Viet Nam: WHO and UNICEF estimates of immunization coverage: 2022 revision

BCG, DTP1, DTP3, Pol3, MCV1, HepB3, Hib3, RotaC (No estimate for infant immunization made.), PcV3 (No estimate for infant immunization made.)

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2024 data received as of June 26, 2023

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 the 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 the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

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. 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.

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 12-23 months 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 the period of data collection.

ABBREVIATIONS

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 among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the 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.

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. Co verage 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 nor are the data represented in the accompanying graph and data table.

HepBB: 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.
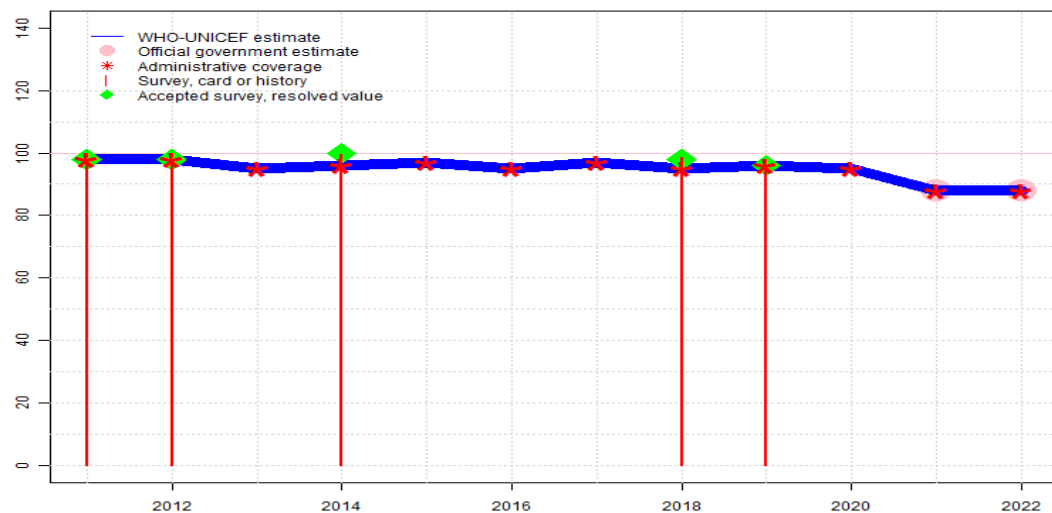
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

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.

Viet Nam - BCG

VNM - BCG

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

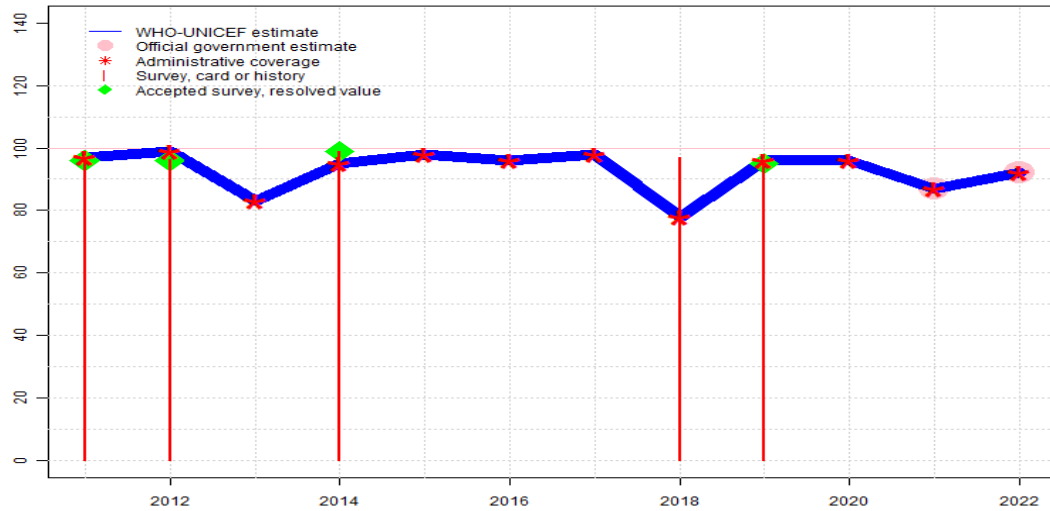|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	98	95	96	97	95	97	95	96	95	88	88
Estimate GoC	●●●	●	●	●	●	●	●	●	●●●	●●●	●●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	88	88
Administrative	98	98	95	96	97	95	97	95	96	95	88	88
Survey	97.7	98	NA	99.6	NA	NA	NA	98.4	96.4	NA	NA	NA

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: 2022 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:

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. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Estimate challenged by: D-

2015: Estimate informed by reported administrative data. Estimate challenged by: D-

2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 100 percent based on 1 survey(s). Estimate challenged by: 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-

2012: Estimate informed by reported administrative data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Survey evidence from MICS was based on 94 percent documented evidence from home-based record plus facility-based records. Estimate challenged by: D-

2011: Estimate informed by reported administrative data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

Viet Nam - DTP1

VNM - DTP1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	97	99	83	95	98	96	98	78	96	96	87	92
Estimate GoC	●●●	●	●	●	●	●	●	●	●●●	●●●	●●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	87	92
Administrative	97	99	83	95	98	96	98	78	96	96	87	92
Survey	96.2	96.3	NA	98.8	NA	NA	NA	96.8	95.4	NA	NA	NA

