New Zealand

WUENIC 2025 revision,
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WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2025 revision

Every year, WHO and UNICEF jointly review submissions from Member States on national immunization coverage, including annual administrative and official coverage, finalized survey reports and data from both published and grey literature. The data is triangulated with consideration of potential biases and local expert opinions to differentiate between accurately reflective empirical data and potentially misleading data, to assess the most likely coverage levels for each country.

WHO and UNICEF produce country-specific estimates by reviewing each country's data independently, without borrowing from other countries when data are missing. The estimates are not ad hoc adjustments to reported figures and may rely on a single empirical source, typically nationally reported coverage. When no data exist for a specific country-vaccine-year, earlier and later data are interpolated. If sources conflict or vary widely, the most plausible estimate is selected after considering potential biases.

This slide deck presents the latest WUENIC estimates (published 15 July 2026), using UNPD World Population Prospects (WPP 2024) for population-weighted averages and to derive absolute numbers of vaccinated and unvaccinated/zero-dose children.

Methods: • Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

• Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

• Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

• Danovaro-Holliday et al. 2021. Compliance of WUENIC with Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER) criteria.

Definitions of immunization terms

Vaccine coverage
Percentage of infants (children under one year of age) who received certain vaccine-doses. For example, coverage of DTP3 is the percentage of infants who received all three doses of diphtheria, tetanus, and pertussis (DTP) vaccine.

Unvaccinated
An infant that did not receive the first dose of a vaccine series. The term zero-dose is used to describe children unvaccinated with DTP1.

Under-vaccinated
An infant who received some but not all the recommended vaccine-doses in the national schedule.

Vaccine-Doses
- Bacillus Calmette-Guerin (BCG): vaccine against tuberculosis
- Hepatitis B birth dose, given within 24 hours after birth (HepBB)
- Diphtheria, tetanus, and pertussis vaccine, first dose (DTP1) and third dose (DTP3)
- Hepatitis B vaccine, third dose (HepB3)
- Haemophilus influenzae type b vaccine, third dose (Hib3)
- Inactivated polio vaccine, first dose (IPV1) and last dose (IPVC)
- Measles containing vaccine, first dose (MCV1) and second dose (MCV2)
- Rotavirus vaccine, last dose (RotaC)
- Pneumococcal vaccine, last dose (PCVC)
- Yellow Fever vaccine (YFV)
- Meningococcal A vaccine (MengA)
- Human papillomavirus vaccine, first dose (HPV1) and last dose (HPVc): vaccine to protect against certain types of human papillomavirus that can lead to cancer or genital warts

The Immunization Agenda 2030 (IA2030)
The IA2030 is a global strategy endorsed by the World Health Assembly aiming to ensure everyone, everywhere, at every age benefits from vaccines for improved health and well-being by 2030. It focuses on increasing vaccine coverage, equity, sustainability and pandemic preparedness while promoting life-course immunization and integrating immunization with other health services.

Key concepts

- The World Health Organization (WHO) provides global vaccine recommendations, which are adapted by countries based on local needs. Only DTP, polio and measles-containing vaccines are used in all countries.

- DTP1 is a marker of access to routine immunization services, and when not received, serves as a proxy for identifying children who have not received any vaccinations, also known as "zero-dose" children. High DTP1 coverage indicates good access to immunization services, while low coverage suggests challenges in reaching children with essential vaccines.

- DTP3 is a widely used indicator of immunization programme performance. It reflects a country's ability to deliver routine immunization services and ensures children are protected against serious disease. DTP3 is tracked globally and serves as a key measure of a nation's vaccination efforts.

- DTP1-DTP3 drop-out measures the percentage of children who received DTP1 but not DTP3, and highlights where children are lost along the vaccination pathway, highlighting potential weaknesses in service delivery and follow-up.

- MCV1 (usually recommended between 9-12 months) assesses the ability to deliver vaccines later in infancy. It serves as a tracer for protection against measles and is a good indicator of health system performance.

- HPV vaccine protects against specific types of human papilloma virus (HPV), and is used to measure life cycle vaccination.

- Other key indicators include PCVC and MCV2, which are used to monitor the Sustainable Development Goals (SDGs).

- Together, these indicators provide a consistent and comparable way to track immunization progress, identify missed communities and monitor global targets, including those under the Immunization Agenda 2030 (IA2030) and Sustainable Development Goals (SDGs).

Key messages

• DTP1 coverage declined 2 percentage points from 94% in 2024 to 92% in 2025.

• DTP3 coverage declined 1 percentage point from 89% in 2024 to 88% in 2025.

• There were there were 1,000 more zero-dose children in 2025. This leaves 5,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further 2,000 with incomplete protection.

• New Zealand accounted for 1.2% of zero-dose children in Non-programme and <0.1% of zero-dose children globally.

• MCV1 coverage remained constant at 89% between 2024 and 2025. There were 6,000 children who missed out on the first measles vaccination.

• MCV2 coverage increased 1 percentage point from 87% in 2024 to 88% in 2025.

• Last dose coverage of HPV vaccination (HPVc) among girls increased from 52% to 68% in 2025 due to improved programme performance.

Vaccination schedule, 2025

		Dose number and age administered			
Level	**Vaccine**	**1**	**2**	**3**	**4**
National	DTAPHIBHEPBIPV	6 weeks	3 months	5 months	
National	HIB				15 months
National	HPV (females and males)	11-13 years	+6-12 months		
National	MMR	12 months	15 months		
National	PCV	6 weeks	5 months	12 months	
National	Rotavirus	6 weeks	3 months		

This table shows the 2025 national immunization schedule for routine services in New Zealand, reported through the WHO/UNICEF Joint Reporting Form on Immunization (JRF).

Each row corresponds to a vaccine or combination vaccine, indicating whether it is delivered at the national or subnational level. The schedule outlines the number of doses and the recommended ages for administration. Only childhood and adolescent vaccines relevant to WUENIC are included.

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Vaccine introduction years

Vaccine	National introduction	Partial introduction	Risk groups
HPV (Human papillomavirus) vaccine	2008		
HepB birth dose	Not introduced		2014
Hepatitis B vaccine	1988	1985	
Hib (Haemophilus influenzae type B) vaccine	1994		
IPV (Inactivated polio vaccine)	2002		
IPV (Inactivated polio vaccine) 2nd dose	2002		
Malaria vaccine	Not introduced		
Measles-containing vaccine 2nd dose	1992		
Meningococcal meningitis vaccines (any strain)	2023		2010
Mumps vaccine	1995		
PCV (Pneumococcal conjugate vaccine)	2008		
RSV (Respiratory syncytial virus) immunization strategy	Not introduced		
Rotavirus vaccine	2014		
Rubella vaccine	1970		
Typhoid conjugate vaccine	Not introduced		

This table displays the year each vaccine was introduced in New Zealand. If a vaccine has been suspended, no introduction year is shown, but if it was suspended and later reintroduced, the year of reintroduction is provided. The introduction years can reflect nationwide rollout, partial (subnational) rollout, or introduction targeted to specific risk groups or high-risk areas, as indicated in the column headers.

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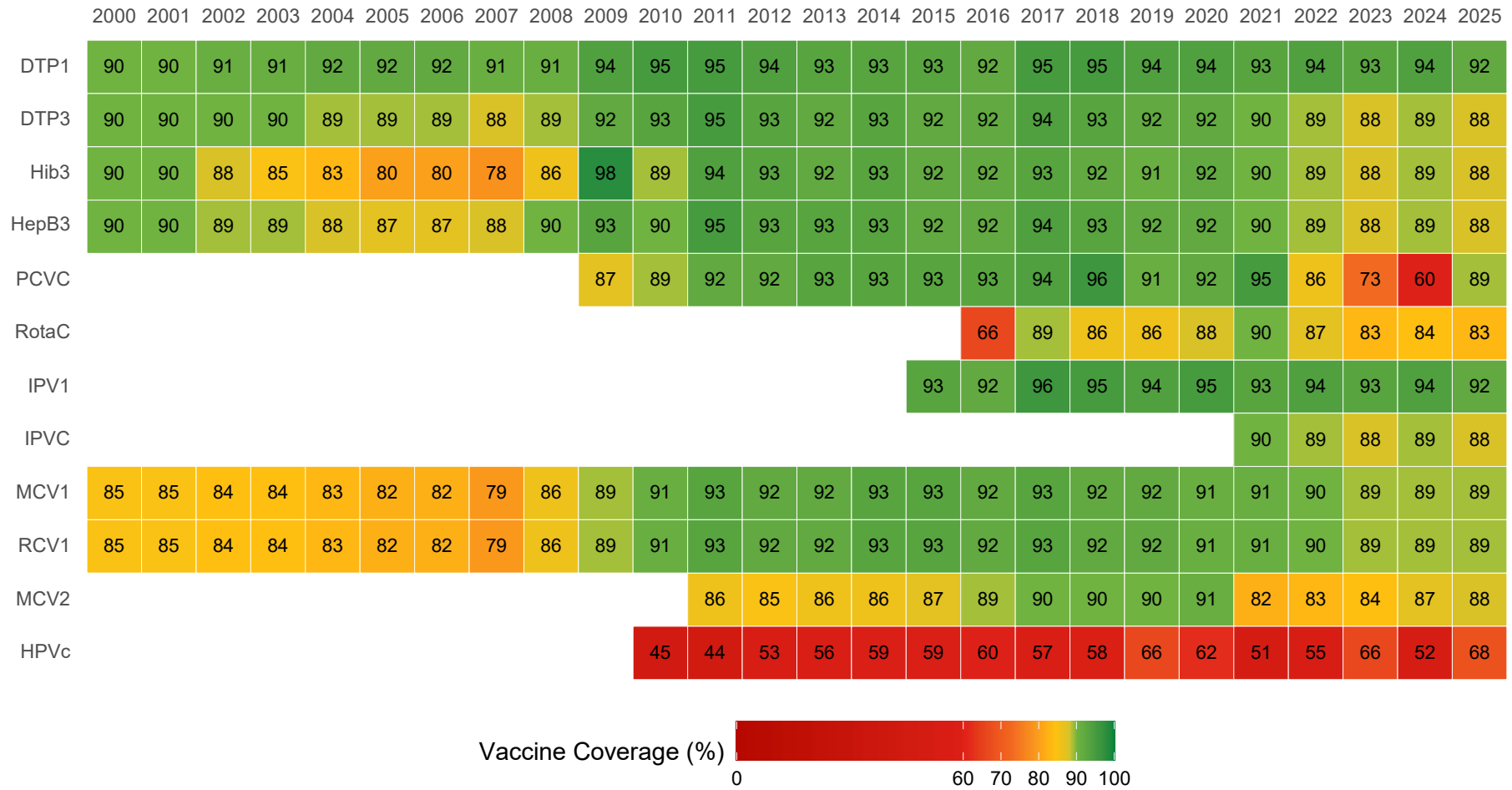
In 2025, coverage increased for three antigens, remained unchanged for two, and declined for seven, indicating limited improvement in routine immunization performance; two achieved at least 90% coverage.

Vaccine coverage, New Zealand, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision.
Note: Stock information available from 2003.
An asterisk (*) indicates where there was a vaccine stockout at the national or subnational level.

This heatmap shows trends in vaccine coverage since 2000, with green cells indicating coverage of 90% or more.

In 2025, 2 out of 12 (17%) vaccines in the schedule achieved coverage of 90% or more. Vaccine coverage ranged from 83% to 92%.

Since 2009, estimates have been made for 6 new vaccines. IPVC is the newest vaccine reported (2021), which achieved 88% coverage in 2025.

In 2025, New Zealand did not report any stockouts of vaccines or supplies.

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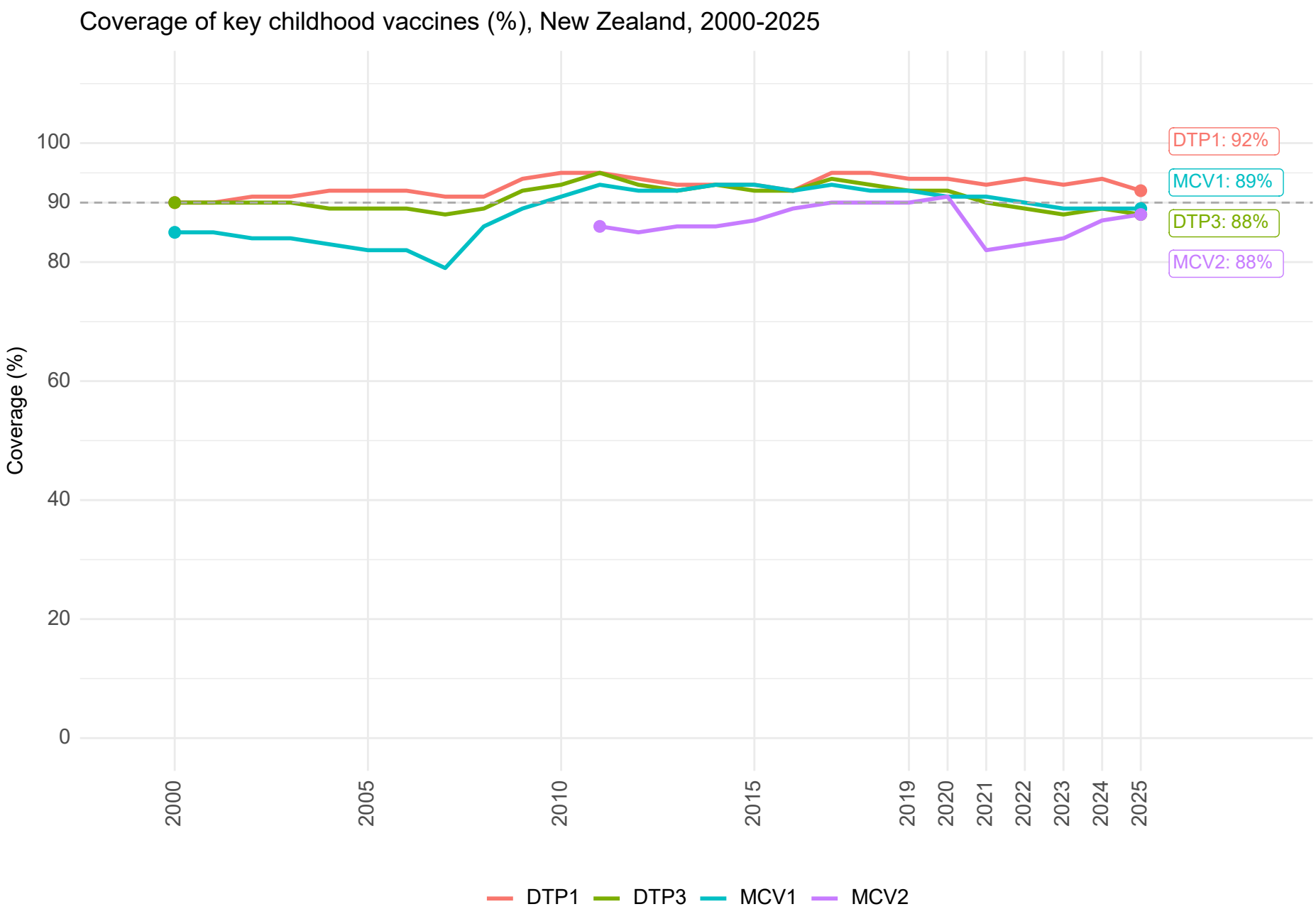


Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

This chart shows coverage trends for the DTP and measles vaccines. These are key antigens for assessing national immunization programmes.

