

**BACKGROUND NOTE** Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

\* Burton et al. 2009. Bull World Health Organ. \* Burton et al. 2012. PLoS One.  
\* Brown et al. 2013. Open Pub Health Journal. \* Danovaro-Holliday et al. 2021. Gates Open Res.

## DATA SOURCES

**ADMINISTRATIVE coverage:** Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

**OFFICIAL coverage:** Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

**SURVEY coverage:** Based on estimated coverage from population-based household surveys among children aged 6-11, 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

## ABBREVIATIONS AND DEFINITIONS

**BCG:** percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

**DTP1 / DTP3:** percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

**POL3:** percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

**IPV1:** percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants < 1 year of age. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (POL3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated POL3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated POL3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

**IPV2:** percentage of surviving infants who received a 2nd dose of inactivated polio vaccine. IPV2 coverage estimates produced for OPV using countries.

**MCV1:** percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

**MCV2:** percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

**RCV1:** percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration in the production of the estimate.

**HEPB3:** percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HEPB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

**HEPB3:** percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

**HIB3:** percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

**ROTAC:** percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

**PCV3:** percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PCV prior to the 1st birthday if coverage for the booster dose is not reported.

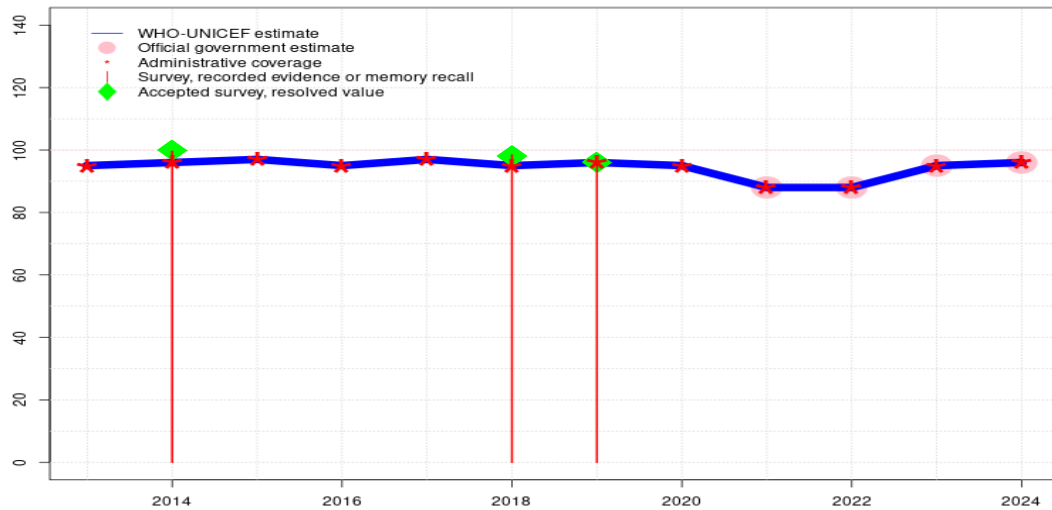
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**MENGA:** percentage of children who received one dose of meningococcal A conjugate vaccine. MENGA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

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# Viet Nam - BCG

VNM - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	95	96	97	95	97	95	96	95	88	88	95	96
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●	●●●	●●●	●●●	●●	●●	●●
Official	-	-	-	-	-	-	-	-	88	88	95	96
Administrative	95	96	97	95	97	95	96	95	88	88	95	96
Survey	-	100	-	-	-	98	96	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

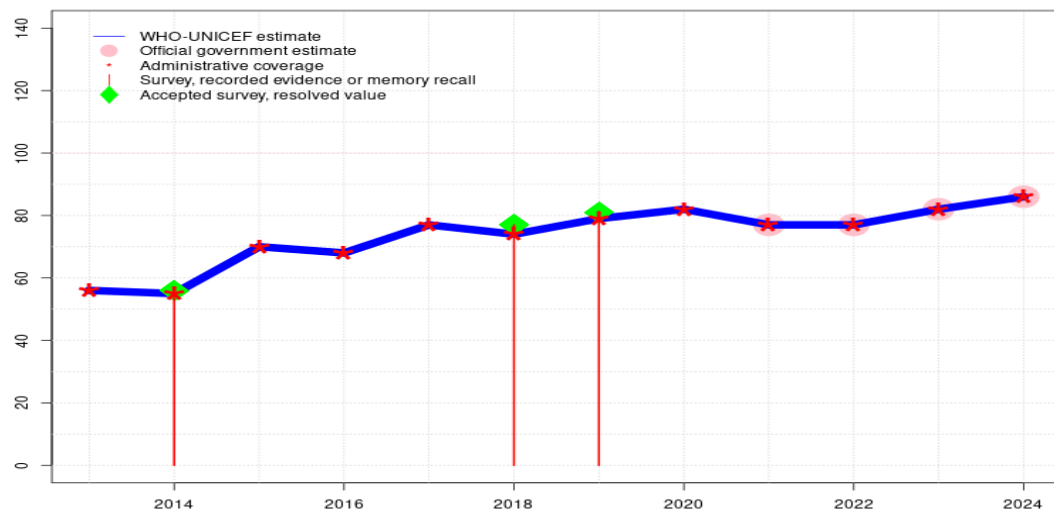
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## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports 2 months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population decreased 10 percent compared to prior year levels. Programme reports transitioning to an immunization registry that may explain differences. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data supported by survey.Survey evidence of 98 percent based on 1 survey(s). Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. GoC=R+ S+ D+
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- 2013: Estimate informed by reported administrative data. WHO and UNICEF are aware of the conduct of a subnational EPI coverage survey conducted in 2015 with results for the 2013-14 birth cohorts. The survey report notes that the survey was not designed to derive national level coverage estimates and therefore is not taken into consideration here. GoC=R+ S+ D+

