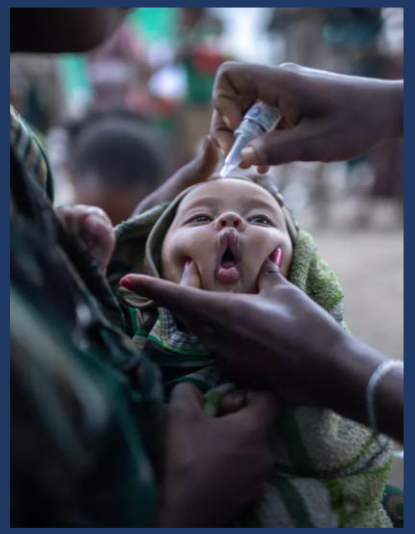
Viet Nam

WUENIC 2025 revision,
Published 15 July 2026



unicef

World Health Organization

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 remained constant at 99% between 2024 and 2025.

• DTP3 coverage remained constant at 97% between 2024 and 2025.

• There were there were approximately the same number of zero-dose children in 2025. This leaves 13,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further 26,000 with incomplete protection.

• Viet Nam accounted for 0.7% of zero-dose children in East Asia and the Pacific (EAPR) and 0.1% of zero-dose children globally.

• MCV1 coverage remained constant at 98% between 2024 and 2025. There were 26,000 children who missed out on the first measles vaccination.

• MCV2 coverage remained constant at 95% between 2024 and 2025.

• The Human papillomavirus (HPV) vaccine was not introduced.

Vaccination schedule, 2025

		Dose number and age administered			
Level	**Vaccine**	**1**	**4**	**2**	**3**
National	BCG	Birth			
National	DTWP (booster)		18 months		
National	DTWPHIBHEPB	2 months		3 months	4 months
National	HEPB (pediatric)	Birth			
National	IPV	5 months		9 months	
National	Japanese Encephalitis	12 months		12 months	2 years
National	MEASLES	9 months			
National	MR			18 months	
National	OPV	2 months		3 months	4 months
Subnational	Rotavirus	2 months		3 months	

This table shows the 2025 national immunization schedule for routine services in Viet Nam, 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.

unicef World Health Organization

WUENIC 2025 revision

Vaccine introduction years

Vaccine	National introduction	Partial introduction
HPV (Human papillomavirus) vaccine	Not introduced	
HepB birth dose	2002	
Hepatitis B vaccine	2003	1997
Hib (Haemophilus influenzae type B) vaccine	2010	
IPV (Inactivated polio vaccine)	2018	
IPV (Inactivated polio vaccine) 2nd dose	2022	
Malaria vaccine	Not introduced	
Measles-containing vaccine 2nd dose	2006	
Meningococcal meningitis vaccines (any strain)	Not introduced	
Mumps vaccine	Not introduced	
PCV (Pneumococcal conjugate vaccine)	Not introduced	
RSV (Respiratory syncytial virus) immunization strategy	Not introduced	
Rotavirus vaccine	Not introduced	
Rubella vaccine	2015	
Typhoid conjugate vaccine	Not introduced	

This table displays the year each vaccine was introduced in Viet Nam. 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.

unicef World Health Organization

WUENIC 2025 revision

Vaccine stockouts

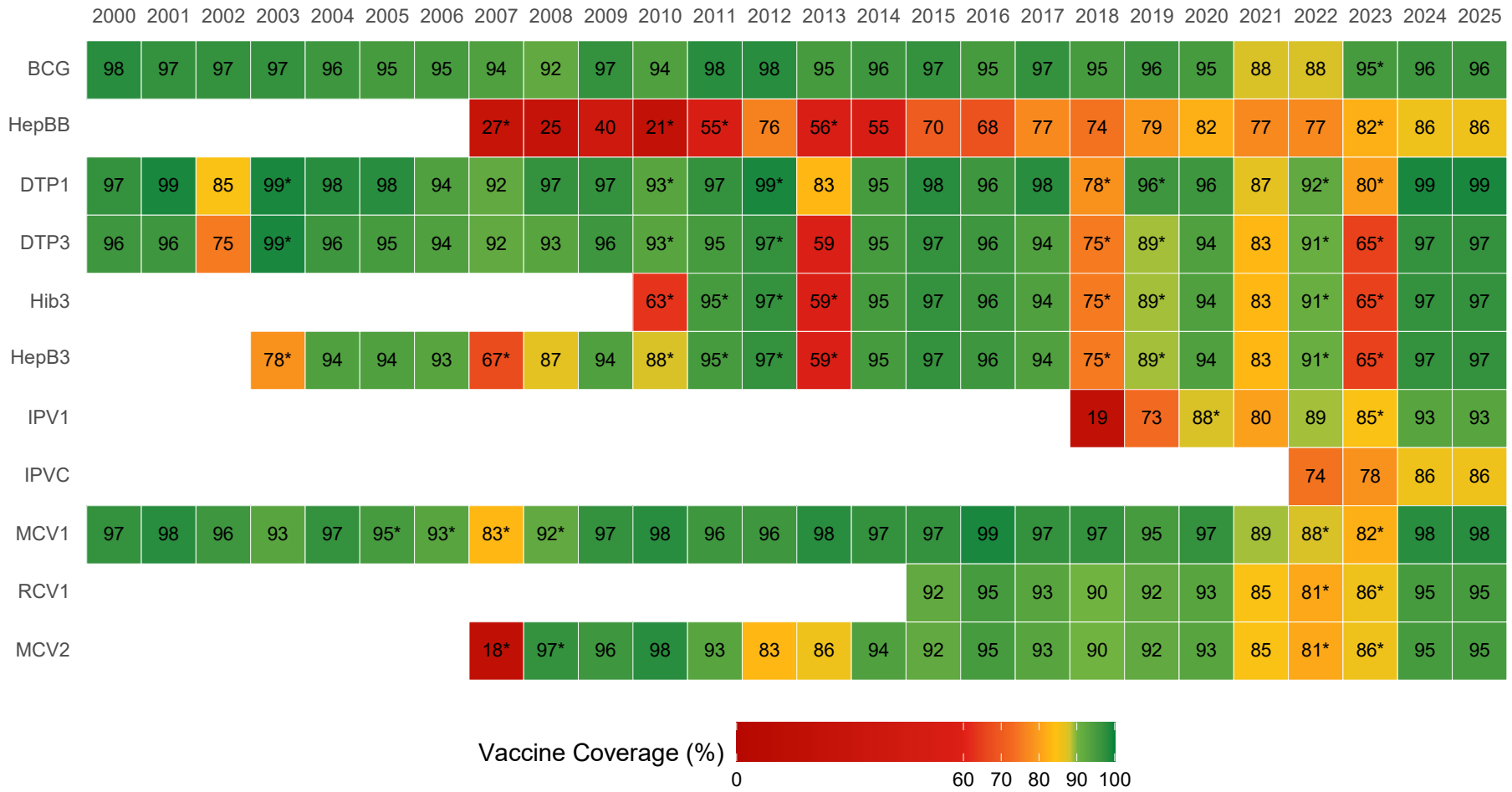
Vaccines / supplies	2022	2023
BCG		National (2m) and subnational
DTP-Hib-HepB		National (8m) and subnational
DTP-containing vaccine	National (6m) and subnational	
HepB		National (2m) and subnational
IPV		National (2m) and subnational
MCV	National (6m) and subnational	National (3m) and subnational
Measles-Rubella (MR)		National (3m) and subnational
OPV	National (2m) and subnational	National (4m) and subnational
RCV	National (3m) and subnational	

This table presents reported vaccine stockouts of childhood vaccines relevant to WUENIC at the national and subnational levels over the last 5 years (2021 to 2025). Where available, the duration of national-level stockouts is indicated in months. Subnational stockouts are noted without specifying duration. Only vaccines that had a stockout during the specified time period are displayed.

A stockout refers to a period when vaccine storage and distribution points (e.g., national or district stores) are fully depleted, including buffer stock, and are unable to supply vaccines to lower-level stores or facilities. It is important to note that facility-level stockouts can still occur even when upper-level stores have inventory. Stockouts, especially prolonged ones, can negatively impact immunization coverage.

In 2025, coverage remained unchanged since 2024 for all antigens, with nine achieving at least 90% coverage, indicating good reach of at least some antigens.

Vaccine coverage, Viet Nam, 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.

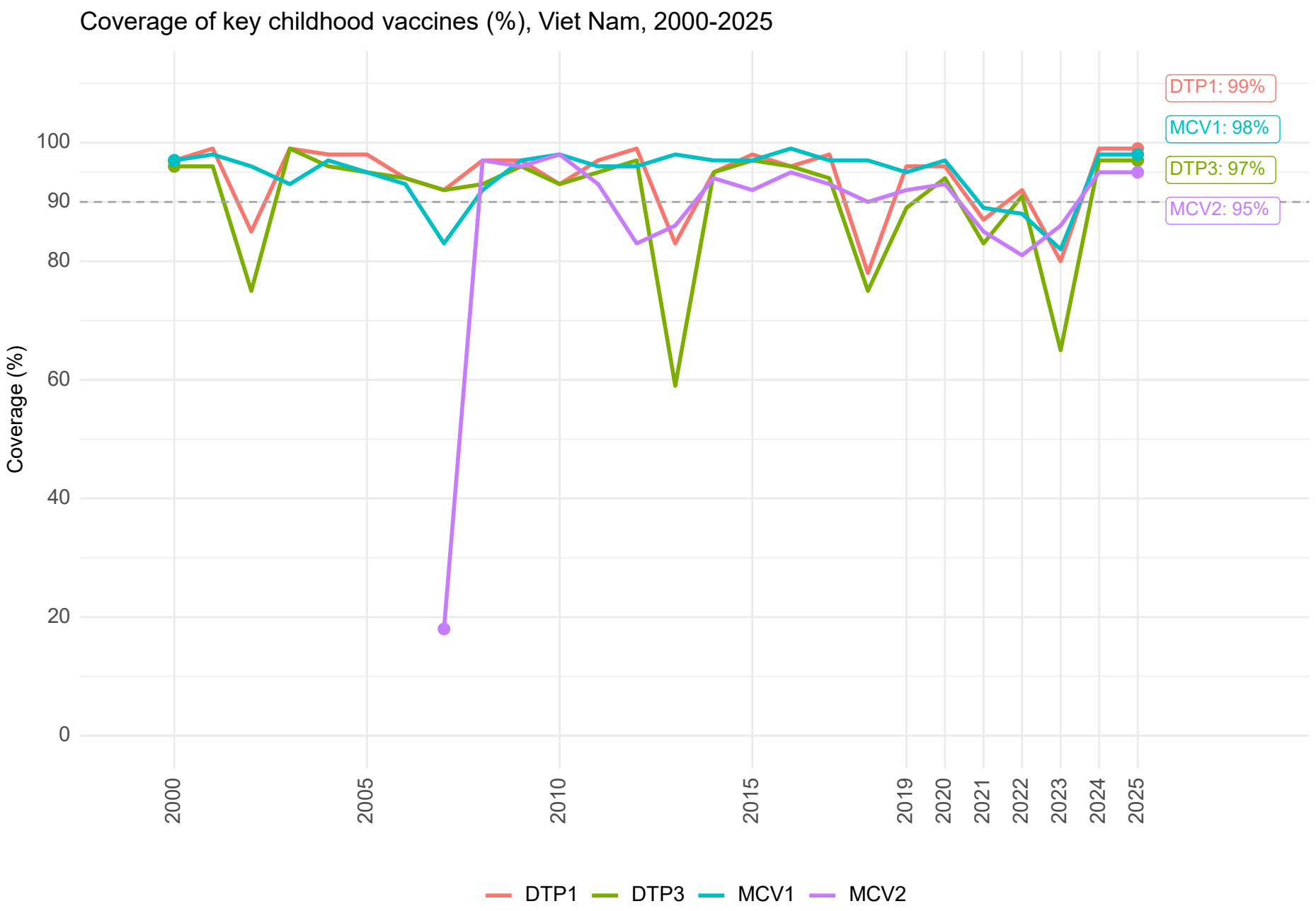
In 2025, 9 out of 11 (82%) vaccines in the schedule achieved coverage of 90% or more. Vaccine coverage ranged from 86% to 99%.

Since 2003, estimates have been made for 7 new vaccines. IPVC is the newest vaccine reported (2022), which achieved 86% coverage in 2025.

In 2025, Viet Nam did not report any stockouts of vaccines or supplies.

unicef World Health Organization

WUENIC 2025 revision



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 98%.

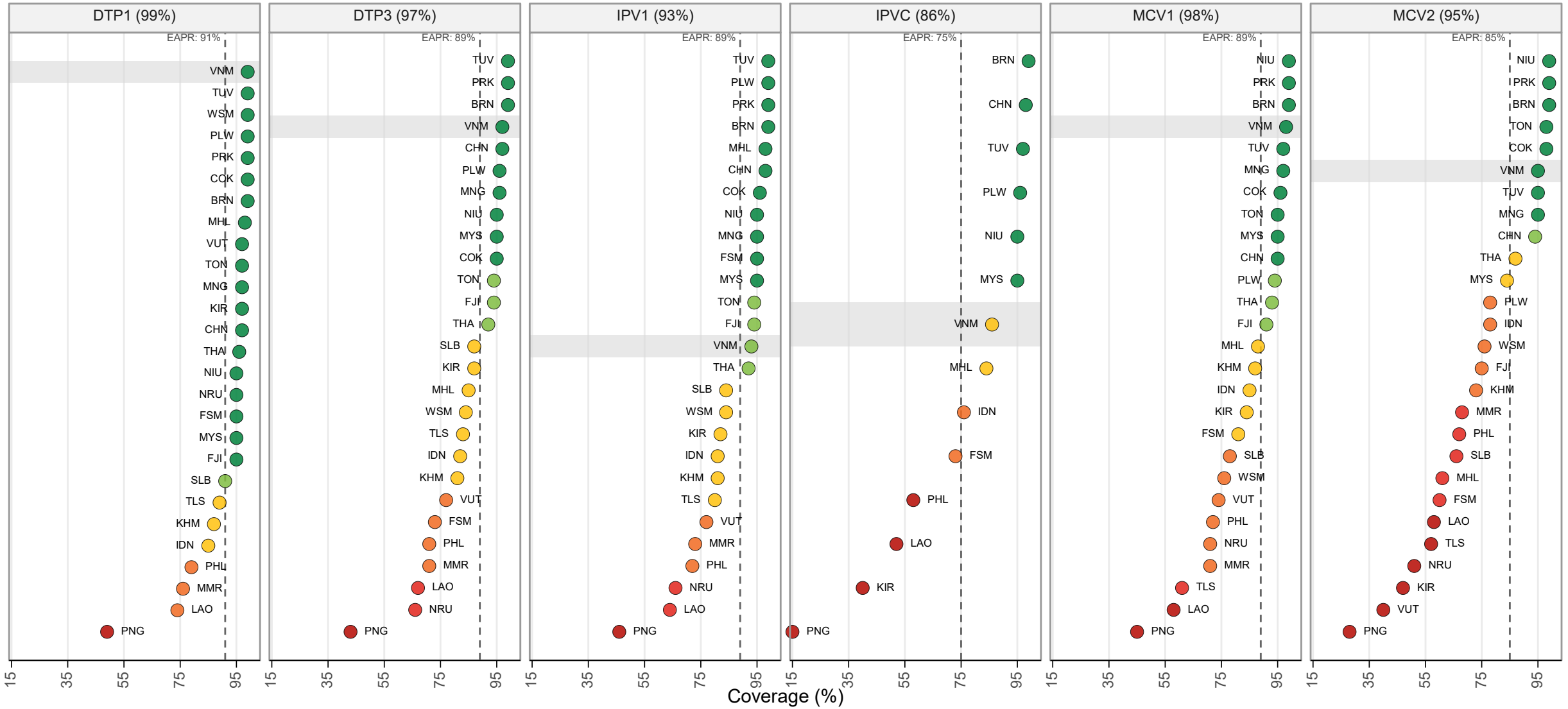
DTP3 coverage - a marker of how well countries are delivering immunization services to children - exceeded the 90% target set for 2030.