In 2025, DTP1 coverage (a proxy for access to immunization services) was 89%.

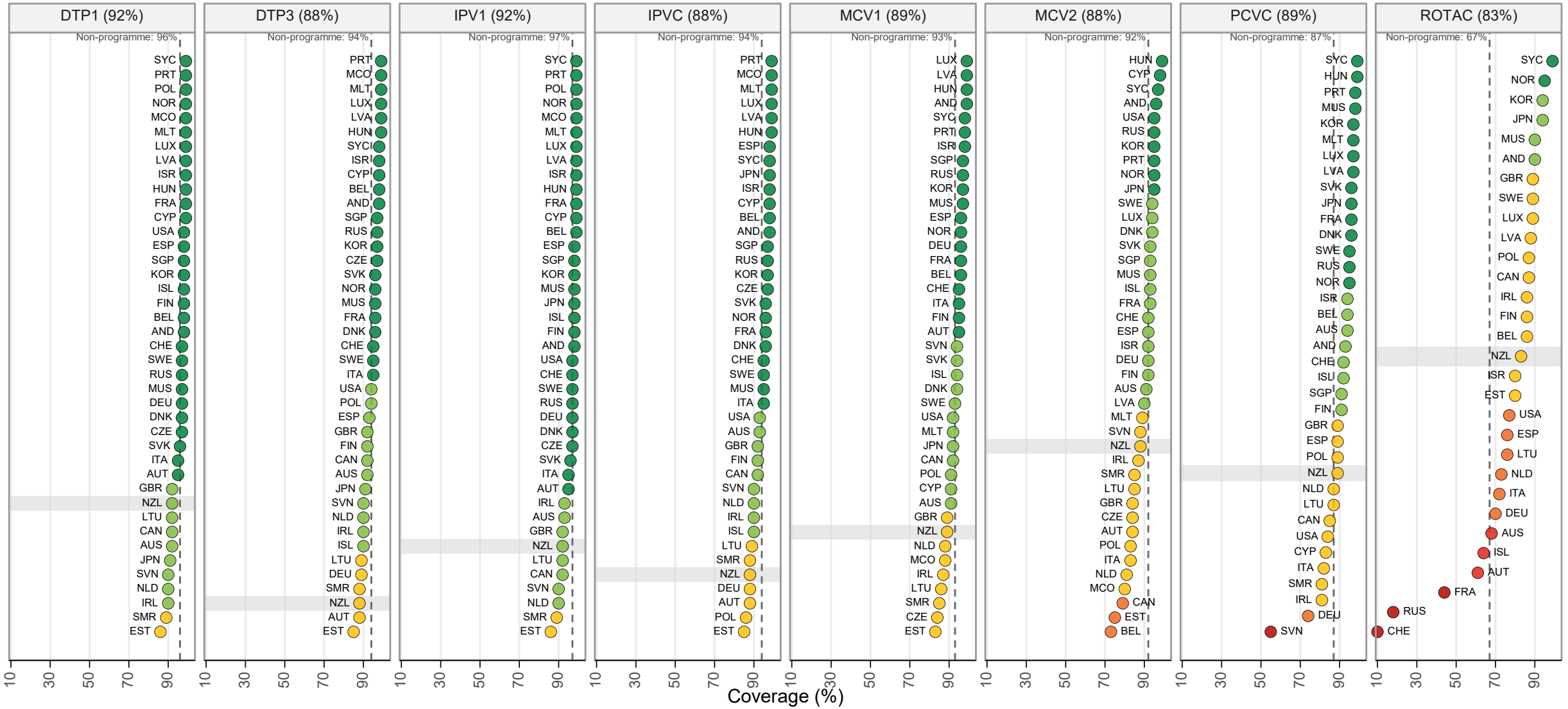
DTP3 coverage - a marker of how well countries are delivering immunization services to children - fell short of, but was close to the 90% target.

WHO recommends that countries achieve at least 95% coverage with both the first (MCV1) and second (MCV2) doses of measles-containing vaccine. MCV1 provides initial protection and MCV2 ensures long-term immunity and closes gaps in coverage.

In 2025, MCV1 coverage was below the 95% target and MCV2 coverage was below the 95% target.

Between 2024 and 2025, 1 vaccines increased coverage, 2 declined and 1 remained the same.

Vaccine coverage compared with other countries in the region, Non-programme, 2025

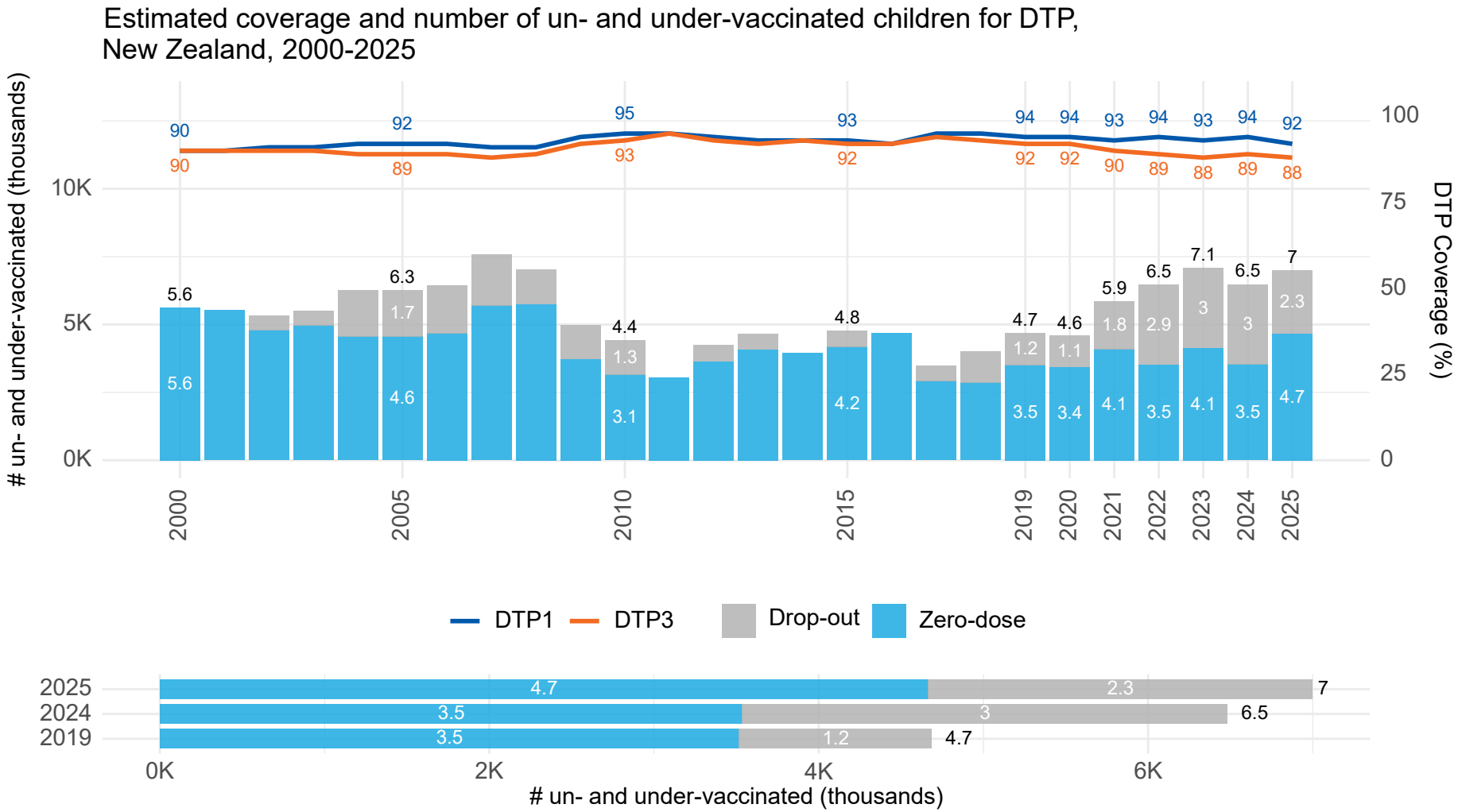


Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

Note: Country ISO codes displayed. Coverage in nzl shown in the headers. Regional average coverage shown by the dashed line.

DTP1

In 2025, DTP1 coverage was 92% and DTP3 was 88%, leaving 7,000 children un- or under-vaccinated, including 5,000 zero-dose and 2,000 with only partial protection.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Lines show vaccine coverage and bars show number of children.
Zero-dose children are those who did not receive DTP1.

The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

This chart shows diphtheria, tetanus and pertussis-containing vaccine first (DTP1) and third dose (DTP3) coverage trends, the number of zero-dose children and DTP drop-out in New Zealand.

In 2025, DTP1 coverage in New Zealand declined at 92%. The number of children missing out on any DTP vaccination (zero-dose children) increased from 4,000 in 2024 to 5,000 in 2025.

DTP3 coverage remained relatively constant within 1% at 88% in 2025, leaving 7,000 children vulnerable to vaccine-preventable diseases.

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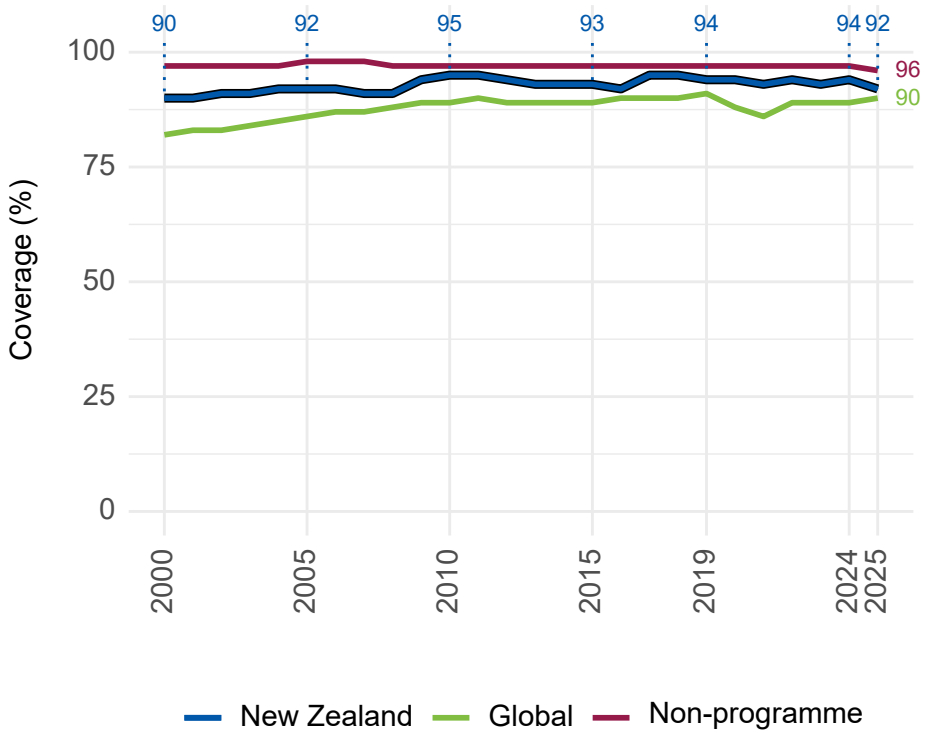
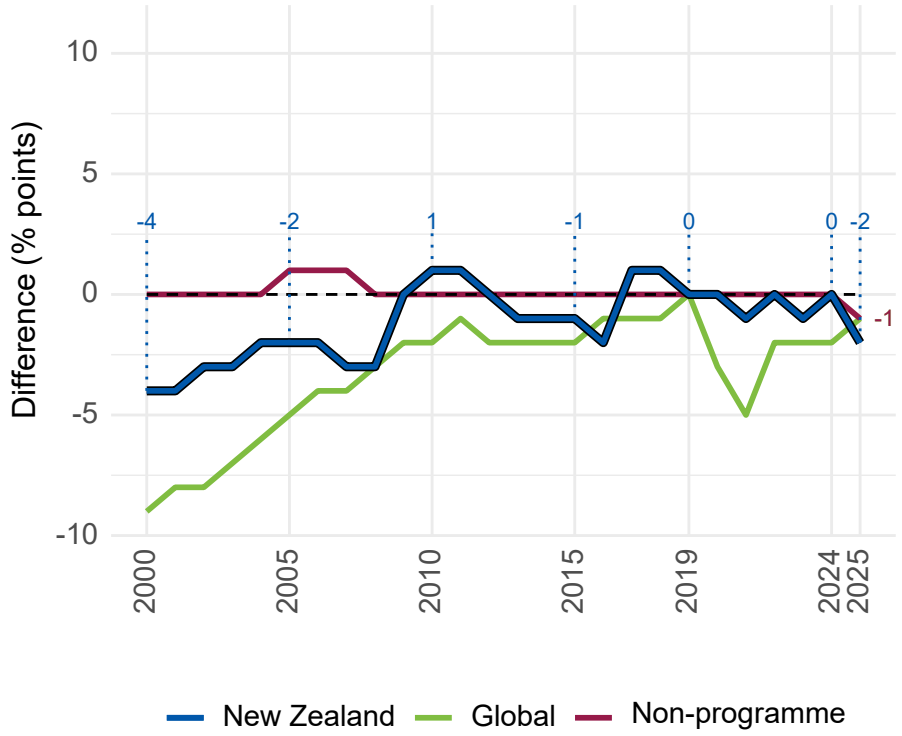
In 2025, New Zealand DTP1 coverage was 92% - this is 2 percentage points lower than in 2019, but 2 percentage points higher than the global average (90%).

DTP1 coverage, New Zealand, 2000-2025



Coverage difference compared to 2019



Number of zero-dose children, 2019, 2024 and 2025

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

In 2025, DTP1 coverage in New Zealand (92%) was 2 percentage points higher than the global average (90%) and 4 percentage points lower than the average across all non-programme countries (96%).

National DTP1 coverage was 2 percentage points lower than in 2019 (94%).

This equates to 5,000 zero-dose children in 2025 compared to 4,000 zero-dose children in 2019.