# Viet Nam - HEPBB

VNM - HEPBB



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- 2022: Estimate informed by reported data. Reported target population decreased 10 percent compared to prior year levels. Programme reports transitioning to an immunization registry that may explain differences. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data supported by survey.Survey evidence of 81 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data supported by survey.Survey evidence of 77 percent based on 1 survey(s). GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data. Estimate challenged by: S-
- 2015: Estimate informed by reported administrative data. Reported data suggests recovery from service disruption following adverse events in prior years. Programme reports intensified efforts to improve reach of HepB birth dose including use of monovalent HepB vaccine out of the cold chain as well as additional trainings of health workers and birth attendants. Estimate challenged by: S-
- 2014: Estimate informed by reported administrative data supported by survey.Survey evidence of 56 percent based on 1 survey(s). Estimate challenged by: S-
- 2013: Estimate informed by reported administrative data. WHO and UNICEF are aware of the conduct of a subnational EPI coverage survey conducted in 2015 with results for the 2013-14 birth cohorts. The survey report notes that the survey was not designed to derive national level coverage estimates and therefore is not taken into consideration here. Decline in coverage due to suspension of DTP-HepB-Hib pentavalent vaccine at national level for 5 months following adverse events. Estimate challenged by: S-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	56	55	70	68	77	74	79	82	77	77	82	86
Estimate GoC	●	●	●	●	●●	●●	●●	●●	●●	●●	●●	●●
Official	-	-	-	-	-	-	-	-	77	77	82	86
Administrative	56	55	70	68	77	74	79	82	77	77	82	86
Survey	-	56	-	-	-	77	81	-	-	-	-	-

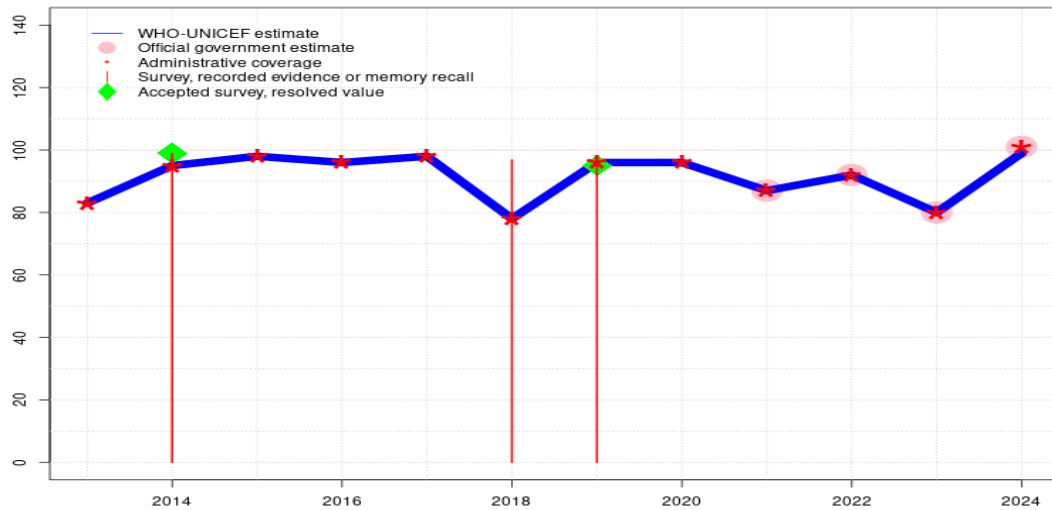
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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# Viet Nam - DTP1

VNM - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	83	95	98	96	98	78	96	96	87	92	80	99
Estimate GoC	•	•••	•••	•••	•••	•	•••	•••	•••	••	••	••
Official	-	-	-	-	-	-	-	-	87	92	80	101
Administrative	83	95	98	96	98	78	96	96	87	92	80	101
Survey	-	99	-	-	-	97	95	-	-	-	-	-

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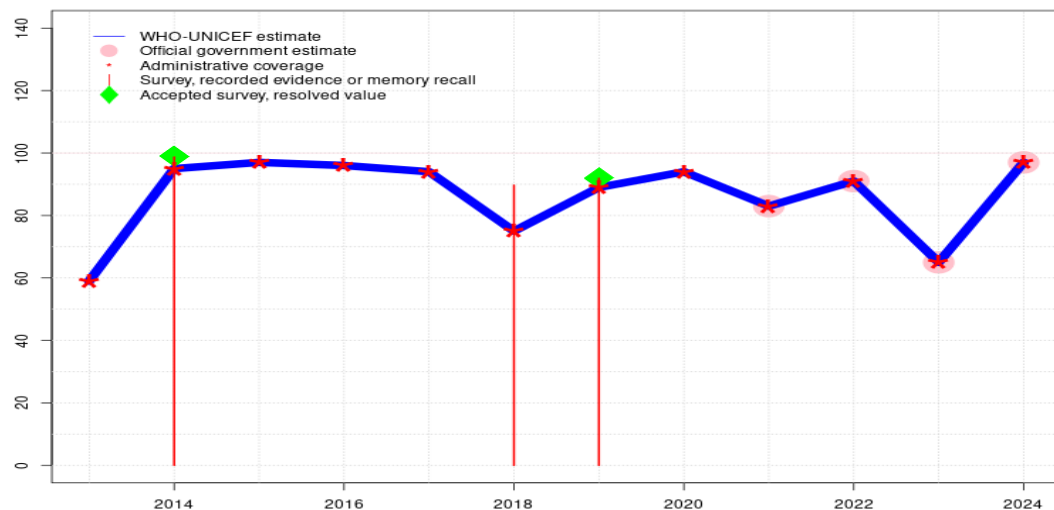
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## Description:

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- 2022: Estimate informed by reported data. Reported target population decreased 10 percent compared to prior year levels. Programme reports transitioning to an immunization registry that may explain differences. Programme reports six months vaccine stockout at national and subnational levels that does not appear to have impacted reported coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data supported by survey.Survey evidence of 95 percent based on 1 survey(s). Programme appears to have recovered from prior year stockout in spite of reporting a one month vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data. Viet Nam SDGCW Survey 2020-2021 results ignored by working group. Survey results appear to not reflect the impact of a reported vaccine stockout. Programme reports two months vaccine stockout at the national level. Estimate challenged by: D-S-
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# Viet Nam - DTP3

VNM - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	59	95	97	96	94	75	89	94	83	91	65	97
Estimate GoC	•	•••	•••	•••	•••	•	•••	•••	•••	••	••	••
Official	-	-	-	-	-	-	-	-	83	91	65	97
Administrative	59	95	97	96	94	75	89	94	83	91	65	97
Survey	-	99	-	-	-	90	92	-	-	-	-	-

