

**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. Coverage 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.

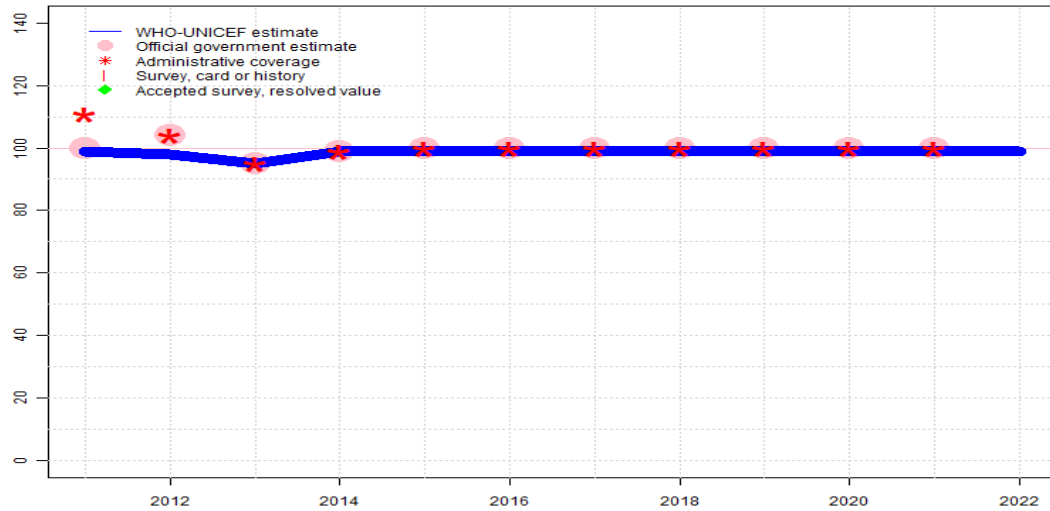
**PcV3:** percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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# Panama - BCG

PAN - BCG



## Description:

- 2022: Estimate based on extrapolation from data reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports a one month vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports a four-month vaccine stockout. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by interpolation between reported data. Reported data excluded because 104 percent greater than 100 percent. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 96 percent. GoC=R+ D+
- 2011: Estimate informed by reported data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	98	95	99	99	99	99	99	99	99	99	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	100	104	95	99	100	100	100	100	100	100	100	NA
Administrative	111	104	95	99	100	100	100	100	100	100	100	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

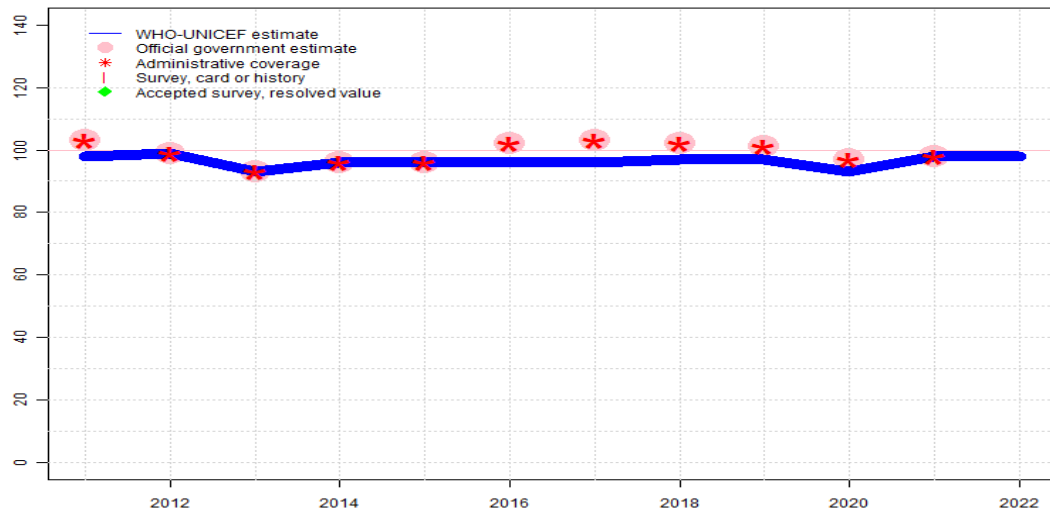
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

# Panama - DTP1

PAN - DTP1



## Description:

- 2022: Estimate based on extrapolation from data reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Estimate of 98 percent changed from previous revision value of 93 percent. Estimate challenged by: D-
- 2020: Estimate is based on decline in reported administrative coverage. Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2019: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. Programme reports a one-month vaccine stockout in 2016. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 92 percent. GoC=R+ D+
- 2011: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	99	93	96	96	96	96	97	97	93	98	98
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official Survey	103	99	93	96	96	102	103	102	101	97	98	NA
Administrative Survey	103	99	93	96	96	102	103	102	101	97	98	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