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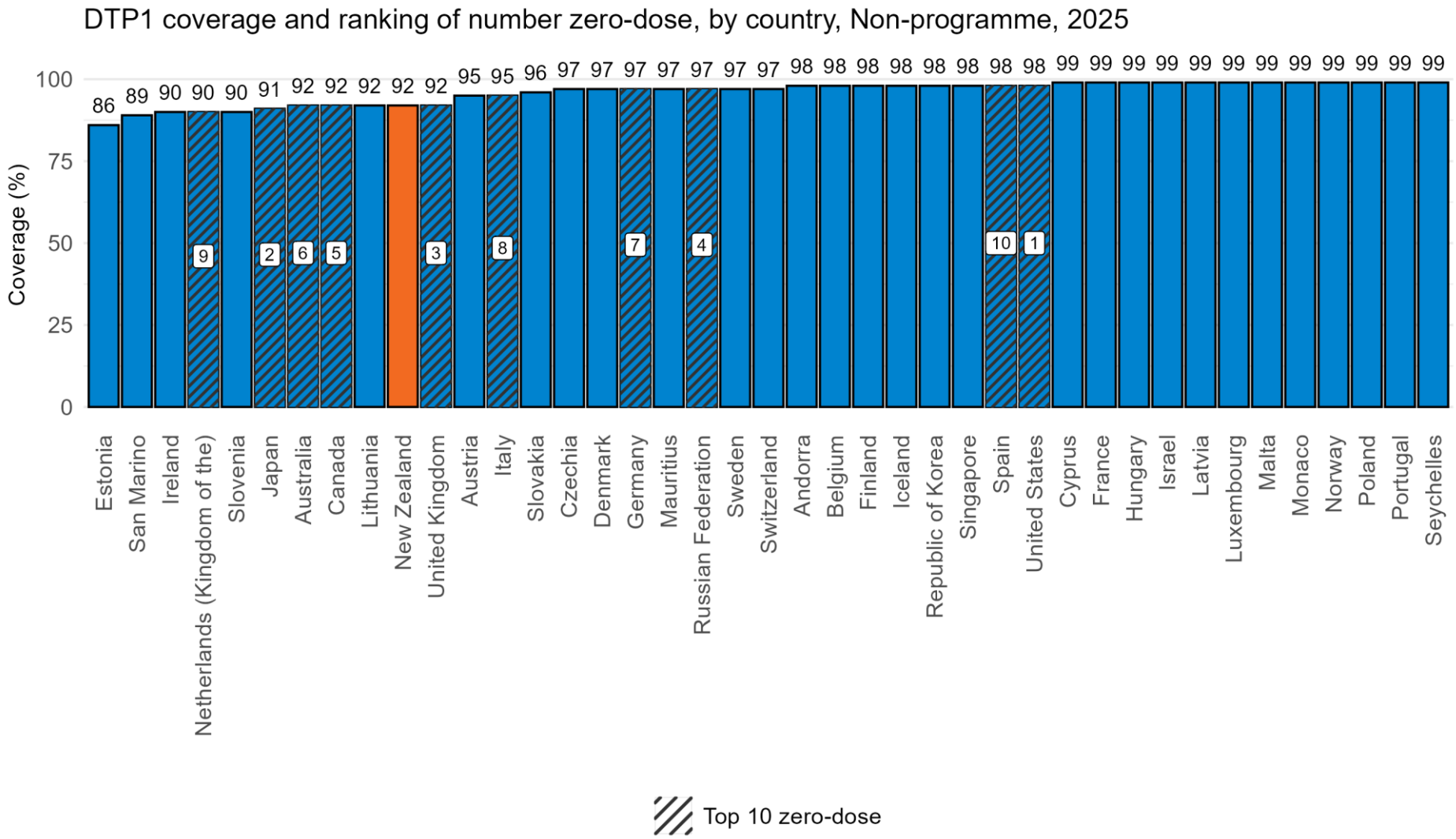
In 2025, New Zealand was among the countries with the highest coverage and was not among the top 10 countries with the highest number of zero-dose children in the region.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 10 rank based on absolute number of zero-dose children.

This chart shows DTP1 coverage in countries in Non-programme from lowest to highest coverage, and the rank of the top 10 countries with the most zero-dose children, based on absolute numbers.

In 2025, New Zealand ranked number 7 out of 41 countries for lowest DTP1 coverage (based on tied ranks).

New Zealand was not in the top 10 non-programme countries with the most zero-dose children.

Note: Large cohort countries may have high numbers of zero-dose children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

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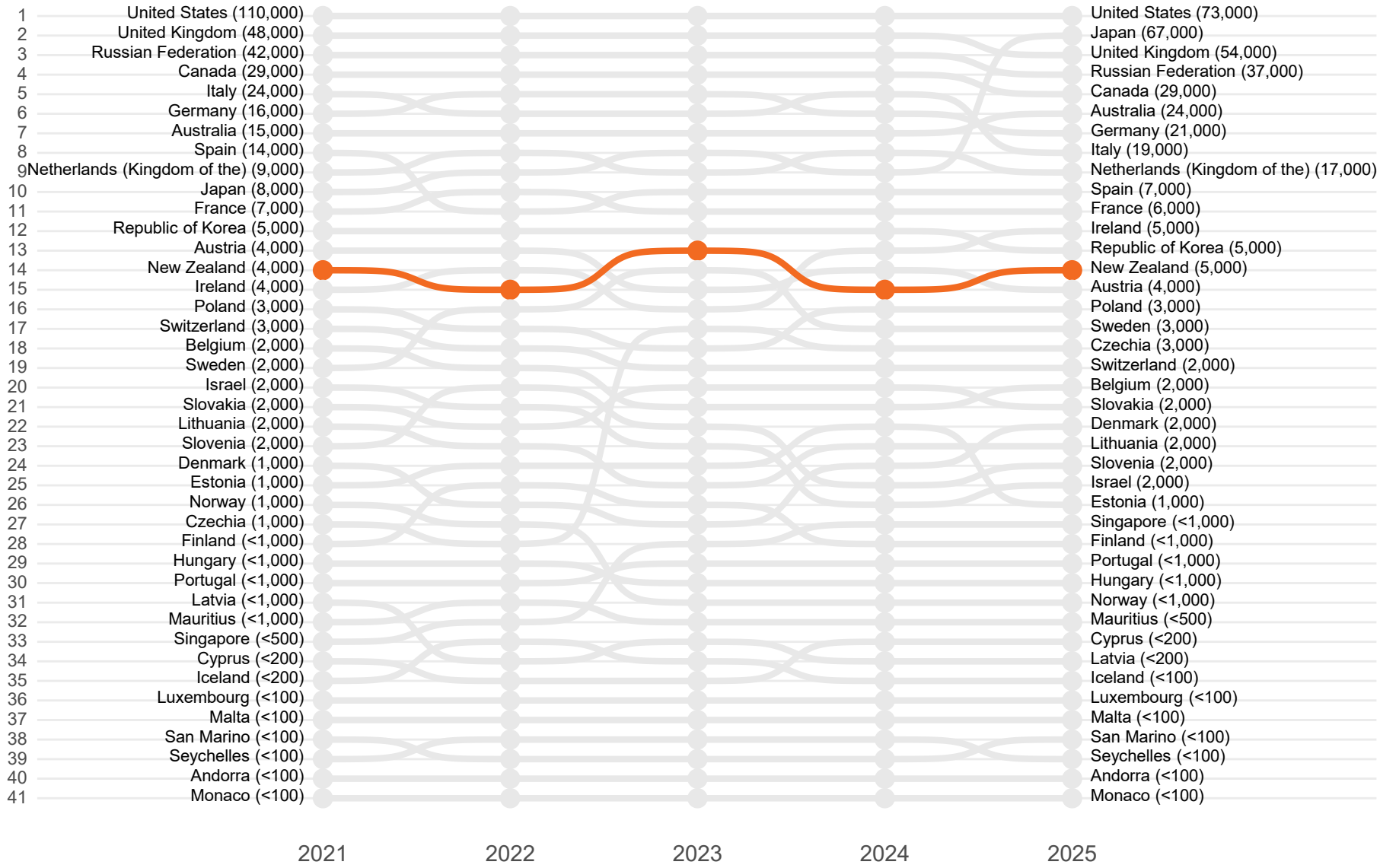
Countries ranked by number of zero-dose children, Non-programme, 2021-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in parentheses is the number of zero-dose children.

This chart compares the ranking of countries in the region based on the absolute number of zero-dose children, with rank 1 representing the country with the most zero-dose children.

In 2021, New Zealand ranked number 14 out of 41 countries with 4,000 zero-dose children.

In 2025, New Zealand ranked number 14 out of 41 countries with 5,000 zero-dose children.

Note: Absolute numbers of zero-dose children is based on a combination of programme performance and surviving infant target population size. Countries may climb to a higher rank despite a decline in number of zero-dose children as the ranking also depends on performance of other countries in the region.

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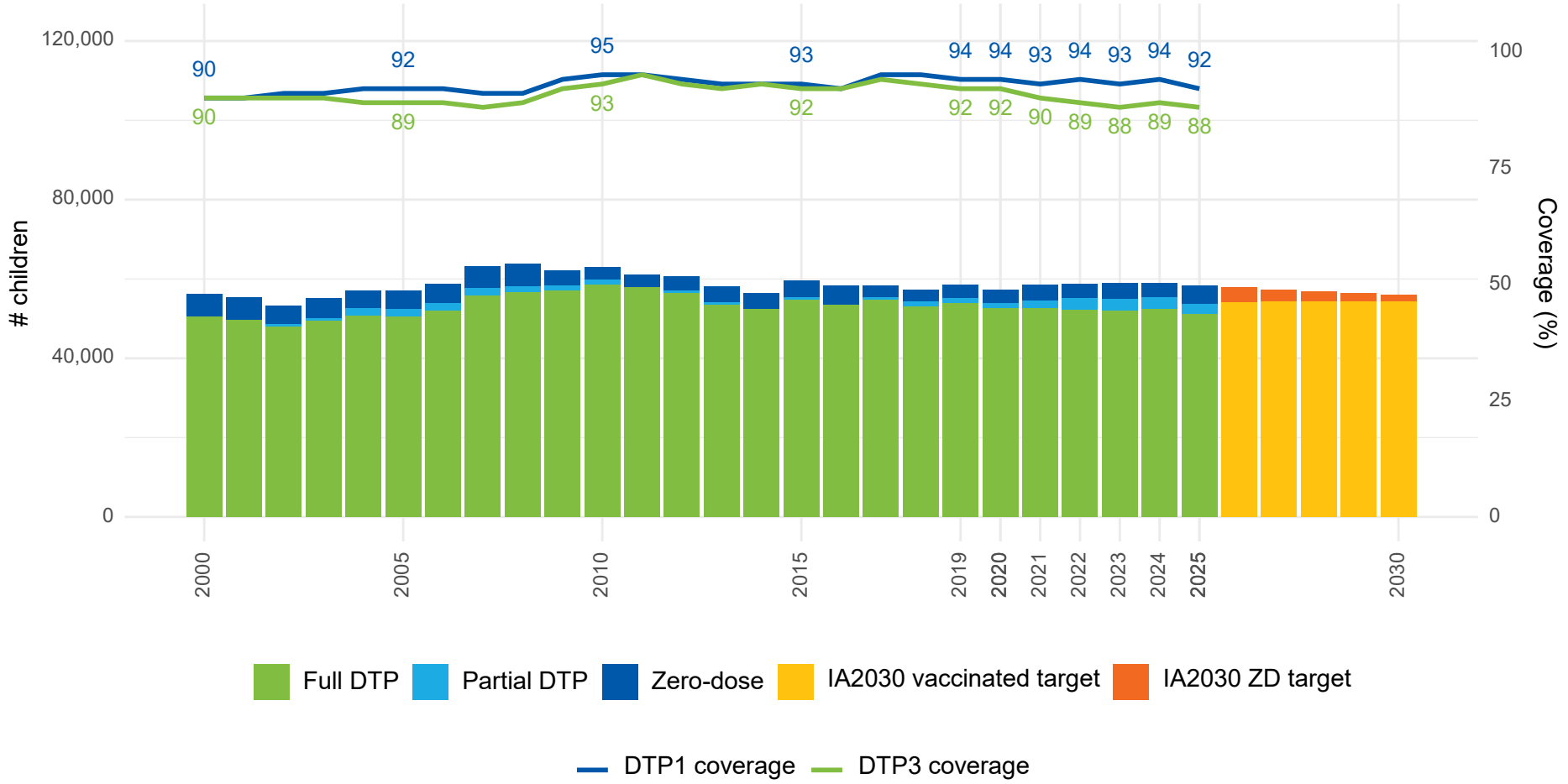
New Zealand is on track to halve zero-dose children by 2030, but sustaining progress will require continued strengthening of immunization systems.

DTP coverage (%), number of children fully, partially and unvaccinated for DTP 2000-2025 and projections to 2030 based on IA2030 target , New Zealand



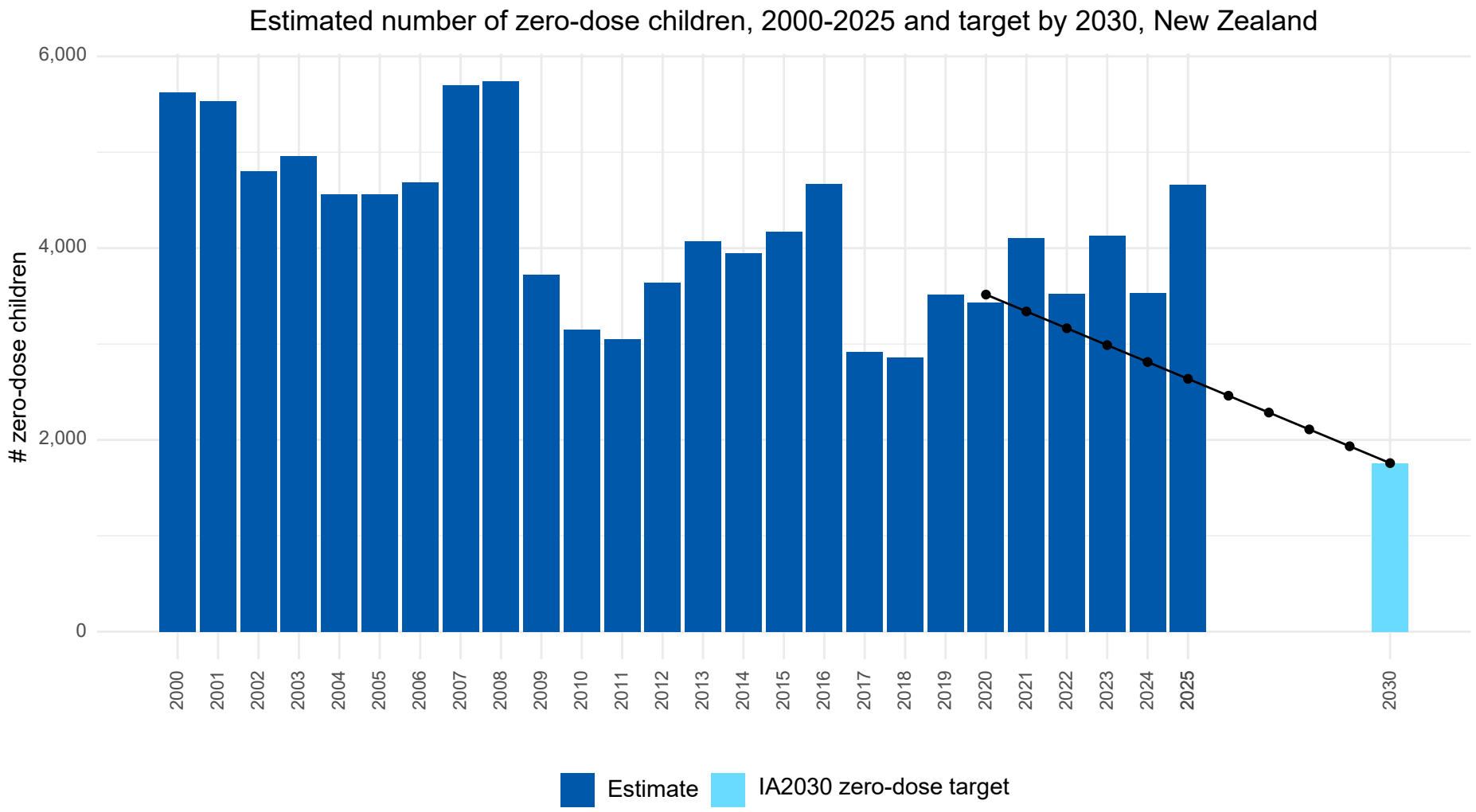
Sources: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision; United Nations, Department of Economic and Social Affairs, Population Division (2024). World Population Prospects 2024, Online Edition.
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030.

IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

New Zealand is projected to have a decline in the number of surviving infants by 2030. To achieve the IA2030 ZD target, current efforts would be sufficient, however, countries must strengthen beyond the targets.

In 2025, the number of zero-dose children was 77% above the annual IA2030 goal, putting the 2030 goal at serious risk without accelerated action.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. Dark blue bars are the estimated number of zero-dose children in 2000-2025, light blue bar is the target number of zero-dose children by 2030. The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

IA2030 aims to leave no one behind with immunization and calls on all countries to reduce the number of zero dose children by half by 2030.

This chart shows:
• Estimated number of zero-dose children in 2000-2025 (dark blue bars)
• Zero-dose target by 2030 (light blue bar)
• Trajectory to reach the 2030 target based on a linear decline (points

In 2025, the number of zero-dose children was approximately 77% higher than the annual number proposed to reach the target, based on a linear trajectory of decline.

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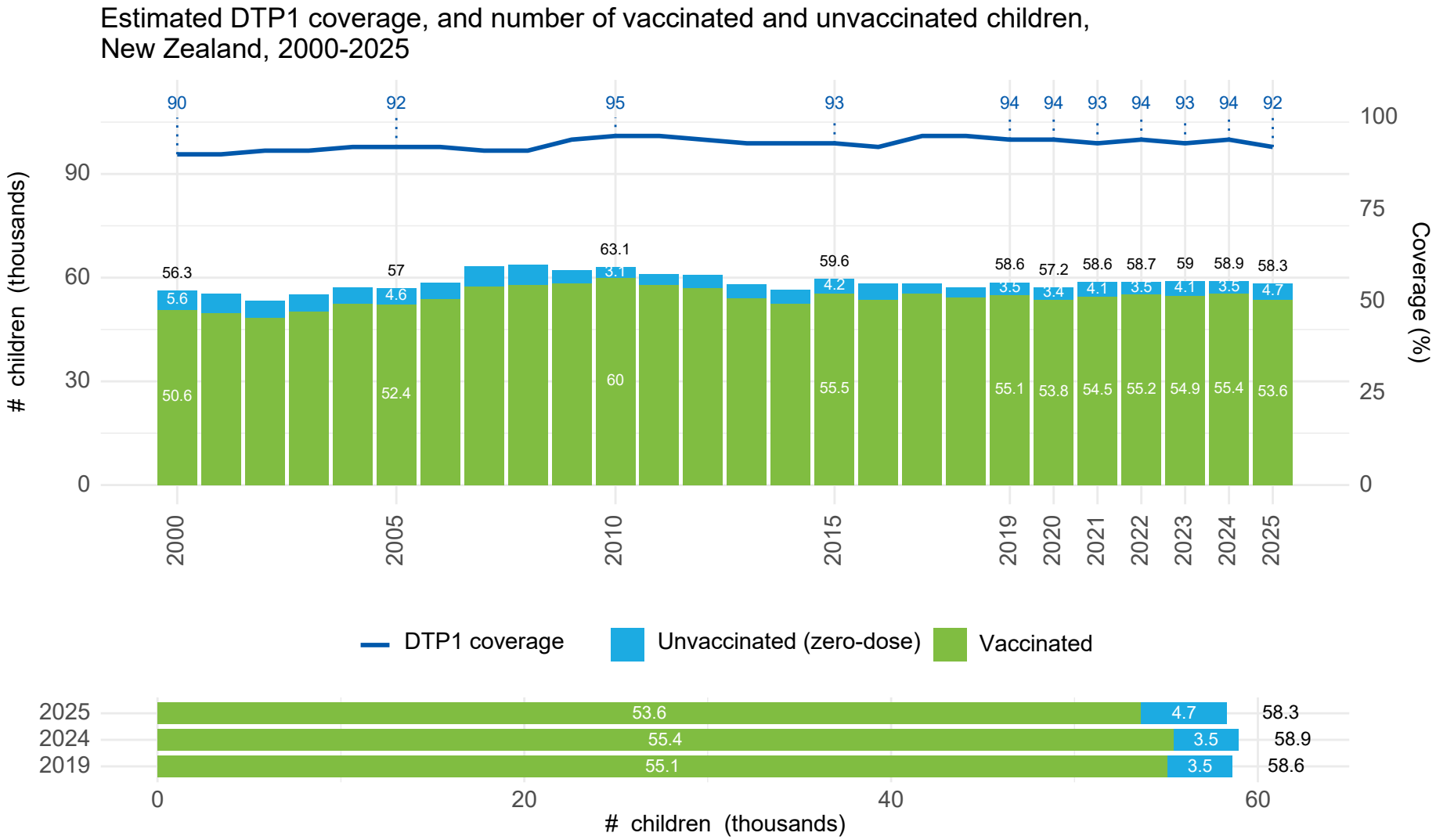
For vaccine coverage to increase, the number of children vaccinated needs to increase.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

DTP1 coverage in 2025 (92%) was lower than in 2019 (94%).

The number of children vaccinated with DTP1 decreased 3% compared to in 2019.

The number of surviving infants remained constant approximately 0% compared to in 2019.

In 2025, fewer children were vaccinated than in 2019.

In 2025, there were approximately the same number of surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated needs to increase.

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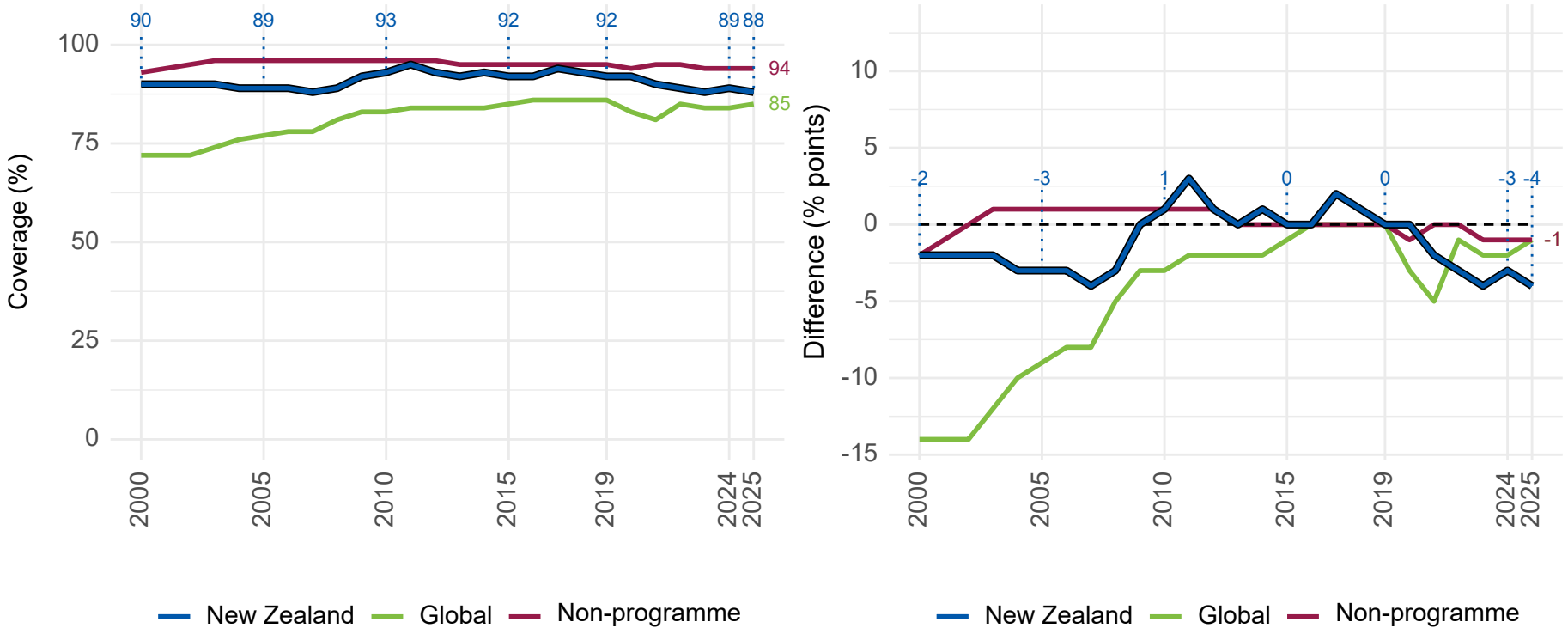
DTP3

In 2025, New Zealand DTP3 coverage was 88% - this is 4 percentage points lower than in 2019, but 3 percentage points higher than the global average (85%).

DTP3 coverage, New Zealand, 2000-2025



Coverage difference compared to 2019

Number of un- and undervaccinated children, 2019, 2024 and 2025

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

In 2025, DTP3 coverage in New Zealand (88%) was 3 percentage points higher than the global average (85%) and 6 percentage points lower than the average across all non-programme countries (94%).

National DTP3 coverage was 4 percentage points lower than in 2019 (92%).

This equates to 7,000 un- and undervaccinated children in 2025 compared to 5,000 un- and undervaccinated children in 2019.

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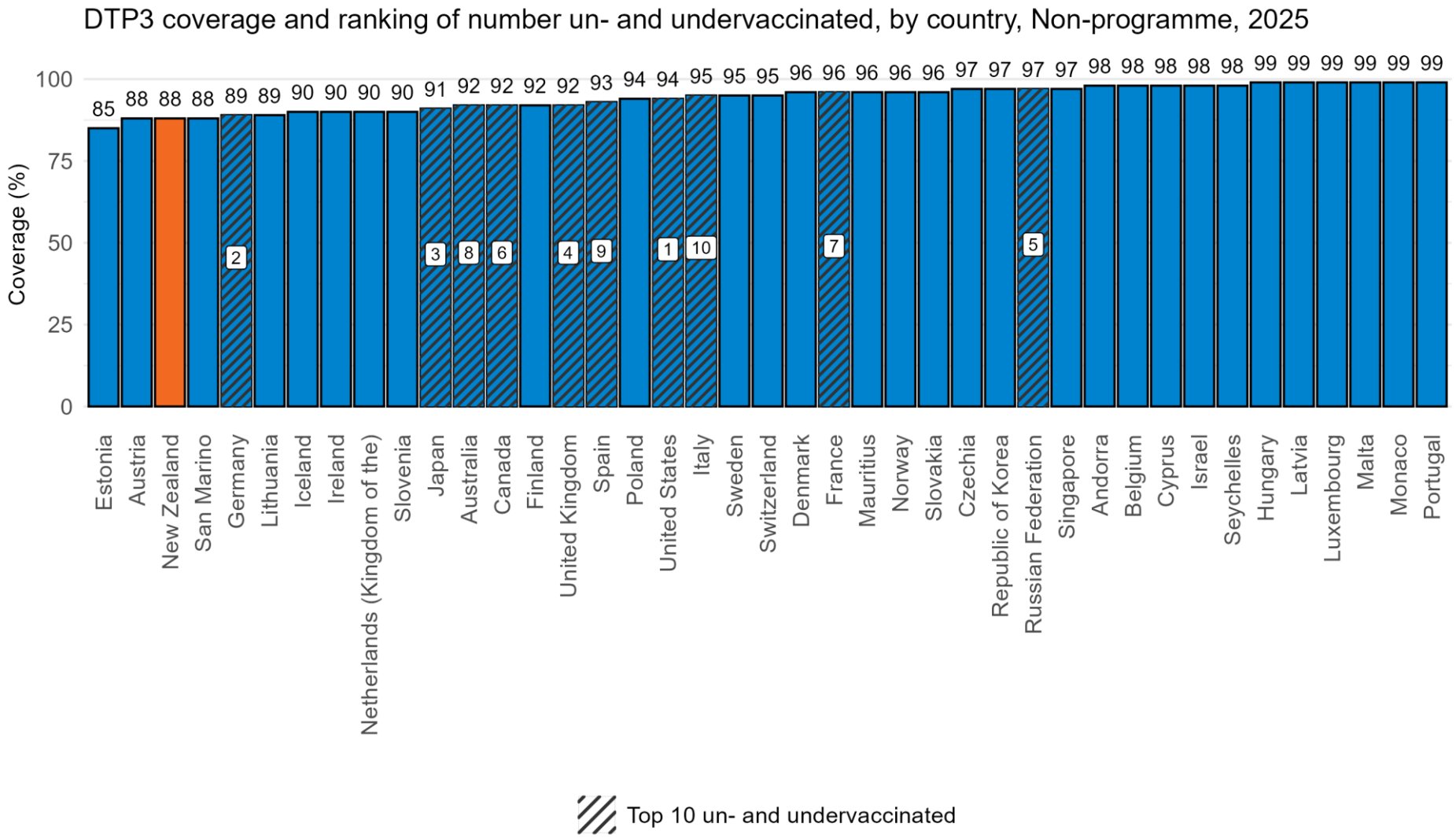
In 2025, New Zealand was among the countries with the lowest coverage, but was not among the top 10 countries with the highest number of un- and undervaccinated children in the region.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 10 rank based on absolute number of un- and undervaccinated children.

This chart shows DTP3 coverage in countries in Non-programme from lowest to highest coverage, and the rank of the top 10 countries with the most un- and undervaccinated children, based on absolute numbers.

In 2025, New Zealand ranked number 2 out of 41 countries for lowest DTP3 coverage (based on tied ranks).

New Zealand was not in the top 10 non-programme countries with the most un- and undervaccinated children.