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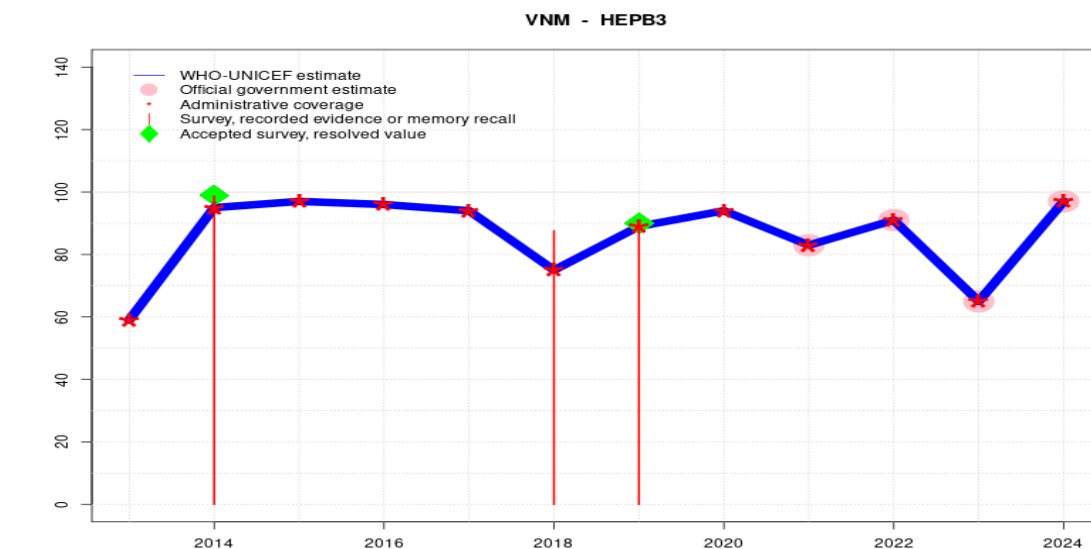
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# Viet Nam - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	59	95	97	96	94	75	89	94	83	91	65	97
Estimate GoC	•	•••	•••	•••	•••	•	•••	•••	•••	••	••	••
Official	-	-	-	-	-	-	-	-	83	91	65	97
Administrative	59	95	97	96	94	75	89	94	83	91	65	97
Survey	-	99	-	-	-	88	90	-	-	-	-	-

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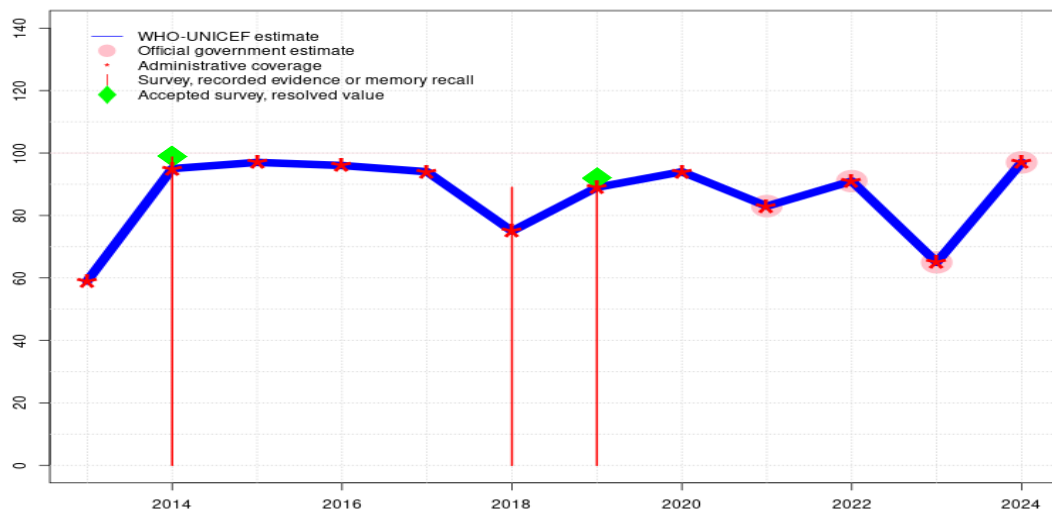
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# Viet Nam - Hib3

VNM - Hib3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	59	95	97	96	94	75	89	94	83	91	65	97
Estimate GoC	•	•••	•••	•••	•••	•	•••	•••	•••	••	••	••
Official	-	-	-	-	-	-	-	-	83	91	65	97
Administrative	59	95	97	96	94	75	89	94	83	91	65	97
Survey	-	99	-	-	-	89	91	-	-	-	-	-

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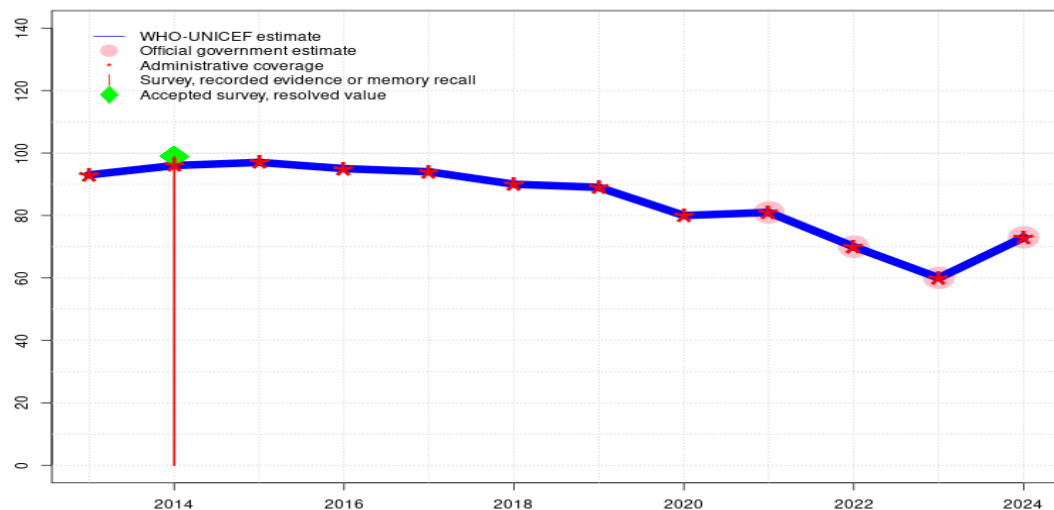
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- 2020: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Viet Nam SDGCW Survey 2020-2021 record or recall results of 91 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 89 percent. Programme appears to have recovered from prior year stockout in spite of reporting a one month vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data. Viet Nam SDGCW Survey 2020-2021 results ignored by working group. Survey results appear to not reflect the impact of a reported vaccine stockout. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-S-
- 2017: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Recovery in coverage following suspension of DTP-HepB-Hib pentavalent vaccine at national level for 5 months following adverse events. GoC=R+ S+ D+
- 2013: Estimate informed by reported administrative data. WHO and UNICEF are aware of the conduct of a subnational EPI coverage survey conducted in 2015 with results for the 2013-14 birth cohorts. The survey report notes that the survey was not designed to derive national level coverage estimates and therefore is not taken into consideration here. Decline in coverage due to suspension of DTP-HepB-Hib pentavalent vaccine at national level for 5 months following adverse events. Estimate challenged by: S-