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 exceeded the 95% target and MCV2 coverage achieved the 95% target.

Between 2024 and 2025, 0 vaccines increased coverage, 0 declined and 4 remained the same.

Vaccine coverage compared with other countries in the region, EAPR, 2025

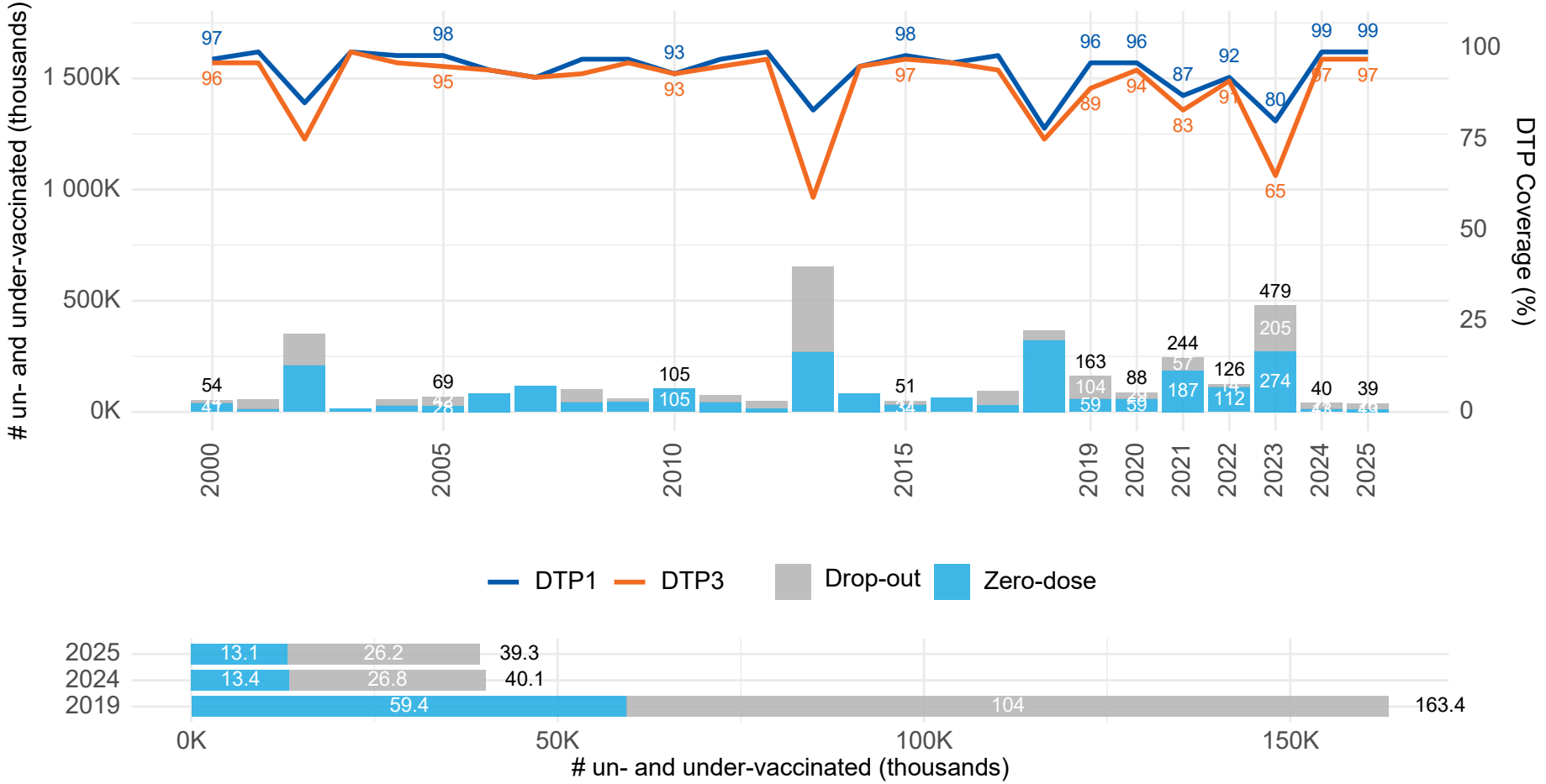


Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Country ISO codes displayed. Coverage in vnm shown in the headers. Regional average coverage shown by the dashed line.

DTP1

In 2025, DTP1 coverage was 99% and DTP3 was 97%, leaving 39,000 children un- or under-vaccinated, including 13,000 zero-dose and 26,000 with only partial protection.

Estimated coverage and number of un- and under-vaccinated children for DTP, Viet Nam, 2000-2025



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 Viet Nam.

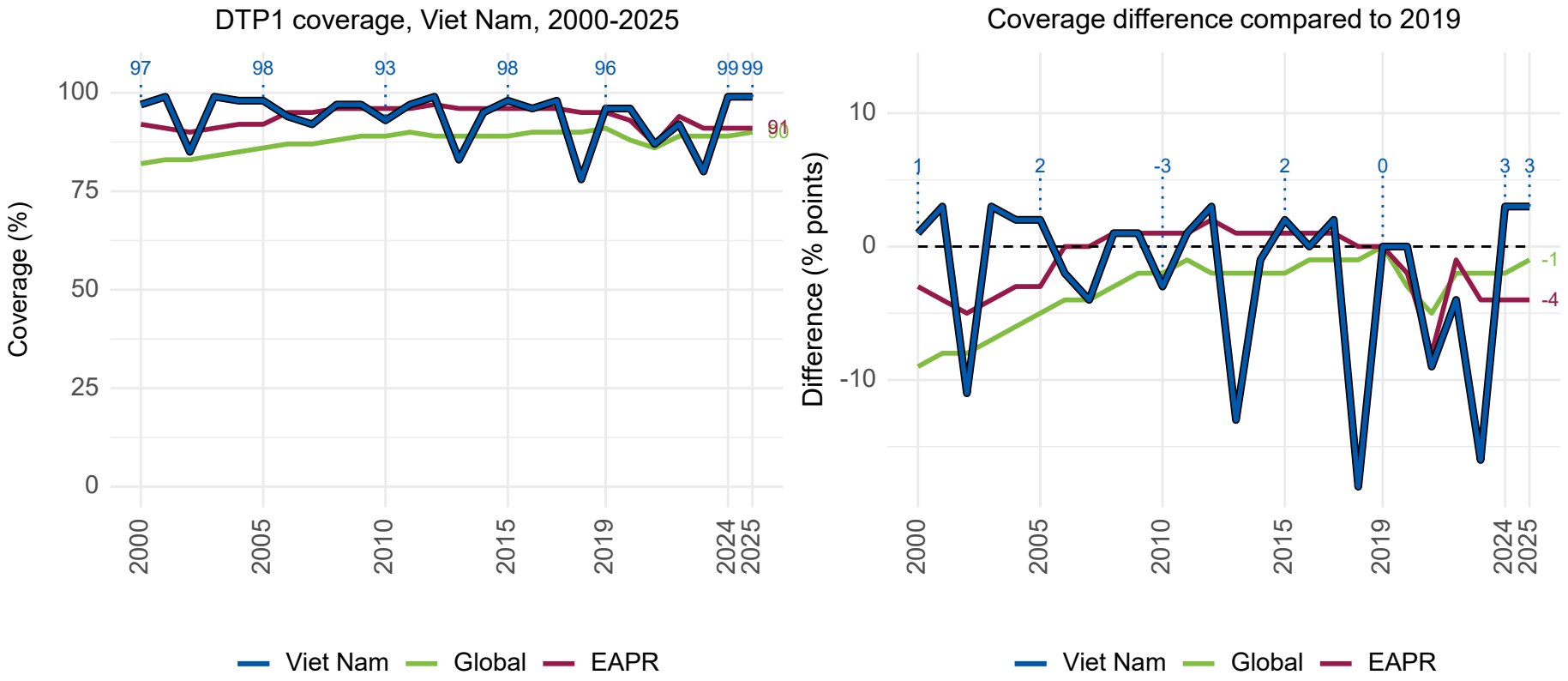
In 2025, DTP1 coverage in Viet Nam remained constant 99%. The number of children missing out on any DTP vaccination (zero-dose children) remained constant at from 13,000 in 2024 to 13,000 in 2025.

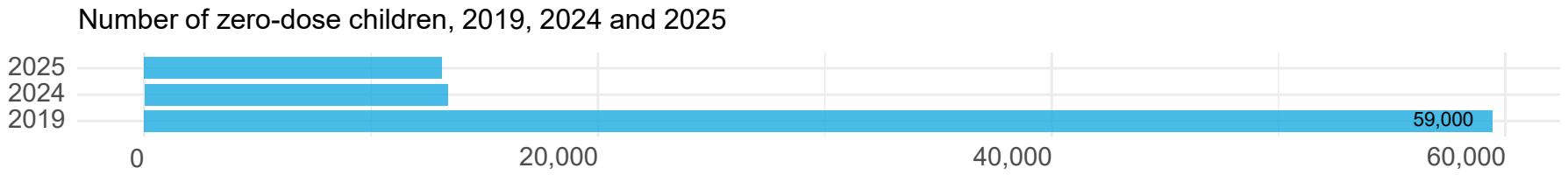
DTP3 coverage remained constant 97% in 2025, leaving 39,000 children vulnerable to vaccine-preventable diseases.

unicef World Health Organization

WUENIC 2025 revision

In 2025, Viet Nam DTP1 coverage was 99% - this is 3 percentage points higher than in 2019 and higher than both the global and regional averages.





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 Viet Nam (99%) was 9 percentage points higher than the global average (90%) and 8 percentage points higher than the average across all EAPR countries (91%).

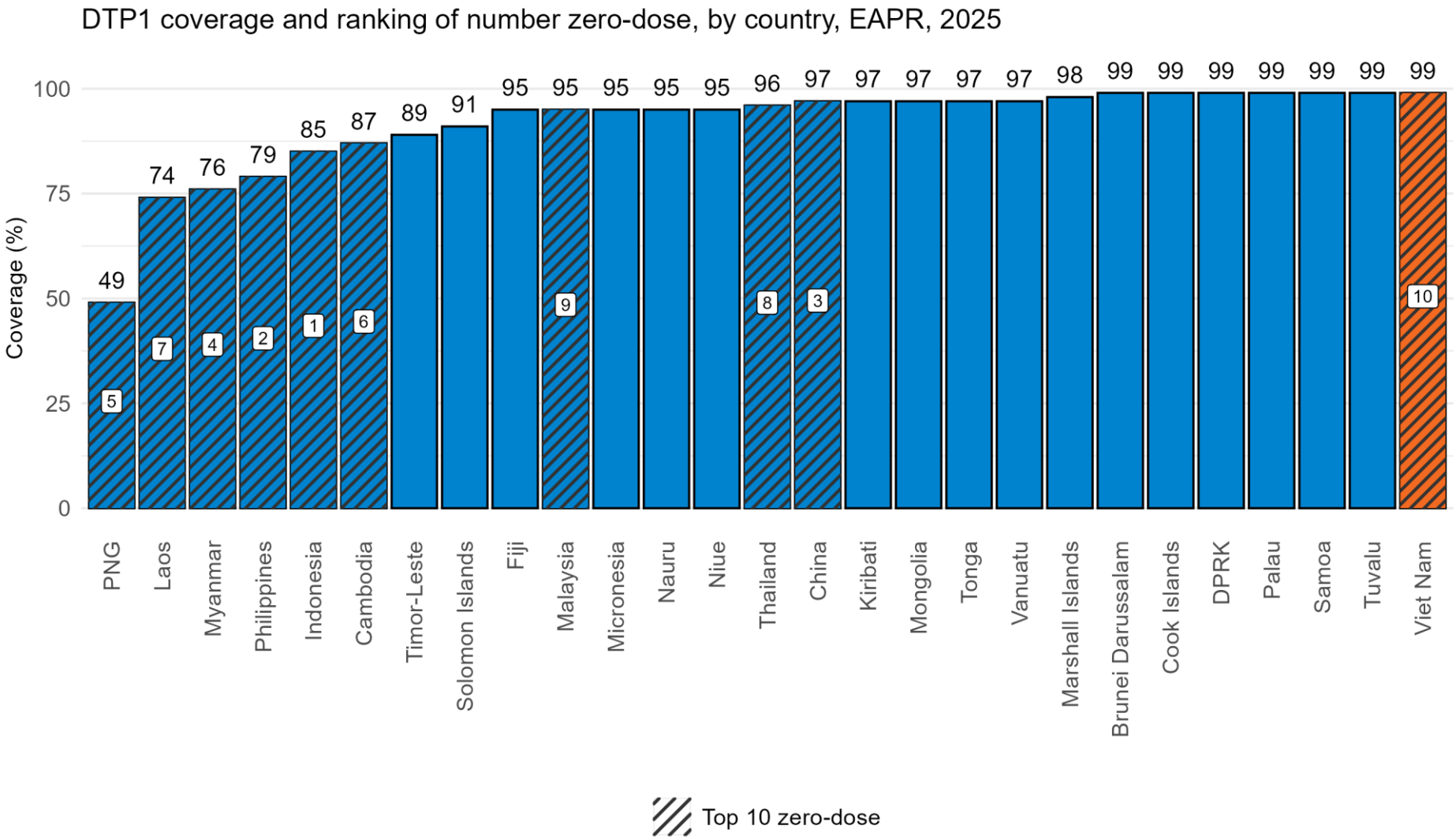
National DTP1 coverage was 3 percentage points higher than in 2019 (96%).

