

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.

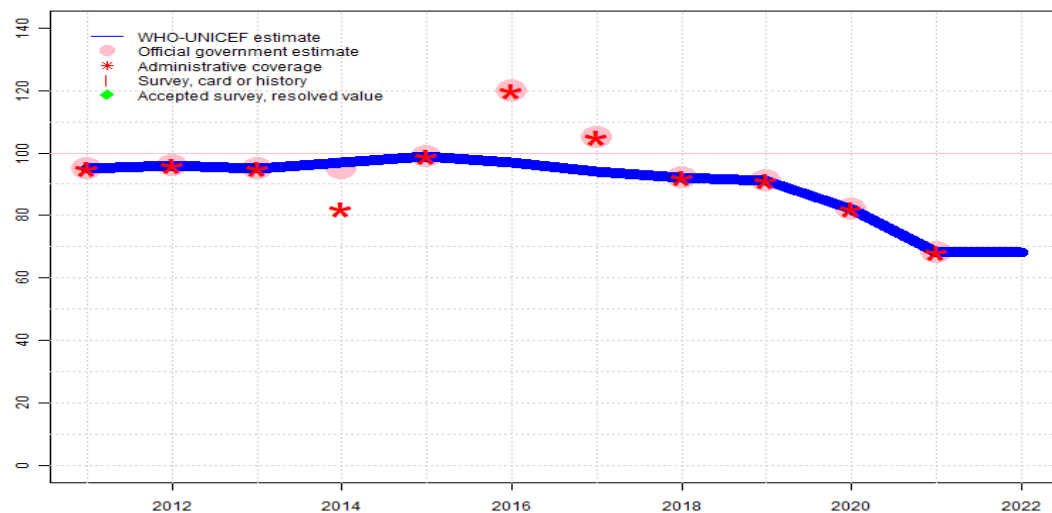
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

VEN - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	96	95	97	99	97	94	92	91	82	68	68
Estimate GoC	●●	●●	●●	●	●●	●	●●	●●	●●	●	●	●
Official	95	96	95	95	99	120	105	92	91	82	68	NA
Administrative	95	96	95	82	99	120	105	92	91	82	68	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.

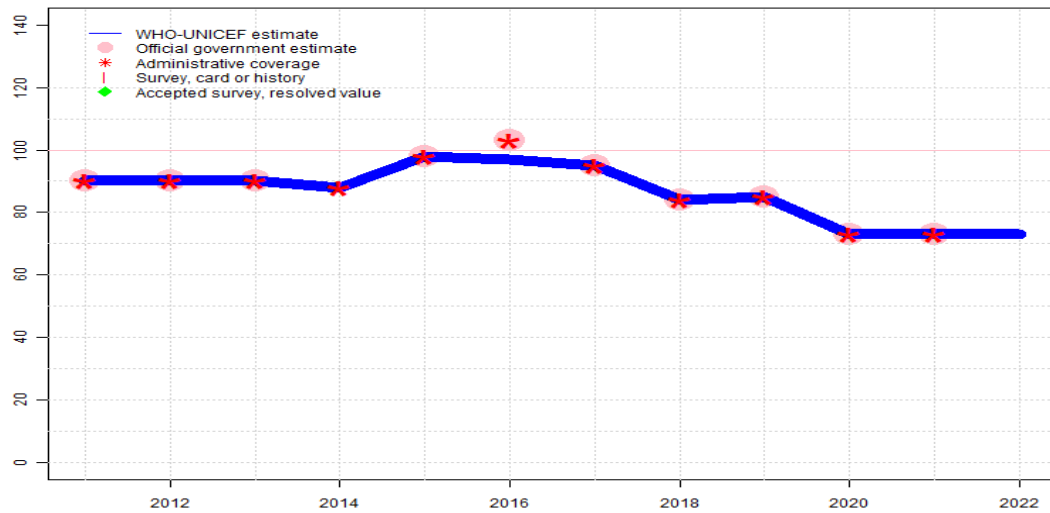
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate 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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved.. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded because 105 percent greater than 100 percent. Programme reports four months stockout of syringes. Programme reports six month vaccine stockout at national level. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded because 120 percent greater than 100 percent. Reported data excluded due to an increase from 99 percent to 120 percent with decrease 105 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 95 percent to 82 percent with increase to 99 percent. Reported official estimates are inconsistent with other vaccines and unexplained adjustment from the administrative coverage. 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+

