Global Vaccine Introduction and Implementation Report

MAY 2026

Johns Hopkins Bloomberg School of Public Health | International Vaccine Access Center

VIEW-hub by IVAC

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OVERVIEW

The quarterly VIEW-hub Global Vaccine Introduction and Implementation Report includes vaccine introductions and implementation updates from VIEW-hub (www.VIEW-hub.org), an interactive platform developed and maintained by the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health.

The VIEW-hub platform includes modules for 11 vaccines: *Haemophilus influenzae* type b (Hib)-containing vaccines, pneumococcal conjugate vaccines (PCV), rotavirus vaccines, inactivated polio vaccines including second dose (IPV and IPV2), typhoid conjugate vaccines (TCV), measles-rubella-containing vaccines (MR), second dose of measles-containing vaccines (MCV2), human papillomavirus vaccines (HPV), respiratory syncytial virus (RSV) products (maternal vaccine and monoclonal antibodies), malaria vaccines, and COVID-19 vaccines. Users can visualize data on vaccine introductions, product usage, dosing schedules, access, coverage, disease burden, and more. The data on www.VIEW-hub.org are regularly updated as information is received to permit near real-time reporting. Recently added content includes disease burden data for malaria.

Custom queries and maps, exportable data and graphics, and country-specific dashboards are just some of the interactive features users can access. By tracking progress on vaccine introductions and collating a wide spectrum of vaccine use data all in one location, VIEW-hub helps users strategize ways to accelerate and optimize vaccine implementation.

INTRODUCTION AND IMPLEMENTATION UPDATES

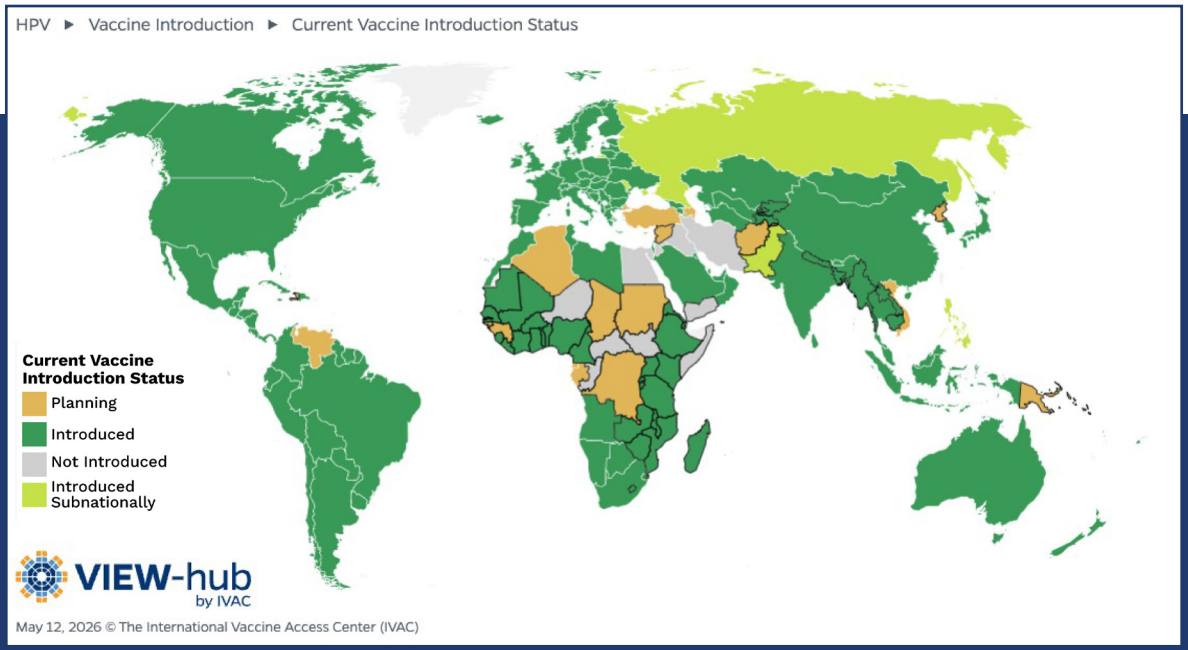
VIEW-hub is updated regularly as new data are made available. Changes to introduction status and use made in the previous three months for the vaccines monitored on VIEW-hub (February 10, 2026—April 30, 2026) are captured below.