This equates to 13,000 zero-dose children in 2025 compared to 59,000 zero-dose children in 2019.

unicef World Health Organization

WUENIC 2025 revision

In 2025, Viet Nam had the highest coverage, but was 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 EAPR 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, Viet Nam ranked number 21 out of 27 countries for lowest DTP1 coverage (based on tied ranks).

Viet Nam was in the top 10 countries with the most zero-dose children (rank=10).

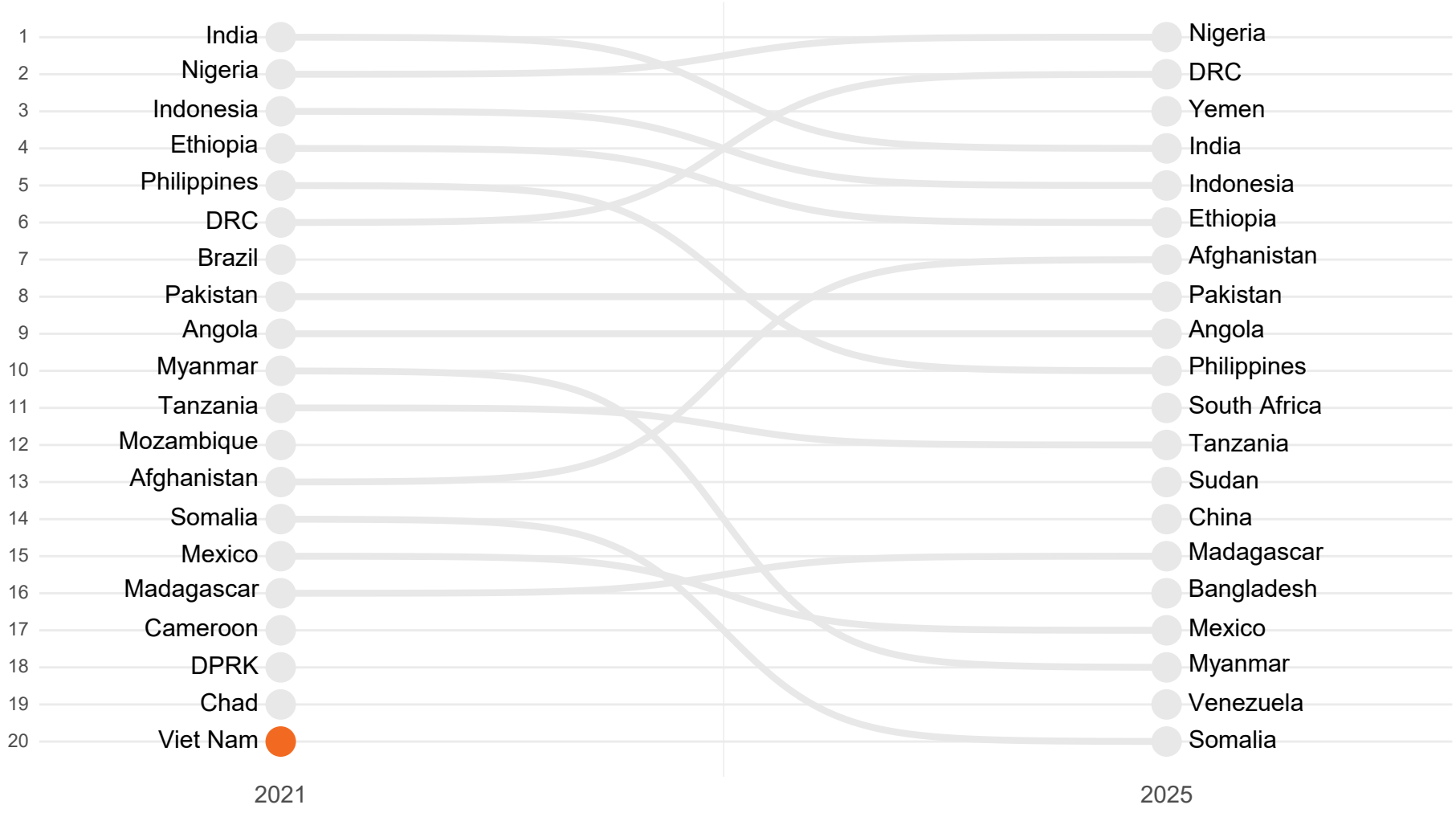
Note: Large cohort countries may have high numbers of zero-dose children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

unicef World Health Organization

WUENIC 2025 revision

Viet Nam was in the top 20 zero-dose countries globally in 2021 but not in 2025.

IA2030 top 20 zero-dose countries rank, 2021-2025



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

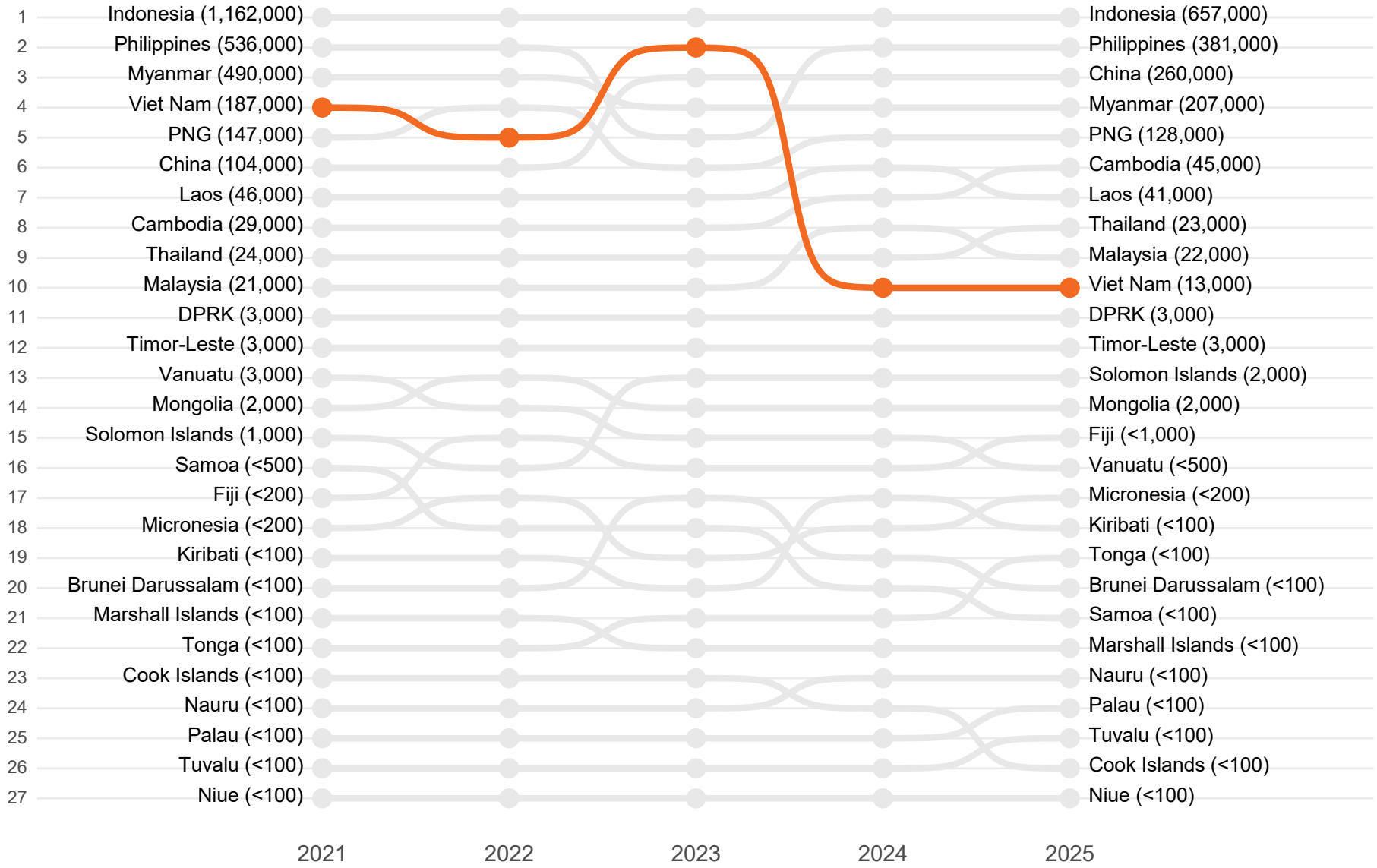
20 countries were prioritised in the context of the Immunization Agenda 2030 (IA2030), based on their number of zero-dose children in 2021. This chart compares the ranking of the top 20 countries in 2021 and 2025. Rank 1 indicates the country with the highest absolute number of zero-dose children.

Viet Nam was in the top 20 zero-dose countries globally in 2021 but not in 2025.

unicef World Health Organization

WUENIC 2025 revision

Countries ranked by number of zero-dose children, EAPR, 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, Viet Nam ranked number 4 out of 27 countries with 187,000 zero-dose children.

In 2025, Viet Nam ranked number 10 out of 27 countries with 13,000 zero-dose children.

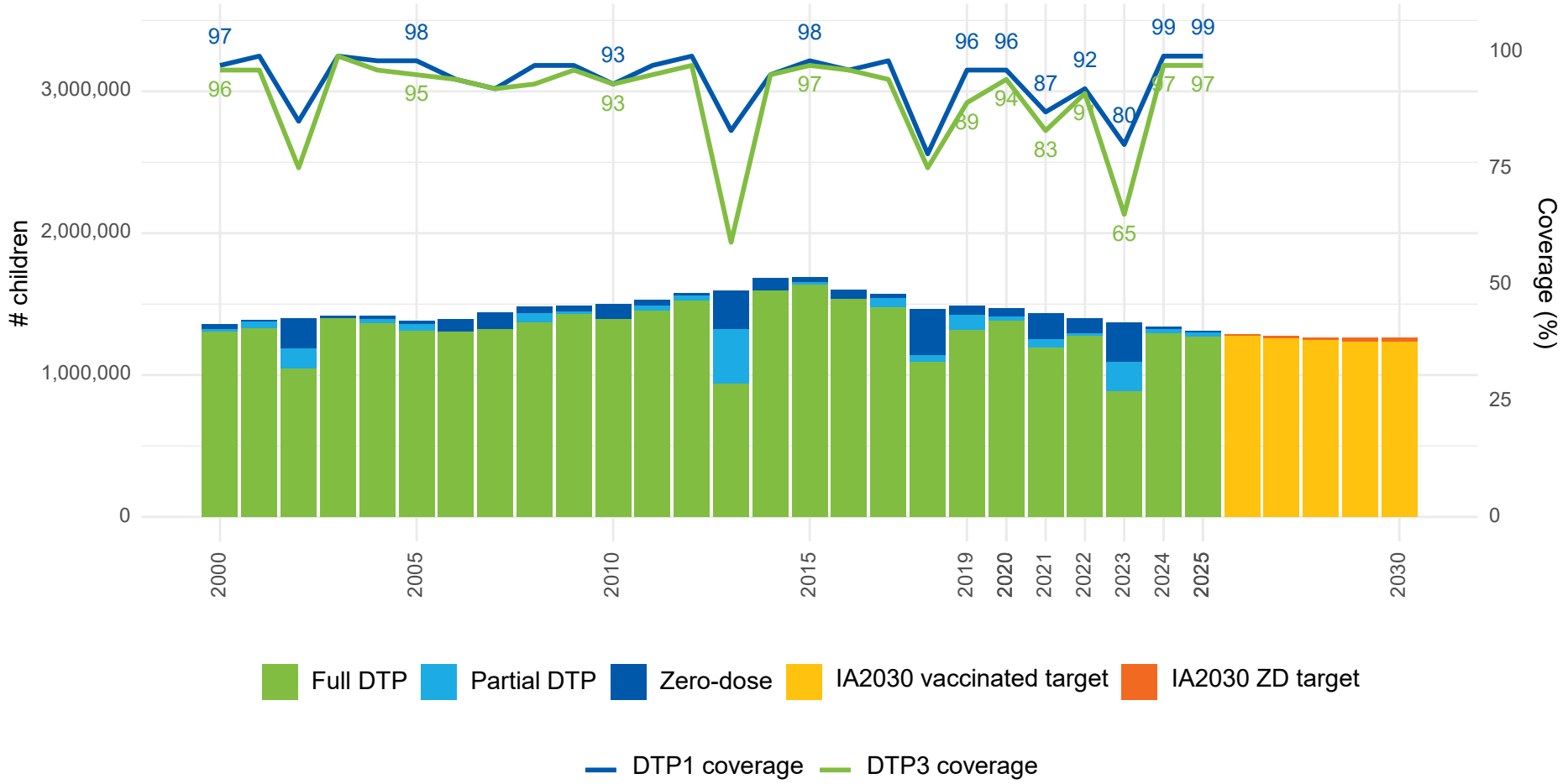
Note: Absolute numbers of zero-dose children is based on a combination of programme performance and surviving infant target population size. Countries may climb to a higher rank despite a decline in number of zero-dose children as the ranking also depends on performance of other countries in the region.