Venezuela (Bolivarian Republic of) - DTP1

VEN - 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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. GoC=R+ D+
- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Programme reports a two months vaccine stockout at national and subnational levels. Estimate based on reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports four months stockout of syringes. Programme reports five month vaccine stockout at national level. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. Programme reports national level stockouts for unspecified duration. GoC=R+ D+
- 2015: Estimate informed by reported data. Increase in reported administrative coverage due in part to a change in the population source. Programme is now using results from the 2011 census. GoC=R+ D+
- 2014: Estimate informed by reported administrative 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. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	90	90	88	98	97	95	84	85	73	73	73
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●●	●
Official	90	90	90	NA	98	103	95	84	85	73	73	NA
Administrative	90	90	90	88	98	103	95	84	85	73	73	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

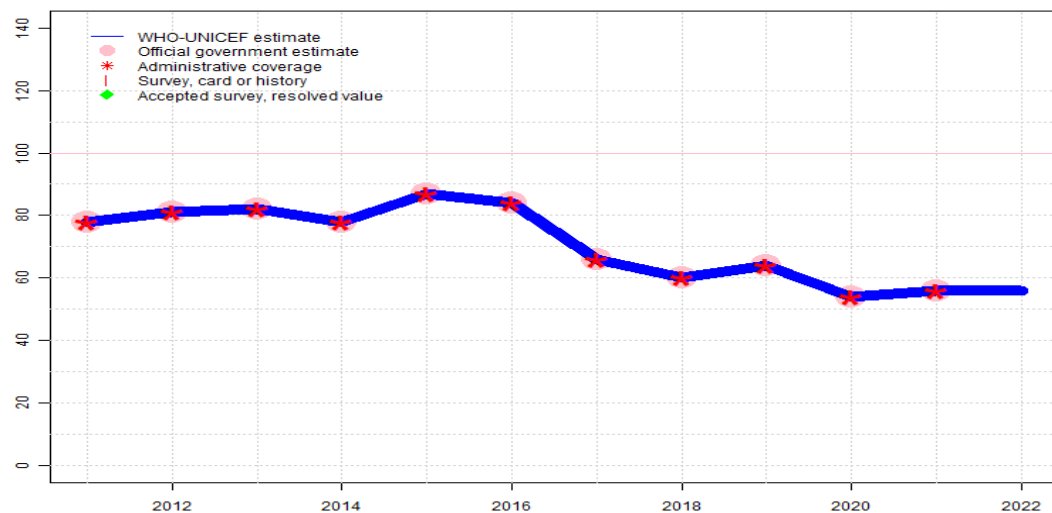
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While 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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Venezuela (Bolivarian Republic of) - DTP3

VEN - 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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Programme reports a two 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. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports four months stockout of syringes. Programme reports five month vaccine stockout at national level. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports national level stockouts for unspecified duration. GoC=R+ D+
- 2015: Estimate informed by reported data. Increase in reported administrative coverage due in part to a change in the population source. Programme is now using results from the 2011 census. 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. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	78	81	82	78	87	84	66	60	64	54	56	56
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	78	81	82	78	87	84	66	60	64	54	56	NA
Administrative	78	81	82	78	87	84	66	60	64	54	56	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

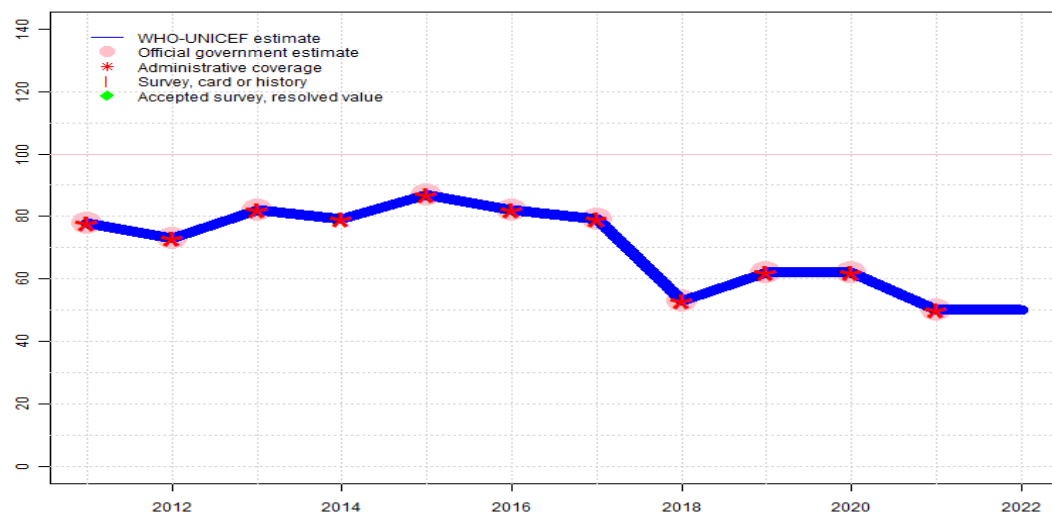
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Venezuela (Bolivarian Republic of) - Pol3