Vaccine Introduction Updates

HUMAN PAPILLOMAVIRUS (HPV) VACCINES

- **Burundi** introduced the HPV vaccine into its national immunization program for girls aged 9–14 years in April 2026. Burundi is using a combined approach to deliver HPV vaccines through school-based vaccination and community-based strategies with community health workers and local leaders to reach out-of-school girls.
- **India** added the HPV vaccine to its national immunization program in February 2026. While some regions of India had previously introduced the HPV vaccine, this expansion ensures that all eligible girls in India have access to these life-saving vaccines. This is particularly notable as India accounts for nearly 25% of global annual cervical cancer deaths and is home to the highest cervical cancer fatality rate worldwide. A single dose of the quadrivalent Gardasil vaccine (HPV-4) is available to all girls aged 14 years at government health facilities.

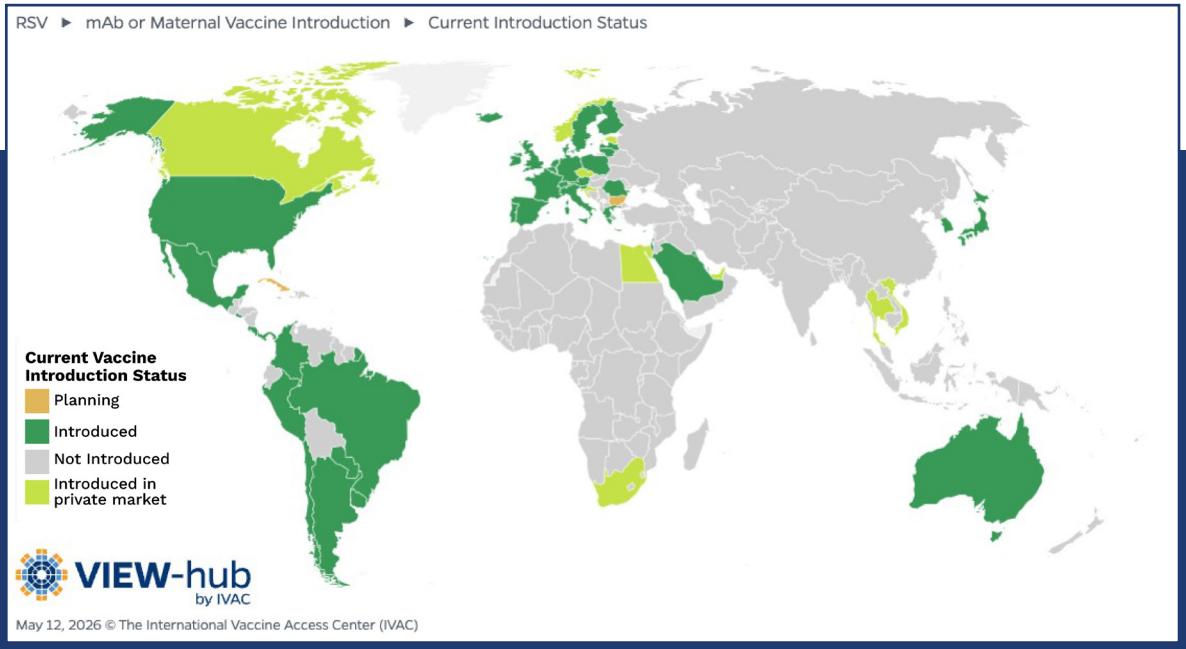
Burundi and India join 164 other countries that have introduced HPV vaccines (86%), including four countries that have introduced subnationally. An additional 18 countries, including 11 (20%) of Gavi-eligible countries, have announced their intention to introduce HPV vaccines. Most of the countries that have not yet introduced are in the African and Eastern Mediterranean regions, although many of these countries are planning to do so. The VIEW-hub map below shows HPV vaccine introduction globally, with Gavi-eligible countries outlined in black.



