July 2005, when treatment injury provisions came into law. 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 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 www.acc.co.nz/assets/provider/ACC7971-Supporting-Treatment-Safety-2021.pdf.