VEN - 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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved.. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports four months stockout of syringes. Programme reports five month vaccine stockout at national level. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Increase in reported administrative coverage due in part to a change in the population source. Programme is now using results from the 2011 census. GoC=R+ D+
- 2014: Estimate informed by reported administrative 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. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	78	73	82	79	87	82	79	53	62	62	50	50
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	78	73	82	NA	87	82	79	53	62	62	50	NA
Administrative	78	73	82	79	87	82	79	53	62	62	50	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

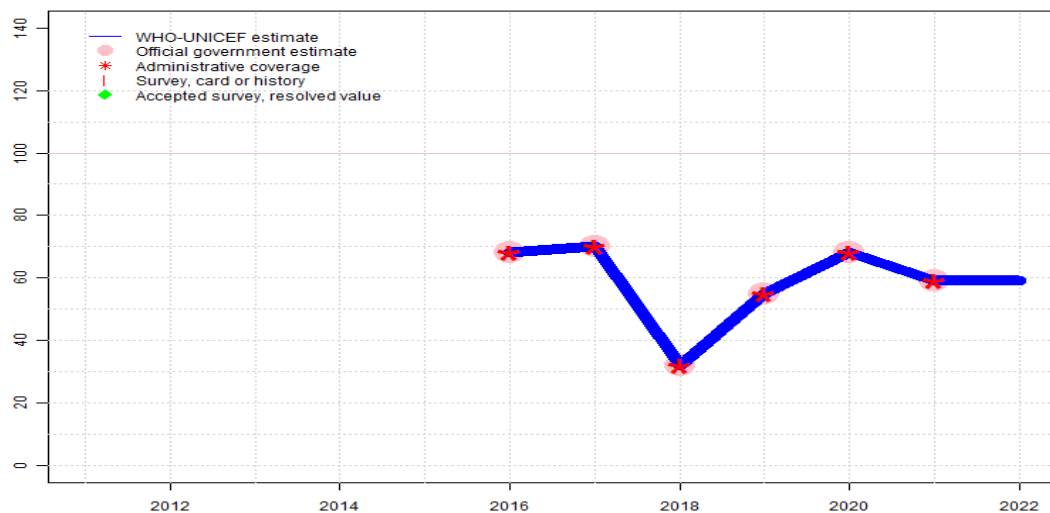
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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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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Venezuela (Bolivarian Republic of) - IPV1

VEN - IPV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	68	70	32	55	68	59	59
Estimate GoC	NA	NA	NA	NA	NA	••	••	••	••	•	•	•
Official	NA	NA	NA	NA	NA	68	70	32	55	68	59	NA
Administrative	NA	NA	NA	NA	NA	68	70	32	55	68	59	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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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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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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. Estimate challenged by: D-

2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Estimate based on reported data. Estimate challenged by: D-

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

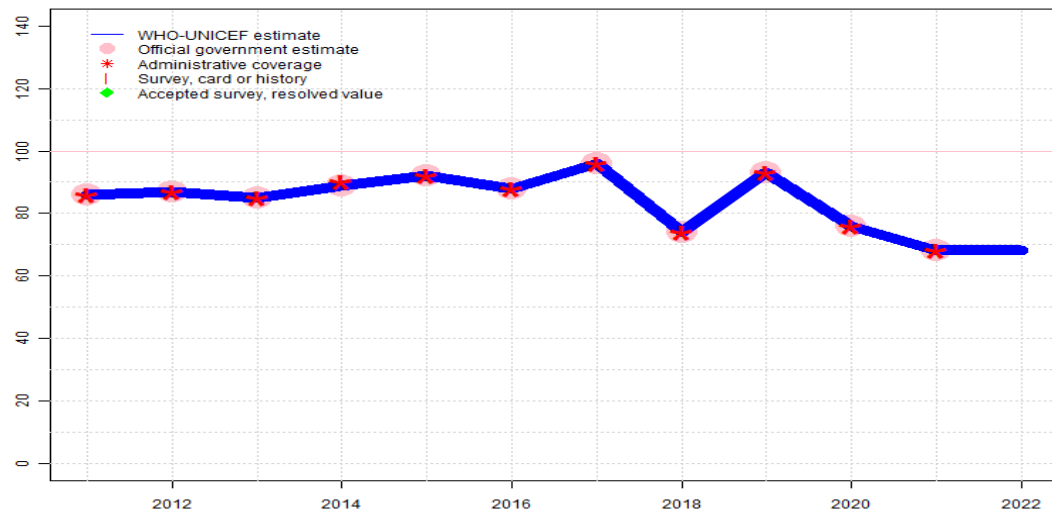
2018: Estimate informed by reported data. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+