RESPIRATORY SYNCYTIAL VIRUS (RSV) PRODUCTS

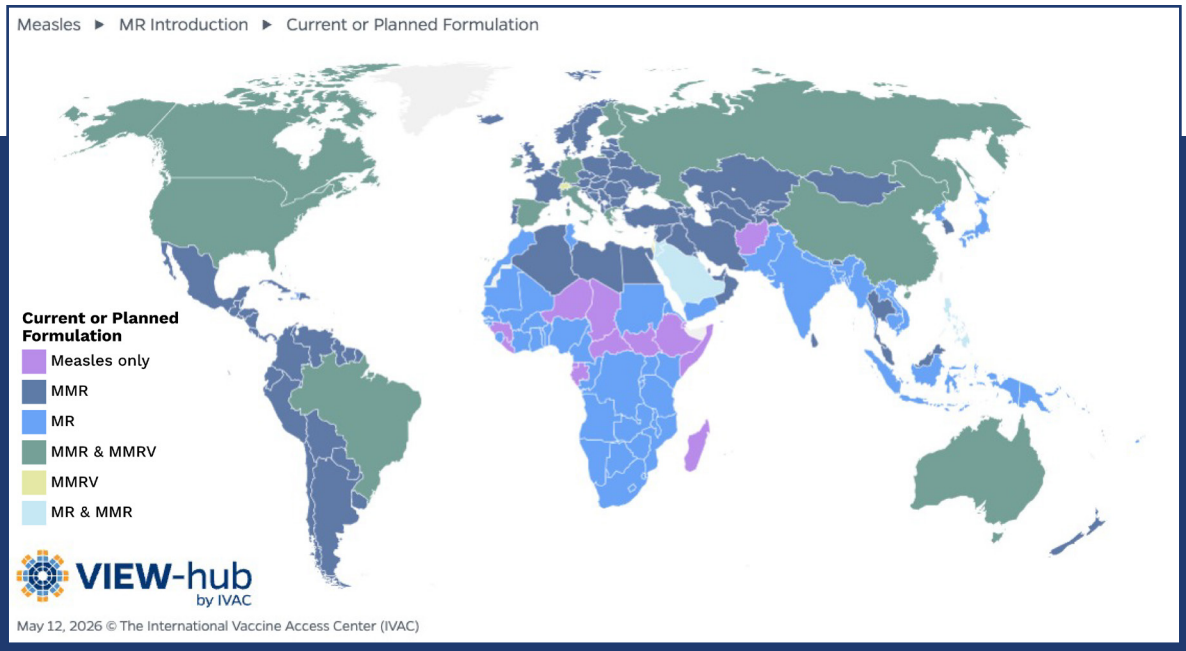
- **Japan** added the maternal RSV vaccine (Abrysvo) and monoclonal antibodies (Beyfortus) to its national immunization program in April 2026.
- **Mexico** introduced the maternal RSV vaccine (Abrysvo) into its national immunization program in April 2026.
- **Peru** added monoclonal antibodies (Beyfortus) to its national immunization program in April 2026.

Japan, Mexico, and Pero join 50 other countries (27%) in introducing an RSV prevention product, either in their national immunization programs or through the private market. Of these, 17 countries have introduced the maternal vaccine, 19 countries have introduced monoclonal antibodies, and 16 countries have introduced both products. The VIEW-hub map below shows RSV prevention product introduction globally, with introduction limited to high- and middle-income countries thus far.