unicef World Health Organization

WUENIC 2025 revision

Viet Nam 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 , Viet Nam



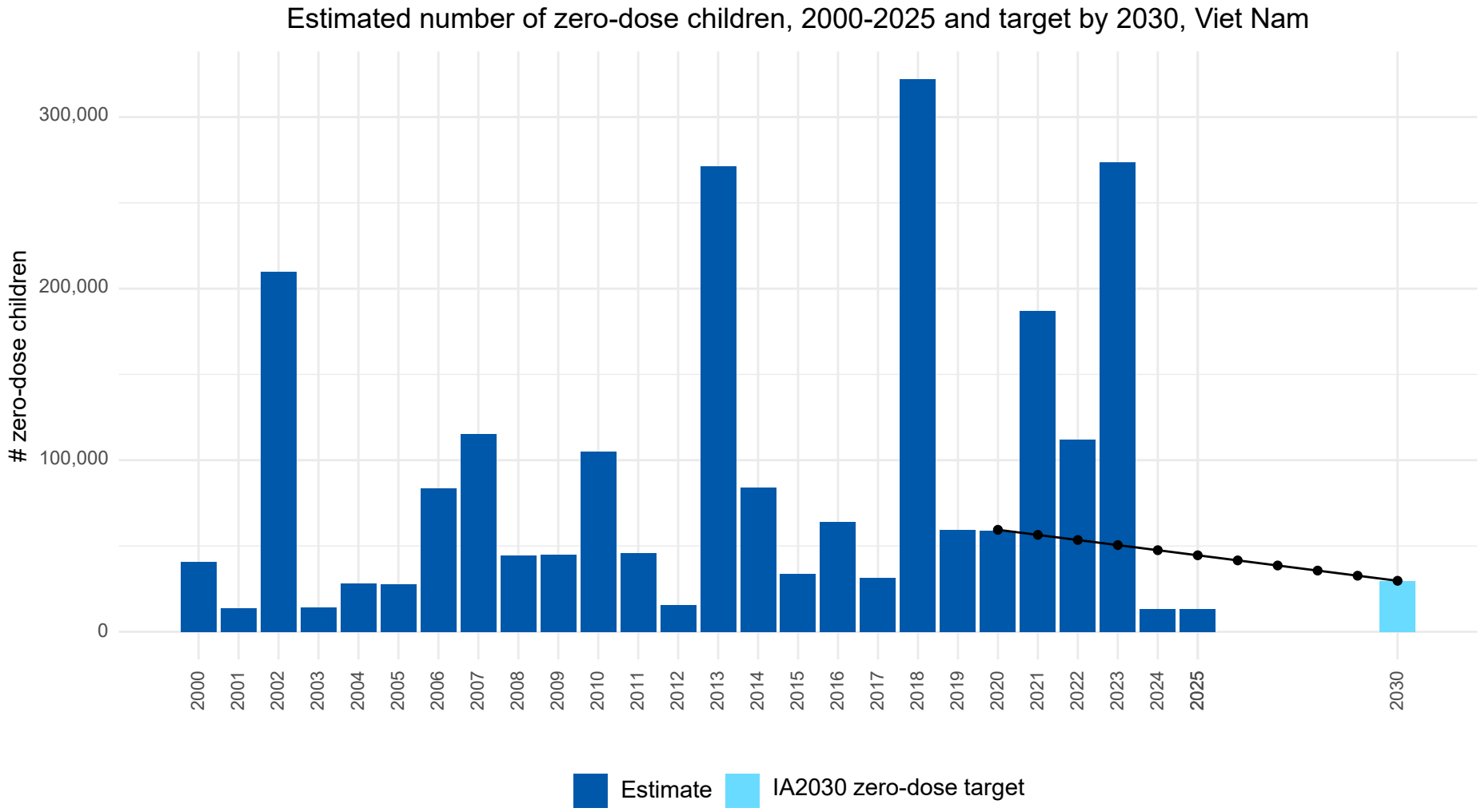
Sources: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision; United Nations, Department of Economic and Social Affairs, Population Division (2024). World Population Prospects 2024, Online Edition.
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number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

Viet Nam 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 71% below the annual IA2030 goal, positioning the programme to reach, and potentially exceed the 2030 goal if current progress continues.



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

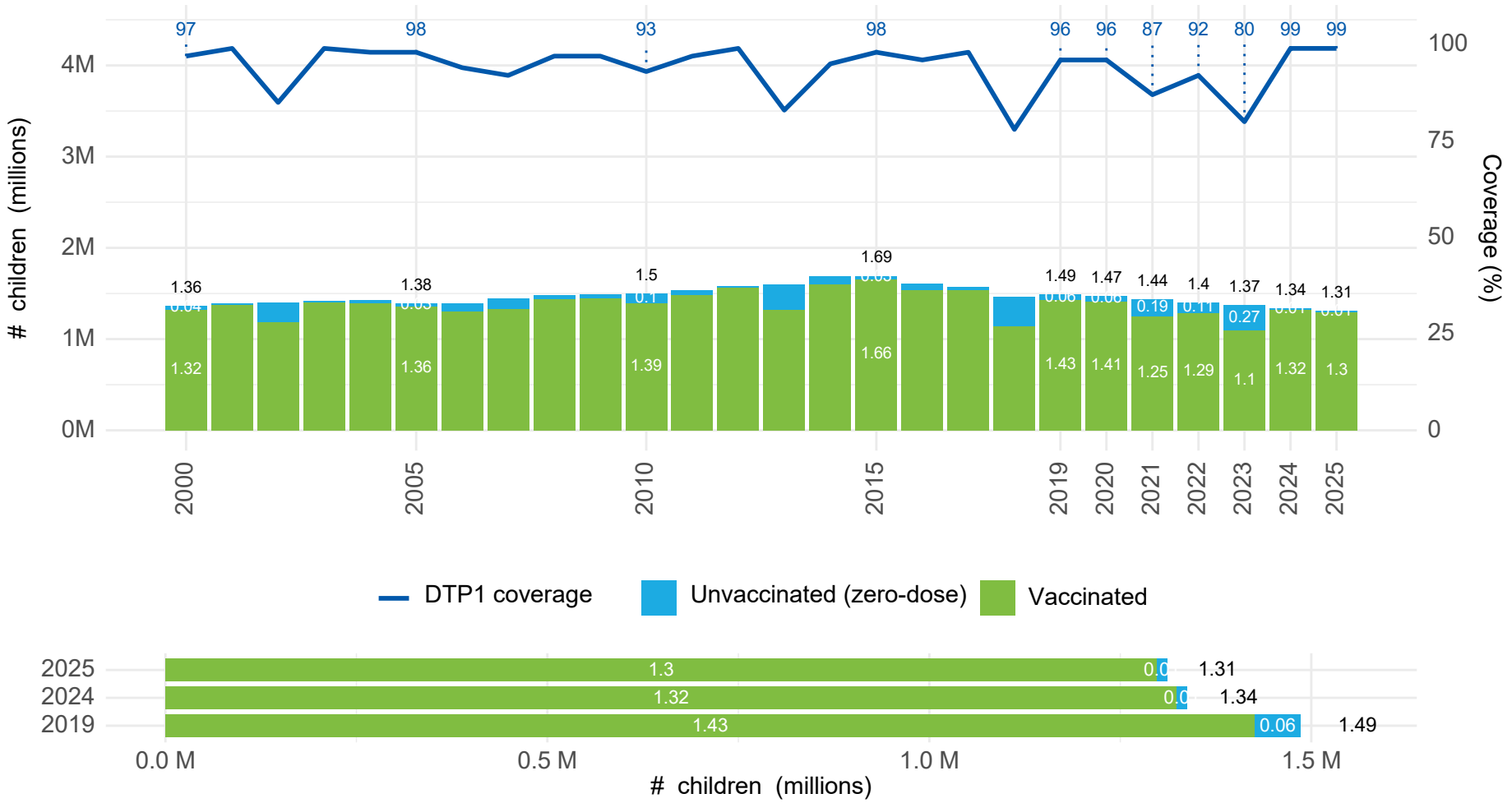
In 2025, the number of zero-dose children was approximately 71% lower than (ie. the country had achieved) the annual number proposed to reach the target, based on a linear trajectory of decline.

unicef World Health Organization

WUENIC 2025 revision

For vaccine coverage to increase, the number of children vaccinated needs to either increase or decline at a slower rate than the decline in surviving infant target population.

Estimated DTP1 coverage, and number of vaccinated and unvaccinated children, Viet Nam, 2000-2025



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

DTP1 coverage in 2025 (99%) was higher than in 2019 (96%).

The number of children vaccinated with DTP1 decreased 9% compared to in 2019.

The number of surviving infants decreased approximately 12% compared to in 2019.

In 2025, 100,000 fewer children were vaccinated than in 2019.

In 2025, there were 200,000 fewer surviving infants (target population) than in 2019.

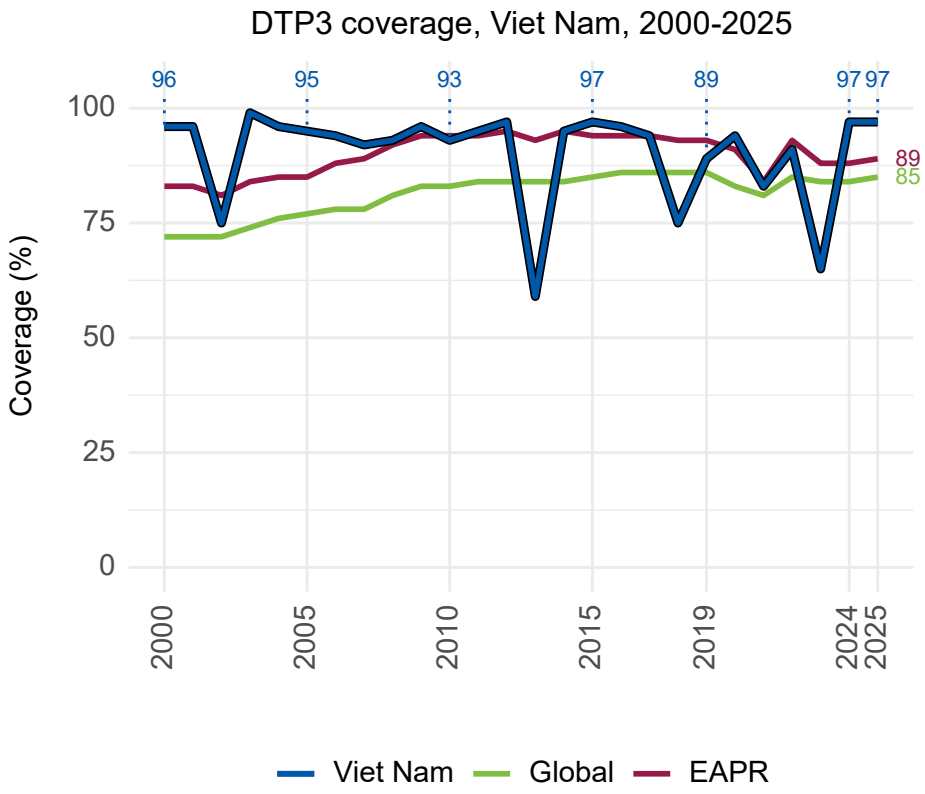
For vaccine coverage to increase, the number of children vaccinated needs to either increase or decline at a slower rate than the decline in surviving infant target population.

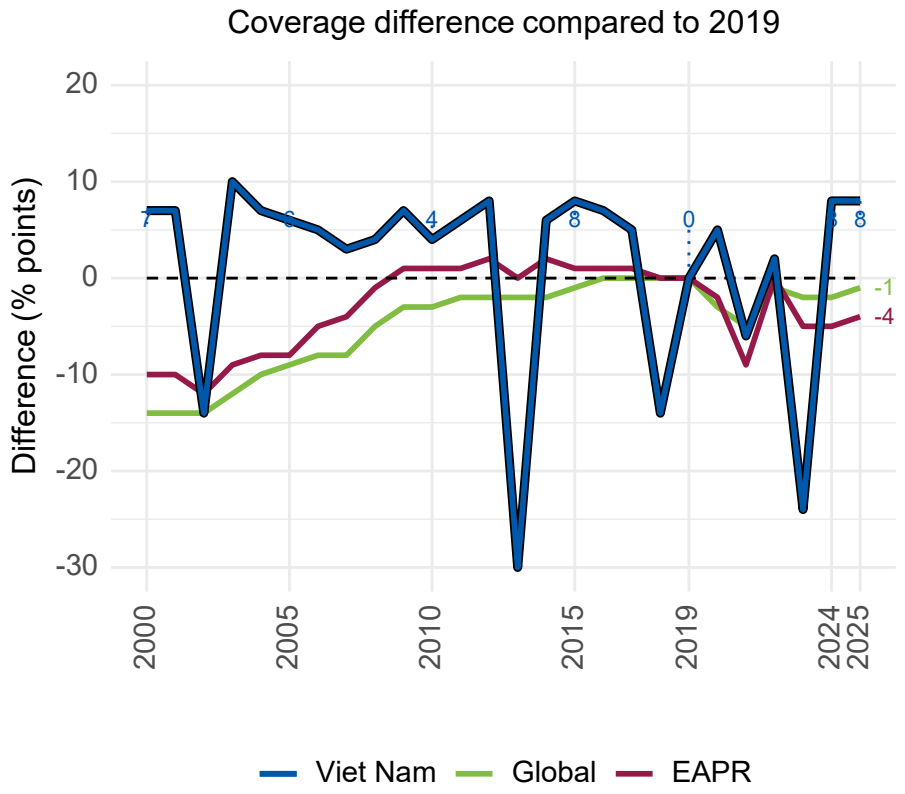
unicef World Health Organization

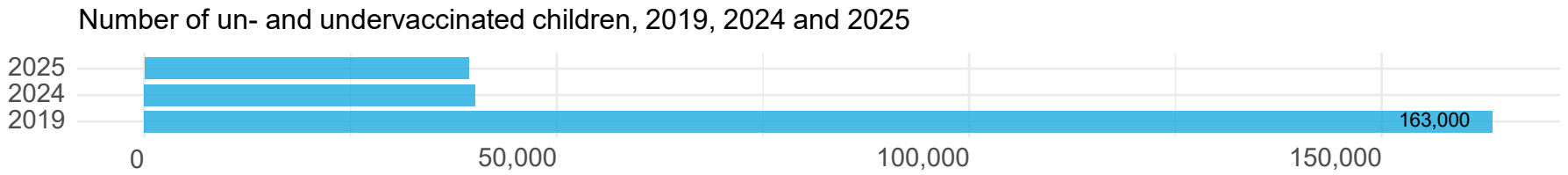
WUENIC 2025 revision

DTP3

In 2025, Viet Nam DTP3 coverage was 97% - this is 8 percentage points higher than in 2019 and higher than both the global and regional averages.







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 Viet Nam (97%) was 12 percentage points higher than the global average (85%) and 8 percentage points higher than the average across all EAPR countries (89%).