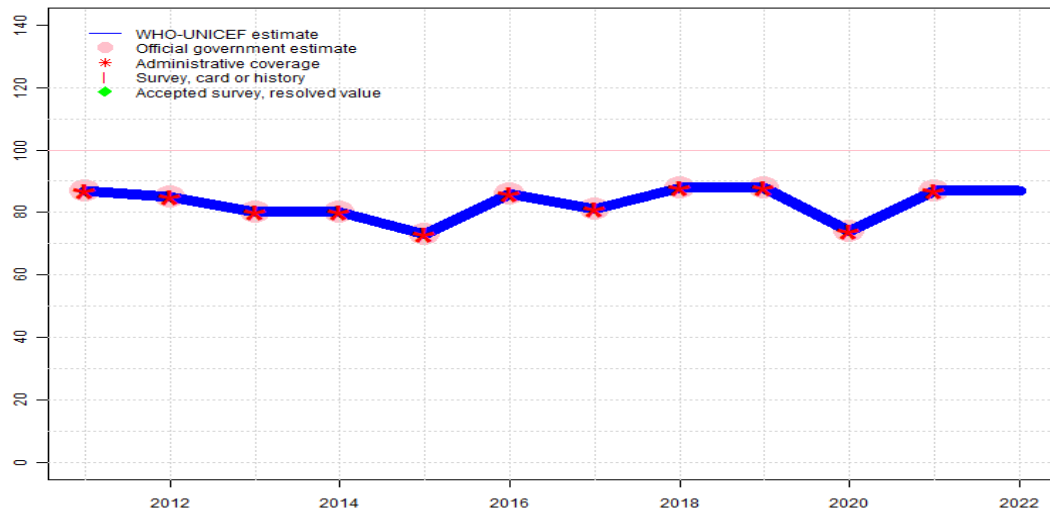
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

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# Panama - DTP3

PAN - DTP3



## Description:

- 2022: Estimate based on extrapolation from data reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. . Estimate of 87 percent changed from previous revision value of 74 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate is based on decline in reported administrative coverage. Programme reports a three months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a one-month vaccine stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort supports reported coverage levels. GoC=R+ D+
- 2011: Estimate informed by reported data. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	87	85	80	80	73	86	81	88	88	74	87	87
Estimate GoC	●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	87	85	80	80	73	86	81	88	88	74	87	NA
Administrative	87	85	80	80	73	86	81	88	88	74	87	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

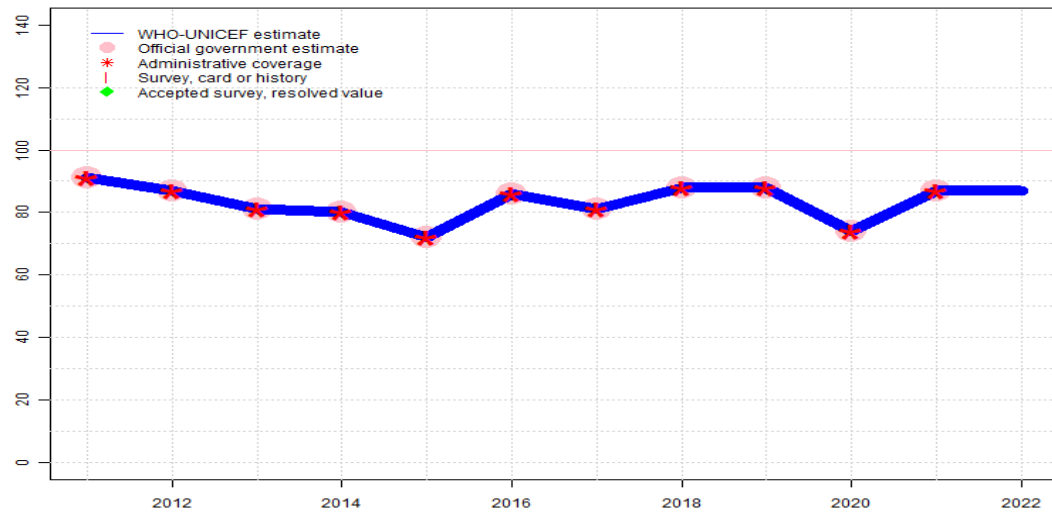
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.
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# Panama - Pol3