# Viet Nam - POL3

VNM - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	96	97	95	94	90	89	80	81	70	60	73
Estimate GoC	•	••	•••	•••	••	•	••	••	••	••	••	••
Official	-	-	-	-	-	-	-	-	81	70	60	73
Administrative	93	96	97	95	94	90	89	80	81	70	60	73
Survey	-	99	-	-	-	-	-	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

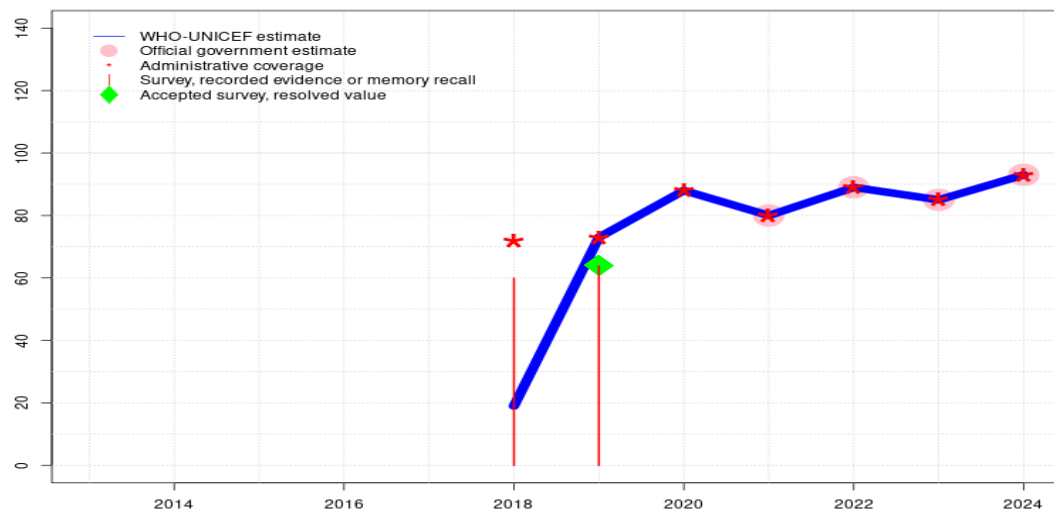
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports 4 months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population decreased 10 percent compared to prior year levels. Programme reports transitioning to an immunization registry that may explain differences. Programme reports two months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ D+
- 2018: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2014: Estimate informed by reported administrative data supported by survey.Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported administrative data. WHO and UNICEF are aware of the conduct of a subnational EPI coverage survey conducted in 2015 with results for the 2013-14 birth cohorts. The survey report notes that the survey was not designed to derive national level coverage estimates and therefore is not taken into consideration here. Estimate challenged by: D-

# Viet Nam - IPV1

VNM - IPV1



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports 2 months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population decreased 10 percent compared to prior year levels. Programme reports transitioning to an immunization registry that may explain differences. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: S-
- 2020: Estimate informed by reported administrative data. Programme reports a six month vaccine stockout at national and subnational levels. Estimate challenged by: S-
- 2019: Estimate informed by reported administrative data supported by survey. Survey evidence of 64 percent based on 1 survey(s). Estimate informed by reported data following introduction. GoC=R+ S+ D+
- 2018: Inactivated polio vaccine introduced in June 2018. Programme reports 72 percent coverage achieved in 27 percent of the national target population. Estimate reflects coverage achieved in the annual national target population. Viet Nam SDGCW Survey 2020-2021 results ignored by working group. Survey results appear to be misaligned with mid-year vaccine introduction. Estimate challenged by: R-S-

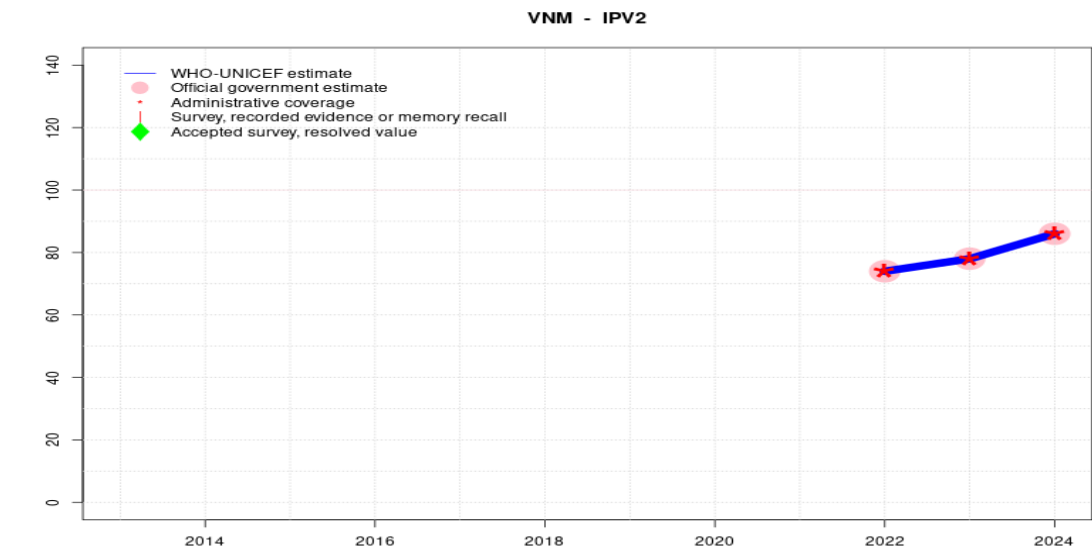
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	19	73	88	80	89	85	93
Estimate GoC	-	-	-	-	-	•	•••	•	•	••	••	••
Official	-	-	-	-	-	-	-	-	80	89	85	93
Administrative	-	-	-	-	-	72	73	88	80	89	85	93
Survey	-	-	-	-	-	60	64	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

# Viet Nam - IPV2



## Description:

2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2022. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	74	78	86
Estimate GoC	-	-	-	-	-	-	-	-	-	●	●●	●●
Official	-	-	-	-	-	-	-	-	-	74	78	86
Administrative	-	-	-	-	-	-	-	-	-	74	78	86
Survey	-	-	-	-	-	-	-	-	-	-	-	-