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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.
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●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.
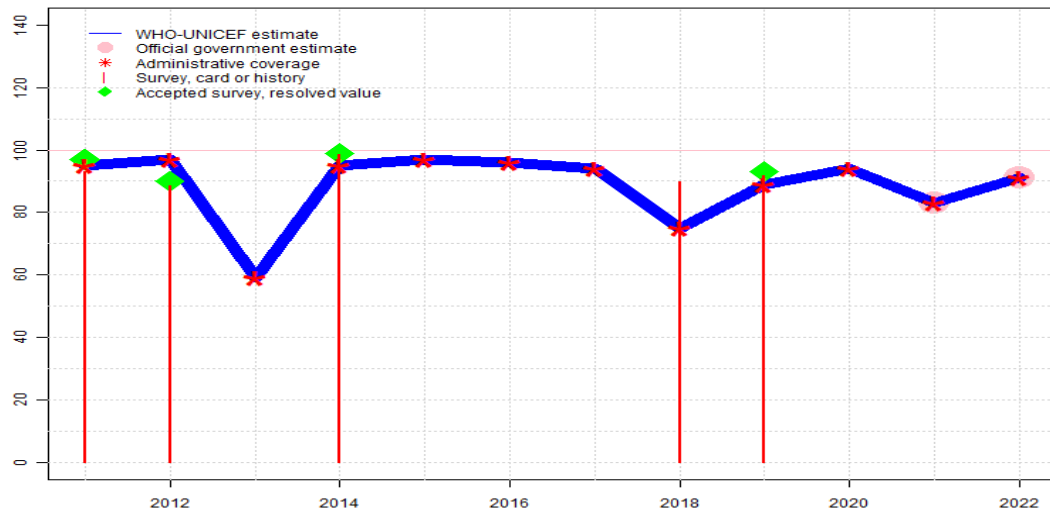
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In all cases these estimates should be used with caution and should be assessed in light
of the objective for which they are being used.
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Description:

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-

2017: Estimate informed by reported administrative data. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Estimate challenged by: D-

2015: Estimate informed by reported administrative data. Estimate challenged by: 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. Estimate challenged by: 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: D-S-

2012: Estimate informed by reported administrative data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Survey evidence from MICS was based on 94 percent documented evidence from home-based record plus facility-based records. Estimate challenged by: D-

2011: Estimate informed by reported administrative data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

Viet Nam - DTP3

VNM - DTP3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	97	59	95	97	96	94	75	89	94	83	91
Estimate GoC	●●●	●	●	●	●	●	●	●	●●●	●●●	●●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	83	91
Administrative	95	97	59	95	97	96	94	75	89	94	83	91
Survey	93.2	88.6	NA	98.7	NA	NA	NA	89.7	91.9	NA	NA	NA

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: 2022 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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Description:

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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 93 percent based on 1 survey(s). Viet Nam SDGCW Survey 2020-2021 card or history results of 92 percent modifed for recall bias to 93 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 93 percent and 3rd dose card only coverage of 90 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.Viet Nam SDGCW Survey 2020-2021 card or history results of 90 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 94 percent and 3rd dose card only coverage of 87 percent. Programme reports two months vaccine stockout at the national level. Estimate challenged by: S-

2017: Estimate informed by reported administrative data. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Estimate challenged by: D-

2015: Estimate informed by reported administrative data. Estimate challenged by: 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. Estimate challenged by: 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: D-S-

2012: Estimate informed by reported administrative data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Viet Nam Multiple Indicator Cluster Survey, 2014 card or history results of 89 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 89 percent and 3rd dose card only coverage of 83 percent. Survey evidence from MICS was based on 94 percent documented evidence from home-based record plus facility-based records. Estimate challenged by: D-

2011: Estimate informed by reported administrative data supported by survey. Survey evidence

of 97 percent based on 1 survey(s). Viet Nam Multiple Indicator Cluster Survey, 2014 card or history results of 93 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 84 percent and 3rd dose card only coverage of 85 percent. GoC=R+ S+ D+

Viet Nam - Pol3

VNM - Pol3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	97	93	96	97	95	94	90	89	80	81	70
Estimate GoC	●●●	●	●	●	●	●	●	●	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	81	70
Administrative	96	97	93	96	97	95	94	90	89	80	81	70
Survey	93.6	93	NA	98.8	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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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Description:

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. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Estimate challenged by: D-

2015: Estimate informed by reported administrative data. Estimate challenged by: D-

2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: 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-

2012: Estimate informed by reported administrative data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Viet Nam Multiple Indicator Cluster Survey, 2014 card or history results of 93 percent modifed for recall bias to 94 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 89 percent. Survey evidence from MICS was based on 94 percent documented evidence from home-based record plus facility-based records. Estimate challenged by: D-
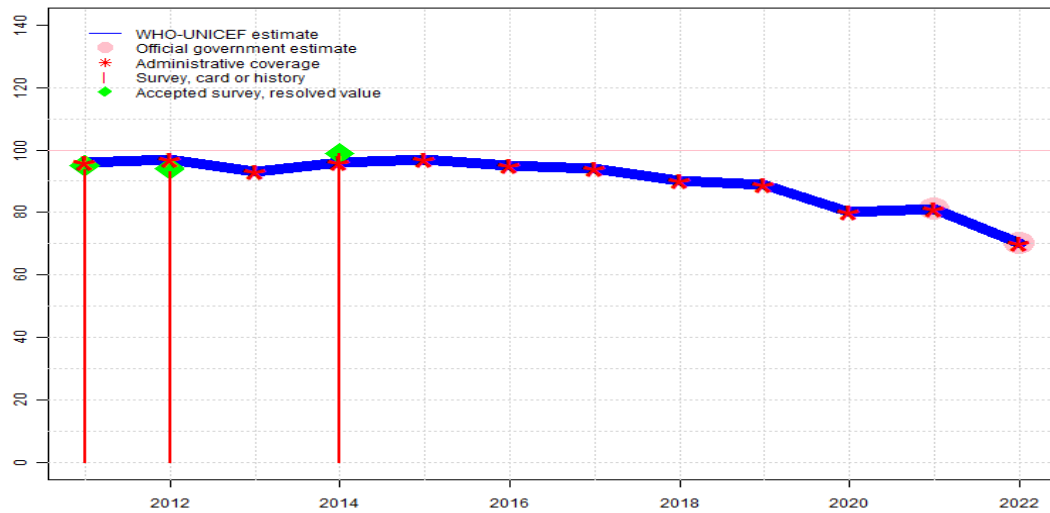
2011: Estimate informed by reported administrative data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Viet Nam Multiple Indicator Cluster Survey, 2014 card or history results of 94 percent modifed for recall bias to 95 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 87 percent and 3rd dose card only coverage of 86 percent. GoC=R+ S+ D+