Note: Large cohort countries may have high numbers of un- and undervaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

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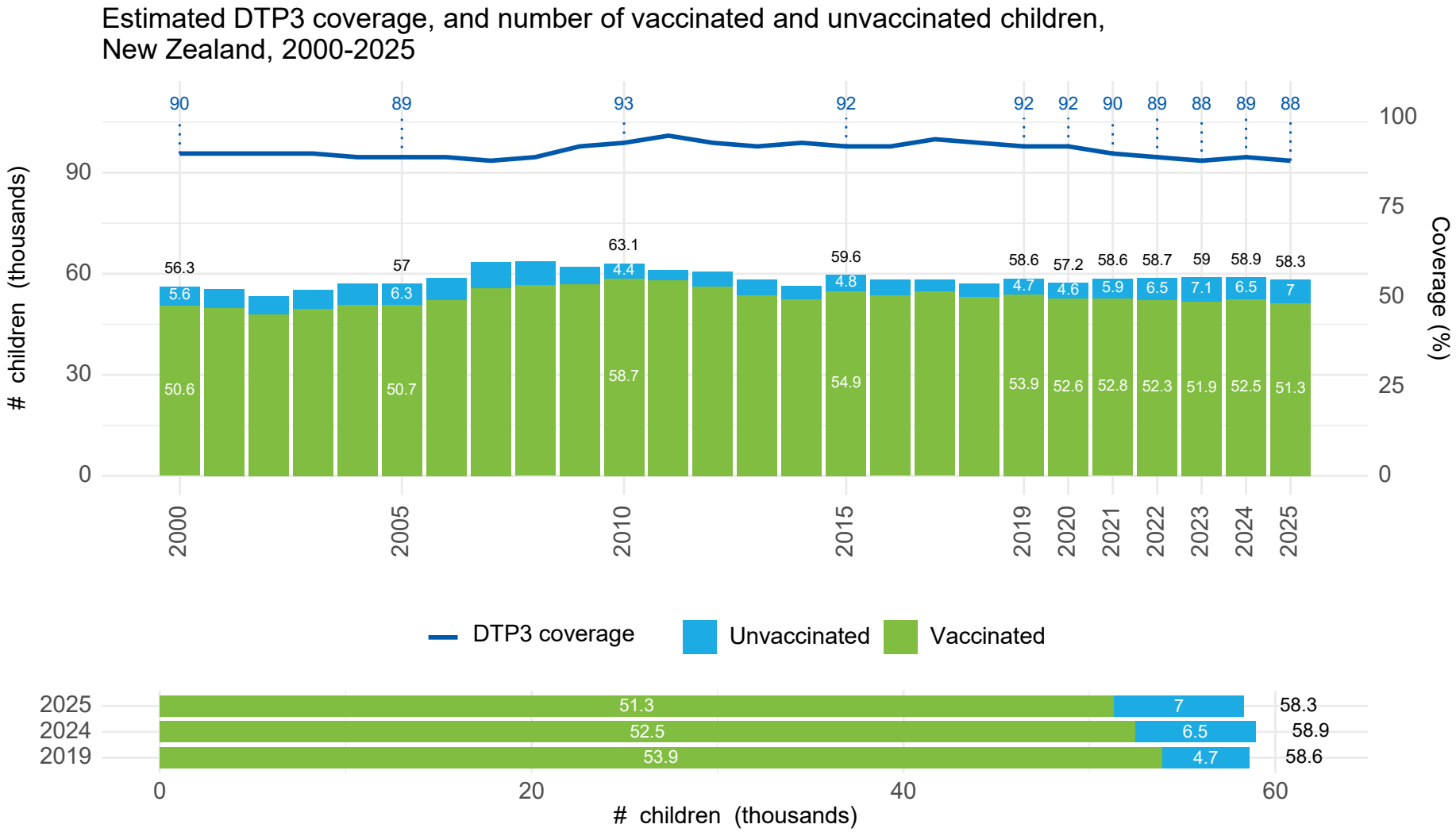
For vaccine coverage to increase, the number of children vaccinated needs to increase.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Unvaccinated includes zero-dose and undervaccinated children

DTP3 coverage in 2025 (88%) was lower than in 2019 (92%).

The number of children vaccinated with DTP3 decreased 5% compared to in 2019.

The number of surviving infants remained constant approximately 0% compared to in 2019.

In 2025, fewer children were vaccinated than in 2019.

In 2025, there were approximately the same number of surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated needs to increase.

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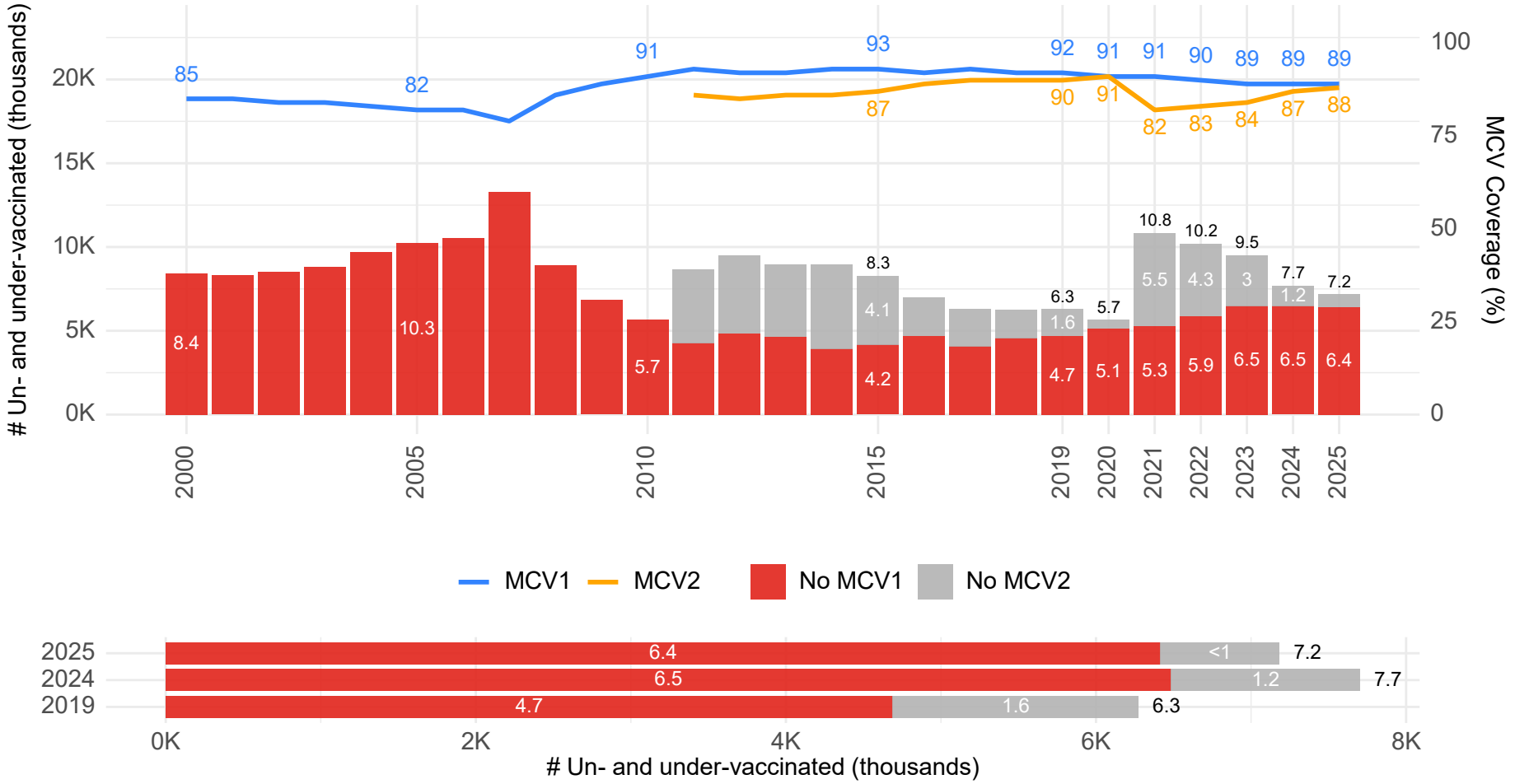
MCV1

MCV1 coverage remained constant at 89% in 2025 - below the 95% level needed to prevent outbreaks and, leaving 6,000 children without any protection against measles. MCV2 coverage also remained relatively constant (within 1%) at 87% - below the IA2030 target of 90%.

Estimated coverage and number of un- and under-vaccinated children for MCV, New Zealand, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Lines show vaccine coverage and bars show number of children.

Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months depending on the national vaccination schedule – remained constant at 89%. This is lower than in 2019, where coverage was 92%.

6,000 children missed their routine first dose of measles vaccine.

MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage remained relatively constant (within 1%) at 88% in 2025.

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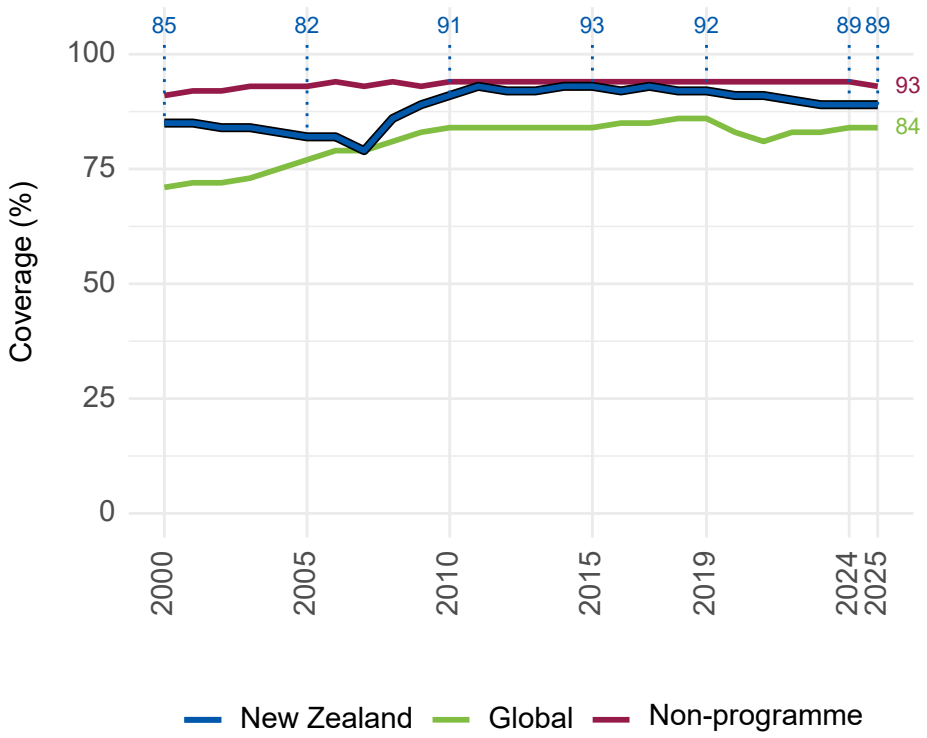
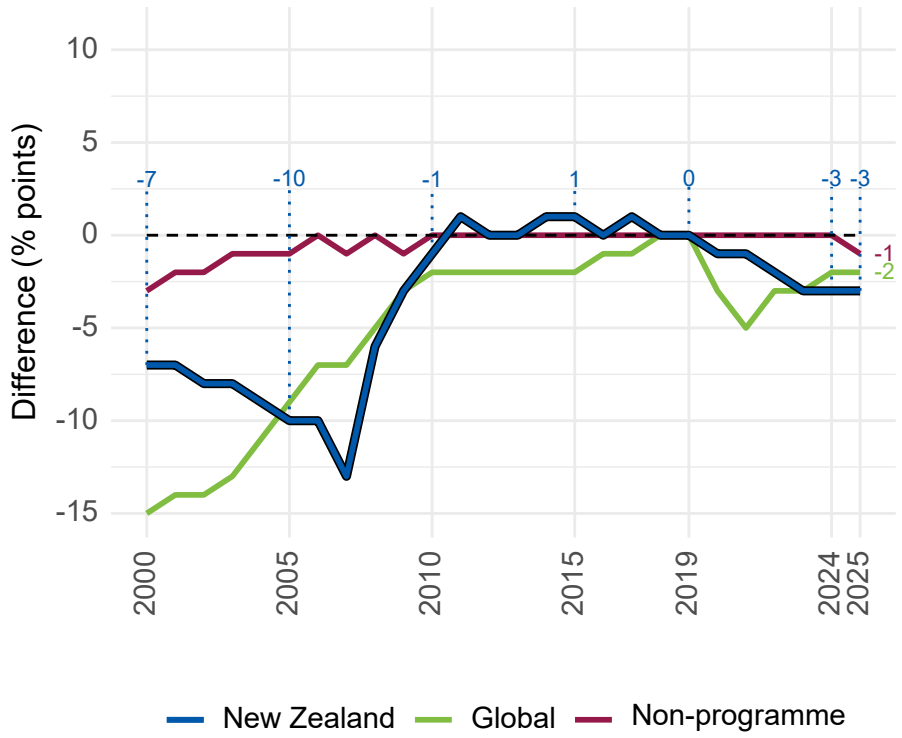
In 2025, New Zealand MCV1 coverage was 89% - this is 3 percentage points lower than in 2019, but 5 percentage points higher than the global average (84%).

MCV1 coverage, New Zealand, 2000-2025



Coverage difference compared to 2019



Number of infants unprotected against measles, 2019, 2024 and 2025

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

In 2025, MCV1 coverage in New Zealand (89%) was 5 percentage points higher than the global average (84%) and 4 percentage points lower than the average across all non-programme countries (93%).

National MCV1 coverage was 3 percentage points lower than in 2019 (92%).

This equates to 6,000 unvaccinated children in 2025 compared to 5,000 unvaccinated children in 2019.

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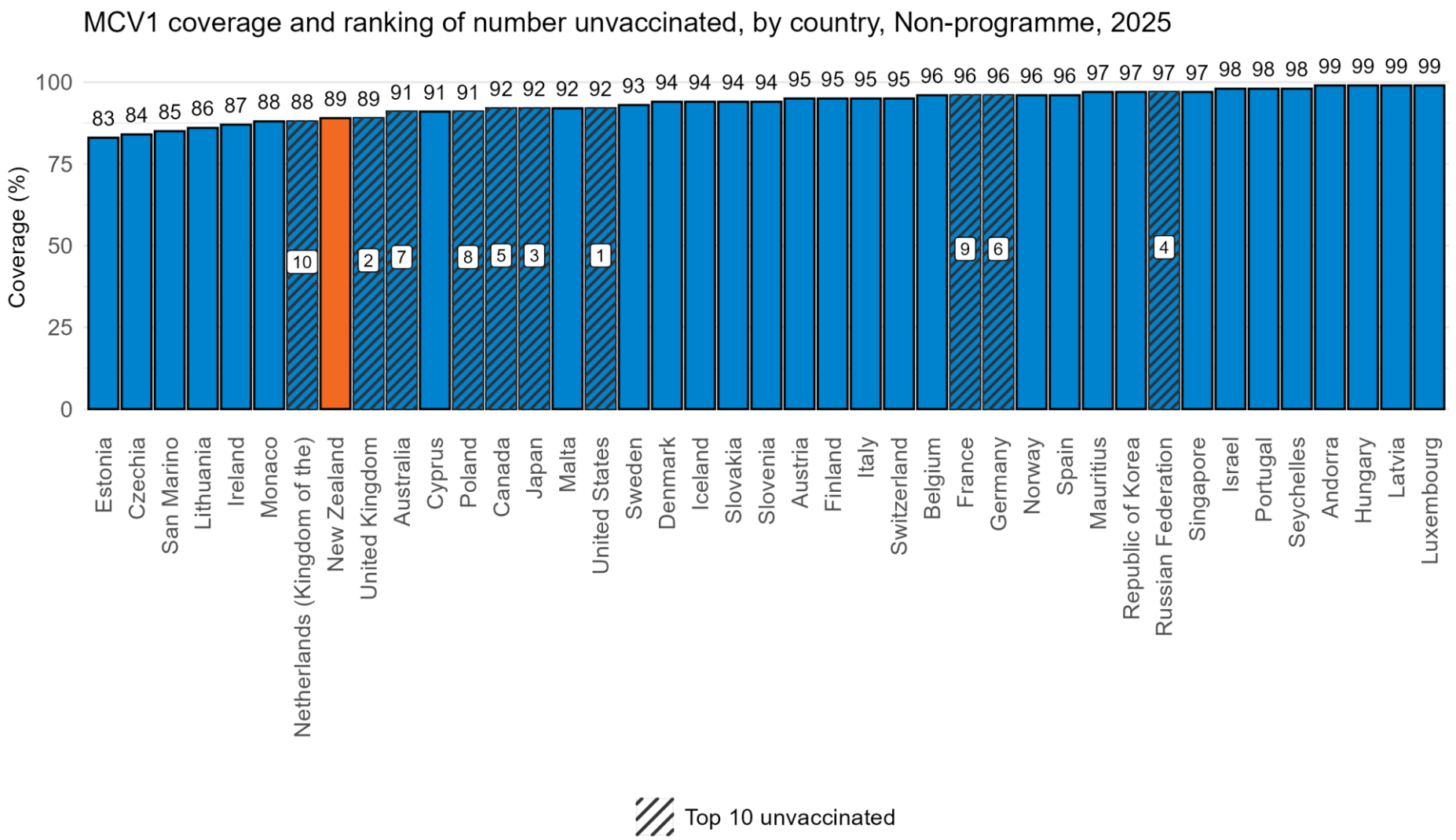
In 2025, New Zealand was among the countries with the highest coverage and was not among the top 10 countries with the highest number of unvaccinated children in the region.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 10 rank based on absolute number of unvaccinated children.