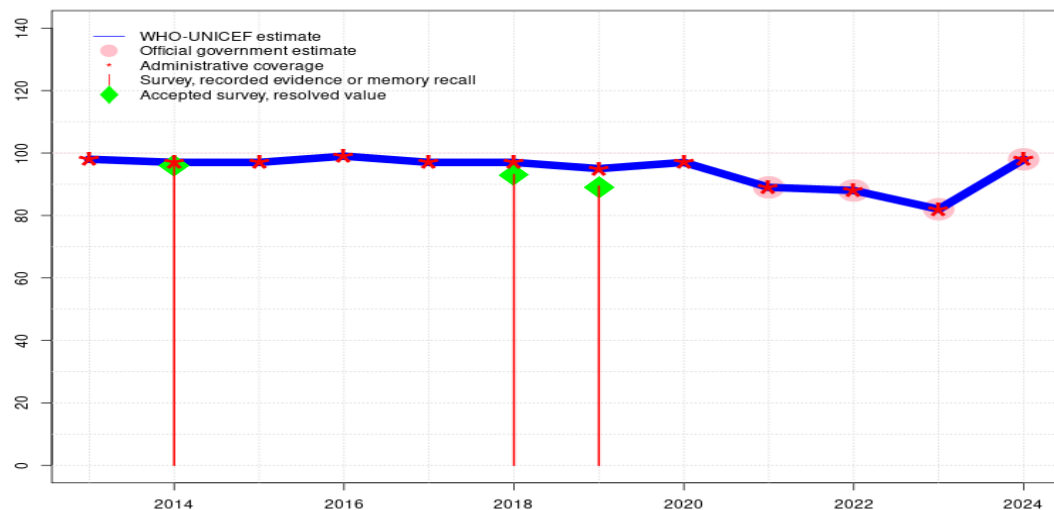
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

# Viet Nam - MCV1

VNM - MCV1



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports 3 months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population decreased 10 percent compared to prior year levels. Programme reports transitioning to an immunization registry that may explain differences. Programme reports six months vaccine stockout at national and subnational levels that does not appear to have impacted reported coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data supported by survey. Survey evidence of 89 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported administrative data. WHO and UNICEF are aware of the conduct of a subnational EPI coverage survey conducted in 2015 with results for the 2013-14 birth cohorts. The survey report notes that the survey was not designed to derive national level coverage estimates and therefore is not taken into consideration here. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	97	97	99	97	97	95	97	89	88	82	98
Estimate GoC	•	•••	•••	•••	•••	•	•••	•••	•••	••	••	••
Official	-	-	-	-	-	-	-	-	89	88	82	98
Administrative	98	97	97	99	97	97	95	97	89	88	82	98
Survey	-	96	-	-	-	93	89	-	-	-	-	-

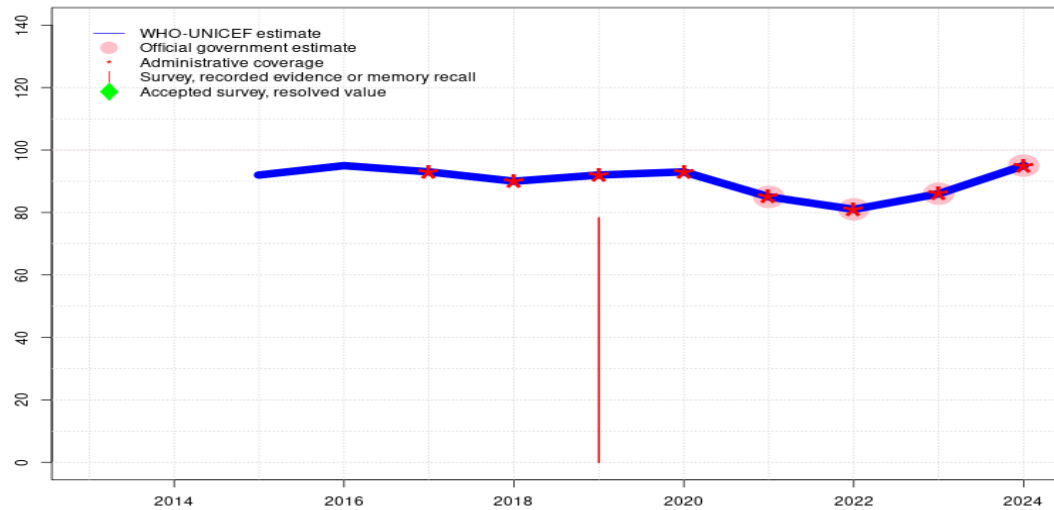
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

# Viet Nam - RCV1

VNM - RCV1



## Description:

- 2024: Estimate based on estimated MCV2. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate based on estimated MCV2. Programme reports 3 months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate based on estimated MCV2. GoC=R+ D+
- 2021: Estimate based on estimated MCV2. GoC=R+ D+
- 2020: Estimate based on estimated MCV2. GoC=R+ D+
- 2019: Estimate based on estimated MCV2. Viet Nam SDGCW Survey 2020-2021 results ignored by working group. Survey results for the 2nd dose of measles containing vaccine are misaligned with the results of other vaccines. GoC=R+ D+
- 2018: Estimate based on estimated MCV2. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV2. GoC=R+ D+
- 2016: Estimate based on estimated MCV2. GoC=R+ S+ D+
- 2015: Estimate based on estimated MCV2. Measles rubella vaccine introduced in 2015. Rubella administered with the second dose of MCV, recommended for administration at 18 months of age. GoC=R+ S+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	92	95	93	90	92	93	85	81	86	95
Estimate GoC	-	-	●●●	●●●	●●	●	●●	●●	●●	●●	●●	●●
Official	-	-	-	-	-	-	-	-	85	81	86	95
Administrative	-	-	-	-	93	90	92	93	85	81	86	95
Survey	-	-	-	-	-	-	78	-	-	-	-	-