2017: Estimate informed by reported data. Programme reports four months stockout of syringes. Programme reports six month vaccine stockout at national level. GoC=R+ D+

2016: Estimate informed by reported data. IPV introduced in 2016. Programme reports four months stockouts. GoC=R+ D+

Venezuela (Bolivarian Republic of) - MCV1

VEN - MCV1



Description:

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- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Estimate based on reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate based on reported data following recovery from prior year vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports six month vaccine stockout at national level. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports four months stockout of syringes. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Increase in reported administrative coverage due in part to a change in the population source. Programme is now using results from the 2011 census. 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. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	86	87	85	89	92	88	96	74	93	76	68	68
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	86	87	85	89	92	88	96	74	93	76	68	NA
Administrative	86	87	85	90	92	88	96	74	93	76	68	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

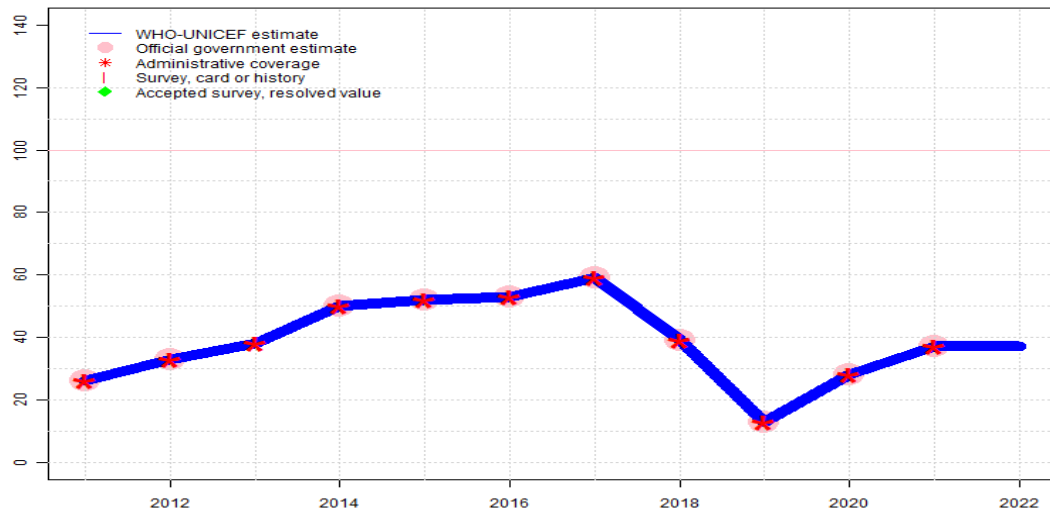
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Venezuela (Bolivarian Republic of) - MCV2

VEN - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	26	33	38	50	52	53	59	39	13	28	37	37
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	26	33	NA	50	52	53	59	39	13	28	37	NA
Administrative	26	33	38	50	52	53	59	39	13	28	37	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.

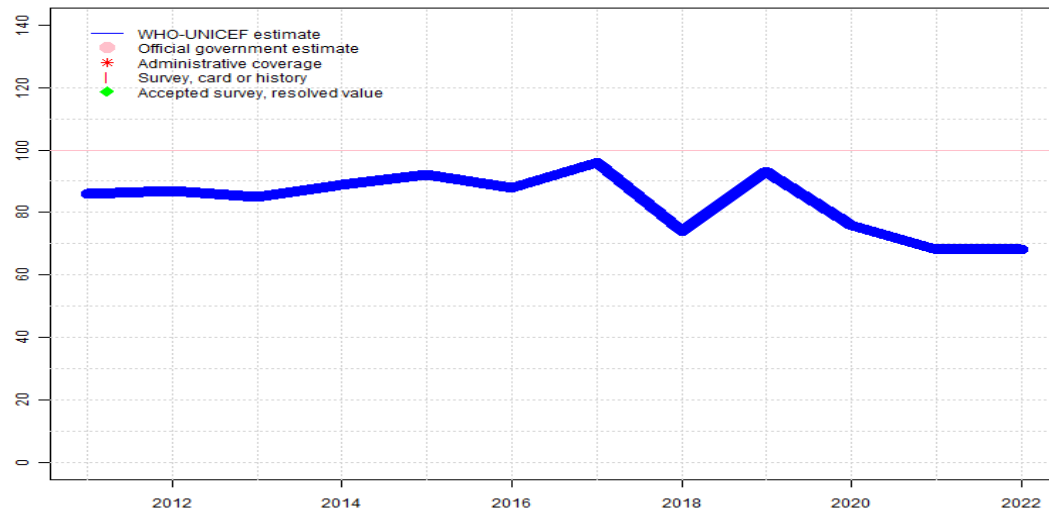
Description:

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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. GoC=R+ D+
- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Estimate based on reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. . GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports six month vaccine stockout at national level. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports four months stockout of syringes. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Increase in reported administrative coverage due in part to a change in the population source. Programme is now using results from the 2011 census. GoC=R+ D+
- 2014: Estimate informed by reported data. Second dose of measles containing vaccine introduction continues throughout the country. GoC=R+ D+
- 2013: Estimate informed by reported administrative data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. GoC=R+ D+

Venezuela (Bolivarian Republic of) - RCV1

VEN - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	86	87	85	89	92	88	96	74	93	76	68	68
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.

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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Estimate challenged by: D-

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

2018: Estimate based on estimated MCV1. Programme reports six month vaccine stockout at national level. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+

2017: Estimate based on estimated MCV1. Programme reports four months stockout of syringes. 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+

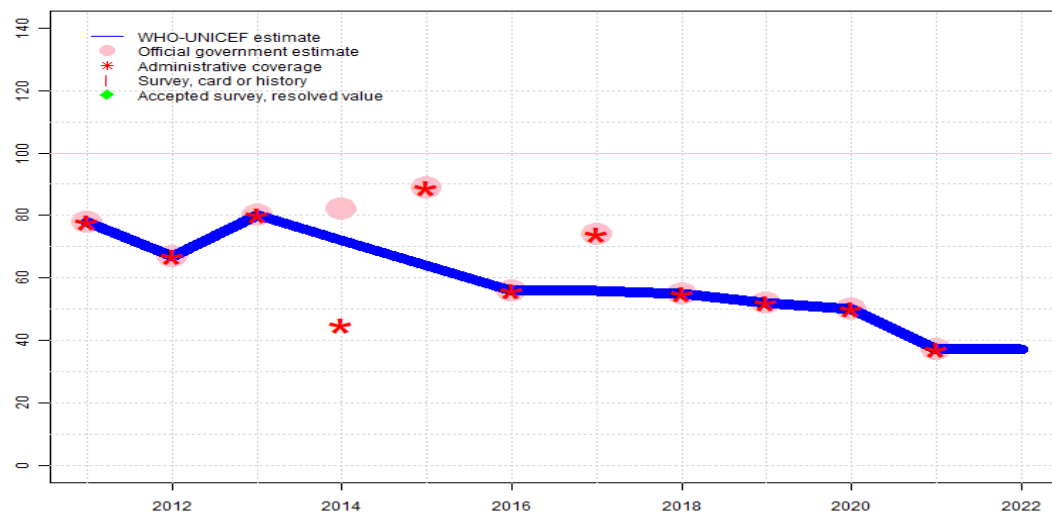
2013: Estimate based on estimated MCV1. GoC=R+ D+

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

2011: Estimate based on estimated MCV1. GoC=R+ D+

Venezuela (Bolivarian Republic of) - HepBB

VEN - HepBB



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	78	67	80	72	64	56	56	55	52	50	37	37
Estimate GoC	●●	●●	●●	●	●	●●	●	●●	●●	●●	●●	●
Official	78	67	80	82	89	56	74	55	52	50	37	NA
Administrative	78	67	80	45	89	56	74	55	52	50	37	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.