Recent Trends

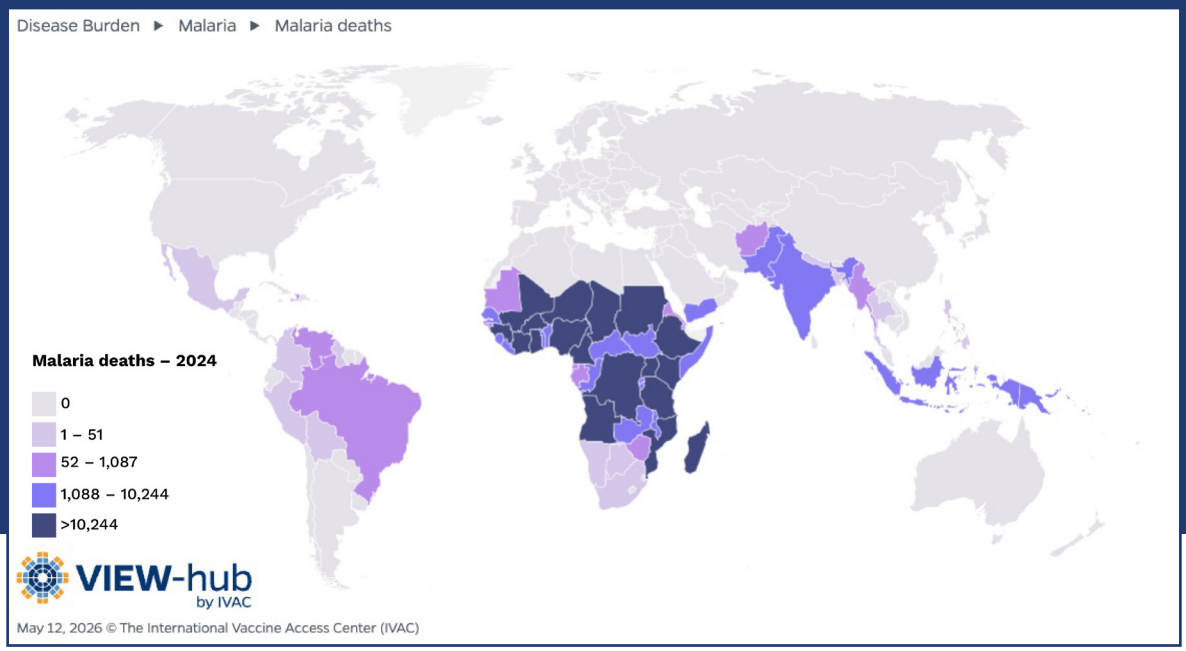
In September 2024, WHO lifted the requirement for countries to reach 80% or greater MCV coverage prior to introducing rubella-containing vaccines (RCVs), such as the MR vaccine, and recommended that all countries that have not yet introduced RCVs should do so. Since this recommendation, three countries—the Democratic Republic of the Congo, Guinea-Bissau, and Nigeria—have introduced MR vaccines after previously administering just monovalent measles vaccines. Eleven countries are planning to introduce MR vaccines, and just two countries (Equatorial Guinea and Gabon) have not yet indicated if they will introduce RCVs. The VIEW-hub map below shows which measles vaccine or MCVs countries are currently using.