PAN - Pol3



## Description:

- 2022: Estimate based on extrapolation from data reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. . Estimate of 87 percent changed from previous revision value of 74 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate is based on decline in reported administrative coverage. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a four months vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Country reports stockout of five months. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a three-month vaccine stockout OPV and IPV. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort supports reported coverage levels. GoC=R+ D+
- 2011: Estimate informed by reported data. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	91	87	81	80	72	86	81	88	88	74	87	87
Estimate GoC	•	••	••	••	••	••	••	••	••	••	•	•
Official	91	87	81	80	72	86	81	88	88	74	87	NA
Administrative	91	87	81	80	72	86	81	88	88	74	87	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

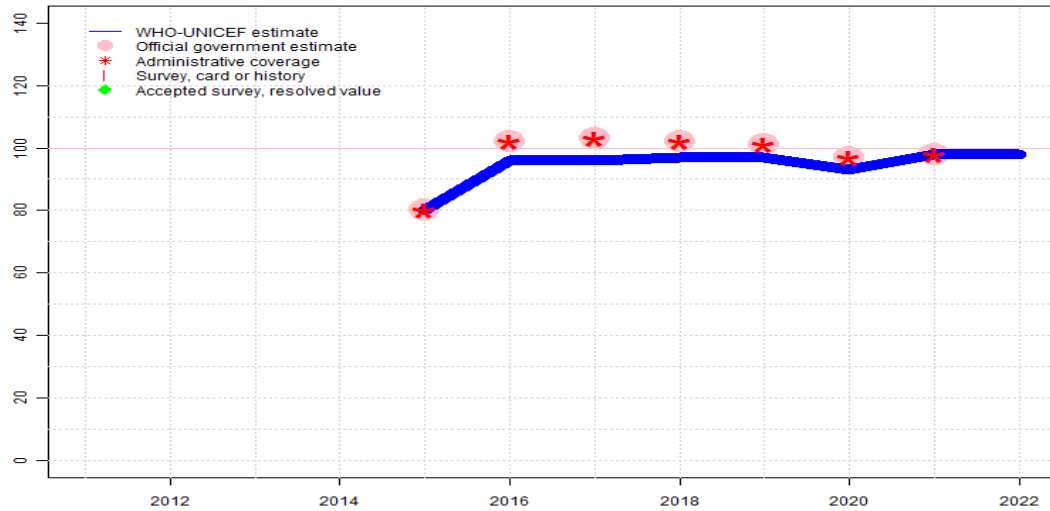
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- 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.

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# Panama - IPV1

PAN - IPV1



## 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 extrapolation from reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Estimate of 98 percent changed from previous revision value of 93 percent. Estimate challenged by: D-
- 2020: Estimate is based on DTP1 coverage estimate. Estimate challenged by: R-
- 2019: Estimate is based on DTP1 coverage estimate. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2018: Estimate is based on DTP1 coverage estimate. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: R-
- 2017: Coverage set at level of estimate for DTP1. Country is using hexavalent DTaP-Hib-HepB-IPV. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Coverage set at level of estimate for DTP1. Country is using hexavalent DTaP-Hib-HepB-IPV. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: R-
- 2015: Estimate informed by reported data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	80	96	96	97	97	93	98	98
Estimate GoC	NA	NA	NA	NA	●●	●	●	●	●	●	●	●
Official	NA	NA	NA	NA	80	102	103	102	101	97	98	NA
Administrative	NA	NA	NA	NA	80	102	103	102	101	97	98	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

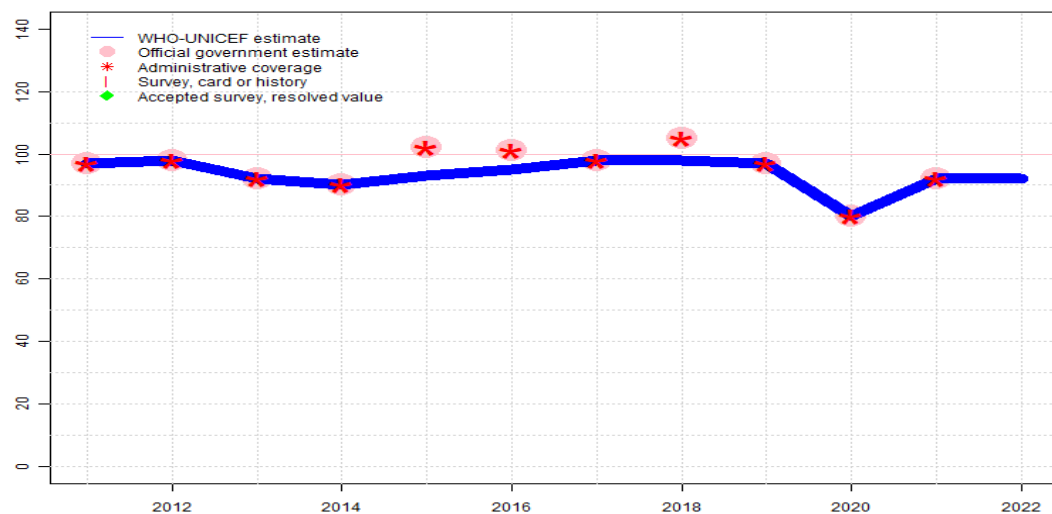
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

