

New Zealand: A Study Finds a 10% Rise in Excess Mortality in Age Groups Who Have Had Booster COVID Injections

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Using weekly data on excess mortality in New Zealand, a study published last week set out to analyse the impacts of rolling out booster doses of Covid injections. It found that age groups most likely to have had booster Covid injections had 7-10% more excess mortality than the age groups most likely not to have taken up a booster dose.

“The results suggest 16 (95% CI: 5 to 27) excess deaths per 100,000 booster doses, amounting to over 400 excess deaths in New Zealand given the booster doses administered to date. If this rate of excess deaths is extrapolated to other countries, it amounts to over 300,000 excess deaths worldwide,” Professor John Gibson, the study’s author, wrote.

The study was published in [EconPapers](#), the world’s largest collection of on-line economics working papers, journal articles and software, and authored by [John Gibson](#), Professor in the Department of Economics at the University of Waikato, Hamilton, New Zealand.

In his paper, [‘The Rollout of COVID-19 Booster Vaccines is Associated with Rising Excess Mortality in New Zealand’](#), Prof. Gibson stated:

“The ratio of vaccine risk to benefits likely has swung more towards risk than during the original randomised trials, due to dose-dependent adverse events and to fixation of immune responses on a variant no longer circulating.

“In light of an unsatisfactory risk-evidence situation, aggregate weekly data on excess mortality in New Zealand are used here to study the impacts of rolling out booster doses.

“The age groups most likely to use boosters had 7-10 percentage point rises in excess

mortality rates as boosters were rolled out while the age group that is mostly too young for boosters saw no rise in excess mortality.”

Excess mortality is the number of deaths from all causes during a crisis above and beyond what we would have expected to see under “normal” conditions. In other words, Prof. Gibson found more people who had, likely, received a booster injection died than normally expected.

In September 2021 an advisory panel of experts outside of the US Food and Drug Administration (“FDA”) voted 16-2 against the widespread use of Covid injection boosters due to a lack of safety data and doubts about the benefits of mass boosting over targeted approaches, Gibson noted.

After this vote was ignored and the FDA approved boosters for the general population, the top two officials in the FDA’s Office of Vaccines Research and Review resigned and criticised decision-making about the mass rollout of boosters.

This critique noted that if unnecessary boosting causes significant adverse reactions it may increase vaccine hesitancy more generally; a concern raised elsewhere that the potentially low benefits of Covid-19 vaccines relative to the costs borne by vaccinees (such as exposure to breakthrough infections and to vaccine adverse events) may undermine public confidence in other vaccination efforts (Godlee, 2020; Gibson, 2022a). Even the World Health Organisation argue that a vaccination strategy based on repeated booster doses of the original vaccine composition is unlikely to be appropriate or sustainable (WHO, 2022).

Several European countries have already restricted some mRNA vaccines to only those aged over 30 years due to these safety concerns.

Given this shift in the risk-benefit ratio, stronger evidence should underpin mass use of boosters but the opposite holds.

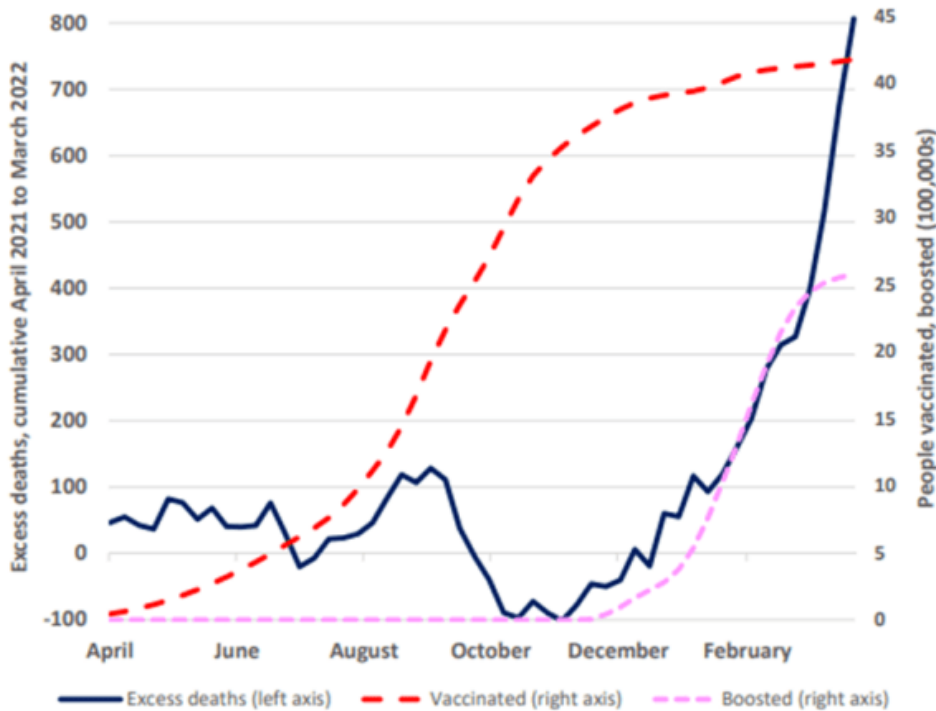
[*The Rollout of COVID-19 Booster Vaccines is Associated with Rising Excess Mortality in New Zealand*](#), *EconPapers*, John Gibson, 28 June 2022

