

CO1.4: Childhood vaccination

Definitions and methodology

Childhood vaccination is captured here through two measures that reflect whether children have received relevant vaccinations within the recommended timeframe:

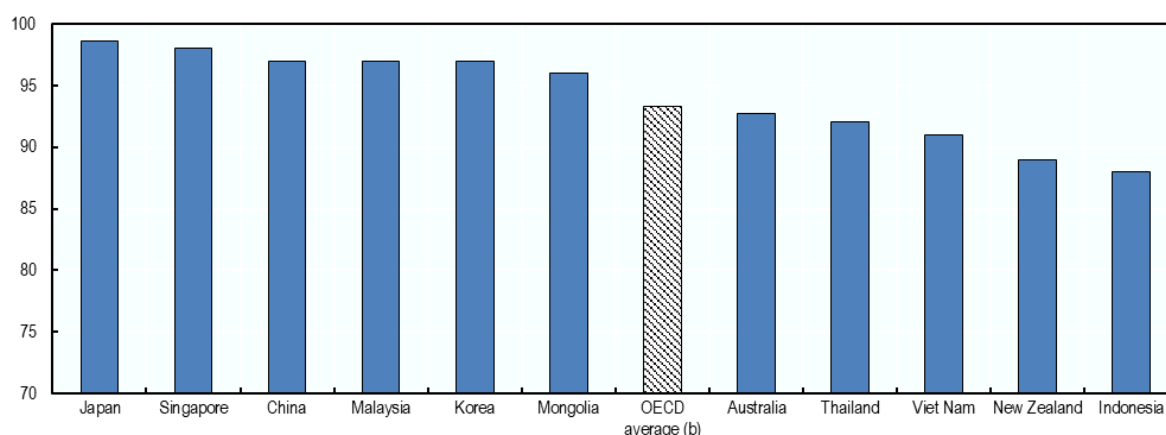
- The proportion (%) of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine.
- The proportion (%) of children who have received the 2nd dose of measles-containing vaccine in a given year, according to the nationally recommended schedule. As the age of complete immunisation differs across countries due to different immunisation schedules, the indicator is estimated as the percentage of children ages 12-23 months who received at least one dose of Measles vaccine either any time before the survey or before the age of 12 months, and who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

Key findings

Rates of vaccination for diphtheria, tetanus and pertussis are generally high in Asia/Pacific countries, though there is some cross-country variation (Chart CO1.4.A). In 2024, vaccinations rates for diphtheria, tetanus and pertussis were about or higher than 90% in the Asia/Pacific countries included here except for Indonesia (88%) and New Zealand (89%). In most of the other countries, rates are higher than the average for OECD countries (93%). The highest vaccination rates among the Asia/Pacific countries included here, were in Japan and Singapore, where rates reached 98%, followed by China, Korea and Malaysia with 98%.

Chart CO1.4.A. **Vaccination rates for diphtheria, tetanus and pertussis, 2024^a**
Proportion (%) of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine in the given year

Vaccination rate (%)



a) 2023 instead of 2024 for Indonesia, Malaysia, Mongolia, Singapore, Thailand; 2022 for Viet Nam.