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# Panama - MCV1

PAN - MCV1



## Description:

- 2022: Estimate based on extrapolation from data reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. . Estimate of 92 percent changed from previous revision value of 80 percent. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate is based on decline in reported administrative coverage. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded because 105 percent greater than 100 percent. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 87 percent. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	97	98	92	90	102	101	98	98	97	80	92	92
Estimate GoC	●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	97	98	92	90	102	101	98	105	97	80	92	NA
Administrative	97	98	92	90	102	101	98	105	97	80	92	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.

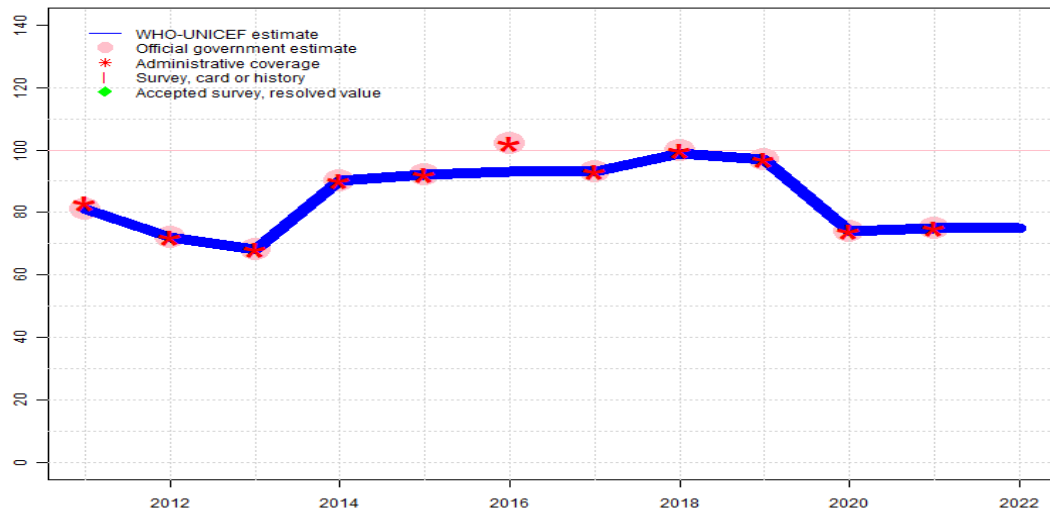
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.

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# Panama - MCV2

PAN - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	81	72	68	90	92	93	93	99	97	74	75	75
Estimate GoC	●●	●●	●●	●	●●	●●	●●	●●	●●	●●	●●	●
Official	81	72	68	90	92	102	93	100	97	74	75	NA
Administrative	83	72	68	90	92	102	93	100	97	74	75	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.

## Description:

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

2022: Estimate informed by extrapolation from reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data

2021: Estimate informed by reported data. Estimate is based on decline in reported administrative coverage. Estimate of 75 percent changed from previous revision value of 97 percent. GoC=R+ D+

2020: Estimate informed by reported data. Estimate of 74 percent changed from previous revision value of 97 percent. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

2015: Estimate informed by reported data. GoC=R+ D+

2014: Estimate informed by reported data. Recommended age for the second dose of measles containing vaccine changed from 4 years of age to 18 months during 2014. Estimate challenged by: D-