The primary Covid “vaccine” used in New Zealand is Pfizer. Weekly data on all deaths in New Zealand, from 2011 through the end of March 2022, was used to calculate excess mortality during the rollout of Covid-19 vaccines.

On 21 December 2021, New Zealand’s Covid Response Minister [Chris Hipkins announced](#) that the interval between the second dose and the booster shot would be reduced from six months to four months; making 82% of vaccinated New Zealanders eligible for a booster by late February 2022. By then, before having any experience with Covid, Prof. Gibson noted, “8.2 million original protocol Pfizer doses and 2.2 million booster doses had been administered. In other words, about half of the population were both ‘fully vaccinated’ and ‘boosted’.”

As can be seen in the graph below, Prof. Gibson’s analysis found that the sustained rise in excess mortality from December coincides with the booster rollout.

B) Cumulative Excess Deaths and COVID-19 Vaccine Rollout: April 2021 to March 2022



[The Rollout of COVID-19 Booster Vaccines is Associated with Rising Excess Mortality in New Zealand](#),
John Gibson, June 2022

And the rise in excess mortality in the last four months was experienced by all ages except the 0-29 years group, who are mostly ineligible for boosters.

Table 1: Excess Mortality by Age Group: New Zealand 2021-22

Age Group	Mean Excess Mortality p-score		Change from pre-booster era to booster era*
	Pre-booster era	Booster era	
0 – 29	6.0	3.8	-2.2 [0.782]
30 – 59	-4.3	2.7	7.0 [0.017]
60 – 79	0.1	7.3	7.2 [0.003]
80 and above	0.3	10.4	10.1 [0.000]
ALL AGES	-0.2	8.2	8.4 [0.000]

Notes: The p-score is the percentage by which weekly deaths deviate from expected deaths. The pre-booster era is April to November 2021, and the booster era is December 2021 through March 2022.

* p-values for the null hypothesis of zero change in [].

[The Rollout of COVID-19 Booster Vaccines is Associated with Rising Excess Mortality in New Zealand](#),
John Gibson, June 2022

The visual evidence of 400 cumulative excess deaths while boosters went from zero to over two million is suggestive, especially as the age-disaggregated data show no rise in excess deaths for the one group (0-29 years) mostly ineligible for boosters.

The regression results show statistical associations between booster rollout and excess

deaths using observational data, not randomised data.

Secondary analysis of serious adverse events reported in the mRNA vaccine [randomised control trials] RCTs shows higher risks with Moderna than with Pfizer (Fraiman et al, 2022), perhaps from dosage differences (100mg for Moderna versus 30mg for Pfizer). The use of the Pfizer booster raises the accumulated dosage, which may then make these vaccine adverse events more likely.

[The Rollout of COVID-19 Booster Vaccines is Associated with Rising Excess Mortality in New Zealand](#), *EconPapers*, John Gibson, 28 June 2022

Prof. Gibson concluded that there is a close relationship between booster rollout and rising excess mortality. And that this relationship was not seen with the rollout of the original protocol vaccine doses.

“The age groups most likely to use boosters had 7-10 percentage point rises in excess mortality rates as boosters were rolled out while the age group that is mostly too young for boosters saw no rise in excess mortality. Instrumental variables estimates that exploit a plausible source of exogenous variation in the rate of administering booster doses suggest 16 excess deaths per 100,000 booster doses given, amounting to over 400 excess deaths from New Zealand’s booster rollout. Value of statistical life of these excess deaths is over \$1.6 billion. Even a small fraction of this (say, one per cent) would have been sufficient to fund robust evidence on the impacts of rolling out Covid-19 booster vaccines,” Prof. Gibson concluded.

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