Viet Nam - IPV1

VNM - IPV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

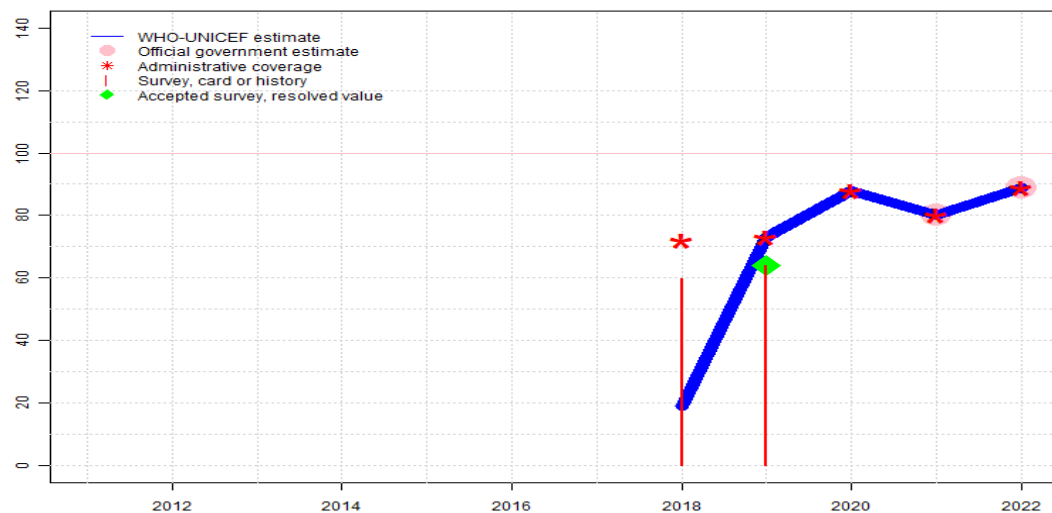|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	19	73	88	80	89
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	●	●●●	●	●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	80	89
Administrative	NA	NA	NA	NA	NA	NA	NA	72	73	88	80	89
Survey	NA	NA	NA	NA	NA	NA	NA	59.9	63.8	NA	NA	NA

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that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe
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Description:

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

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 is based on 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-

Viet Nam - MCV1

VNM - MCV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
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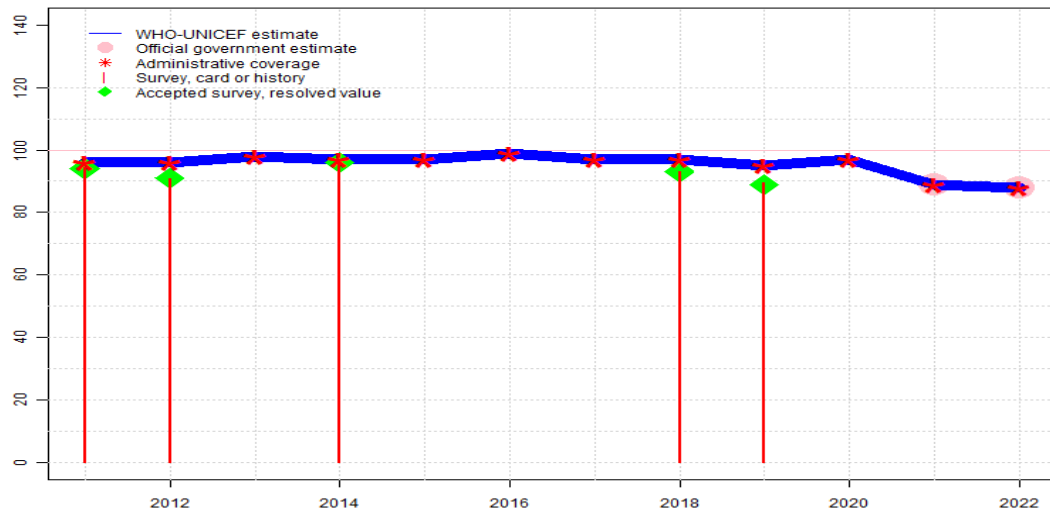|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	96	98	97	97	99	97	97	95	97	89	88
Estimate GoC	●●●	●	●	●	●	●	●	●	●●●	●●●	●●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	89	88
Administrative	96	96	98	97	97	99	97	97	95	97	89	88
Survey	94.3	90.9	NA	96.4	NA	NA	NA	93.1	89.4	NA	NA	NA

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that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe
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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. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Estimate challenged by: D-

2015: Estimate informed by reported administrative data. Estimate challenged by: D-

2014: Estimate informed by reported administrative data supported by survey. Survey evidence
of 96 percent based on 1 survey(s). Estimate challenged by: 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-

2012: Estimate informed by reported administrative data supported by survey. Survey evidence
of 91 percent based on 1 survey(s). Survey evidence from MICS was based on 94 percent documented evidence from home-based record plus facility-based records. Estimate
challenged by: D-

2011: Estimate informed by reported administrative data supported by survey. Survey evidence
of 94 percent based on 1 survey(s). GoC=R+ S+ D+

Viet Nam - MCV2

VNM - MCV2

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

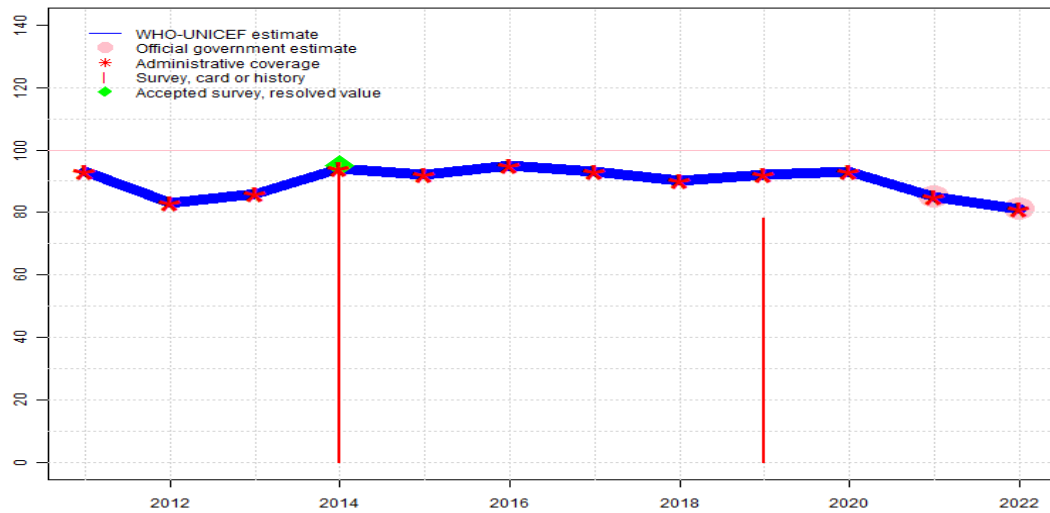|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	93	83	86	94	92	95	93	90	92	93	85	81
Estimate GoC	●●	●	●●●	●	●	●	●	●●	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	85	81
Administrative	93	83	86	94	92	95	93	90	92	93	85	81
Survey	NA	NA	NA	94.5	NA	NA	NA	NA	78.3	NA	NA	NA