This chart shows MCV1 coverage in countries in Non-programme from lowest to highest coverage, and the rank of the top 10 countries with the most unvaccinated children, based on absolute numbers.

In 2025, New Zealand ranked number 8 out of 41 countries for lowest MCV1 coverage (based on tied ranks).

New Zealand was not in the top 10 non-programme countries with the most unvaccinated children.

Note: Large cohort countries may have high numbers of unvaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

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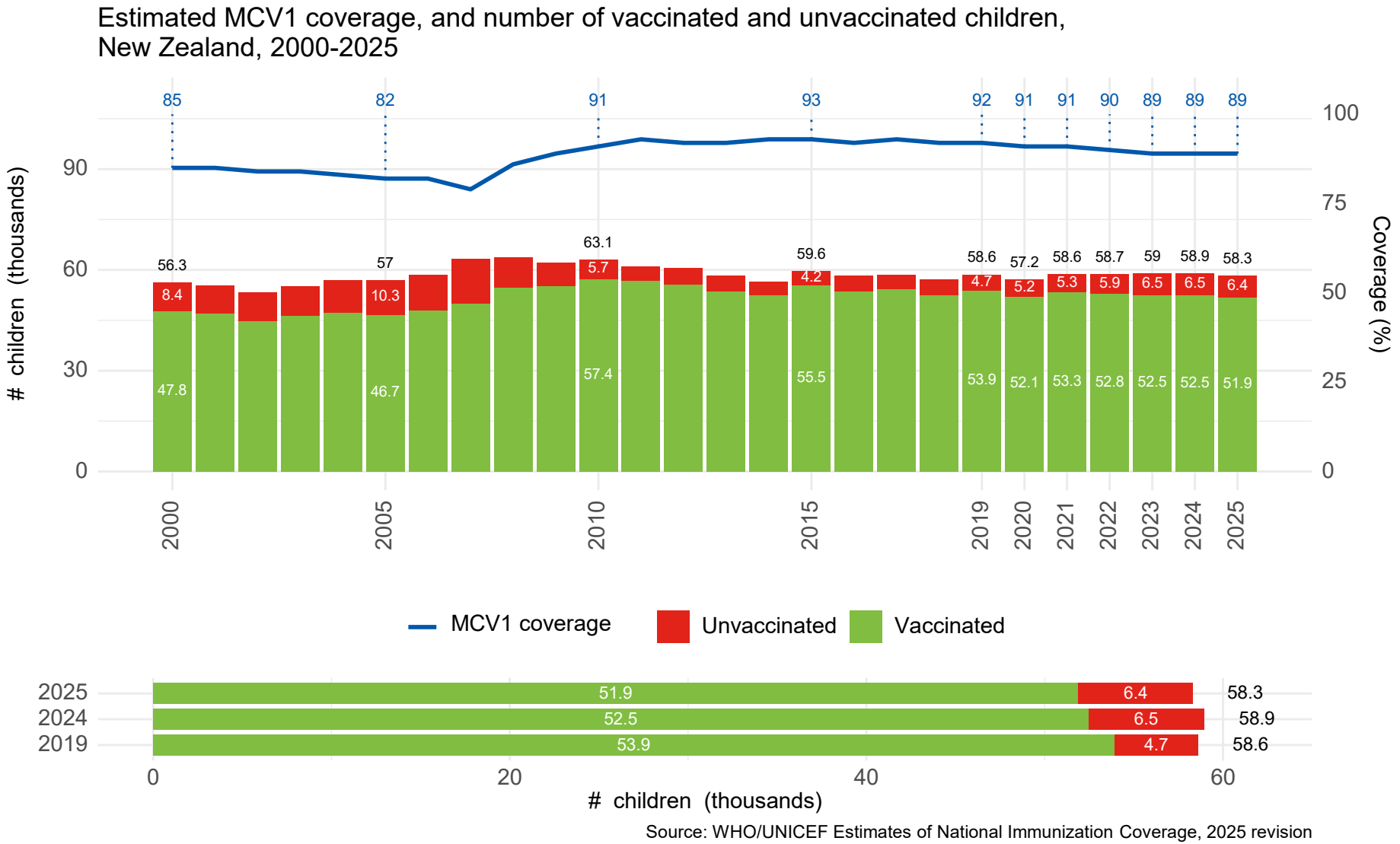
WUENIC 2025 revision

For vaccine coverage to increase, the number of children vaccinated needs to increase.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

MCV1 coverage in 2025 (89%) was lower than in 2019 (92%).

The number of children vaccinated with MCV1 decreased 4% compared to in 2019.

The number of surviving infants remained constant approximately 0% compared to in 2019.

In 2025, fewer children were vaccinated than in 2019.

In 2025, there were approximately the same number of surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated needs to increase.

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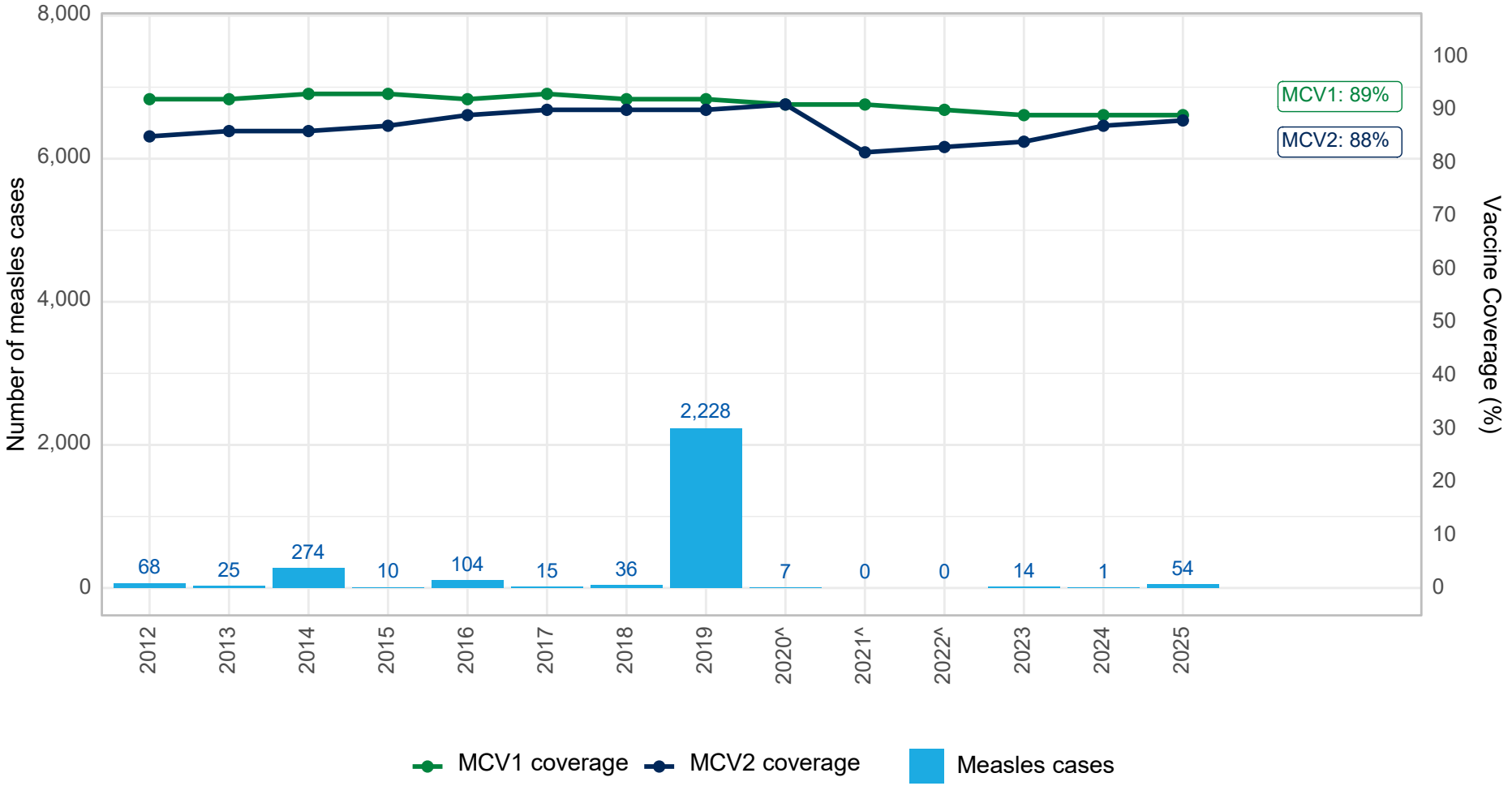
In 2025, New Zealand experienced an increase in measles cases compared with 2024, while MCV1 coverage was 89% and MCV2 coverage was 88%.

Trends in the number of measles cases and MCV coverage, New Zealand, 2012-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision;
Reported measles and rubella cases and incidence rates by WHO Member States, as of 12 June 2026.
Provisional data based on monthly data reported to WHO (Geneva) as of 12 June 2026.
Note: Asterisks (*) indicate years with measles vaccine stockouts and carets (^) indicates years with measles vaccination campaigns (national or subnational).

In 2025, there was a total of 54 confirmed measles cases in New Zealand. In the same year, MCV1 coverage was 89% and MCV2 coverage was 88%.

The number of cases in 2025 was 54 times more cases than in 2024 (n=1).

The highest number of measles cases was reported in 2019 (n=2,228). In this year, MCV1 coverage was 92%.

There were measles-containing vaccine supplementary immunization activities/campaigns in 2020, 2021, 2022, and 2022.

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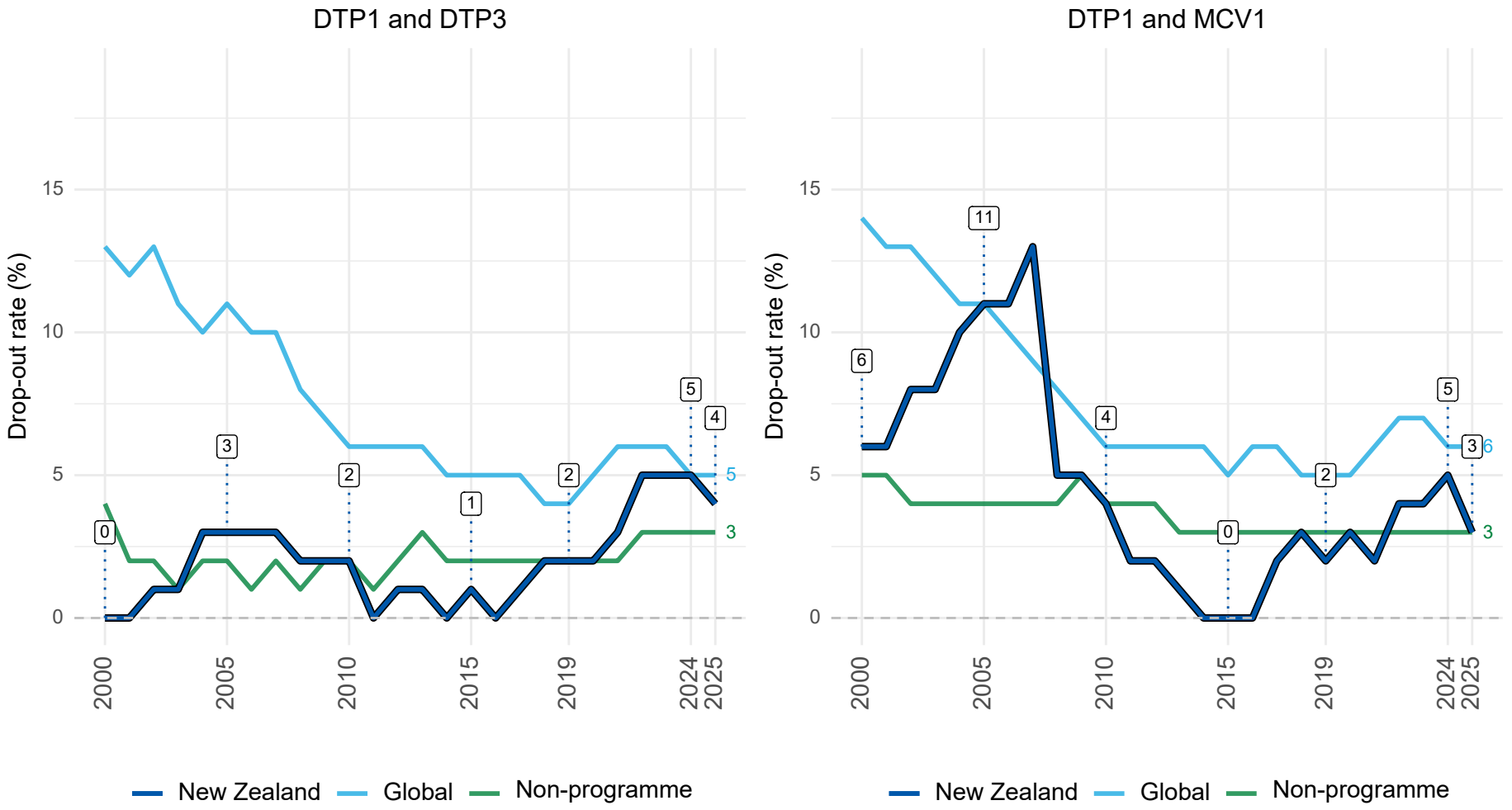
Childhood immunization: Additional charts

In 2025, DTP1 and DTP3/MCV1 drop-out was low in New Zealand, indicating good retention of children in immunization programmes, and current efforts to ensure follow up are successful.