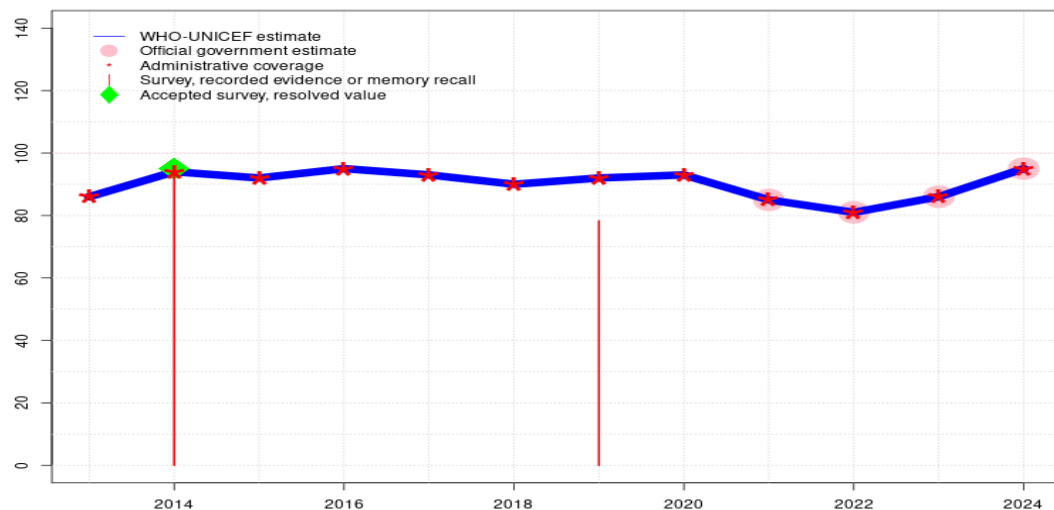
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

# Viet Nam - MCV2

VNM - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	86	94	92	95	93	90	92	93	85	81	86	95
Estimate GoC	●●●	●●●	●●●	●●●	●●	●	●●	●●	●●	●●	●●	●●
Official	-	-	-	-	-	-	-	-	85	81	86	95
Administrative	86	94	92	95	93	90	92	93	85	81	86	95
Survey	-	95	-	-	-	-	78	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports 3 months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports six months vaccine stockout at national and subnational levels that does not appear to have impacted reported coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. Viet Nam SDGCW Survey 2020-2021 results ignored by working group. Survey results for the 2nd dose of measles containing vaccine are misaligned with the results of other vaccines. GoC=R+ D+
- 2018: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2014: Estimate informed by reported administrative data supported by survey.Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported administrative data. WHO and UNICEF are aware of the conduct of a subnational EPI coverage survey conducted in 2015 with results for the 2013-14 birth cohorts. The survey report notes that the survey was not designed to derive national level coverage estimates and therefore is not taken into consideration here. GoC=R+ S+ D+



# Viet Nam - Survey Details

**NOTE** A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

## 2019 Viet Nam SDGCW Survey 2020-2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	3.2	12-23 m	872	95
BCG	Record	93.2	12-23 m	872	95
BCG	Record or Recall	96.4	12-23 m	872	95
BCG	Record or Recall<12m	95.8	12-23 m	872	95
DTP1	Recall	2.5	12-23 m	872	95
DTP1	Record	92.8	12-23 m	872	95
DTP1	Record or Recall	95.4	12-23 m	872	95
DTP1	Record or Recall<12m	94	12-23 m	872	95
DTP3	Recall	1.7	12-23 m	872	95
DTP3	Record	90.2	12-23 m	872	95
DTP3	Record or Recall	91.9	12-23 m	872	95
DTP3	Record or Recall<12m	90.8	12-23 m	872	95
HEPB1	Recall	3	12-23 m	872	95
HEPB1	Record	90.5	12-23 m	872	95
HEPB1	Record or Recall	93.5	12-23 m	872	95
HEPB1	Record or Recall<12m	93.3	12-23 m	872	95
HEPB3	Recall	2.5	12-23 m	872	95
HEPB3	Record	87.1	12-23 m	872	95
HEPB3	Record or Recall	89.7	12-23 m	872	95

HEPB3	Record or Recall<12m	87.6	12-23 m	872	95
HEPBB	Recall	0	12-23 m	872	95
HEPBB	Record	81.3	12-23 m	872	95
HEPBB	Record or Recall	81.3	12-23 m	872	95
HEPBB	Record or Recall<12m	80.6	12-23 m	872	95
HIB1	Recall	2.9	12-23 m	872	95
HIB1	Record	91.7	12-23 m	872	95
HIB1	Record or Recall	94.7	12-23 m	872	95
HIB1	Record or Recall<12m	93.5	12-23 m	872	95
HIB3	Recall	2.1	12-23 m	872	95
HIB3	Record	88.6	12-23 m	872	95
HIB3	Record or Recall	90.7	12-23 m	872	95
HIB3	Record or Recall<12m	89	12-23 m	872	95
IPV1	Recall	6.1	12-23 m	872	95
IPV1	Record	57.7	12-23 m	872	95
IPV1	Record or Recall	63.8	12-23 m	872	95
IPV1	Record or Recall<12m	28.7	12-23 m	872	95
MCV1	Recall	3.6	12-23 m	872	95
MCV1	Record	85.8	12-23 m	872	95
MCV1	Record or Recall	89.4	12-23 m	872	95
MCV1	Record or Recall<12m	82.3	12-23 m	872	95
MCV2	Recall	0.7	24-35 m	812	-
MCV2	Record	77.6	24-35 m	812	-
MCV2	Record or Recall	78.3	24-35 m	812	-
RCV1	Recall	0.7	24-35 m	812	-
RCV1	Record	77.6	24-35 m	812	-
RCV1	Record or Recall	78.3	24-35 m	812	-

## 2018 Viet Nam SDGCW Survey 2020-2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	4.7	24-35 m	812	-
BCG	Record	93.7	24-35 m	812	-
BCG	Record or Recall	98.4	24-35 m	812	-
BCG	Record or Recall<12m	97.9	24-35 m	812	-
DTP1	Recall	3.2	24-35 m	812	-
DTP1	Record	93.5	24-35 m	812	-
DTP1	Record or Recall	96.8	24-35 m	812	-
DTP1	Record or Recall<12m	91	24-35 m	812	-