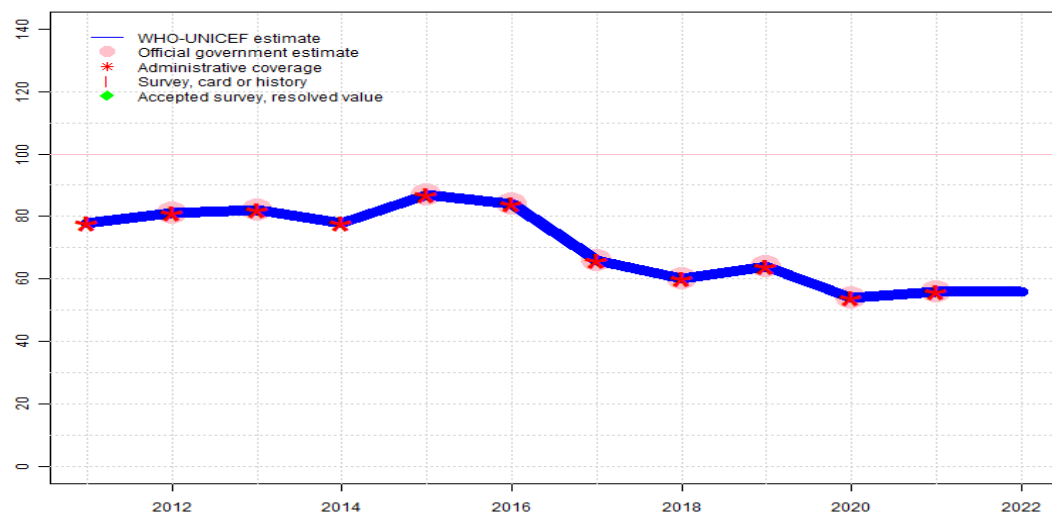
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by extrapolation from 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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. Programme reports six month vaccine stockout at national level. GoC=R+ D+
- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Programme reports a four 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. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 56 percent to 74 percent with decrease 55 percent. Programme reports four months stockout of syringes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported coverage in 2016 reflects doses delivered within 24 hours. Previous years are likely an overestimate of coverage within 24 hours. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 45 percent to 89 percent with decrease 56 percent. Estimate challenged by: D-
- 2014: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 80 percent to 45 percent with increase to 89 percent. Programme reports one month stockout of Hep B vaccine at national level. Reported official estimates are inconsistent with other vaccines and unexplained adjustment from the administrative coverage. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate is based on official government estimate. GoC=R+ D+
- 2012: Estimate informed by reported data. One month stockout reported at national level. GoC=R+ D+
- 2011: Estimate informed by reported data. GoC=R+ D+

Venezuela (Bolivarian Republic of) - HepB3

VEN - 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 is based on estimated DTP3 coverage. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Programme reports a two 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. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports four months stockout of syringes. Programme reports five month vaccine stockout at national level. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate is based on coverage for third dose of DTP containing vaccine. Estimate challenged by: R-
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported administrative data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	78	81	82	78	87	84	66	60	64	54	56	56
Estimate GoC	●●	●●	●●	●	●●	●●	●●	●●	●●	●●	●	●
Official	NA	81	82	NA	87	84	66	60	64	54	56	NA
Administrative	78	81	82	78	87	84	66	60	64	54	56	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

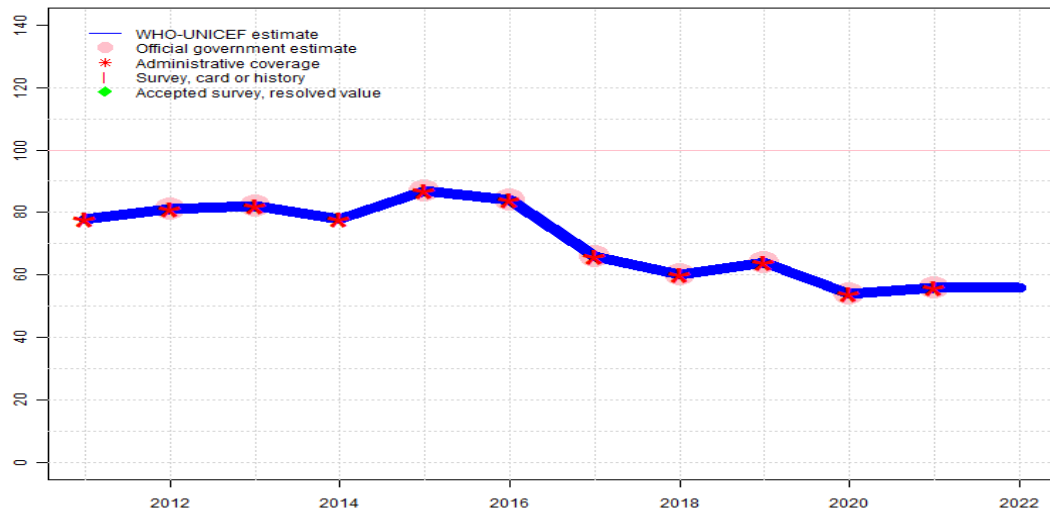
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Venezuela (Bolivarian Republic of) - Hib3