Zero-dose children are those who did not receive DTP1.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Drop-out classification: <5% = low, 5-10% = medium, >10% = high

Drop-out rates show the percentage of children who received DTP1, but not DTP3/MCV1. Low drop-out rates indicate high retention of children in immunization programmes.

This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

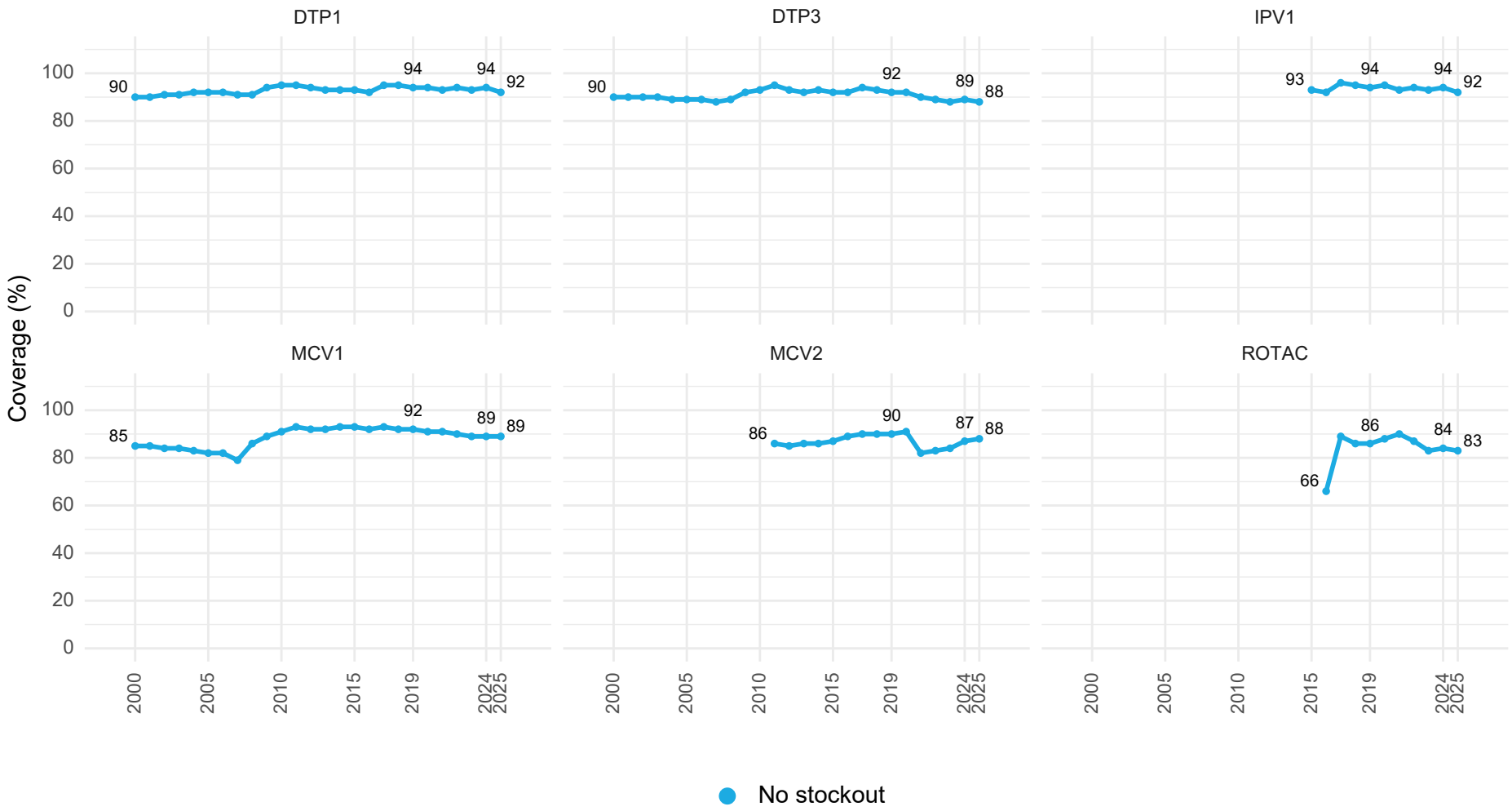
In 2025, 4% of children who received DTP1 did not receive DTP3 (left), and 3% of children who received DTP1 did not receive MCV1 (right).

The low DTP drop-out rate implies good ability to provide a complete series of vaccines early in life. The low DTP-MCV drop-out rate implies good retention in immunization programmes and ability to provide a full course of vaccines in infancy (up to one year).

In 2025, New Zealand DTP drop-out was lower than the global rate, while DTP-MCV drop-out was lower than the global rate.

In 2025, New Zealand had its lowest coverage in ROTAC (83%), while most other routine vaccines clustered around 88-92%; 6 antigens decreased since 2019, and 4 antigens decreased since 2024.

Coverage of recommended childhood vaccines, New Zealand, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Data labels are shown for 2000 (or first year of reporting), 2019 and 2025

This chart shows trends in coverage of selected core routine vaccines recommended in childhood.

In 2025, ROTAC had the lowest coverage (83%), followed by DTP3 and MCV2 (88%).

Compared to 2019, coverage of 6 vaccines decreased (DTP1, DTP3, IPV1, MCV1, MCV2 and ROTAC).

Compared to 2024, coverage of 4 vaccines decreased (DTP1, DTP3, IPV1 and ROTAC), one vaccine remained constant (MCV1), and one vaccine increased (MCV2).

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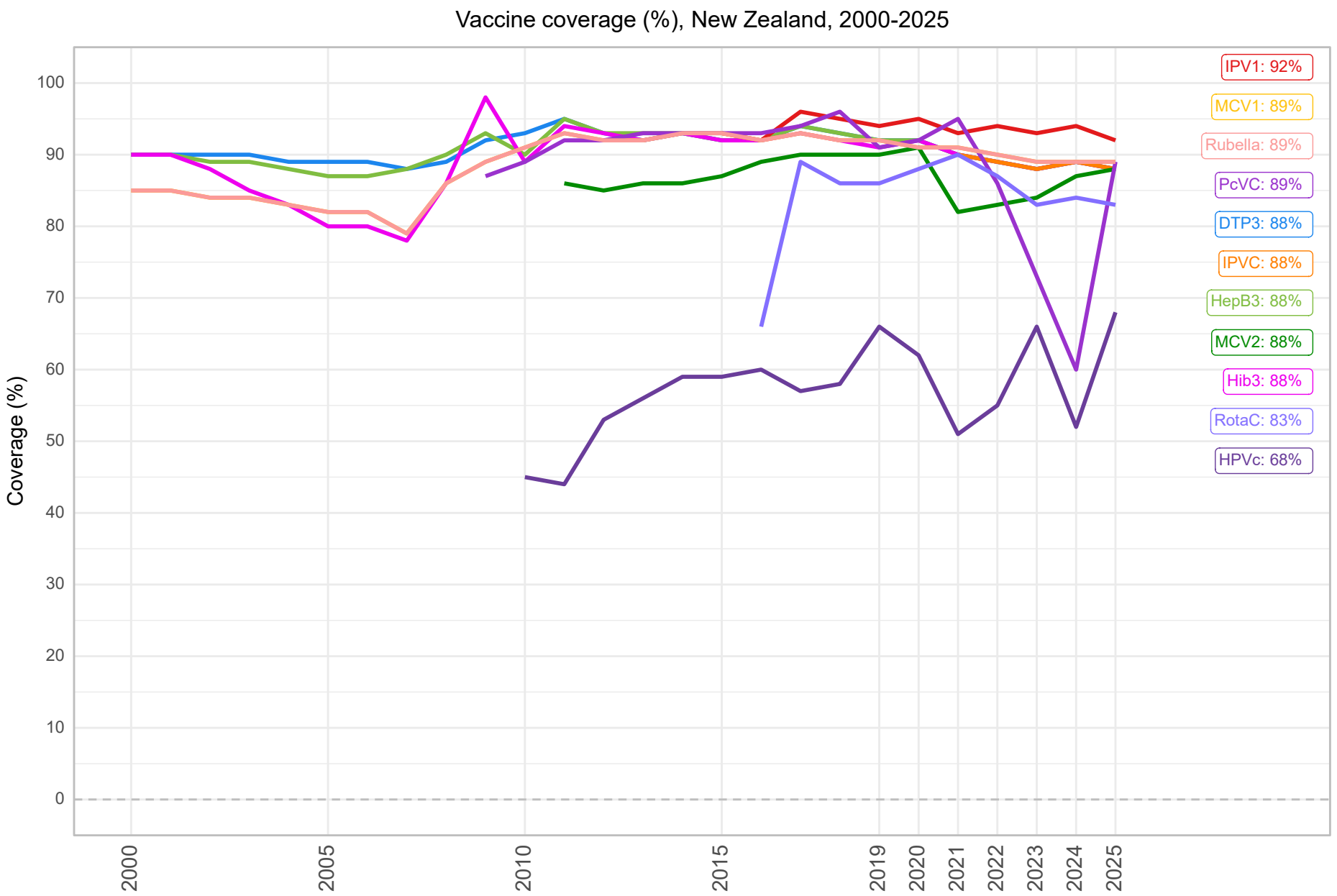

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Numbers in the data label bubbles refer to vaccine coverage in the latest year estimates are available.

This chart shows trends in coverage of 10 vaccines (complete series).

In 2025, HPVc had the lowest coverage of all vaccines (68%), followed by RotaC (83%).

Coverage of 8 vaccines decreased (DTP3, HEPB3, HIB3, IPV1, MCV1, MCV2, ROTAC and RUBELLA) and 1 vaccine increased (HPVC) compared to respective coverage in 2019.

Coverage of 6 vaccines decreased (DTP3, HEPB3, HIB3, IPV1, IPVC and ROTAC), 2 vaccines increased (HPVC and MCV2), and 2 vaccines were the same (MCV1 and RUBELLA) compared to respective coverage in 2024.

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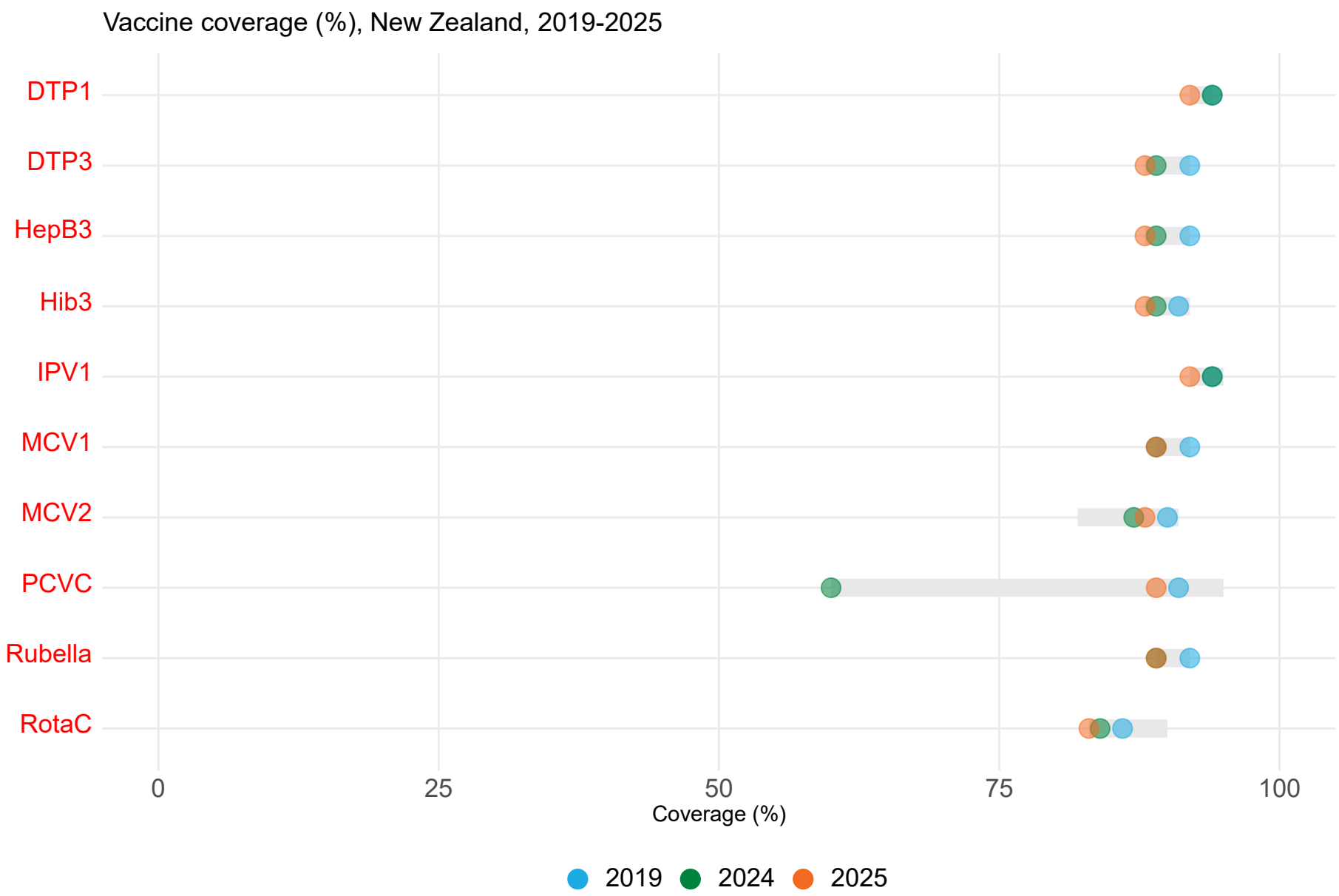

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: The grey bar spans vaccine coverage across all years 2019-2025 and the dots represent coverage in specific years. Coverage is shown for vaccines with data all years 2019-2025.
Vaccine names are coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019

This chart shows the range of coverage across all years 2019 to 2025 (grey bars), and coverage in specific years (dots), by vaccine. The chart can be used for assessing recovery to pre-pandemic levels.

DTP1 coverage remained the same between 2019 (94%) and 2024 (94%). DTP1 coverage declined in 2025 (92%) compared to 2024, and was lower than in 2019. In 2019-2025, DTP1 coverage was at it's lowest level in 2025 (92%).

In 2024, 8 vaccines had lower coverage than in 2019.

In 2025, 10 vaccines had lower coverage than in 2019.

In 2025, 6 vaccines had lower coverage than in 2024.