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: 2022 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:

Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

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+ 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. GoC=R+ D+

2017: Estimate informed by reported administrative data. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Estimate challenged by: D-

2015: Estimate informed by reported administrative data. Estimate challenged by: D-

2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Estimate challenged by: D-

2013: Estimate informed by reported 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+

2012: Estimate informed by reported data. Survey evidence from MICS was based on 94 percent documented evidence from home-based record plus facility-based records. Estimate challenged by: S-

2011: Estimate informed by reported data. GoC=R+ D+

Viet Nam - RCV1

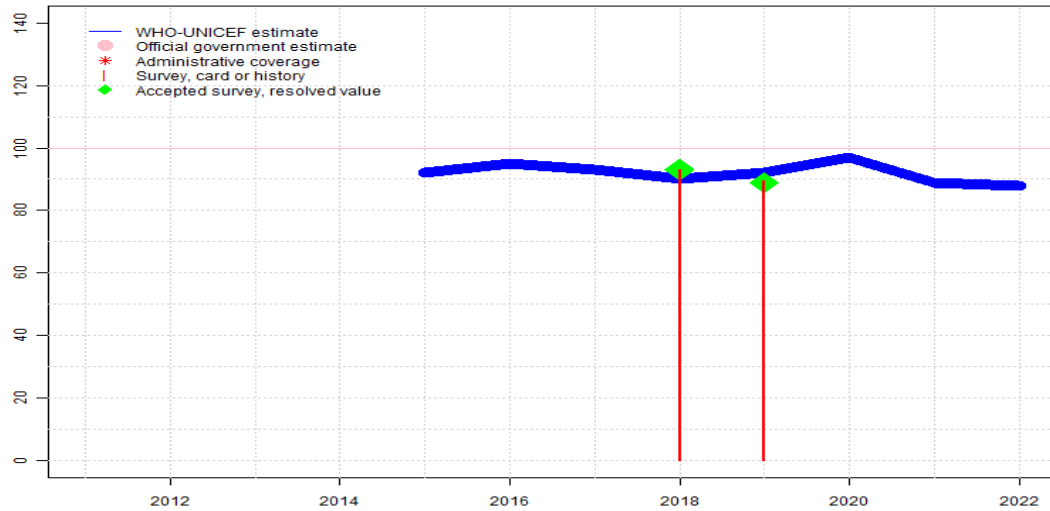|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	92	95	93	90	92	97	89	88
Estimate GoC	NA	NA	NA	NA	●	●	●	●●	●●	●●●	●●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	93.1	89.4	NA	NA	NA

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: 2022 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:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

2022: Estimate based on estimated MCV1. 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 based on estimated MCV1. GoC=R+ S+ D+

2020: Estimate based on estimated MCV1. GoC=R+ S+ D+

2019: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate GoC=R+ D+

2018: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate GoC=R+ D+

2017: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-

2016: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-

2015: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Measles rubella vaccine introduced during 2015. Rubella administered with the second dose of MCV, recommended for administration at 18 months of age. Estimate challenged by: D-

Viet Nam - HepBB

VNM - HepBB

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	55	76	56	55	70	68	77	74	79	82	77	77
Estimate GoC	•	•	•	•	•	•	•••	•••	•••	•••	•••	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	77	77
Administrative	55	76	56	55	70	68	77	74	79	82	77	77
Survey	70.8	78.5	NA	56.3	NA	NA	NA	77	81.3	NA	NA	NA

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: 2022 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.
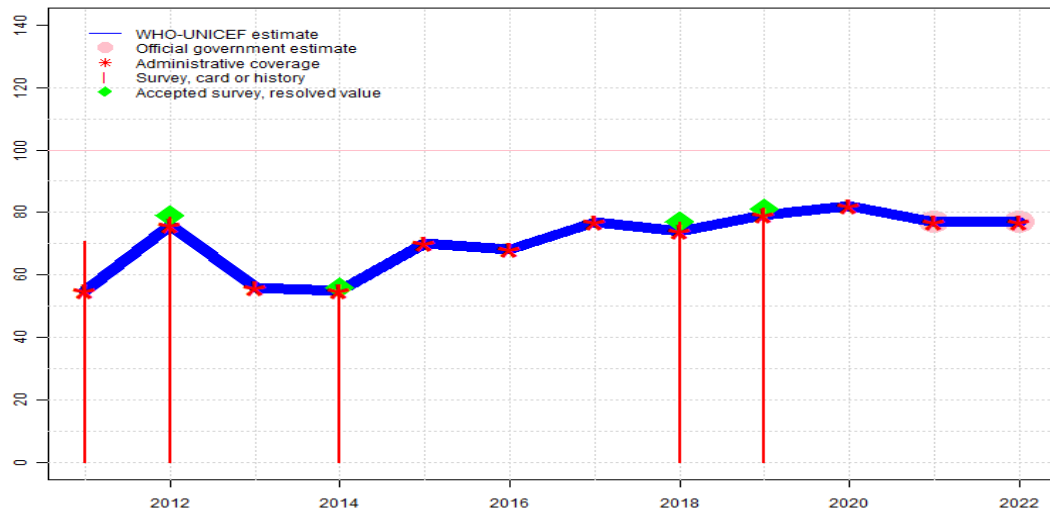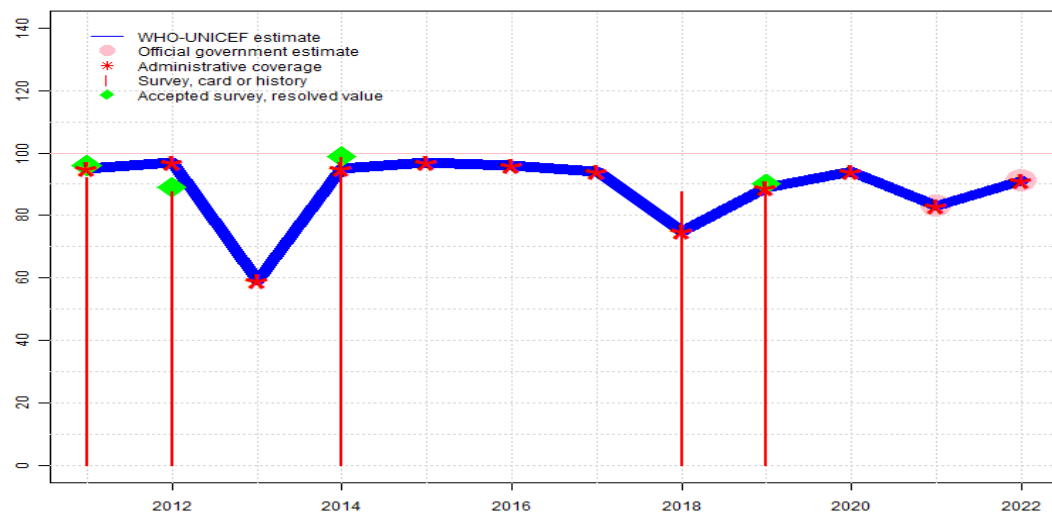
Description:

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-

2012: Estimate informed by reported administrative data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Survey evidence from MICS was based on 94 percent documented evidence from home-based record plus facility-based records.. Estimate challenged by: D-S-

2011: Estimate informed by reported data. Viet Nam Multiple Indicator Cluster Survey, 2014 results ignored by working group. Survey evidence for 2011 birth cohort likely reflects intensification activities occurring in the alter half of 2011 that are also observed for the 2012 birth cohort. Estimate challenged by: S-

Viet Nam - HepB3

VNM - HepB3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	97	59	95	97	96	94	75	89	94	83	91
Estimate GoC	●●●	●	●	●	●	●	●	●	●●●	●●●	●●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	83	91
Administrative	95	97	59	95	97	96	94	75	89	94	83	91
Survey	92	87.4	NA	98.7	NA	NA	NA	87.6	89.7	NA	NA	NA

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: 2022 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
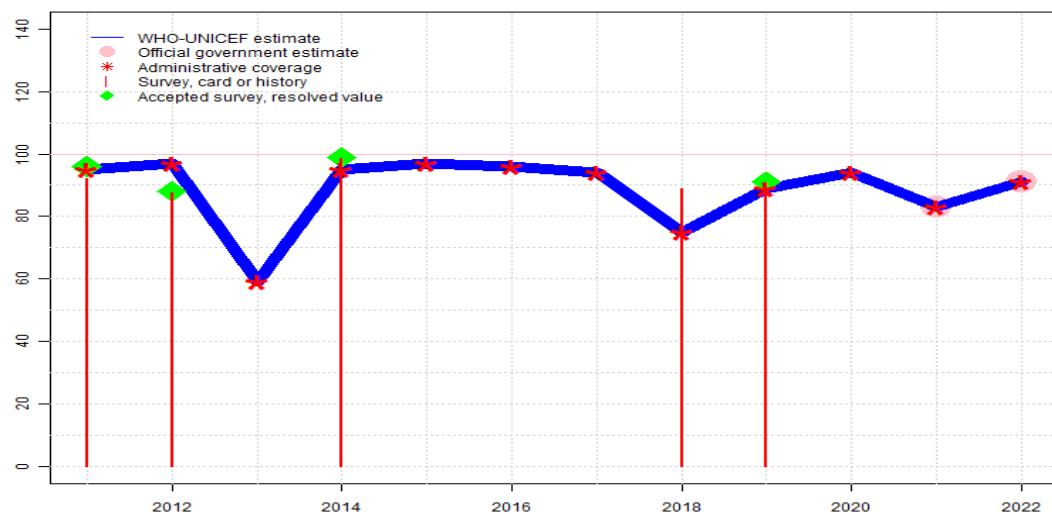of the objective for which they are being used.

Description:

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 90 percent based on 1 survey(s). Viet Nam SDGCW Survey 2020-2021 card or history
results of 90 percent modifed for recall bias to 90 percent based on 1st dose card or
history coverage of 94 percent, 1st dose card only coverage of 91 percent and 3rd dose
card only coverage of 87 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.Viet Nam SDGCW Survey 2020-2021 card or history results
of 88 percent modifed for recall bias to 88 percent based on 1st dose card or history
coverage of 95 percent, 1st dose card only coverage of 91 percent and 3rd dose card only
coverage of 84 percent. Programme reports two months vaccine stockout at the national
level. Estimate challenged by: S-

2017: Estimate informed by reported administrative data. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Estimate challenged by: D-

2015: Estimate informed by reported administrative data. Estimate challenged by: 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.
Estimate challenged by: 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: D-S-

2012: Estimate informed by reported administrative data supported by survey. Survey evidence
of 89 percent based on 1 survey(s). Viet Nam Multiple Indicator Cluster Survey, 2014
card or history results of 87 percent modifed for recall bias to 89 percent based on 1st
dose card or history coverage of 95 percent, 1st dose card only coverage of 88 percent
and 3rd dose card only coverage of 83 percent. Survey evidence from MICS was based
on 94 percent documented evidence from home-based record plus facility-based records.
Estimate challenged by: D-

2011: Estimate informed by reported administrative data supported by survey. Survey evidence
of 96 percent based on 1 survey(s). Viet Nam Multiple Indicator Cluster Survey, 2014
card or history results of 92 percent modifed for recall bias to 96 percent based on 1st

dose card or history coverage of 95 percent, 1st dose card only coverage of 81 percent
and 3rd dose card only coverage of 82 percent. GoC=R+ S+ D+

Viet Nam - Hib3

VNM - Hib3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	97	59	95	97	96	94	75	89	94	83	91
Estimate GoC	●●●	●	●	●	●	●	●	●	●●●	●●●	●●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	83	91
Administrative	95	97	59	95	97	96	94	75	89	94	83	91
Survey	92.1	87.5	NA	98.7	NA	NA	NA	89	90.7	NA	NA	NA

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: 2022 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.