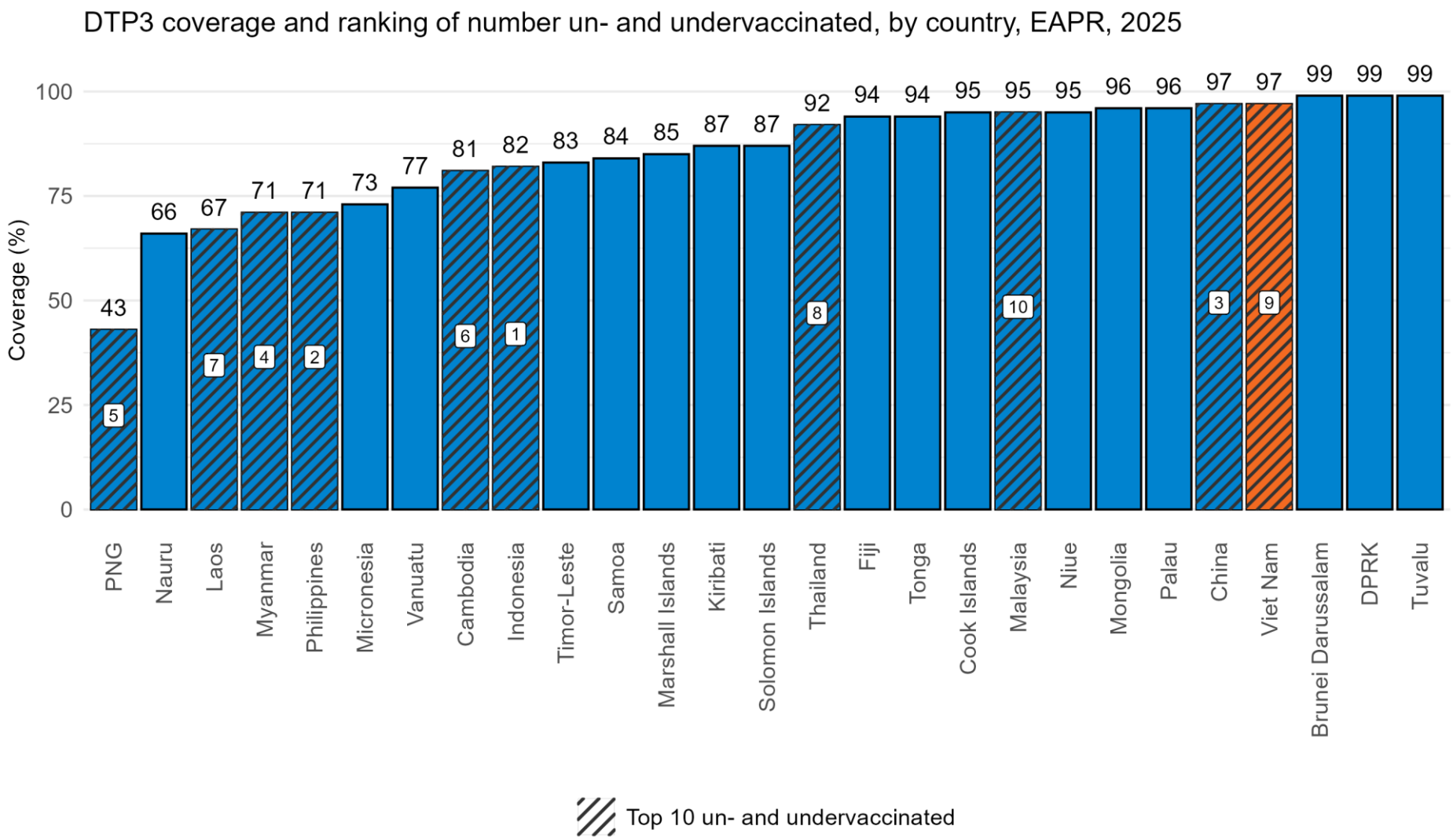
National DTP3 coverage was 8 percentage points higher than in 2019 (89%).

This equates to 39,000 un- and undervaccinated children in 2025 compared to 163,000 un- and undervaccinated children in 2019.

unicef World Health Organization

WUENIC 2025 revision

In 2025, Viet Nam had DTP3 coverage of 97% and was 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 EAPR 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, Viet Nam ranked number 23 out of 27 countries for lowest DTP3 coverage (based on tied ranks).

Viet Nam was in the top 10 countries with the most un- and undervaccinated children (rank=9).

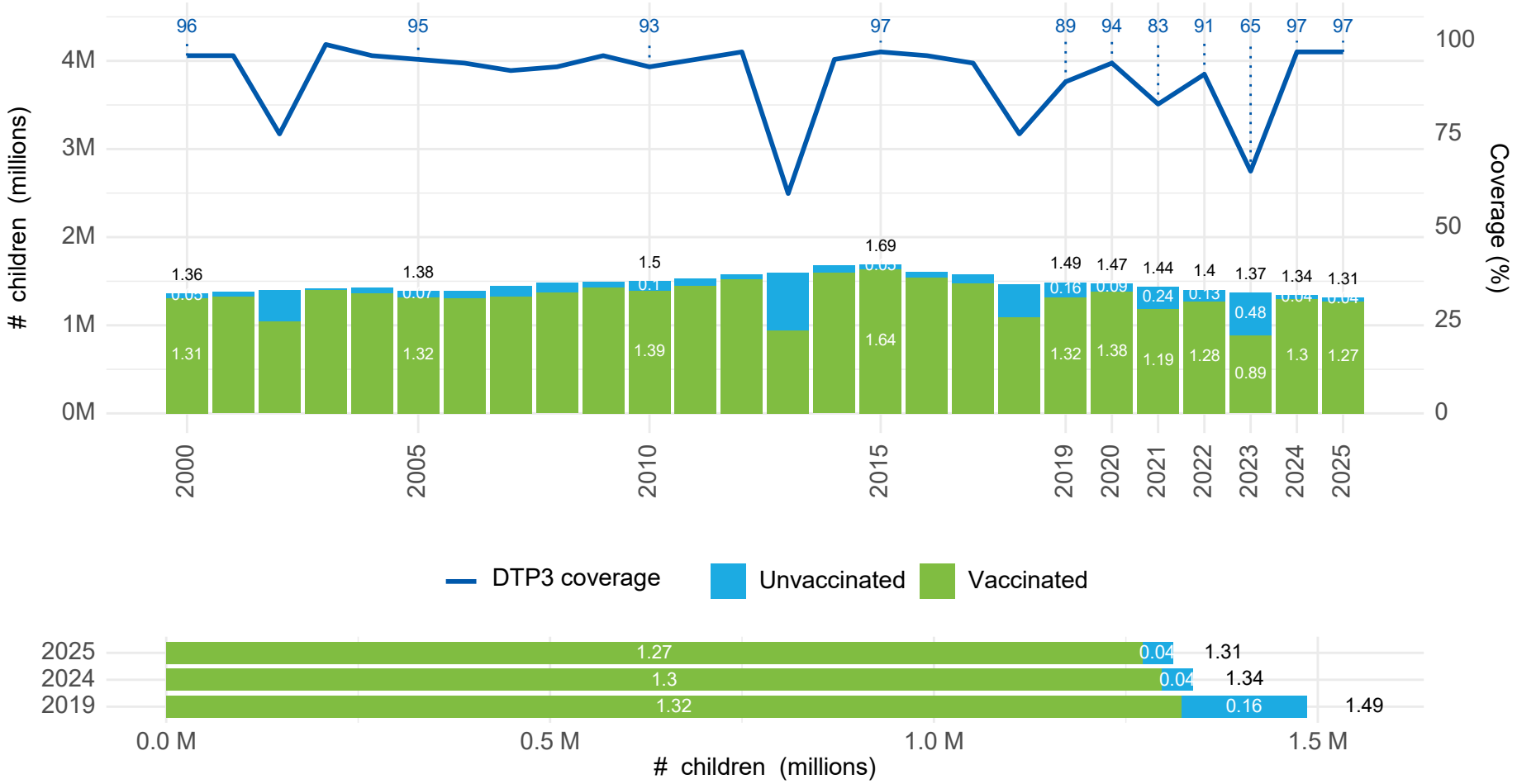
Note: Large cohort countries may have high numbers of un- and undervaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

unicef World Health Organization

WUENIC 2025 revision

For vaccine coverage to increase, the number of children vaccinated needs to either increase or decline at a slower rate than the decline in surviving infant target population.

Estimated DTP3 coverage, and number of vaccinated and unvaccinated children, Viet Nam, 2000-2025



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

DTP3 coverage in 2025 (97%) was higher than in 2019 (89%).

The number of children vaccinated with DTP3 decreased 4% compared to in 2019.

The number of surviving infants decreased approximately 12% compared to in 2019.

In 2025, 100,000 fewer children were vaccinated than in 2019.

In 2025, there were 200,000 fewer surviving infants (target population) than in 2019.

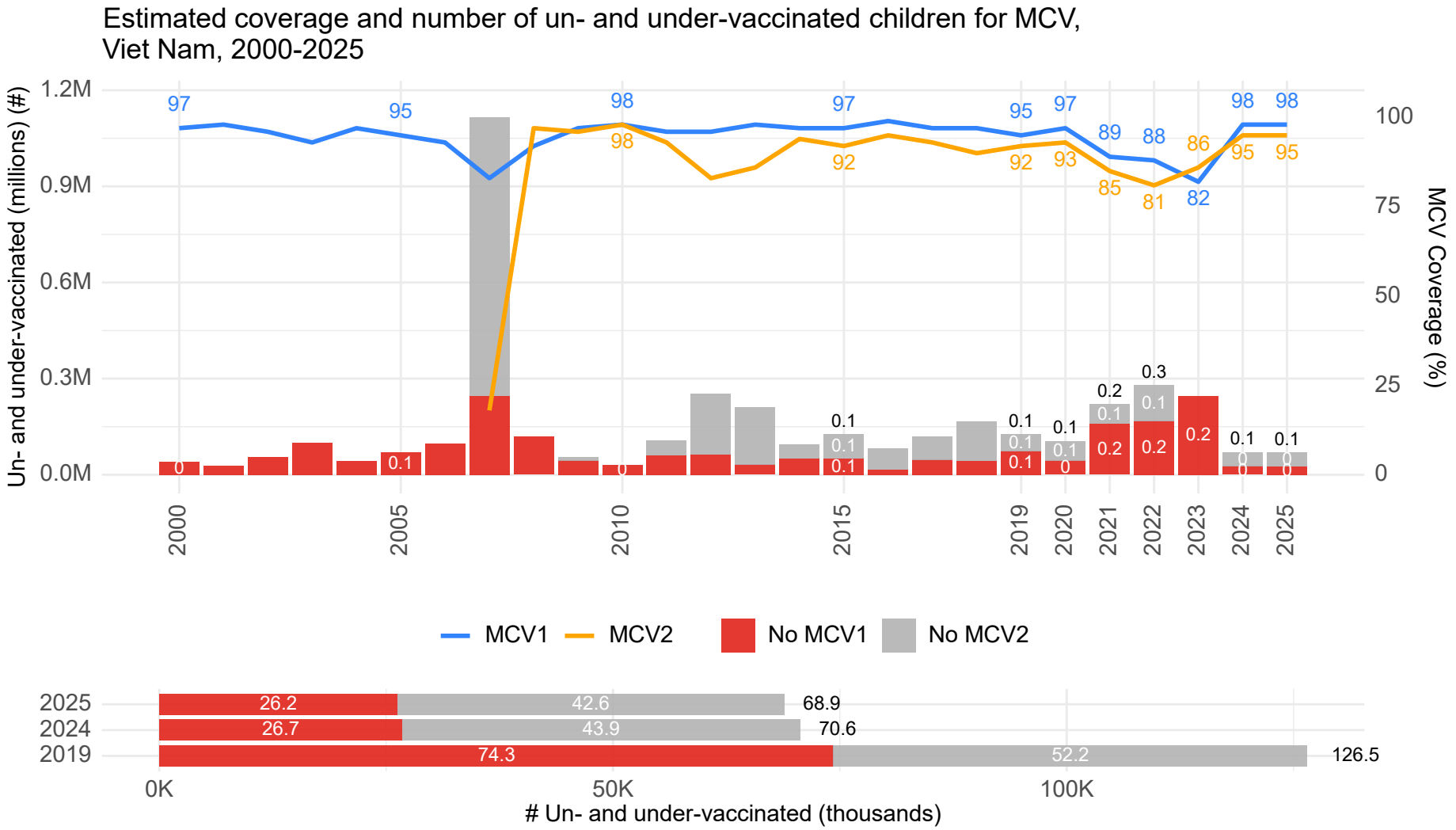
For vaccine coverage to increase, the number of children vaccinated needs to either increase or decline at a slower rate than the decline in surviving infant target population.

unicef World Health Organization

WUENIC 2025 revision

MCV1

MCV1 coverage remained constant at 98% in 2025, leaving 26,000 children without any protection against measles. MCV2 coverage also remained constant at 95%



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 98%. This is greater than in 2019, where coverage was 95%.

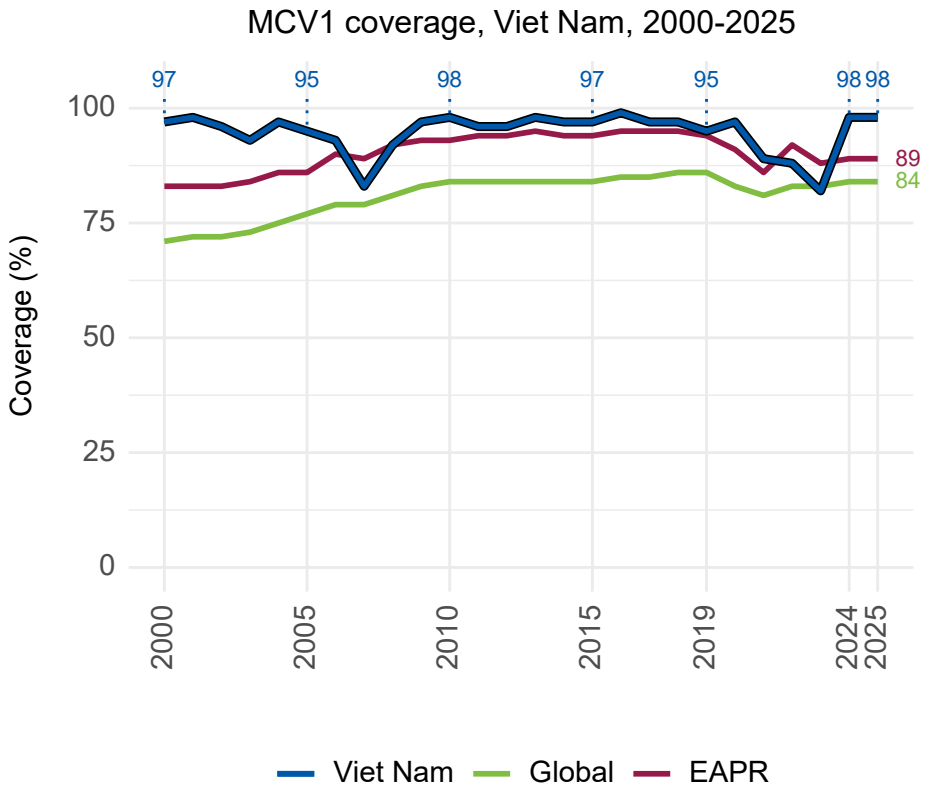
26,000 children missed their routine first dose of measles vaccine.