DTP3	Recall	3.3	24-35 m	812	-
DTP3	Record	86.5	24-35 m	812	-
DTP3	Record or Recall	89.7	24-35 m	812	-
DTP3	Record or Recall<12m	75	24-35 m	812	-
HEPB1	Recall	3.9	24-35 m	812	-
HEPB1	Record	90.7	24-35 m	812	-
HEPB1	Record or Recall	94.6	24-35 m	812	-
HEPB1	Record or Recall<12m	91.2	24-35 m	812	-
HEPB3	Recall	3.2	24-35 m	812	-
HEPB3	Record	84.4	24-35 m	812	-
HEPB3	Record or Recall	87.6	24-35 m	812	-
HEPB3	Record or Recall<12m	71.8	24-35 m	812	-
HEPBB	Recall	0.1	24-35 m	812	-
HEPBB	Record	76.9	24-35 m	812	-
HEPBB	Record or Recall	77	24-35 m	812	-
HEPBB	Record or Recall<12m	76.7	24-35 m	812	-
HIB1	Recall	3.4	24-35 m	812	-
HIB1	Record	91.9	24-35 m	812	-
HIB1	Record or Recall	95.3	24-35 m	812	-
HIB1	Record or Recall<12m	90.3	24-35 m	812	-
HIB3	Recall	3.2	24-35 m	812	-
HIB3	Record	85.8	24-35 m	812	-
HIB3	Record or Recall	89	24-35 m	812	-
HIB3	Record or Recall<12m	74.4	24-35 m	812	-
IPV1	Recall	6.7	24-35 m	812	-
IPV1	Record	53.3	24-35 m	812	-
IPV1	Record or Recall	59.9	24-35 m	812	-
IPV1	Record or Recall<12m	19.5	24-35 m	812	-
MCV1	Recall	5.3	24-35 m	812	-
MCV1	Record	87.9	24-35 m	812	-
MCV1	Record or Recall	93.1	24-35 m	812	-
MCV1	Record or Recall<12m	82	24-35 m	812	-

2014 Viet Nam Immunization coverage survey: objectives, methods and findings 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.6	12-23 m	2422	-
DTP1	Record or Recall	98.8	12-23 m	2422	-

DTP3	Record or Recall	98.7	12-23 m	2422	-
HEPB1	Record or Recall	98.8	12-23 m	2422	-
HEPB3	Record or Recall	98.7	12-23 m	2422	-
HEPBB	Record or Recall	56.3	12-23 m	2422	-
HIB1	Record or Recall	98.8	12-23 m	2422	-
HIB3	Record or Recall	98.7	12-23 m	2422	-
MCV1	Record or Recall	96.4	12-23 m	2422	-
MCV2	Record or Recall	94.5	24-35 m	2422	-
POL1	Record or Recall	99	12-23 m	2422	-
POL3	Record or Recall	98.8	12-23 m	2422	-

2012 Viet Nam Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	5.2	12-23 m	790	94
BCG	Record	92.8	12-23 m	790	94
BCG	Record or Recall	98	12-23 m	790	94
BCG	Record or Recall<12m	98	12-23 m	790	94
DTP1	Recall	7.1	12-23 m	790	94
DTP1	Record	89.2	12-23 m	790	94
DTP1	Record or Recall	96.3	12-23 m	790	94
DTP1	Record or Recall<12m	96.3	12-23 m	790	94
DTP3	Recall	5.3	12-23 m	790	94
DTP3	Record	83.4	12-23 m	790	94
DTP3	Record or Recall	88.6	12-23 m	790	94
DTP3	Record or Recall<12m	88.6	12-23 m	790	94
HEPB1	Recall	6.9	12-23 m	790	94
HEPB1	Record	88.3	12-23 m	790	94
HEPB1	Record or Recall	95.2	12-23 m	790	94
HEPB1	Record or Recall<12m	95.2	12-23 m	790	94
HEPB3	Recall	4.9	12-23 m	790	94
HEPB3	Record	82.5	12-23 m	790	94
HEPB3	Record or Recall	87.4	12-23 m	790	94
HEPB3	Record or Recall<12m	87.4	12-23 m	790	94
HEPBB	Recall	7.6	12-23 m	790	94
HEPBB	Record	70.9	12-23 m	790	94
HEPBB	Record or Recall	78.5	12-23 m	790	94
HEPBB	Record or Recall<12m	78.5	12-23 m	790	94
HIB1	Recall	6.2	12-23 m	790	94

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HIB1	Record	88.8	12-23 m	790	94
HIB1	Record or Recall	95	12-23 m	790	94
HIB1	Record or Recall<12m	95	12-23 m	790	94
HIB3	Recall	5	12-23 m	790	94
HIB3	Record	82.4	12-23 m	790	94
HIB3	Record or Recall	87.5	12-23 m	790	94
HIB3	Record or Recall<12m	87.5	12-23 m	790	94
MCV1	Recall	5.2	12-23 m	790	94
MCV1	Record	85.7	12-23 m	790	94
MCV1	Record or Recall	90.9	12-23 m	790	94
MCV1	Record or Recall<12m	86.2	12-23 m	790	94
POL1	Recall	5	12-23 m	790	94
POL1	Record	92.2	12-23 m	790	94
POL1	Record or Recall	97.2	12-23 m	790	94
POL1	Record or Recall<12m	96.9	12-23 m	790	94
POL3	Recall	4.3	12-23 m	790	94
POL3	Record	88.8	12-23 m	790	94
POL3	Record or Recall	93	12-23 m	790	94
POL3	Record or Recall<12m	91.9	12-23 m	790	94

HEPB3	Recall	9.8	24-35 m	641	-
HEPB3	Record	82.1	24-35 m	641	-
HEPB3	Record or Recall	92	24-35 m	641	-
HEPB3	Record or Recall<12m	92	24-35 m	641	-
HEPBB	Recall	9	24-35 m	641	-
HEPBB	Record	61.8	24-35 m	641	-
HEPBB	Record or Recall	70.8	24-35 m	641	-
HEPBB	Record or Recall<12m	70.8	24-35 m	641	-
HIB1	Recall	12.1	24-35 m	641	-
HIB1	Record	83.2	24-35 m	641	-
HIB1	Record or Recall	95.3	24-35 m	641	-
HIB1	Record or Recall<12m	95.3	24-35 m	641	-
HIB3	Recall	8	24-35 m	641	-
HIB3	Record	84.1	24-35 m	641	-
HIB3	Record or Recall	92.1	24-35 m	641	-
HIB3	Record or Recall<12m	92.1	24-35 m	641	-
MCV1	Recall	7.7	24-35 m	641	-
MCV1	Record	86.5	24-35 m	641	-
MCV1	Record or Recall	94.3	24-35 m	641	-
MCV1	Record or Recall<12m	88.8	24-35 m	641	-
POL1	Recall	9.6	24-35 m	641	-
POL1	Record	87.1	24-35 m	641	-
POL1	Record or Recall	96.8	24-35 m	641	-
POL1	Record or Recall<12m	95.9	24-35 m	641	-
POL3	Recall	7.9	24-35 m	641	-
POL3	Record	85.6	24-35 m	641	-
POL3	Record or Recall	93.6	24-35 m	641	-
POL3	Record or Recall<12m	91.7	24-35 m	641	-