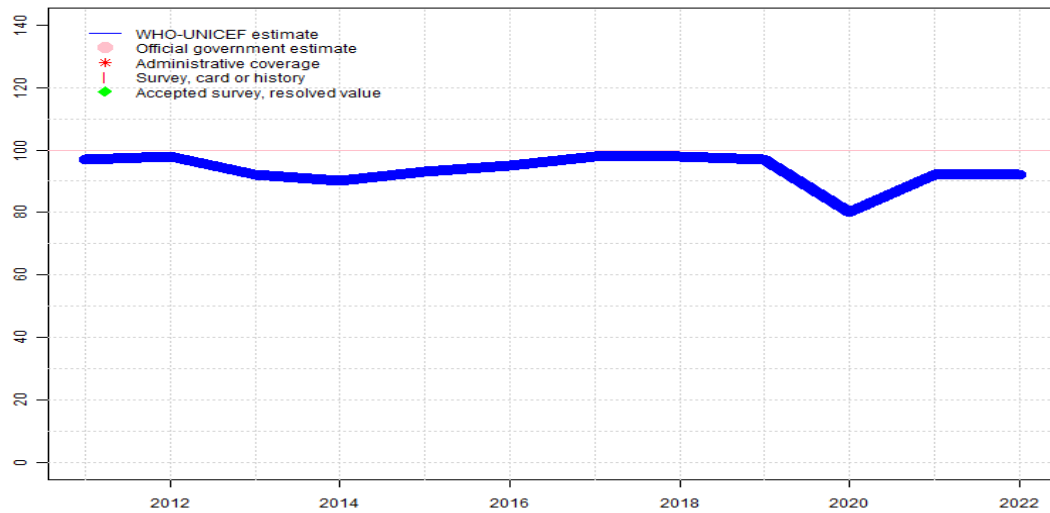
2013: Estimate informed by reported data. GoC=R+ D+

2012: Estimate informed by reported data. GoC=R+ D+

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

# Panama - RCV1

PAN - RCV1



## 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. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data

2021: Estimate based on estimated MCV1. Estimate of 92 percent changed from previous revision value of 80 percent. GoC=R+ D+

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

2019: Estimate based on estimated MCV1. GoC=R+ D+

2018: Estimate based on estimated MCV1. GoC=R+ D+

2017: Estimate based on estimated MCV1. GoC=R+ D+

2016: Estimate based on estimated MCV1. GoC=R+ D+

2015: Estimate based on estimated MCV1. GoC=R+ D+

2014: Estimate based on estimated MCV1. GoC=R+ D+

2013: Estimate based on estimated MCV1. GoC=R+ D+

2012: Estimate based on estimated MCV1. GoC=R+ D+

2011: Estimate based on estimated MCV1. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	97	98	92	90	93	95	98	98	97	80	92	92
Estimate GoC	•	••	••	••	••	••	••	••	••	••	••	•
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

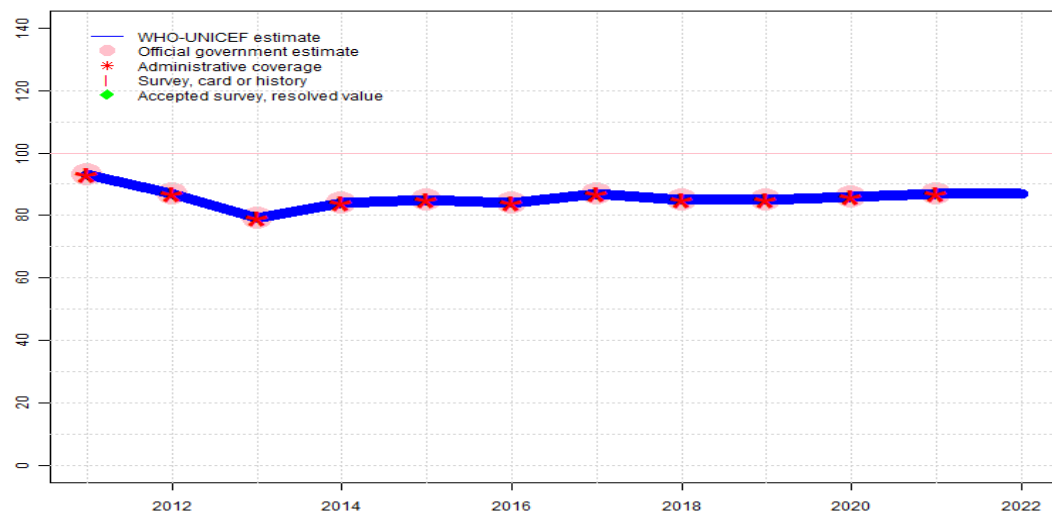
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

# Panama - HepBB

PAN - HepBB



## Description:

- 2022: Estimate informed by extrapolation from reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Estimate of 87 percent changed from previous revision value of 86 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports eight months vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	93	87	79	84	85	84	87	85	85	86	87	87
Estimate GoC	•	••	••	••	••	••	••	••	••	•	•	•
Official	93	87	79	84	85	84	87	85	85	86	87	NA
Administrative	93	87	79	84	85	84	87	85	85	86	87	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