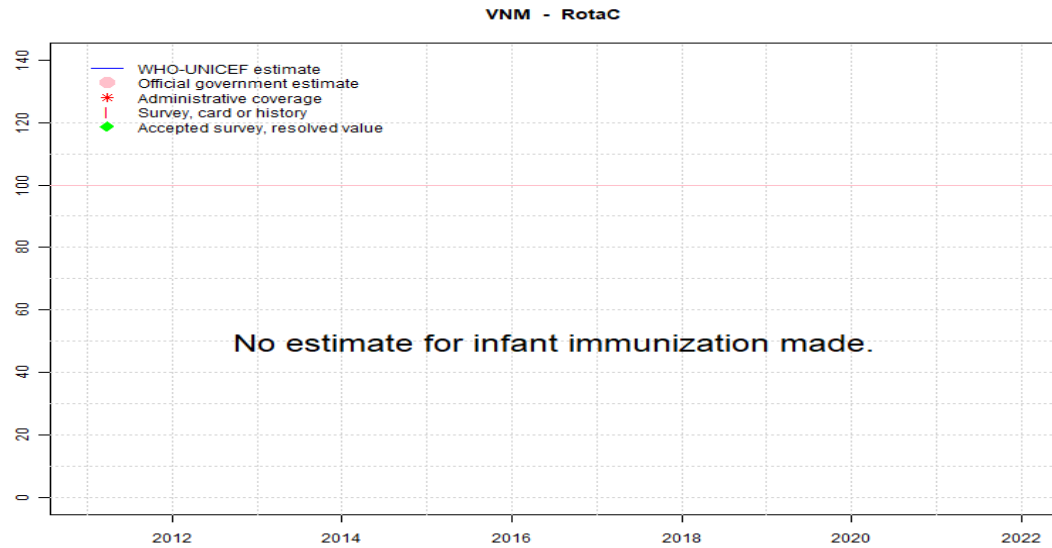● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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:

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 91 percent based on 1 survey(s). Viet Nam SDGCW Survey 2020-2021 card or history results of 91 percent modifed for recall bias to 91 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 92 percent and 3rd dose card 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.Viet Nam SDGCW Survey 2020-2021 card or history results of 89 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 86 percent. Programme reports two months vaccine stockout at national level. Estimate challenged by: S-

2017: Estimate informed by reported administrative data. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Estimate challenged by: D-

2015: Estimate informed by reported administrative data. Estimate challenged by: 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. Estimate challenged by: 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: D-S-

2012: Estimate informed by reported administrative data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Viet Nam Multiple Indicator Cluster Survey, 2014 card or history results of 88 percent modifed for recall bias to 88 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 89 percent and 3rd dose card only coverage of 82 percent. Survey evidence from MICS was based on 94 percent documented evidence from home-based record plus facility-based records. Estimate challenged by: D-

2011: Estimate informed by reported administrative data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Viet Nam Multiple Indicator Cluster Survey, 2014 card or history results of 92 percent modifed for recall bias to 96 percent based on 1st

dose card or history coverage of 95 percent, 1st dose card only coverage of 83 percent
and 3rd dose card only coverage of 84 percent. GoC=R+ S+ D+

VNM - RotaC

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

VNM - PcV3

No estimate for infant immunization made.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 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 to 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 1 or 2 years prior to the survey field work.

2019 Viet Nam SDGCW Survey 2020-2021

* coverage levels confirmed by card include evidence of vaccination from cards as well as information obtained from a review of health facility records.

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	95.8	12-23 m	872	95
BCG	Card	93.2	12-23 m	872	95
BCG	Card or History	96.4	12-23 m	872	95
BCG	History	3.2	12-23 m	872	95
DTP1	C or H <12 months	94	12-23 m	872	95
DTP1	Card	92.8	12-23 m	872	95
DTP1	Card or History	95.4	12-23 m	872	95
DTP1	History	2.5	12-23 m	872	95
DTP3	C or H <12 months	90.8	12-23 m	872	95
DTP3	Card	90.2	12-23 m	872	95
DTP3	Card or History	91.9	12-23 m	872	95
DTP3	History	1.7	12-23 m	872	95
HepB1	C or H <12 months	93.3	12-23 m	872	95
HepB1	Card	90.5	12-23 m	872	95
HepB1	Card or History	93.5	12-23 m	872	95
HepB1	History	3	12-23 m	872	95
HepB3	C or H <12 months	87.6	12-23 m	872	95
HepB3	Card	87.1	12-23 m	872	95
HepB3	Card or History	89.7	12-23 m	872	95
HepB3	History	2.5	12-23 m	872	95
HepBB	C or H <12 months	80.6	12-23 m	872	95
HepBB	Card	81.3	12-23 m	872	95
HepBB	Card or History	81.3	12-23 m	872	95
HepBB	History	0	12-23 m	872	95
Hib1	C or H <12 months	93.5	12-23 m	872	95
Hib1	Card	91.7	12-23 m	872	95
Hib1	Card or History	94.7	12-23 m	872	95
Hib1	History	2.9	12-23 m	872	95
Hib3	C or H <12 months	89	12-23 m	872	95
Hib3	Card	88.6	12-23 m	872	95
Hib3	Card or History	90.7	12-23 m	872	95
Hib3	History	2.1	12-23 m	872	95
IPV1	C or H <12 months	28.7	12-23 m	872	95
IPV1	Card	57.7	12-23 m	872	95
IPV1	Card or History	63.8	12-23 m	872	95
IPV1	History	6.1	12-23 m	872	95
MCV1	C or H <12 months	82.3	12-23 m	872	95
MCV1	Card	85.8	12-23 m	872	95
MCV1	Card or History	89.4	12-23 m	872	95
MCV1	History	3.6	12-23 m	872	95
MCV2	Card	77.6	24-35 m	812	95
MCV2	Card or History	78.3	24-35 m	812	95
MCV2	History	0.7	24-35 m	812	95

2018 Viet Nam SDGCW Survey 2020-2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97.9	24-35 m	812	95
BCG	Card	93.7	24-35 m	812	95
BCG	Card or History	98.4	24-35 m	812	95
BCG	History	4.7	24-35 m	812	95
DTP1	C or H <12 months	91	24-35 m	812	95
DTP1	Card	93.5	24-35 m	812	95
DTP1	Card or History	96.8	24-35 m	812	95
DTP1	History	3.2	24-35 m	812	95
DTP3	C or H <12 months	75	24-35 m	812	95
DTP3	Card	86.5	24-35 m	812	95
DTP3	Card or History	89.7	24-35 m	812	95
DTP3	History	3.3	24-35 m	812	95
HepB1	C or H <12 months	91.2	24-35 m	812	95
HepB1	Card	90.7	24-35 m	812	95
HepB1	Card or History	94.6	24-35 m	812	95
HepB1	History	3.9	24-35 m	812	95