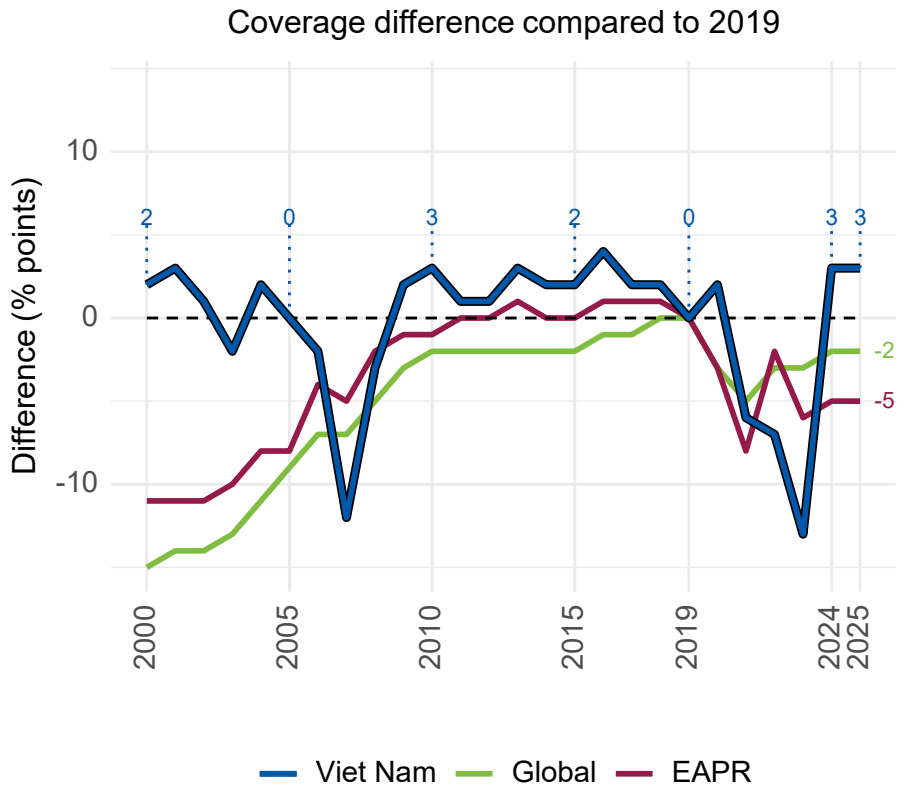
MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage remained constant at 95% in 2025.

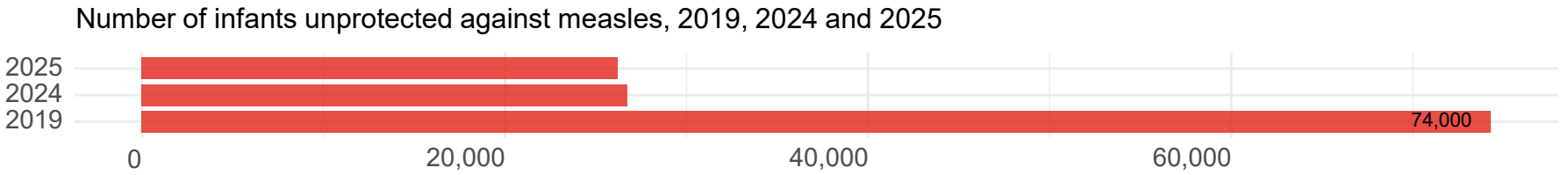
unicef World Health Organization

WUENIC 2025 revision

In 2025, Viet Nam MCV1 coverage was 98% - this is 3 percentage points higher than in 2019 and higher than both the global and regional averages.







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 Viet Nam (98%) was 14 percentage points higher than the global average (84%) and 9 percentage points higher than the average across all EAPR countries (89%).

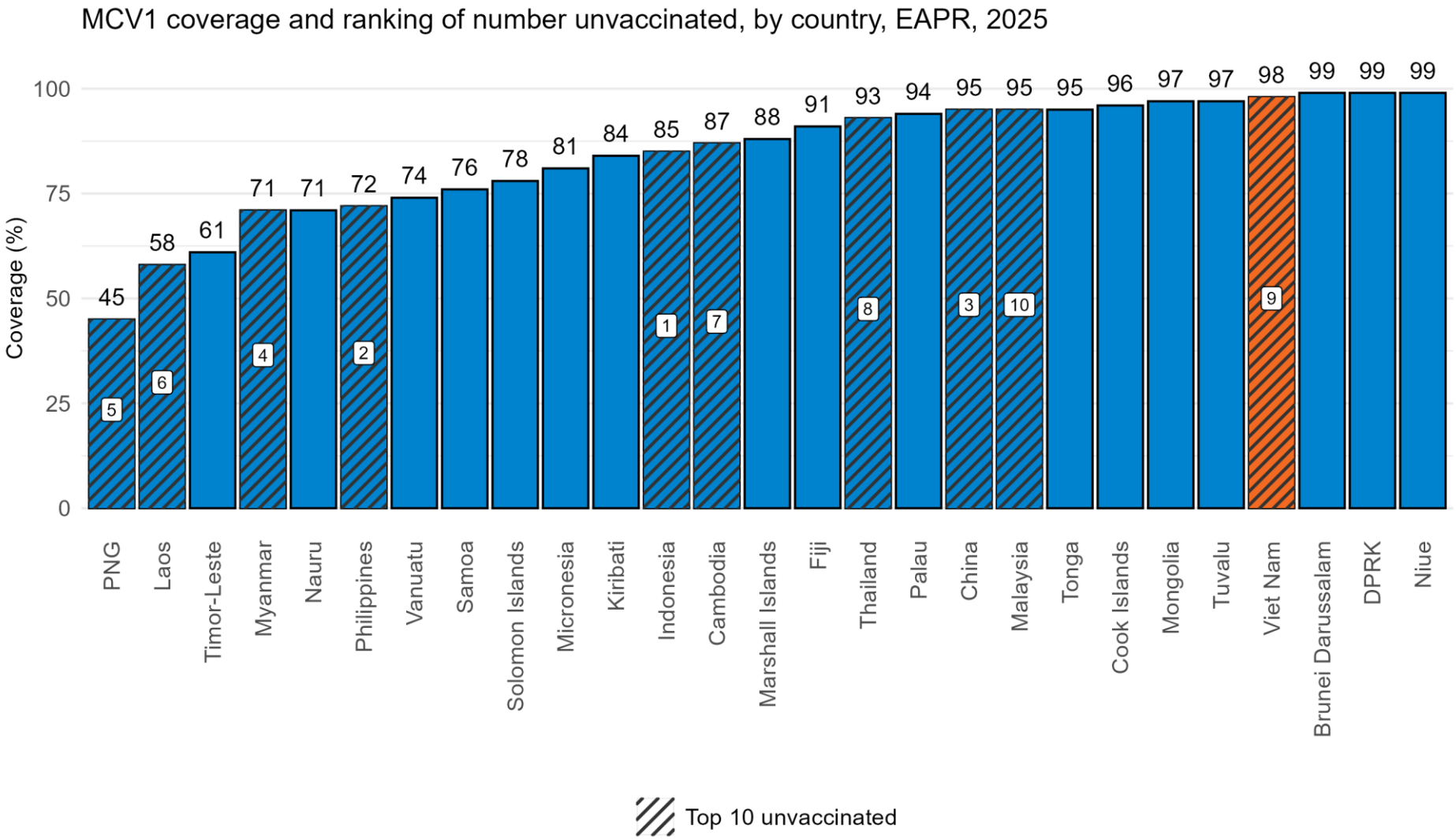
National MCV1 coverage was 3 percentage points higher than in 2019 (95%).

This equates to 26,000 unvaccinated children in 2025 compared to 74,000 unvaccinated children in 2019.

unicef World Health Organization

WUENIC 2025 revision

In 2025, Viet Nam had MCV1 coverage of 98% and was 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 EAPR from lowest to highest coverage, and the rank of the top 10 countries with the most unvaccinated children, based on absolute numbers.

In 2025, Viet Nam ranked number 24 out of 27 countries for lowest MCV1 coverage (based on tied ranks).

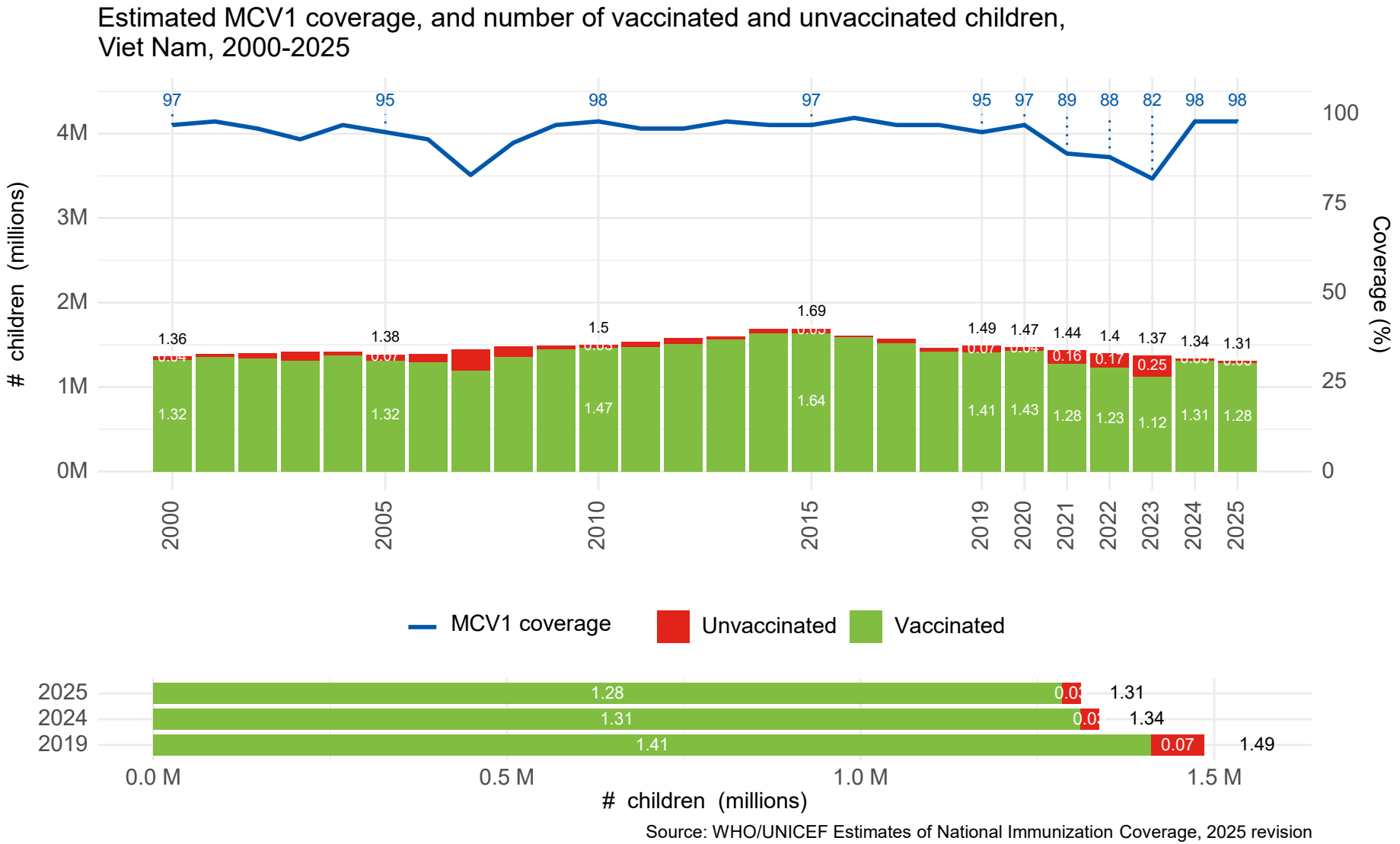
Viet Nam was in the top 10 countries with the most unvaccinated children (rank=9).

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.

unicef World Health Organization

WUENIC 2025 revision

For vaccine coverage to increase, the number of children vaccinated needs to either increase or decline at a slower rate than the decline in surviving infant target population.



MCV1 coverage in 2025 (98%) was higher than in 2019 (95%).

The number of children vaccinated with MCV1 decreased 9% compared to in 2019.

The number of surviving infants decreased approximately 12% compared to in 2019.

In 2025, 100,000 fewer children were vaccinated than in 2019.

In 2025, there were 200,000 fewer surviving infants (target population) than in 2019.