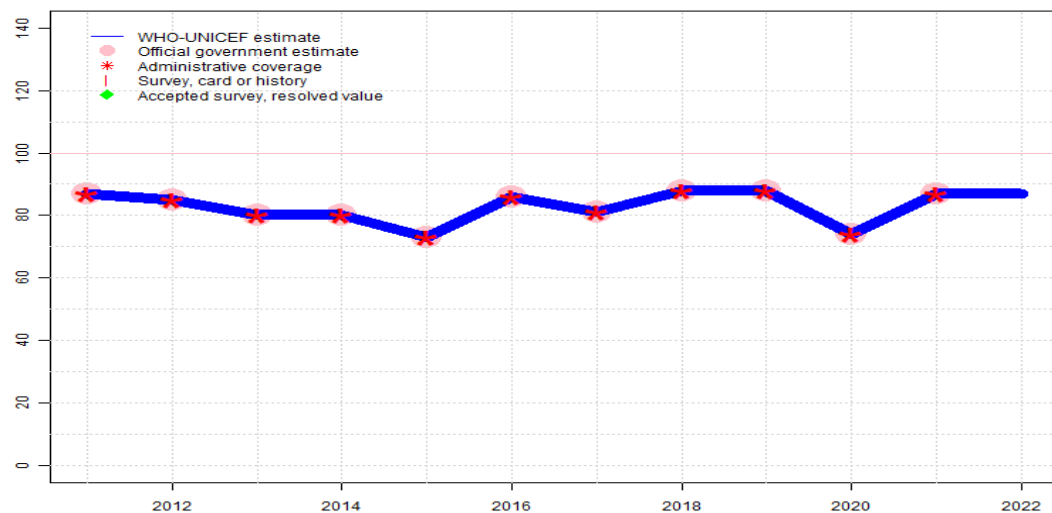
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

# Panama - HepB3

PAN - HepB3



## Description:

- 2022: Estimate informed by extrapolation from reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. . Estimate of 87 percent changed from previous revision value of 74 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate is based on decline in reported administrative coverage. Programme reports a three months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a one-month vaccine stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	87	85	80	80	73	86	81	88	88	74	87	87
Estimate GoC	•	••	••	••	••	••	••	••	••	••	•	•
Official	87	85	80	80	73	86	81	88	88	74	87	NA
Administrative	87	85	80	80	73	86	81	88	88	74	87	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

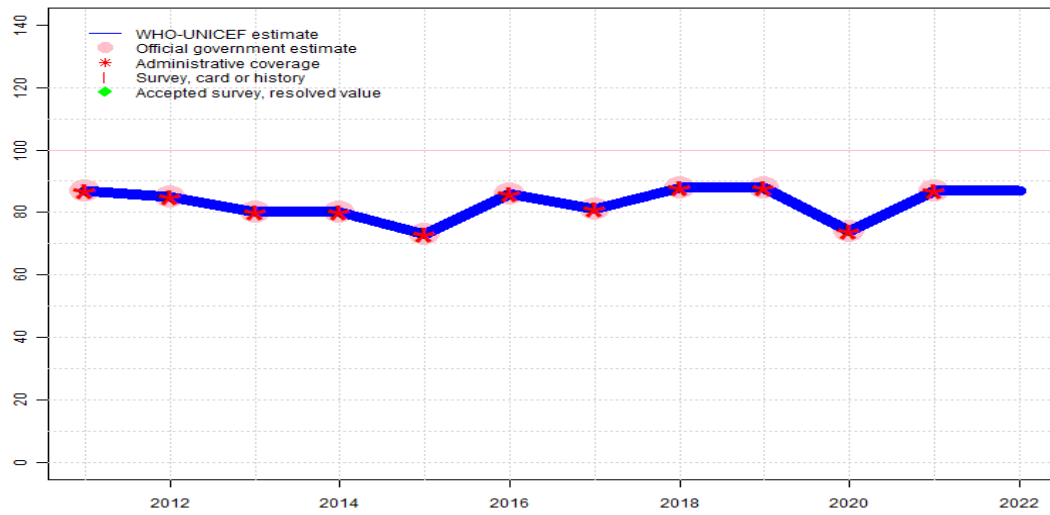
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

# Panama - Hib3

PAN - Hib3



## Description:

- 2022: Estimate informed by extrapolation from reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Estimate of 87 percent changed from previous revision value of 74 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate is based on decline in reported administrative coverage. Programme reports a three months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a one-month vaccine stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	87	85	80	80	73	86	81	88	88	74	87	87
Estimate GoC	•	••	••	••	••	••	••	••	••	••	•	•
Official	87	85	80	80	73	86	81	88	88	74	87	NA
Administrative	87	85	80	80	73	86	81	88	88	74	87	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