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
HepB3	C or H <12 months	71.8	24-35 m	812	95
HepB3	Card	84.4	24-35 m	812	95
HepB3	Card or History	87.6	24-35 m	812	95
HepB3	History	3.2	24-35 m	812	95
HepBB	C or H <12 months	76.7	24-35 m	812	95
HepBB	Card	76.9	24-35 m	812	95
HepBB	Card or History	77	24-35 m	812	95
HepBB	History	0.1	24-35 m	812	95
Hib1	C or H <12 months	90.3	24-35 m	812	95
Hib1	Card	91.9	24-35 m	812	95
Hib1	Card or History	95.3	24-35 m	812	95
Hib1	History	3.4	24-35 m	812	95
Hib3	C or H <12 months	74.4	24-35 m	812	95
Hib3	Card	85.8	24-35 m	812	95
Hib3	Card or History	89	24-35 m	812	95
Hib3	History	3.2	24-35 m	812	95
IPV1	C or H <12 months	19.5	24-35 m	812	95
IPV1	Card	53.3	24-35 m	812	95
IPV1	Card or History	59.9	24-35 m	812	95
IPV1	History	6.7	24-35 m	812	95
MCV1	C or H <12 months	82	24-35 m	812	95
MCV1	Card	87.9	24-35 m	812	95
MCV1	Card or History	93.1	24-35 m	812	95
MCV1	History	5.3	24-35 m	812	95

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	99.6	12-23 m	2422	-
DTP1	Card or History	98.8	12-23 m	2422	-
DTP3	Card or History	98.7	12-23 m	2422	-
HepB1	Card or History	98.8	12-23 m	2422	-
HepB3	Card or History	98.7	12-23 m	2422	-
HepBB	Card or History	56.3	12-23 m	2422	-
Hib1	Card or History	98.8	12-23 m	2422	-
Hib3	Card or History	98.7	12-23 m	2422	-
MCV1	Card or History	96.4	12-23 m	2422	-
MCV2	Card or History	94.5	24-35 m	2422	-

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
Pol1	Card or History	99	12-23 m	2422	-
Pol3	Card or History	98.8	12-23 m	2422	-

2012 Viet Nam Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98	12-23 m	790	94
BCG	Card	92.8	12-23 m	790	94
BCG	Card or History	98	12-23 m	790	94
BCG	History	5.2	12-23 m	790	94
DTP1	C or H <12 months	96.3	12-23 m	790	94
DTP1	Card	89.2	12-23 m	790	94
DTP1	Card or History	96.3	12-23 m	790	94
DTP1	History	7.1	12-23 m	790	94
DTP3	C or H <12 months	88.6	12-23 m	790	94
DTP3	Card	83.4	12-23 m	790	94
DTP3	Card or History	88.6	12-23 m	790	94
DTP3	History	5.3	12-23 m	790	94
HepB1	C or H <12 months	95.2	12-23 m	790	94
HepB1	Card	88.3	12-23 m	790	94
HepB1	Card or History	95.2	12-23 m	790	94
HepB1	History	6.9	12-23 m	790	94
HepB3	C or H <12 months	87.4	12-23 m	790	94
HepB3	Card	82.5	12-23 m	790	94
HepB3	Card or History	87.4	12-23 m	790	94
HepB3	History	4.9	12-23 m	790	94
HepBB	C or H <12 months	78.5	12-23 m	790	94
HepBB	Card	70.9	12-23 m	790	94
HepBB	Card or History	78.5	12-23 m	790	94
HepBB	History	7.6	12-23 m	790	94
Hib1	C or H <12 months	95	12-23 m	790	94
Hib1	Card	88.8	12-23 m	790	94
Hib1	Card or History	95	12-23 m	790	94
Hib1	History	6.2	12-23 m	790	94
Hib3	C or H <12 months	87.5	12-23 m	790	94
Hib3	Card	82.4	12-23 m	790	94
Hib3	Card or History	87.5	12-23 m	790	94
Hib3	History	5	12-23 m	790	94
MCV1	C or H <12 months	86.2	12-23 m	790	94

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
MCV1	Card	85.7	12-23 m	790	94
MCV1	Card or History	90.9	12-23 m	790	94
MCV1	History	5.2	12-23 m	790	94
Pol1	C or H <12 months	96.9	12-23 m	790	94
Pol1	Card	92.2	12-23 m	790	94
Pol1	Card or History	97.2	12-23 m	790	94
Pol1	History	5	12-23 m	790	94
Pol3	C or H <12 months	91.9	12-23 m	790	94
Pol3	Card	88.8	12-23 m	790	94
Pol3	Card or History	93	12-23 m	790	94
Pol3	History	4.3	12-23 m	790	94

2011 Viet Nam Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	96.9	24-35 m	641	94
BCG	Card	87.2	24-35 m	641	94
BCG	Card or History	97.7	24-35 m	641	94
BCG	History	10.5	24-35 m	641	94
DTP1	C or H <12 months	96.2	24-35 m	641	94
DTP1	Card	84.3	24-35 m	641	94
DTP1	Card or History	96.2	24-35 m	641	94
DTP1	History	11.9	24-35 m	641	94
DTP3	C or H <12 months	93.2	24-35 m	641	94
DTP3	Card	84.6	24-35 m	641	94
DTP3	Card or History	93.2	24-35 m	641	94
DTP3	History	8.6	24-35 m	641	94
HepB1	C or H <12 months	94.7	24-35 m	641	94
HepB1	Card	81.1	24-35 m	641	94
HepB1	Card or History	94.7	24-35 m	641	94
HepB1	History	13.6	24-35 m	641	94
HepB3	C or H <12 months	92	24-35 m	641	94
HepB3	Card	82.1	24-35 m	641	94
HepB3	Card or History	92	24-35 m	641	94
HepB3	History	9.8	24-35 m	641	94
HepBB	C or H <12 months	70.8	24-35 m	641	94
HepBB	Card	61.8	24-35 m	641	94
HepBB	Card or History	70.8	24-35 m	641	94
HepBB	History	9	24-35 m	641	94