VEN - 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 is based on estimated DTP3 coverage. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Programme reports a two 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. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports four months stockout of syringes. Programme reports five month vaccine stockout at national level. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate is based on coverage for third dose of DTP containing vaccine. Estimate challenged by: R-
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported administrative data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	78	81	82	78	87	84	66	60	64	54	56	56
Estimate GoC	••	••	••	•	••	••	••	••	••	••	•	•
Official	NA	81	82	NA	87	84	66	60	64	54	56	NA
Administrative	78	81	82	78	87	84	66	60	64	54	56	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

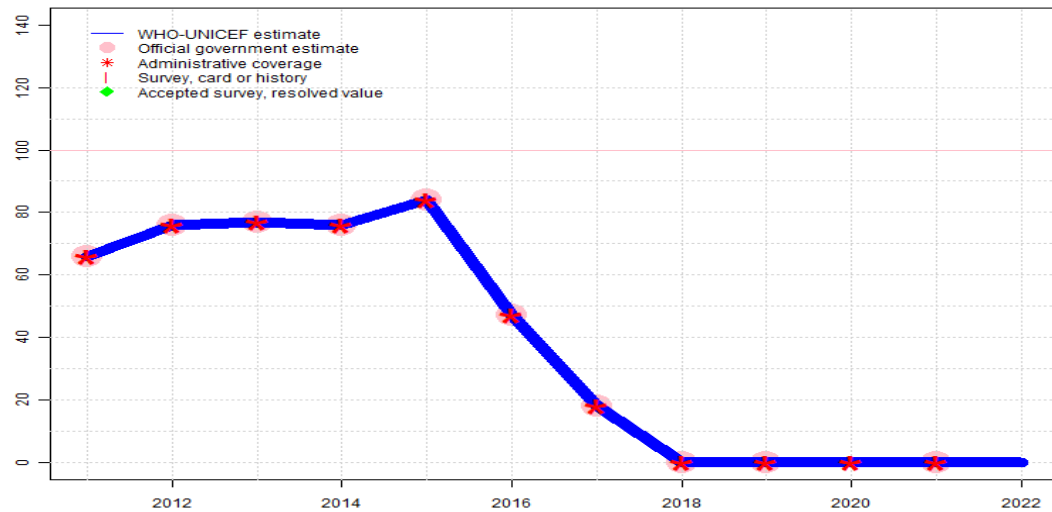
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Venezuela (Bolivarian Republic of) - RotaC

VEN - RotaC



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	66	76	77	76	84	47	18	0	0	0	0	0
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●
Official	66	76	77	76	84	47	18	0	0	NA	0	NA
Administrative	66	76	77	76	84	47	18	0	0	0	0	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.

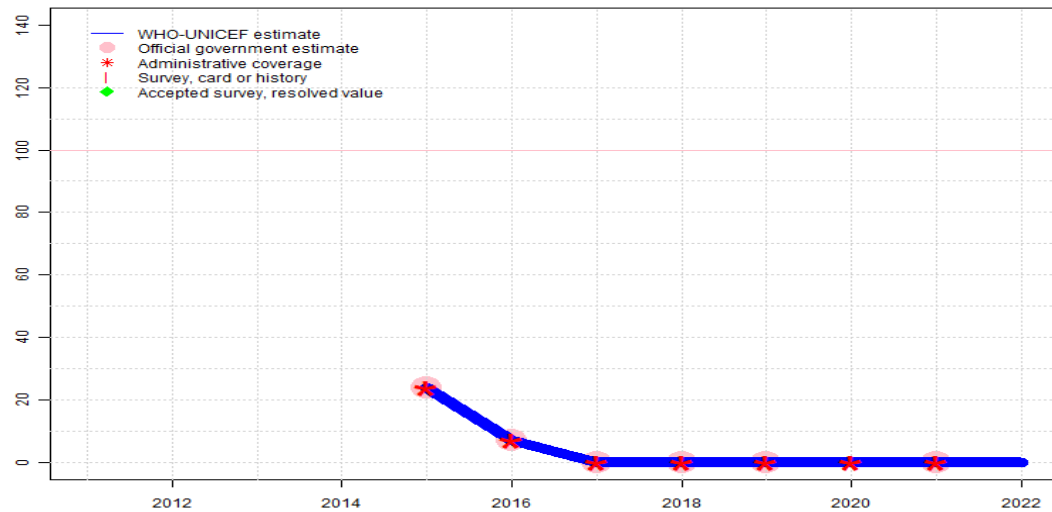
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by extrapolation from 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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. GoC=R+
- 2020: Estimate informed by reported administrative data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. GoC=R+
- 2019: Estimate informed by reported data. Programme reports twelve months of vaccine stockout. GoC=R+ D+
- 2018: Vaccine not available in 2018. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). Estimate challenged by: R-
- 2017: Estimate informed by reported data. Programme reports four months stockout of syringes. Vaccine not available in 2017. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports national level stockouts for three months period.. 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. GoC=R+ D+