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HPV vaccination

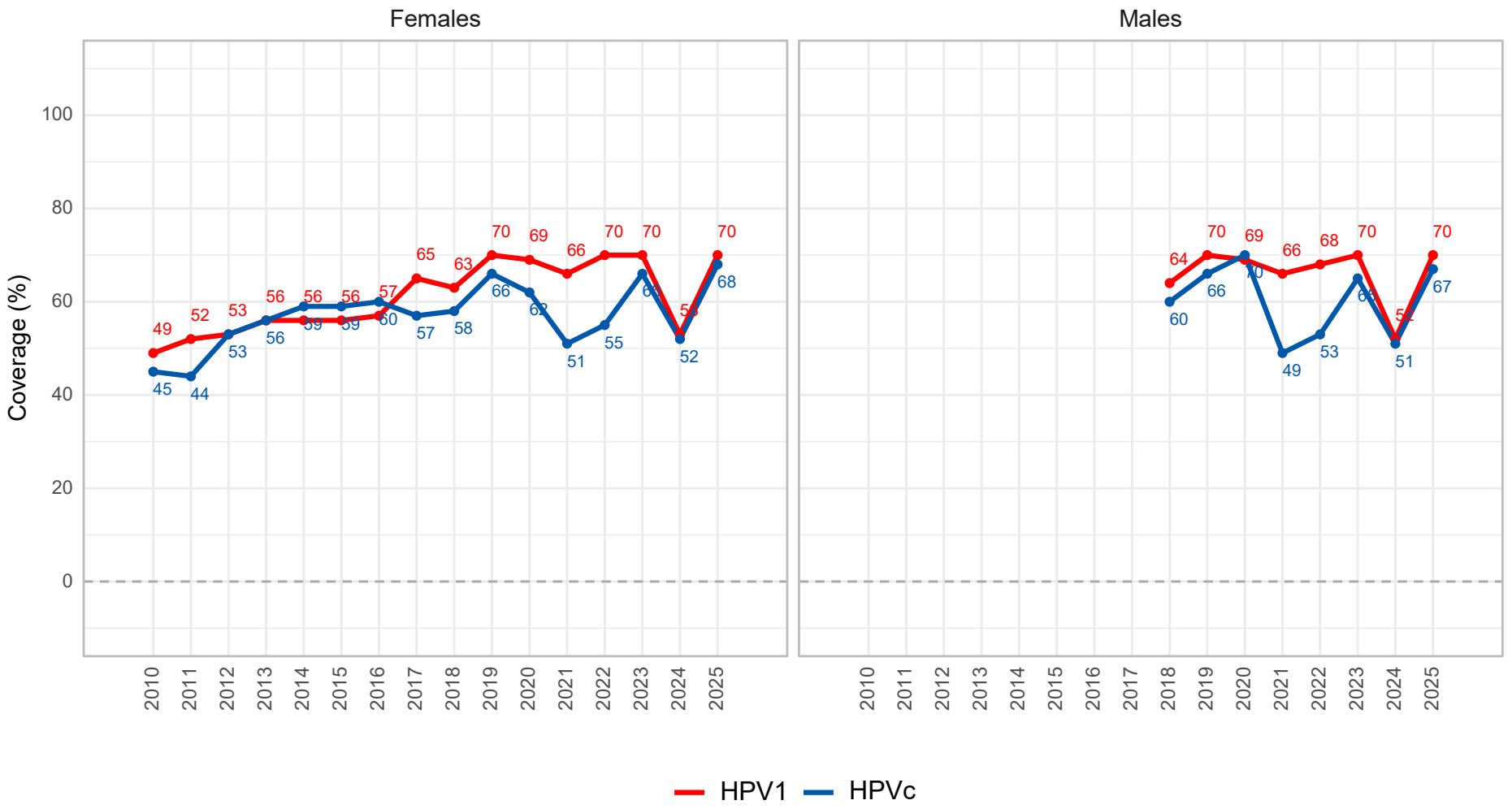
Methods: • Bruni et al. 2021, HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010–2019 (supplementary materials).

In 2025, HPV last dose coverage among girls increased to 68% and coverage among boys increased to 67%.

The first year of HPV programme coverage estimates in New Zealand was 2010.

In 2025, first dose (HPV1) programme coverage among girls was 70%. In 2025, last dose (HPVc) programme coverage among girls was 68%.

Human papillomavirus (HPV) vaccine coverage (%), New Zealand, 2010-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision.
For some countries, if HPV vaccine is in the schedule, but the country did not report data in a given year, HPV programme coverage estimates are not produced.

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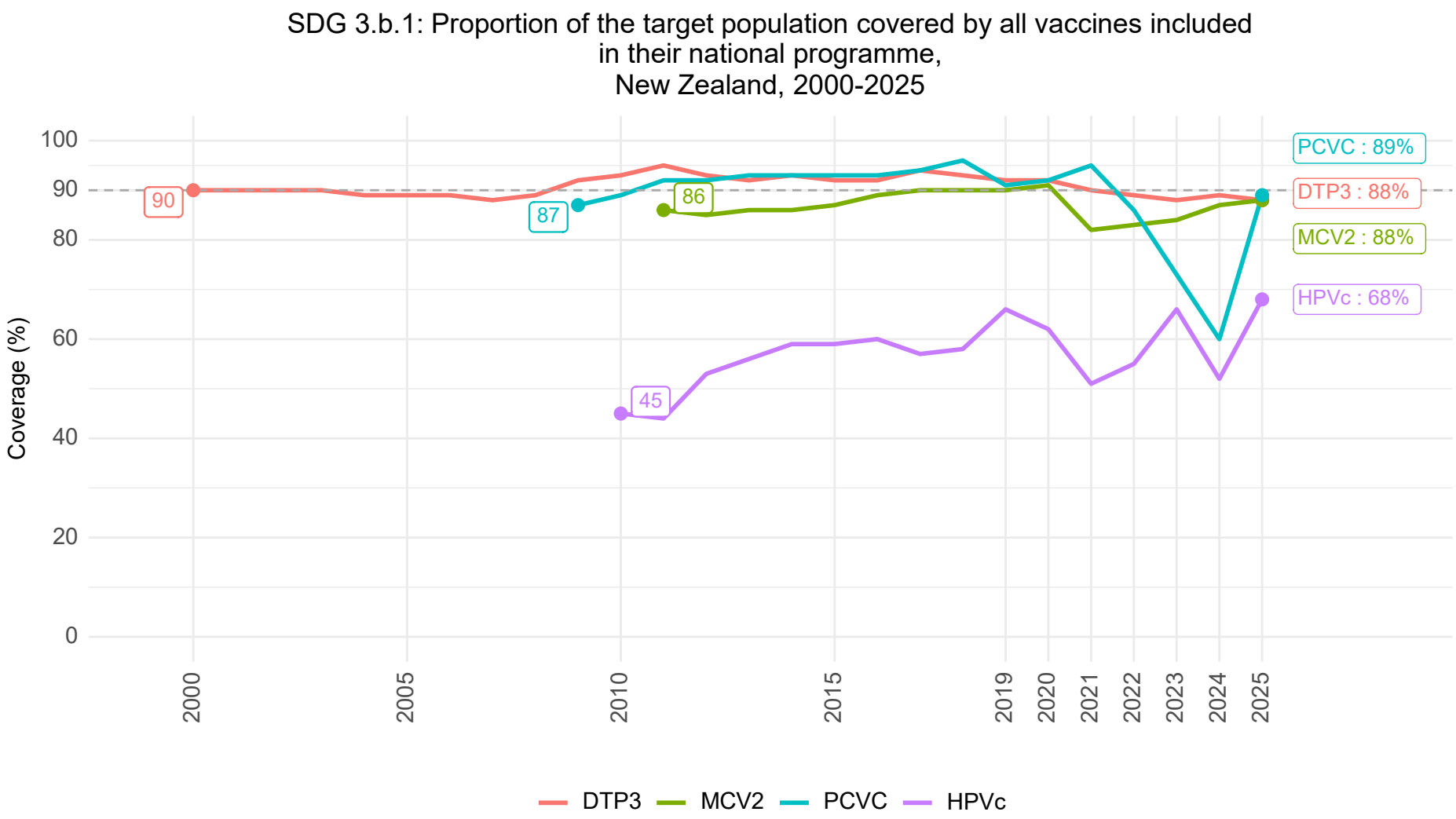
SDG 3.b.1

In 2025, no SDG vaccines in met the 90% SDG coverage target.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: The four vaccination coverage indicators contribute to SDG indicator 3.b.1 are: DTP3, MCV2, PCVC and HPVc
The Immunization Agenda 2030 (IA2030) global target is 90% coverage of all four antigens by 2030.

Four vaccination coverage indicators contribute to Sustainable Development Goal 3, indicator b.1: DTP3, PCV3, MCV2 and HPV.

The IA2030 global target is 90% coverage of all four antigens by 2030.

New Zealand has all 4 of the SDG vaccines.

In 2025, New Zealand had achieved at least 90% coverage of none out of the 4 vaccines.

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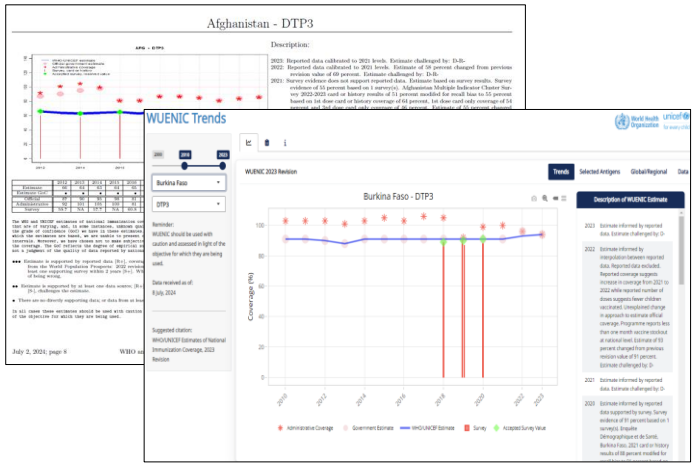
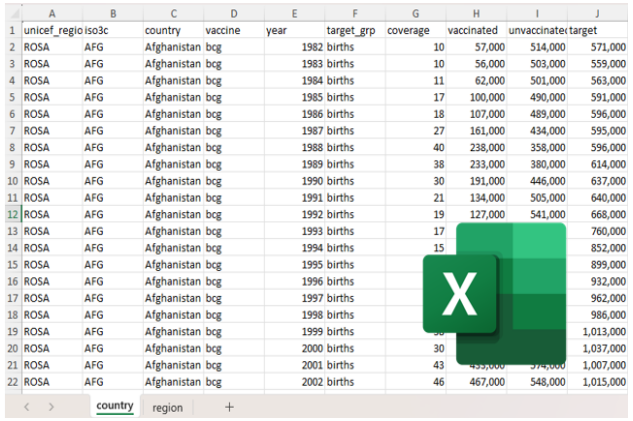
Additional resources

WUENIC country profiles (PDF and interactive versions)



Datasets: WUENIC, HPV, survey database

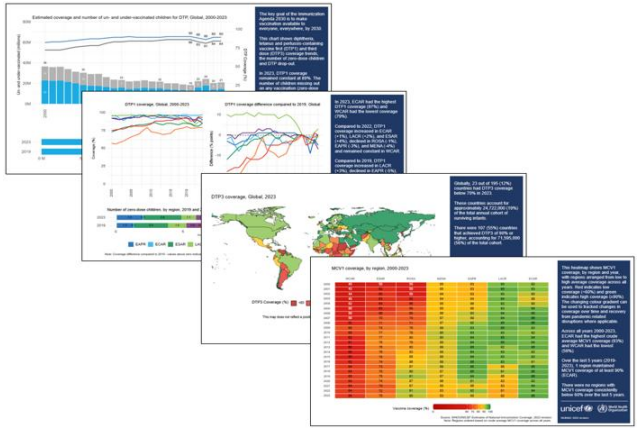


	A	B	C	D	E	F	G	H	I	J
1	unicef_regio	iso3c	country	vaccine	year	target_grp	coverage	vaccinated	unvaccinate	target
2	ROSA	AFG	Afghanistan	bcg	1982	births	10	57,000	514,000	571,000
3	ROSA	AFG	Afghanistan	bcg	1983	births	10	56,000	503,000	559,000
4	ROSA	AFG	Afghanistan	bcg	1984	births	11	62,000	501,000	563,000
5	ROSA	AFG	Afghanistan	bcg	1985	births	17	100,000	490,000	591,000
6	ROSA	AFG	Afghanistan	bcg	1986	births	18	107,000	489,000	596,000
7	ROSA	AFG	Afghanistan	bcg	1987	births	27	161,000	434,000	595,000
8	ROSA	AFG	Afghanistan	bcg	1988	births	40	238,000	358,000	596,000
9	ROSA	AFG	Afghanistan	bcg	1989	births	38	233,000	380,000	614,000
10	ROSA	AFG	Afghanistan	bcg	1990	births	30	191,000	446,000	637,000
11	ROSA	AFG	Afghanistan	bcg	1991	births	21	134,000	505,000	640,000
12	ROSA	AFG	Afghanistan	bcg	1992	births	19	127,000	541,000	668,000
13	ROSA	AFG	Afghanistan	bcg	1993	births	17			760,000
14	ROSA	AFG	Afghanistan	bcg	1994	births	15			852,000
15	ROSA	AFG	Afghanistan	bcg	1995	births				899,000
16	ROSA	AFG	Afghanistan	bcg	1996	births				932,000
17	ROSA	AFG	Afghanistan	bcg	1997	births				962,000
18	ROSA	AFG	Afghanistan	bcg	1998	births				986,000
19	ROSA	AFG	Afghanistan	bcg	1999	births				1,013,000
20	ROSA	AFG	Afghanistan	bcg	2000	births	30			1,037,000
21	ROSA	AFG	Afghanistan	bcg	2001	births	43	453,000	574,000	1,007,000
22	ROSA	AFG	Afghanistan	bcg	2002	births	46	467,000	548,000	1,015,000

country region

Country and region-specific slides:

UNICEF, WHO, World Bank, Gavi and African Union regions



Interactive immunization regional snapshots:

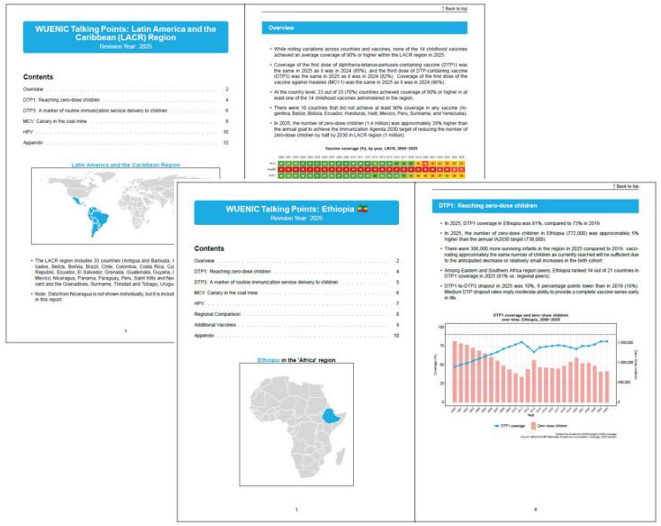
UNICEF, WHO, World Bank, Gavi and African Union regions

Country data quality reports

(NEW 2026)

Country and region-specific high-level talking points

(NEW 2026)



Additional Resources

Additional immunization data resources can be found at:

https://data.unicef.org/resources/immunization/

Interactive WUENIC country profiles can be found at:

https://worldhealthorg.shinyapps.io/wuenic-trends/

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Short feedback questionnaire

(5 minutes)

We are seeking your feedback on the global groupings (GAVI, African Union, World Bank Income, WHO and UNICEF) and country-level PowerPoint slides developed for the release of global immunization estimates. Your input will help us understand their usefulness and identify areas for improvement.

Please take a few moments to complete this short survey and have your voice heard:

https://forms.office.com/e/Qv1HXxxNZQ

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