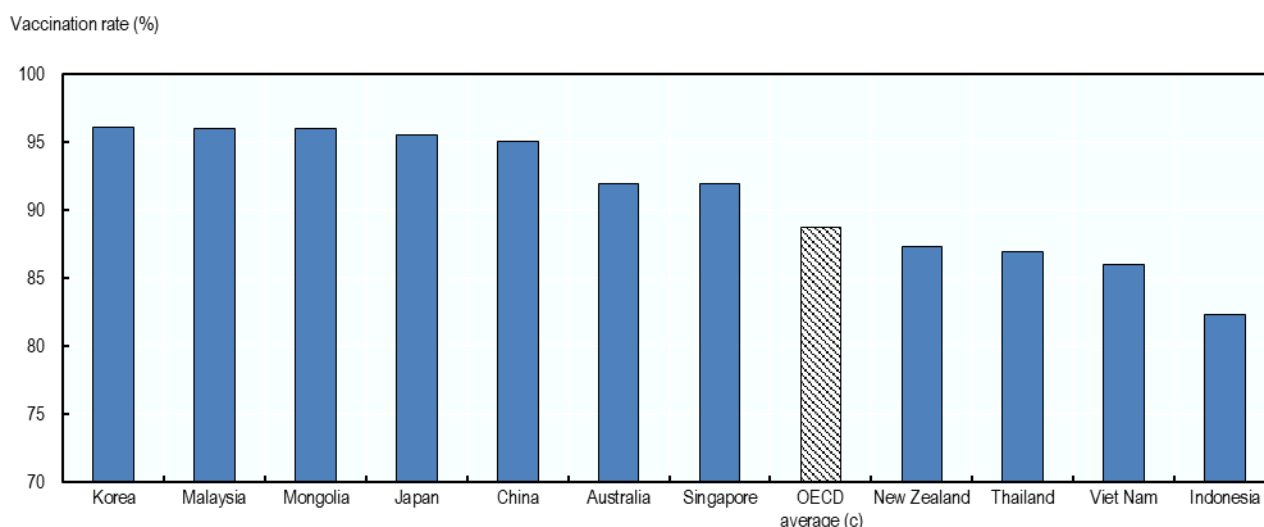
b) The OECD average refers to the unweighted average across the 38 OECD member countries with available and comparable data.

Sources: [Australia, China, Indonesia, Korea, Japan and New Zealand: OECD Health Statistics 2025](#); other countries: [World Health Organization Global Health Observatory Data Repository](#).

Other relevant indicators: SF2.1 Fertility rates; CO1.1 Infant mortality; CO1.2 Life expectancy at birth; CO1.3 Low birth weight

Overall, vaccination rates against measles are slightly lower than vaccination rates against diphtheria, tetanus and pertussis (Chart CO1.4.B). Rates of vaccination against measles exceeded 90% in 2024 in all countries except Indonesia (82%), New Zealand and Thailand (87%) and Viet Nam (86%); and the rates in several Asia/Pacific countries were higher than the average for OECD countries (88%). The highest vaccination rates were recorded in Korea, Malaysia and Mongolia where 96% of children received the measles vaccine in the recommended timeframe.

Chart CO1.4.B. Vaccination rates for measles, 2024 or latest available^a
Proportion (%) of children under one year old who have received the 2nd dose of measles-containing vaccine in the given year^b



a) 2023 instead of 2024 for Indonesia, Malaysia, Mongolia, Singapore, Thailand; 2022 for Viet Nam.

b) The OECD average refers to the unweighted average across the 38 OECD member countries with available and comparable data.

Sources: [Australia, China, Indonesia, Korea, Japan and New Zealand: OECD Health Statistics 2025](#); other countries: [World Health Organization Global Health Observatory Data Repository](#).

Comparability and data issues

The data used in this indicator come from National statistic surveys, the World Health Organization Global Health Observatory Data Repository, or OECD Health Statistics, who themselves take their data from the World Health Organization Global Health Observatory Data Repository. The original data come either from administrative data or from household surveys. Detailed information on the methods used by the World Health Organization to measure and/or estimate immunisation rates can be found [here](#), alongside a detailed discussion of limitations and exclusions.

One issue of particular importance here is that childhood vaccination policies and schedules differ across countries, which can obviously affect the likelihood of a child receiving the required vaccine at/by a given age.

Sources and further reading: OECD Health Statistics, <https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>, OECD Child Well-Being Data Portal, Child Policies, <https://www.oecd.org/els/family/child-well-being/data/child-policies/>, World Health Organization Global Health Observatory, <http://www.who.int/gho/en/>; OECD/WHO (2020), *Health at a Glance: Asia/Pacific 2024*, OECD Publishing, Paris. <https://doi.org/10.1787/51fed7e9-en>.