NEW ON VIEW-HUB

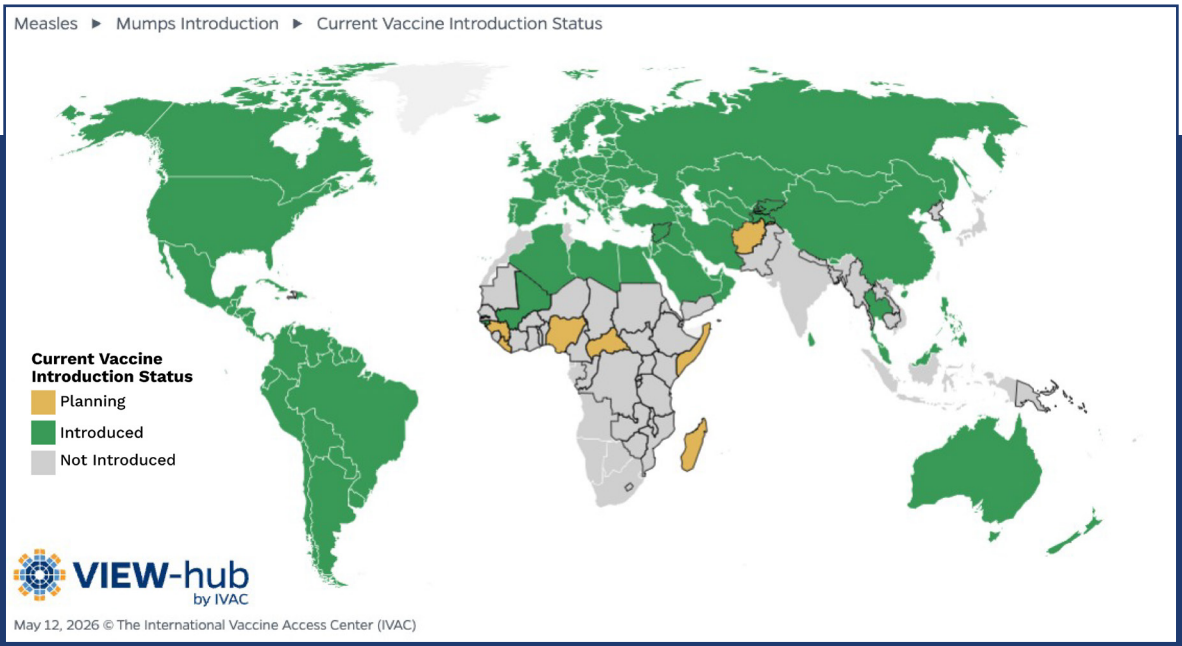
Malaria Disease Burden

VIEW-hub now features data on malaria disease burden. Interactive visualizations include the annual number of cases and deaths, mortality rates, and incidence through 2024, highlighting countries with the greatest burden of disease. This can be compared to where malaria vaccines have been introduced. The VIEW-hub map below displays malaria deaths globally.



Mumps Vaccination

VIEW-hub now tracks additional measles- and rubella-containing vaccines. The introduction status of the mumps vaccine, which is widely included as part of the measles, mumps, and rubella (MMR) or measles, mumps, rubella, and varicella (MMRV) combination vaccines, is now displayed. As of April 2026, 126 (65%) countries have introduced the mumps vaccine, including only 5 (9%) Gavi-eligible countries. An additional 7 countries, all of which are Gavi-eligible, are planning to introduce the mumps vaccine. The VIEW-hub map below shows mumps vaccine introduction globally, with Gavi-eligible countries outlined in black.



METHODS

This report was prepared using data and maps from VIEW-hub, a data visualization tool developed and maintained by the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health. Information on VIEW-hub is gathered from internationally recognized sources, including the World Health Organization (WHO), UNICEF, Gavi, the Vaccine Alliance, vaccine manufacturers, ministries of health, and news media.

Introduction and Use Data

Updates to countries' introduction status (including introduction dates, planning status, Gavi application status, etc.) are systematically collected or confirmed at least quarterly from a variety of sources but primarily from the WHO's Immunization Repository (updated as new information is received) and WHO Immunization Data portal (updated annually), as well as WHO's HPV vaccine tracker and malaria vaccine tracker. The RSV dataset was developed in collaboration with WHO. See additional source information below. Between these quarterly updates, new vaccine introductions are added as we become aware of them through other sources.

Updates to countries' vaccine use data (including program type [e.g., universal vaccination, phased introduction, introduction for high-risk groups], vaccine product, dosing schedules, etc.) are systematically collected or confirmed at least quarterly from a variety of sources, and primarily from the WHO's Immunization Repository, WHO Immunization Data portal, and Gavi shipment reports. See additional source information below. Between these quarterly updates, new vaccine updates are added as we become aware of them through other sources.

Coverage and Access Data

Coverage data is updated annually from WHO/UNICEF estimates of national immunization coverage (WUENIC). Vaccine coverage is calculated as the number of surviving infants globally living in countries and subnational regions within countries that have introduced the vaccine who were vaccinated (i.e., number of surviving infants multiplied by the percent vaccinated). In the absence of coverage data for the vaccine, DTP3 coverage is used as a proxy. Existing population figures (total population, crude birth rate, and infant mortality rate) for children under 1 year of age are obtained from official census data to calculate the number of surviving infants.