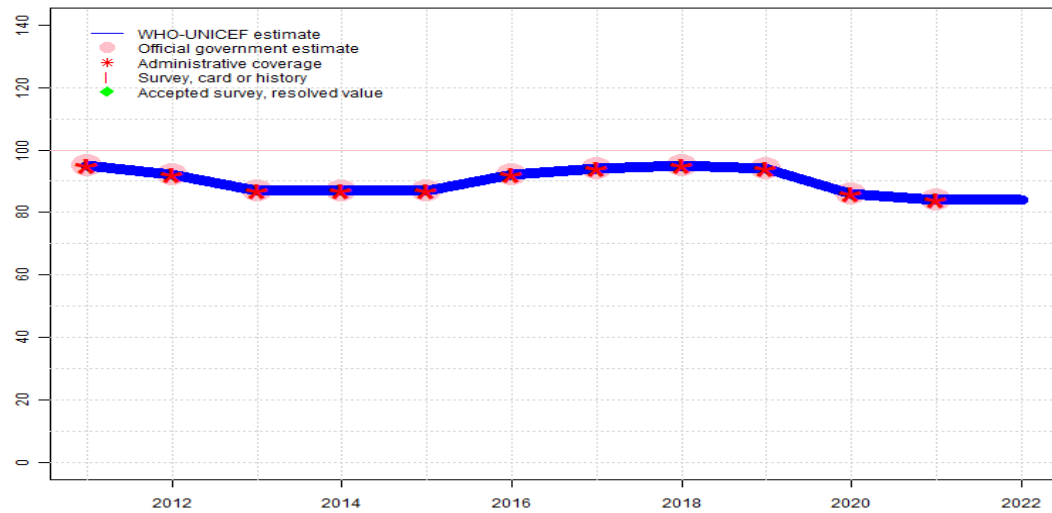
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

# Panama - RotaC

PAN - RotaC



## Description:

2022: Estimate informed by extrapolation from reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data

2021: Estimate informed by reported data. Estimate of 84 percent changed from previous revision value of 86 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

2015: Estimate informed by reported data. GoC=R+ D+

2014: Estimate informed by reported data. GoC=R+ D+

2013: Estimate informed by reported data. GoC=R+ D+

2012: Estimate informed by reported data. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 78 percent. GoC=R+ D+

2011: Estimate informed by reported data. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	92	87	87	87	92	94	95	94	86	84	84
Estimate GoC	•	••	••	••	••	••	••	••	••	••	•	•
Official	95	92	87	87	87	92	94	95	94	86	84	NA
Administrative	95	92	87	87	87	92	94	95	94	86	84	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

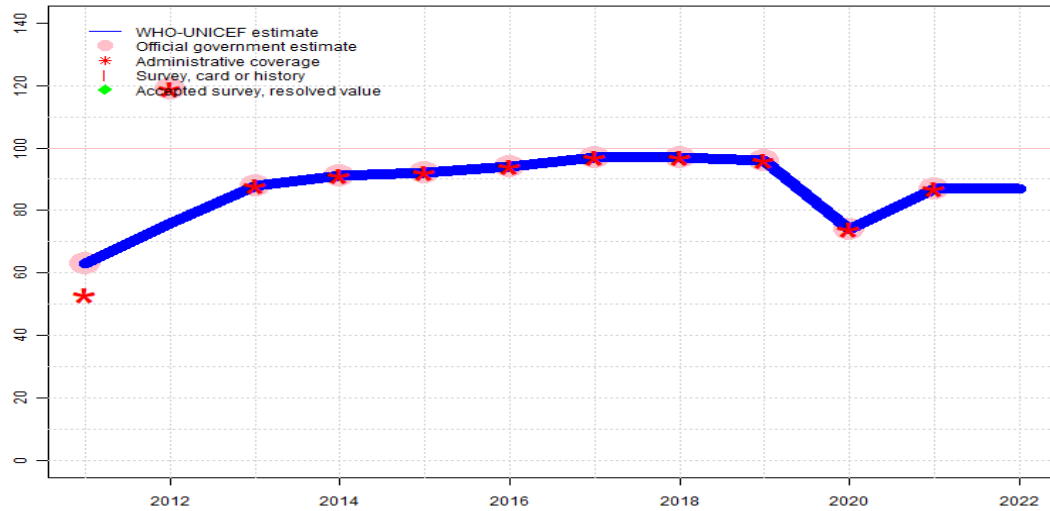
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