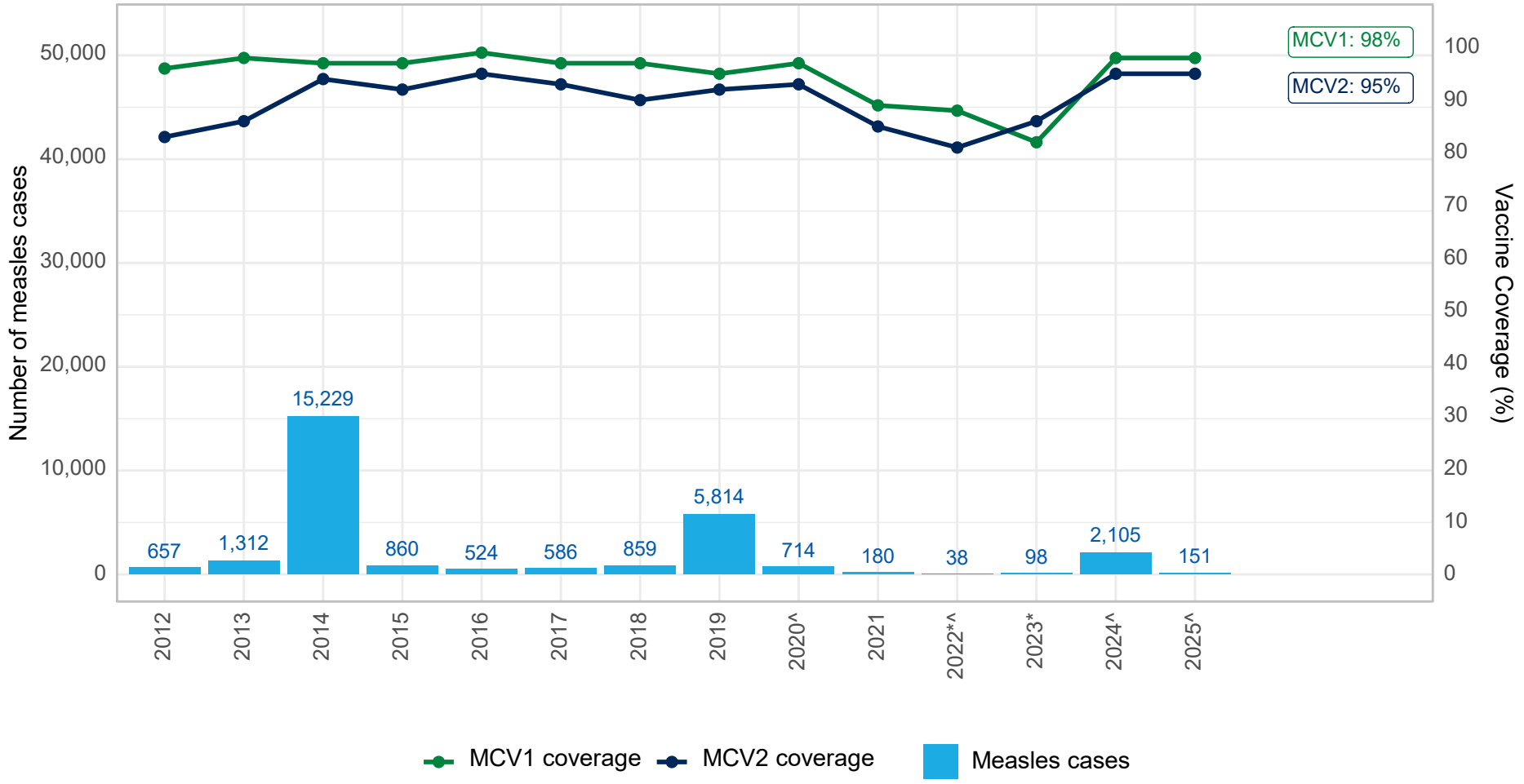
For vaccine coverage to increase, the number of children vaccinated needs to either increase or decline at a slower rate than the decline in surviving infant target population.

unicef World Health Organization

WUENIC 2025 revision

In 2025, Viet Nam saw a decrease in measles cases compared with 2024, while MCV1 coverage was 98% and MCV2 coverage was 95%.

Trends in the number of measles cases and MCV coverage, Viet Nam, 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 151 confirmed measles cases in Viet Nam. In the same year, MCV1 coverage was 98% and MCV2 coverage was 95%.

The number of cases in 2025 was 93% lower than in 2024 (n=2,105).

The highest number of measles cases was reported in 2014 (n=15,229). In this year, MCV1 coverage was 97%.

Viet Nam reported measles vaccine stockouts in 2005, 2006, 2007, 2008, 2022, 2023, and 2023.

There were measles-containing vaccine supplementary immunization activities/campaigns in 2020, 2022, 2024, 2025, and 2025.

unicef

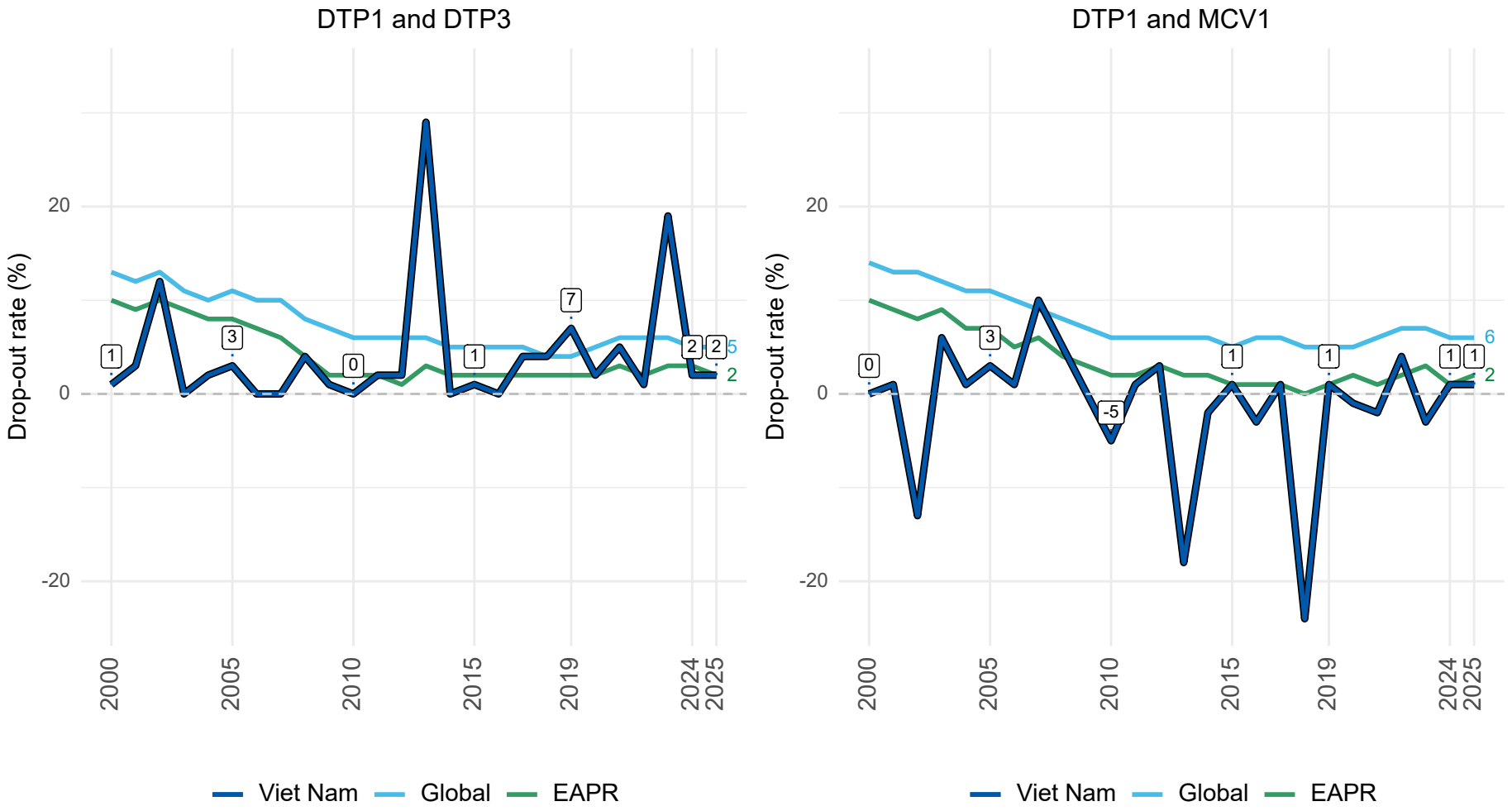
World Health Organization

WUENIC 2025 revision

Childhood immunization: Additional charts

In 2025, DTP1 and DTP3/MCV1 drop-out was low in Viet Nam, 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.

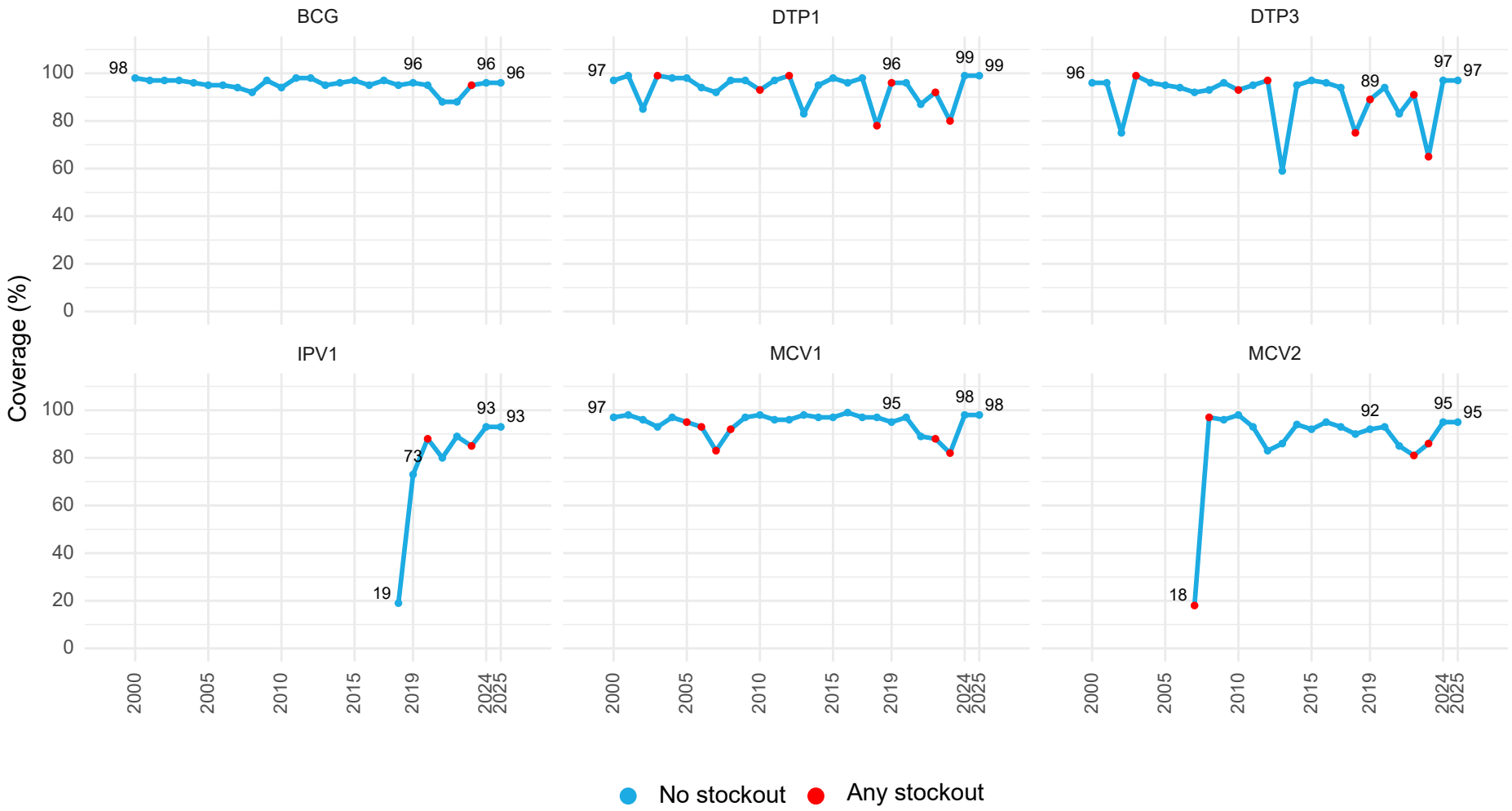
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

In 2025, 2% of children who received DTP1 did not receive DTP3 (left), and 1% 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, Viet Nam DTP drop-out was lower than the global rate, while DTP-MCV drop-out was lower than the global rate.

In 2025, Viet Nam had its lowest coverage in IPV1 (93%), while most other routine vaccines clustered around 95-99%; 5 antigens increased since 2019, and 6 antigens remained constant since 2024.



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, IPV1 had the lowest coverage (93%), followed by MCV2 (95%).

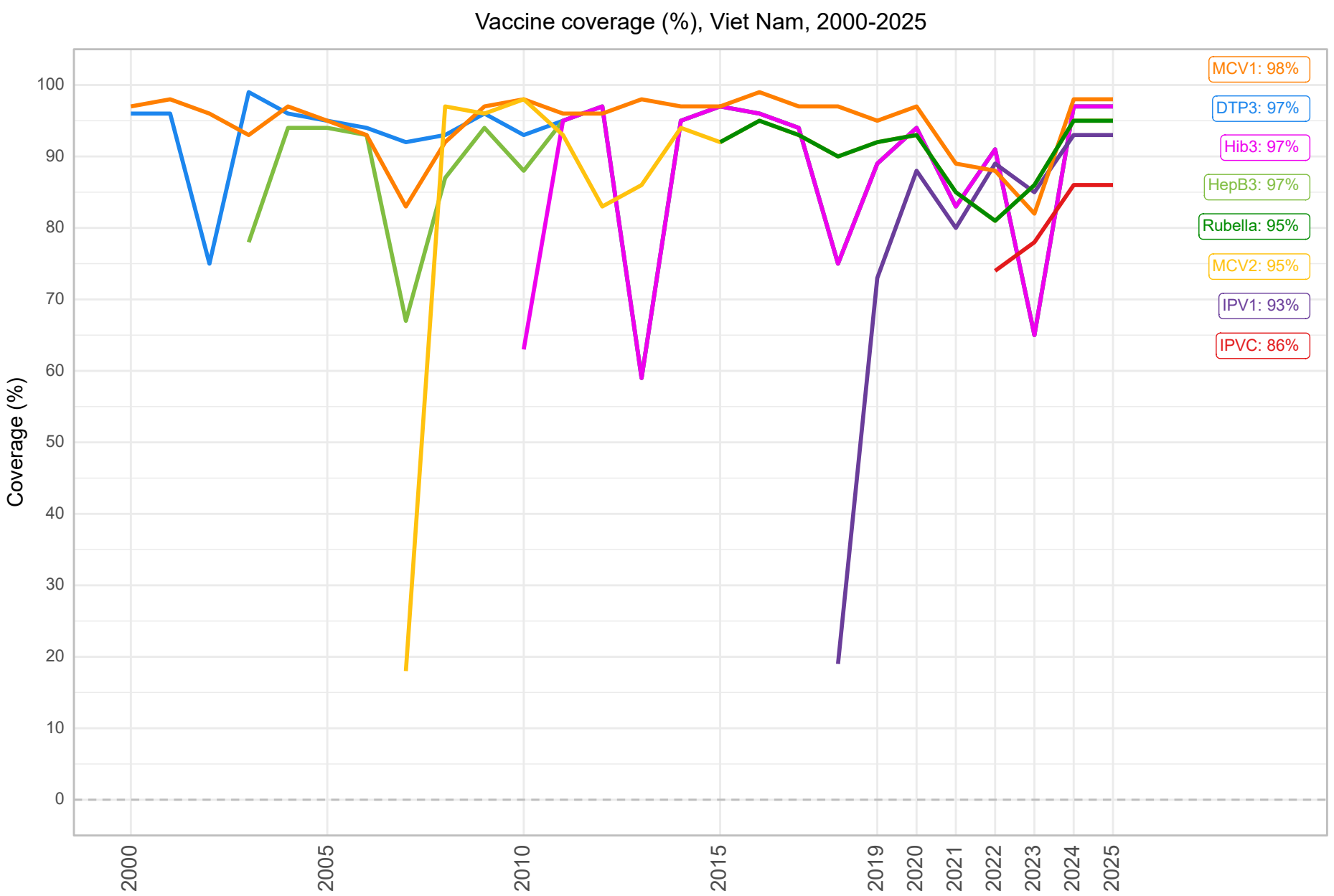
Compared to 2019, coverage of one vaccine remained constant (BCG) and 5 vaccines increased (DTP1, DTP3, IPV1, MCV1 and MCV2).