Access estimates are calculated annually as the number of surviving infants globally living in countries or subnational regions within countries that have introduced the vaccine. See additional source information below.

Country Income Level

Countries were classified using 2025 World Bank income classifications (2024 GNI data), updated annually.

For more information on methods, see the VIEW-hub About page or email Marley Jurgensmeyer at mjurgen4@jhu.edu.

Data Sources

Gavi eligibility status	Gavi (https://www.gavi.org/types-support/sustainability/eligibility)
Vaccine introduction status and dates of introduction	Primarily WHO sources (WHO Immunization Repository, WHO Immunization data portal, WHO HPV vaccine tracker, WHO malaria vaccine tracker); additional acceptable sources may include UNICEF, Gavi, vaccine manufacturers, ministries of health, public health agencies, press releases, and news media
Gavi application status	WHO Immunization Repository
Vaccine use updates (program type, dosing schedule, etc.)	Primarily WHO sources (WHO Immunization Repository, WHO Immunization data portal, WHO HPV vaccine tracker, WHO malaria vaccine tracker); additional aacceptable sources may include UNICEF, Gavi, vaccine manufacturers, ministries of health, public health agencies, press releases, and news media
Vaccine products	Gavi shipment reports, WHO Immunization data portal

For more information on sources, see the full data dictionary on the VIEW-hub Resources page or email Marley Jurgensmeyer at mjurgen4@jhu.edu.

SELECTED KEY TERMS

Below are definitions of selected key terms found in the report. For any definitions not provided below, please refer to the data dictionary available on the VIEW-hub Resources page.

Approved: The application meets all the criteria and is approved for Gavi support.

Approved with clarification: The application lacks specific pieces of data, which typically must be provided within a month. Data must be received before the application is considered officially approved for Gavi support.

Introduced into national immunization program: The vaccine has been incorporated into the national government's immunization program, either for all children or for special populations at high-risk of disease, and this may include programs that are phased in over time. This status can apply to any country, regardless of Gavi eligibility. For IPV, this status covers all countries that introduced at least one dose of IPV into the national immunization schedule for children.

Subnational introductions: The vaccine was introduced into the vaccination schedule for a geographic subset of the country. This status can apply to any country, regardless of Gavi eligibility.

Gavi approved/approved with clarification: The country's application to Gavi for New and Underused Vaccines Support (NVS) financing for this vaccine was approved or approved with clarifications.

Gavi plan to apply: The country made a public statement (through government or other recommending body on vaccines) that they plan to introduce the vaccine and apply for Gavi New and Underused Vaccines Support (NVS) but has not yet submitted an application.

No decision: The country has not indicated a decision to introduce the vaccine into its national immunization program or to apply for Gavi New and Underused Vaccines Support (NVS) for the vaccine.

Non-Gavi planning introduction: A country that is not eligible for Gavi support has plans to introduce the vaccine into its national immunization program and has taken steps to initiate its program, such as contacting the vaccine manufacturer, OR a country that is eligible for Gavi support and plans to introduce without such support.

Risk: The program for this vaccine only covers children in special populations at high-risk for disease. This may include children with certain health conditions, those of vulnerable socioeconomic status or ethnic groups, or those living in regions of high risk.

APPENDIX

This report can be found at: www.VIEW-hub.org/resources. All maps shown in this report were generated on VIEW-hub.

Disclaimer: The presentation of VIEW-hub maps in this report is not an expression of IVAC's opinion regarding the legal status of countries/territories, their governing authorities, or their official boundaries. On VIEW-hub's website, country borders that are not in full agreement are displayed with dotted lines, which may be difficult to visualize at the global view presented in this report.

If data are used in a presentation, please cite VIEW-hub accordingly:
Source: International Vaccine Access Center (IVAC), Johns Hopkins Bloomberg School of Public Health. VIEW-hub Report: Global Vaccine Introduction and Implementation, May 2026. www.view-hub.org. Accessed: [Day Month Year].

If you have any questions about VIEW-hub or this report, please contact Marley Jurgensmeyer at mjurgen4@jhu.edu.

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