# Panama - PcV3

PAN - PcV3



## Description:

- 2022: Estimate informed by extrapolation from reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Estimate of 87 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate is based on decline in reported administrative coverage. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a two months vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a three-month vaccine stockout in 2016. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Changes in PcV schedule affected data reporting and coverage calculation. The recommended age is 2, 4 and 12 months. Coverage for the second dose of PcV is 91 percent. Data are not reported for the third dose. GoC=R+ D+
- 2013: Estimate informed by reported data. Changes in PcV schedule affected data reporting and coverage calculation. GoC=R+ D+
- 2012: Estimate informed by interpolation between reported data. Reported data excluded. Changes in PcV schedule affected data reporting and coverage calculation. Reported data excluded because 119 percent greater than 100 percent. Reported data excluded due to an increase from 63 percent to 119 percent with decrease 88 percent. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 78 percent. Estimate challenged by: D-
- 2011: Estimate informed by reported data. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	63	76	88	91	92	94	97	97	96	74	87	87
Estimate GoC	•	•	••	••	••	••	••	••	••	••	••	•
Official	63	119	88	91	92	94	97	97	96	74	87	NA
Administrative Survey	53	119	88	91	92	94	97	97	96	74	87	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

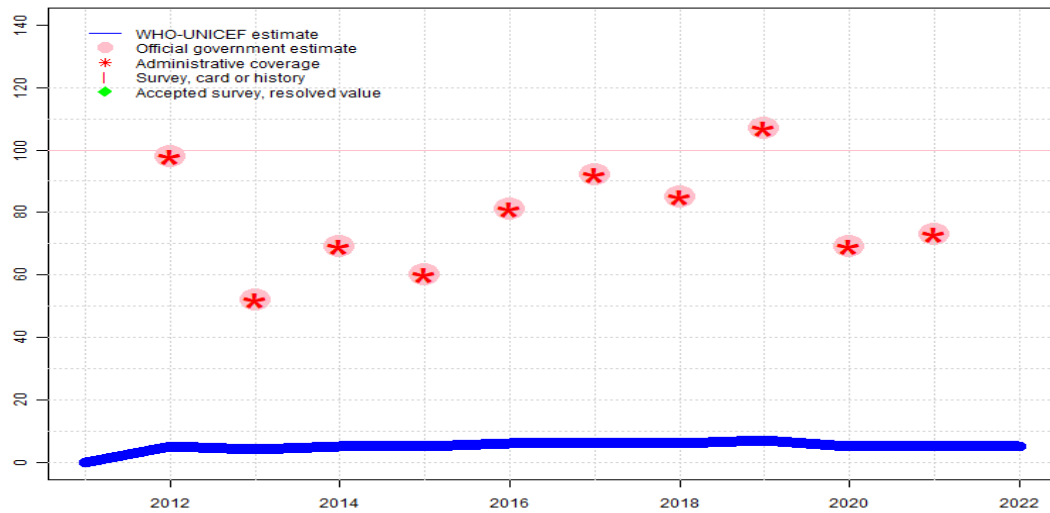
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

# Panama - YFV

PAN - YFV



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	0	5	4	5	5	6	6	6	7	5	5	5
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA	98	52	69	60	81	92	85	107	69	73	NA
Administrative	NA	98	52	69	60	81	92	85	107	69	73	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.

## Description:

- 2022: Estimate informed by extrapolation from prior year data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=No accepted empirical data
- 2021: Estimate based on extrapolation from prior year. Estimate challenged by: R-
- 2020: Programme reports 69 percent coverage reached in seven percent of the national birth cohort in the three regions at risk for yellow fever. Estimate is based on annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2019: Programme reports 107 percent coverage reached in seven percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. Reported data excluded because 107 percent greater than 100 percent. Reported data excluded due to an increase from 85 percent to 107 percent with decrease 69 percent. Estimate challenged by: R-
- 2018: Eighty-five percent coverage reached in seven percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2017: Ninety-two percent coverage reached in eight percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2016: Eighty-one percent coverage reached in eight percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2015: Sixty percent coverage reached in eight percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2014: Sixty-nine percent coverage reached in eight percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. GoC=Assigned by working group. .
- 2013: Fifty two percent coverage reached in seven percent of the national birth cohort. Reported data excluded due to decline in reported coverage from 98 percent to 52 percent with increase to 69 percent. GoC=Assigned by working group. .
- 2012: Ninety eight percent coverage achieved in five percent of the total population. Estimate is based on coverage achieved among the annualized total national birth cohort. GoC=Assigned by working group. .
- 2011: YFV introduced in 1974 for areas at risk. Data available are not sufficient to produce an estimate. Results from the 2013 Multiple Indicator Cluster Survey for the 2011 birth cohort suggest coverage of 80 percent. GoC=Assigned by working group. .



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