Compared to 2024, coverage of 6 vaccines remained constant (BCG, DTP1, DTP3, IPV1, MCV1 and MCV2).

unicef

World Health Organization

WUENIC 2025 revision



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 8 vaccines (complete series).

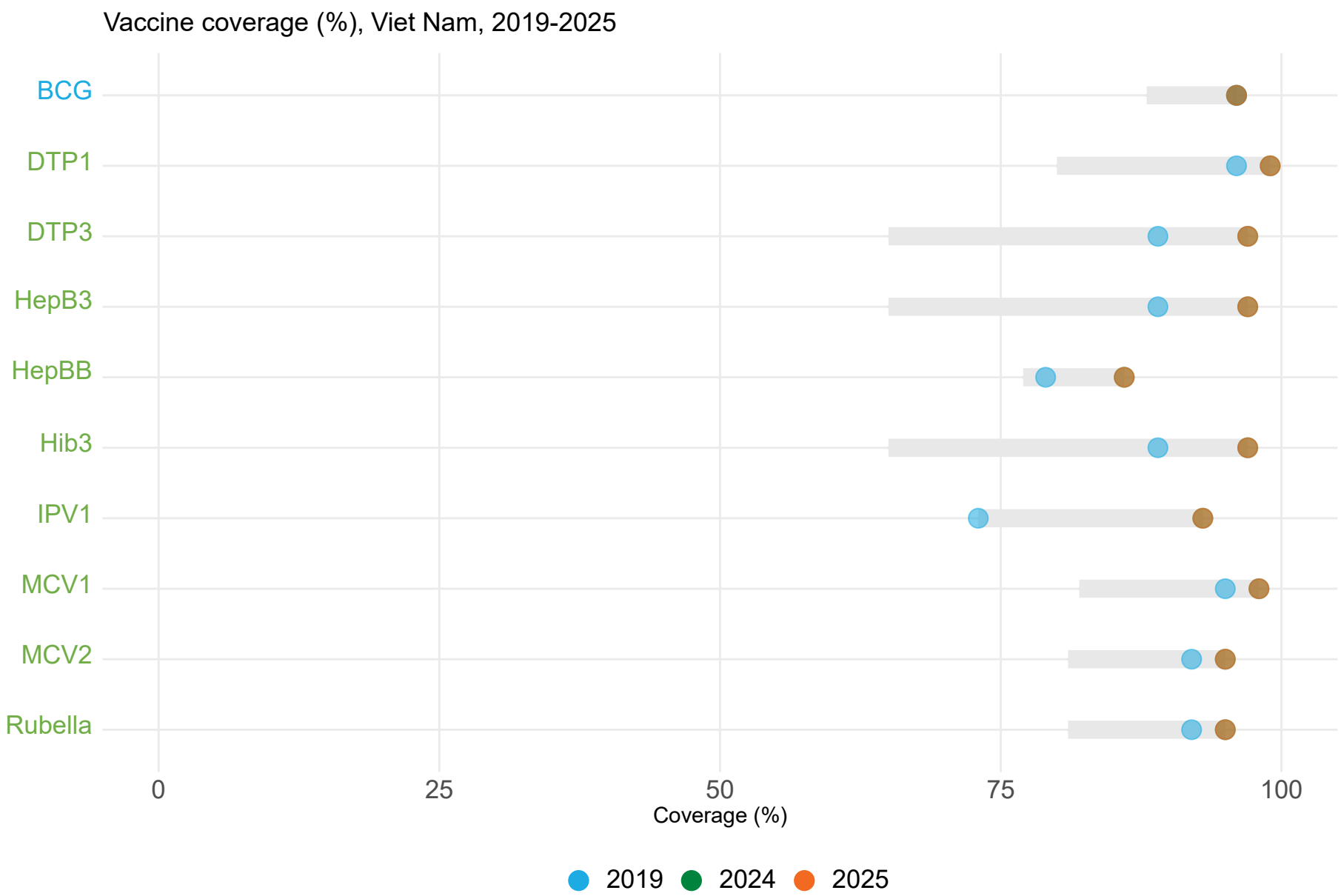
In 2025, IPVC had the lowest coverage of all vaccines (86%), followed by IPV1 (93%).

Coverage of 7 vaccines increased (DTP3, HEPB3, HIB3, IPV1, MCV1, MCV2 and RUBELLA) compared to respective coverage in 2019.

Coverage of 8 vaccines were the same (DTP3, HEPB3, HIB3, IPV1, IPVC, MCV1, MCV2 and RUBELLA) compared to respective coverage in 2024.

unicef World Health Organization

WUENIC 2025 revision



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 increased between 2019 (96%) and 2024 (99%). DTP1 coverage remained the same in 2025 (99%) compared to 2024, and was higher than in 2019. In 2019-2025, DTP1 coverage was at it's lowest level in 2023 (80%).

In 2024, 0 vaccines had lower coverage than in 2019.

In 2025, 0 vaccines had lower coverage than in 2019.

In 2025, 0 vaccines had lower coverage than in 2024.

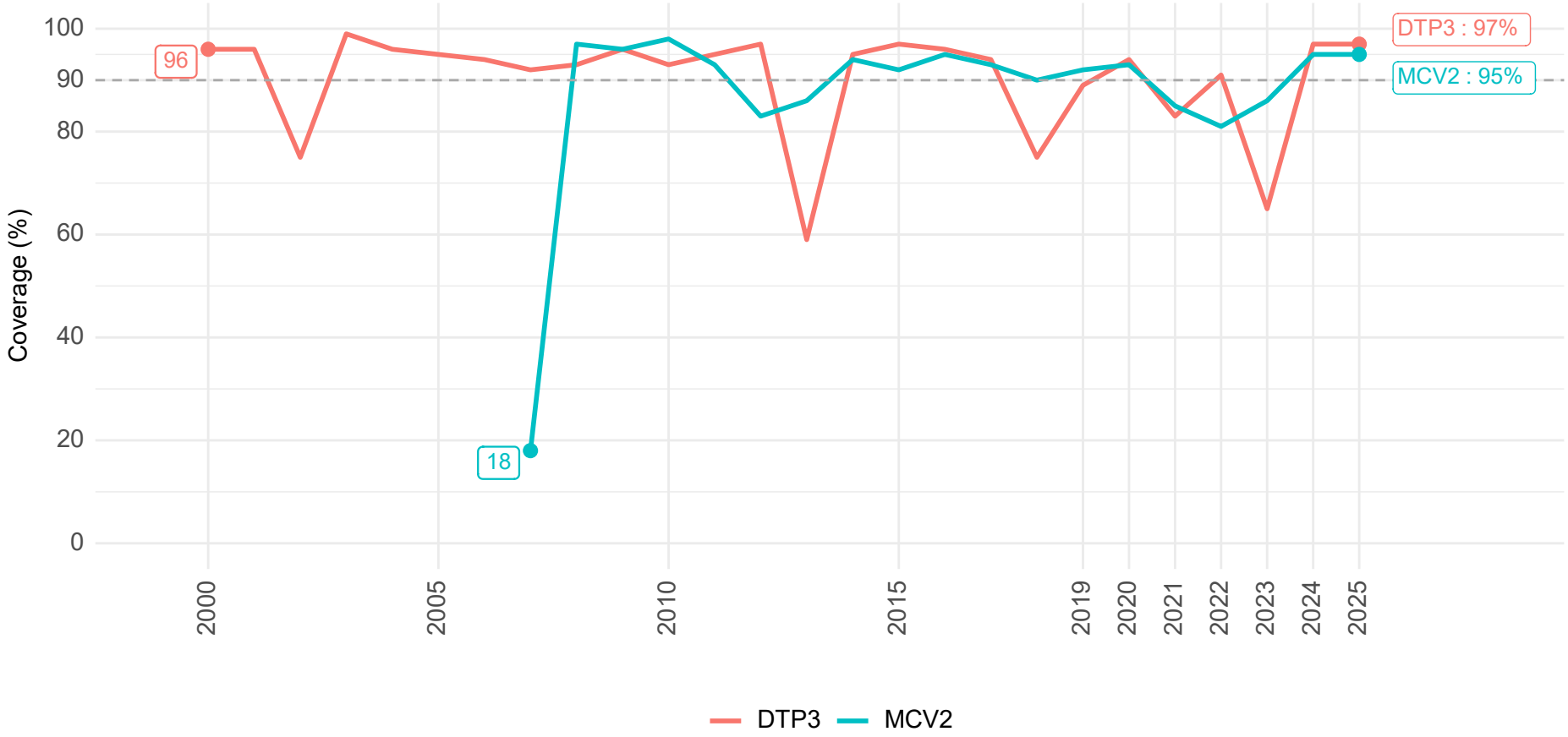
unicef World Health Organization

WUENIC 2025 revision

SDG 3.b.1

In 2025, Viet Nam met the 90% SDG coverage target for all SDG vaccines.

SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme,
Viet Nam, 2000-2025



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.
Data are missing for vaccines that have not been introduced by the country or where estimates were not made (PCVC and HPVc).

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.

Viet Nam has 2 out of the 4 SDG vaccines.

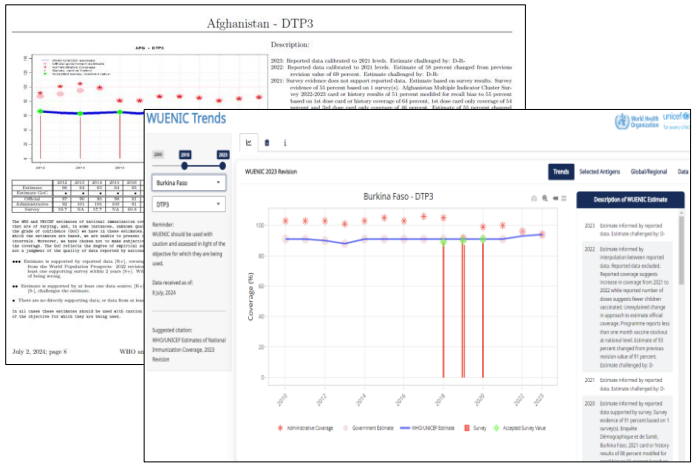
In 2025, Viet Nam had achieved at least 90% coverage of 2 out of the 4 vaccines.

unicef World Health Organization

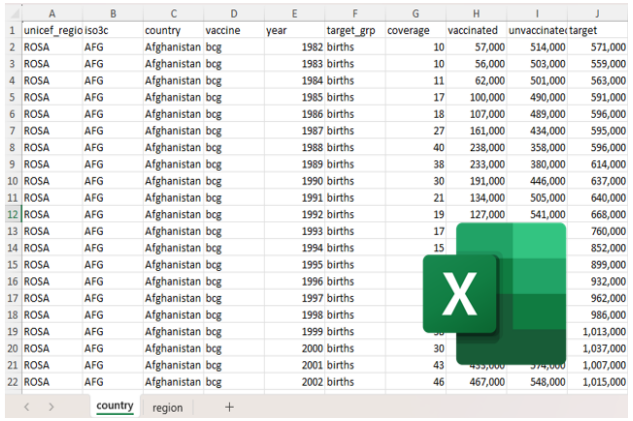
WUENIC 2025 revision

Additional resources

WUENIC country profiles (PDF and interactive versions)



Datasets: WUENIC, HPV, survey database

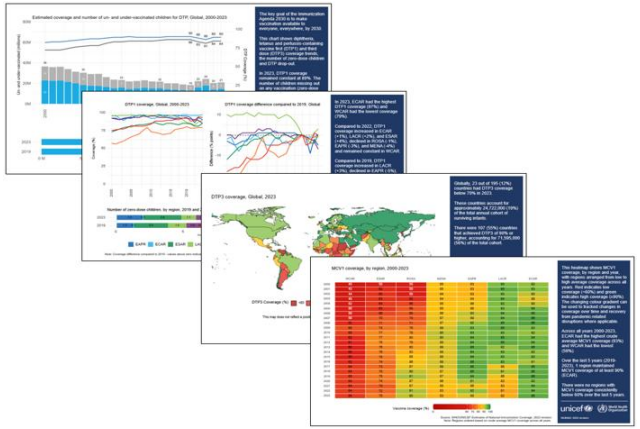


	A	B	C	D	E	F	G	H	I	J
1	unicef_regio	iso3c	country	vaccine	year	target_grp	coverage	vaccinated	unvaccinate	target
2	ROSA	AFG	Afghanistan	bcg	1982	births	10	57,000	514,000	571,000
3	ROSA	AFG	Afghanistan	bcg	1983	births	10	56,000	503,000	559,000
4	ROSA	AFG	Afghanistan	bcg	1984	births	11	62,000	501,000	563,000
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:

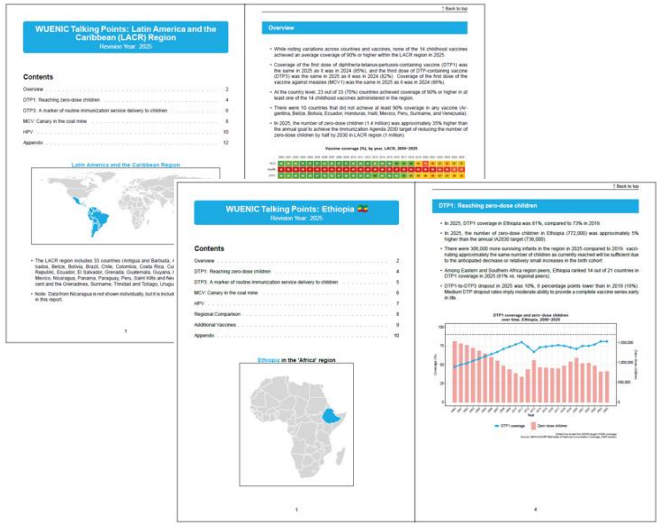
UNICEF, WHO, World Bank, Gavi and African Union regions

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/

unicef

World Health Organization

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

unicef

World Health Organization