## 2011 Viet Nam Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	10.5	24-35 m	641	-
BCG	Record	87.2	24-35 m	641	-
BCG	Record or Recall	97.7	24-35 m	641	-
BCG	Record or Recall<12m	96.9	24-35 m	641	-
DTP1	Recall	11.9	24-35 m	641	-
DTP1	Record	84.3	24-35 m	641	-
DTP1	Record or Recall	96.2	24-35 m	641	-
DTP1	Record or Recall<12m	96.2	24-35 m	641	-
DTP3	Recall	8.6	24-35 m	641	-
DTP3	Record	84.6	24-35 m	641	-
DTP3	Record or Recall	93.2	24-35 m	641	-
DTP3	Record or Recall<12m	93.2	24-35 m	641	-
HEPB1	Recall	13.6	24-35 m	641	-
HEPB1	Record	81.1	24-35 m	641	-
HEPB1	Record or Recall	94.7	24-35 m	641	-
HEPB1	Record or Recall<12m	94.7	24-35 m	641	-

## 2009 Viet Nam Multiple Indicator Cluster Survey 2010–2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	45	12-23 m	759	52
BCG	Record	50.5	12-23 m	759	52
BCG	Record or Recall	95.5	12-23 m	759	52
BCG	Record or Recall<12m	95	12-23 m	759	52
DTP1	Recall	44.4	12-23 m	759	52
DTP1	Record	49.6	12-23 m	759	52
DTP1	Record or Recall	94.1	12-23 m	759	52

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DTP1	Record or Recall<12m	93.5	12-23 m	759	52
DTP3	Recall	27.3	12-23 m	759	52
DTP3	Record	47	12-23 m	759	52
DTP3	Record or Recall	74.3	12-23 m	759	52
DTP3	Record or Recall<12m	73	12-23 m	759	52
HEPB1	Recall	41.1	12-23 m	759	52
HEPB1	Record	49.5	12-23 m	759	52
HEPB1	Record or Recall	90.6	12-23 m	759	52
HEPB1	Record or Recall<12m	89.6	12-23 m	759	52
HEPB3	Recall	16	12-23 m	759	52
HEPB3	Record	39.8	12-23 m	759	52
HEPB3	Record or Recall	55.8	12-23 m	759	52
HEPB3	Record or Recall<12m	53.3	12-23 m	759	52
MCV1	Recall	45.3	12-23 m	759	52
MCV1	Record	46.9	12-23 m	759	52
MCV1	Record or Recall	92.2	12-23 m	759	52
MCV1	Record or Recall<12m	84.2	12-23 m	759	52
POL1	Recall	44.3	12-23 m	759	52
POL1	Record	47.3	12-23 m	759	52
POL1	Record or Recall	91.7	12-23 m	759	52
POL1	Record or Recall<12m	91.2	12-23 m	759	52
POL3	Recall	23.8	12-23 m	759	52
POL3	Record	44.9	12-23 m	759	52
POL3	Record or Recall	68.7	12-23 m	759	52
POL3	Record or Recall<12m	68.1	12-23 m	759	52

DTP3	Record or Recall	79.4	12-23 m	555	38
DTP3	Record or Recall<12m	76	12-23 m	555	38
HEPB1	Recall	1.2	12-23 m	555	38
HEPB1	Record	36.3	12-23 m	555	38
HEPB1	Record or Recall	37.5	12-23 m	555	38
HEPB1	Record or Recall<12m	37.2	12-23 m	555	38
HEPB3	Recall	0	12-23 m	555	38
HEPB3	Record	33.9	12-23 m	555	38
HEPB3	Record or Recall	33.9	12-23 m	555	38
HEPB3	Record or Recall<12m	32.3	12-23 m	555	38
MCV1	Recall	55.3	12-23 m	555	38
MCV1	Record	33.5	12-23 m	555	38
MCV1	Record or Recall	88.8	12-23 m	555	38
MCV1	Record or Recall<12m	87.2	12-23 m	555	38
POL1	Recall	57.9	12-23 m	555	38
POL1	Record	37.7	12-23 m	555	38
POL1	Record or Recall	95.5	12-23 m	555	38
POL1	Record or Recall<12m	94.2	12-23 m	555	38
POL3	Recall	39.4	12-23 m	555	38
POL3	Record	36.2	12-23 m	555	38
POL3	Record or Recall	75.6	12-23 m	555	38
POL3	Record or Recall<12m	73.9	12-23 m	555	38

## 2001 Vietnam Demographic and Health Survey 2002, 2003

### 2005 Dieu tra đánh giá các mục tiêu ve tre em và phu nu Viet Nam 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	56.9	12-23 m	555	38
BCG	Record	38.2	12-23 m	555	38
BCG	Record or Recall	95.2	12-23 m	555	38
BCG	Record or Recall<12m	93.7	12-23 m	555	38
DTP1	Recall	56.2	12-23 m	555	38
DTP1	Record	38	12-23 m	555	38
DTP1	Record or Recall	94.2	12-23 m	555	38
DTP1	Record or Recall<12m	92	12-23 m	555	38
DTP3	Recall	43.4	12-23 m	555	38
DTP3	Record	36	12-23 m	555	38

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	53.7	12-23 m	457	40
BCG	Record or Recall	93.4	12-23 m	457	40
DTP1	Recall	50.1	12-23 m	457	40
DTP1	Record	38.2	12-23 m	457	40
DTP1	Record or Recall	88.3	12-23 m	457	40
DTP3	Recall	37.6	12-23 m	457	40
DTP3	Record	34.7	12-23 m	457	40
DTP3	Record or Recall	72.4	12-23 m	457	40
MCV1	Recall	46.8	12-23 m	457	40
MCV1	Record	36.4	12-23 m	457	40
MCV1	Record or Recall	83.2	12-23 m	457	40
POL1	Recall	54.1	12-23 m	457	40
POL1	Record	39.2	12-23 m	457	40

POL1	Record or Recall	93.4	12-23 m	457	40
POL3	Recall	39.3	12-23 m	457	40
POL3	Record	36.5	12-23 m	457	40
POL3	Record or Recall	75.8	12-23 m	457	40

2000 Children Indicators in Vietnam 2001, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	96.7	12-23 m	-	-
DTP3	Record or Recall	96.2	12-23 m	-	-

Further information and estimates for previous years are available at:  
<https://data.unicef.org/topic/child-health/immunization/>  
<https://immunizationdata.who.int/listing.html>

MCV1	Record or Recall	97.6	12-23 m	-	-
POL3	Record or Recall	96	12-23 m	-	-

1997 EPI Review Vietnam 1998

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	94	12-23 m	1057	-
BCG	Record or Recall	96	12-23 m	1057	-