Venezuela (Bolivarian Republic of) - PcV3

VEN - PcV3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	24	7	0	0	0	0	0	0
Estimate GoC	NA	NA	NA	NA	●●	●●	●●	●	●●	●●	●●	●
Official	NA	NA	NA	NA	24	7	0	0	0	NA	0	NA
Administrative	NA	NA	NA	NA	24	7	0	0	0	0	0	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.

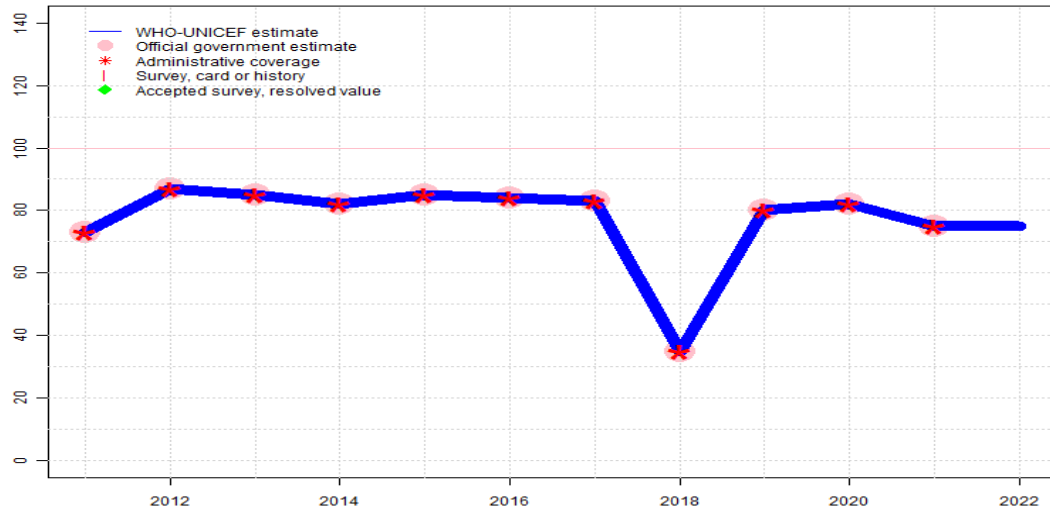
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by extrapolation from 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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. GoC=R+
- 2020: Estimate informed by reported administrative data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. GoC=R+
- 2019: Estimate informed by reported data. Programme reports twelve months of vaccine stockout. GoC=R+ D+
- 2018: Vaccine not available in 2018. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). Estimate challenged by: R-
- 2017: Estimate informed by reported data. Programme reports four months stockout of syringes. Vaccine not available in 2017. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports national level stockouts for 12 months period.. GoC=R+ D+
- 2015: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in 2014. Reporting began in 2015. GoC=R+ D+

Venezuela (Bolivarian Republic of) - YFV

VEN - YFV



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. Intensification activities were carried out to address declines in routine immunization, however, due to the pandemic, the objective was not achieved. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Reported data reflects stresses affecting the health system. Programme reports an eight month vaccine stockout of disposable syringes, five months for reconstitution syringes and of unknown duration for AD syringes at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. . GoC=R+ D+
- 2018: Estimate informed by reported data. Decline of reported data likely reflects disruption of health services due to economic and humanitarian crisis. Programme reports stockout of vaccine delivery supplies (syringes). GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports ten month vaccine stockout at national level. Programme reports four months stockout of syringes. 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. Estimate based on reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. Despite continued stockout of two months, yellow fever vaccine coverage increases. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	73	87	85	82	85	84	83	35	80	82	75	75
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	73	87	85	82	85	84	83	35	80	82	75	NA
Administrative	73	87	85	82	85	84	83	35	80	82	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.

Venezuela (Bolivarian Republic of) - survey details

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.

1999 Encuesta MICS-Venezuela 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	90	12-23 m	-	-
DTP1	Card or History	88.2	12-23 m	-	-
DTP3	Card or History	58.6	12-23 m	-	-
MCV1	Card or History	57.2	12-23 m	-	-
Pol1	Card or History	81.1	12-23 m	-	-
Pol3	Card or History	39.9	12-23 m	-	-

Venezuela (Bolivarian Republic of) - survey details

Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>