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
Hib1	C or H <12 months	95.3	24-35 m	641	94
Hib1	Card	83.2	24-35 m	641	94
Hib1	Card or History	95.3	24-35 m	641	94
Hib1	History	12.1	24-35 m	641	94
Hib3	C or H <12 months	92.1	24-35 m	641	94
Hib3	Card	84.1	24-35 m	641	94
Hib3	Card or History	92.1	24-35 m	641	94
Hib3	History	8	24-35 m	641	94
MCV1	C or H <12 months	88.8	24-35 m	641	94
MCV1	Card	86.5	24-35 m	641	94
MCV1	Card or History	94.3	24-35 m	641	94
MCV1	History	7.7	24-35 m	641	94
Pol1	C or H <12 months	95.9	24-35 m	641	94
Pol1	Card	87.1	24-35 m	641	94
Pol1	Card or History	96.8	24-35 m	641	94
Pol1	History	9.6	24-35 m	641	94
Pol3	C or H <12 months	91.7	24-35 m	641	94
Pol3	Card	85.6	24-35 m	641	94
Pol3	Card or History	93.6	24-35 m	641	94
Pol3	History	7.9	24-35 m	641	94

2009 Viet Nam Multiple Indicator Cluster Survey 2010–2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	95	12-23 m	759	52
BCG	Card	50.5	12-23 m	759	52
BCG	Card or History	95.5	12-23 m	759	52
BCG	History	45	12-23 m	759	52
DTP1	C or H <12 months	93.5	12-23 m	759	52
DTP1	Card	49.6	12-23 m	759	52
DTP1	Card or History	94.1	12-23 m	759	52
DTP1	History	44.4	12-23 m	759	52
DTP3	C or H <12 months	73	12-23 m	759	52
DTP3	Card	47	12-23 m	759	52
DTP3	Card or History	74.3	12-23 m	759	52
DTP3	History	27.3	12-23 m	759	52
HepB1	C or H <12 months	89.6	12-23 m	759	52
HepB1	Card	49.5	12-23 m	759	52
HepB1	Card or History	90.6	12-23 m	759	52

HepB1	History	41.1	12-23 m	759	52
HepB3	C or H <12 months	53.3	12-23 m	759	52
HepB3	Card	39.8	12-23 m	759	52
HepB3	Card or History	55.8	12-23 m	759	52
HepB3	History	16	12-23 m	759	52
MCV1	C or H <12 months	84.2	12-23 m	759	52
MCV1	Card	46.9	12-23 m	759	52
MCV1	Card or History	92.2	12-23 m	759	52
MCV1	History	45.3	12-23 m	759	52
Pol1	C or H <12 months	91.2	12-23 m	759	52
Pol1	Card	47.3	12-23 m	759	52
Pol1	Card or History	91.7	12-23 m	759	52
Pol1	History	44.3	12-23 m	759	52
Pol3	C or H <12 months	68.1	12-23 m	759	52
Pol3	Card	44.9	12-23 m	759	52
Pol3	Card or History	68.7	12-23 m	759	52
Pol3	History	23.8	12-23 m	759	52

2005 Dieu tra dánh giá các muc tiêu ve tre em và phu nu Viet Nam 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	93.7	12-23 m	555	38
BCG	Card	38.2	12-23 m	555	38
BCG	Card or History	95.2	12-23 m	555	38
BCG	History	56.9	12-23 m	555	38
DTP1	C or H <12 months	92	12-23 m	555	38
DTP1	Card	38	12-23 m	555	38
DTP1	Card or History	94.2	12-23 m	555	38
DTP1	History	56.2	12-23 m	555	38
DTP3	C or H <12 months	76	12-23 m	555	38
DTP3	Card	36	12-23 m	555	38
DTP3	Card or History	79.4	12-23 m	555	38
DTP3	History	43.4	12-23 m	555	38
HepB1	C or H <12 months	37.2	12-23 m	555	38
HepB1	Card	36.3	12-23 m	555	38
HepB1	Card or History	37.5	12-23 m	555	38
HepB1	History	1.2	12-23 m	555	38
HepB3	C or H <12 months	32.3	12-23 m	555	38
HepB3	Card	33.9	12-23 m	555	38

HepB3	Card or History	33.9	12-23 m	555	38
HepB3	History	0	12-23 m	555	38
MCV1	C or H <12 months	87.2	12-23 m	555	38
MCV1	Card	33.5	12-23 m	555	38
MCV1	Card or History	88.8	12-23 m	555	38
MCV1	History	55.3	12-23 m	555	38
Pol1	C or H <12 months	94.2	12-23 m	555	38
Pol1	Card	37.7	12-23 m	555	38
Pol1	Card or History	95.5	12-23 m	555	38
Pol1	History	57.9	12-23 m	555	38
Pol3	C or H <12 months	73.9	12-23 m	555	38
Pol3	Card	36.2	12-23 m	555	38
Pol3	Card or History	75.6	12-23 m	555	38
Pol3	History	39.4	12-23 m	555	38

2001 Vietnam Demographic and Health Survey 2002, 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	93.4	12-23 m	457	40
BCG	History	53.7	12-23 m	457	40
DTP1	Card	38.2	12-23 m	457	40
DTP1	Card or History	88.3	12-23 m	457	40
DTP1	History	50.1	12-23 m	457	40
DTP3	Card	34.7	12-23 m	457	40
DTP3	Card or History	72.4	12-23 m	457	40
DTP3	History	37.6	12-23 m	457	40
MCV1	Card	36.4	12-23 m	457	40
MCV1	Card or History	83.2	12-23 m	457	40
MCV1	History	46.8	12-23 m	457	40
Pol1	Card	39.2	12-23 m	457	40
Pol1	Card or History	93.4	12-23 m	457	40
Pol1	History	54.1	12-23 m	457	40
Pol3	Card	36.5	12-23 m	457	40
Pol3	Card or History	75.8	12-23 m	457	40
Pol3	History	39.3	12-23 m	457	40

2000 Children Indicators in Vietnam 2001, 2002

Viet Nam - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	96.7	12-23 m	-	-
DTP3	Card or History	96.2	12-23 m	-	-
MCV1	Card or History	97.6	12-23 m	-	-
Pol3	Card or History	96	12-23 m	-	-

1997 EPI Review Vietnam 1998

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	94	12-23 m	1057	-
BCG	Card or History	96	12-23 m	1057	-

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2024 data received as of June 26, 2023

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