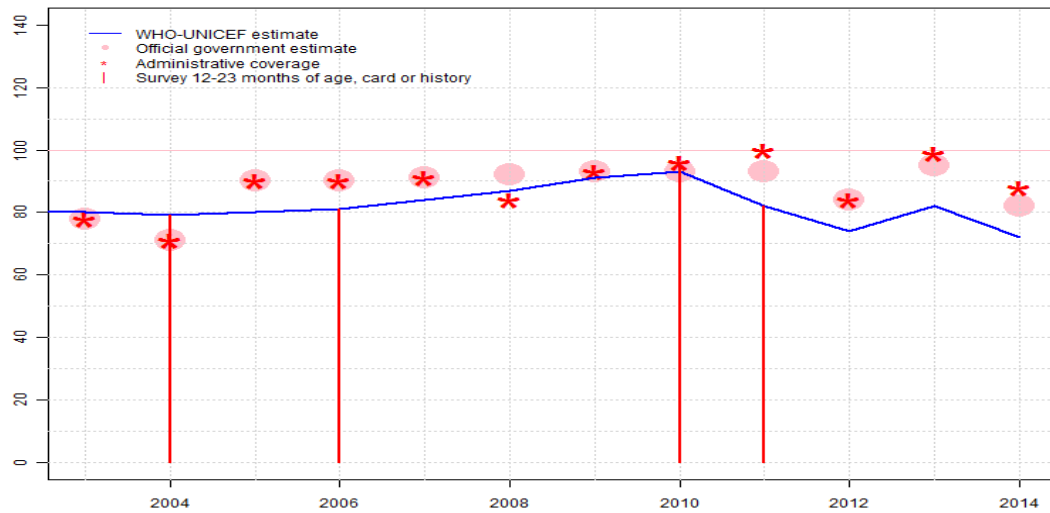


Guinea - BCG

GIN - BCG



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 80 | 79 | 80 | 81 | 84 | 87 | 91 | 93 | 82 | 74 | 82 | 72 |
| Estimate GoC | • | • | • | • | •• | •• | •• | ••• | • | • | • | • |
| Official | 78 | 71 | 90 | 90 | 91 | 92 | 93 | 93 | 93 | 84 | 95 | 82 |
| Administrative | 78 | 71 | 90 | 90 | 91 | 84 | 93 | 96 | 100 | 84 | 99 | 88 |
| Survey | NA | 79 | NA | 81 | NA | NA | NA | 96 | 82 | 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: 2012 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.

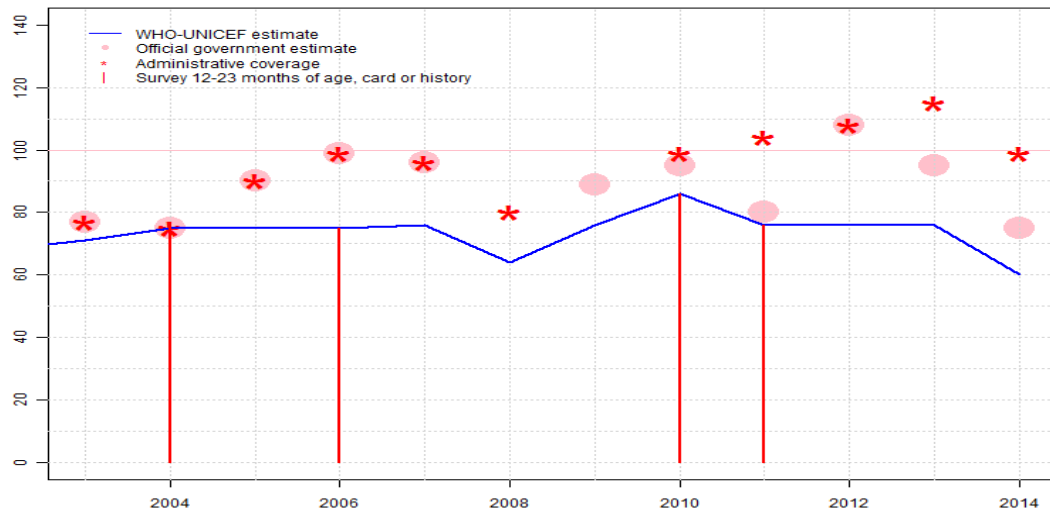
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2003: Estimate based on interpolation between 1999 and 2004 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: R-
- 2004: Estimate is based on survey results Estimate challenged by: D-R-
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: R-
- 2006: Estimate is based on survey results Estimate challenged by: R-
- 2007: Reported data calibrated to 2006 and 2010 levels. GoC=S+ D+
- 2008: Reported data calibrated to 2006 and 2010 levels. One-month vaccine shortage reported. Nationally reported data not sufficient to calculate stock-out adjustment. GoC=S+ D+
- 2009: Reported data calibrated to 2006 and 2010 levels. GoC=S+ D+
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Decline in coverage may be attributable to 4 months vaccine shortage in all districts. Estimate follows trend in administrative coverage. Estimate of 74 percent changed from previous revision value of 66 percent. Estimate challenged by: D-
- 2013: Estimate is based on extrapolation from survey. Reported data excluded. Unexplained increase from 84 percent to 99 percent with decrease 82 percent. Estimate follows trend in administrative coverage. Estimate of 82 percent changed from previous revision value of 66 percent. Estimate challenged by: D-R-
- 2014: Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Reported data excluded. Change in reported coverage from 99 level to 82 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

Guinea - DTP1

GIN - DTP1



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 71 | 75 | 75 | 75 | 76 | 64 | 76 | 86 | 76 | 76 | 76 | 60 |
| Estimate GoC | • | ••• | • | • | • | • | • | • | • | • | • | • |
| Official | 77 | 75 | 90 | 99 | 96 | NA | 89 | 95 | 80 | 108 | 95 | 75 |
| Administrative | 77 | 75 | 90 | 99 | 96 | 80 | NA | 99 | 104 | 108 | 115 | 99 |
| Survey | NA | 77 | NA | 75 | NA | NA | NA | 86 | 76 | 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: 2012 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.

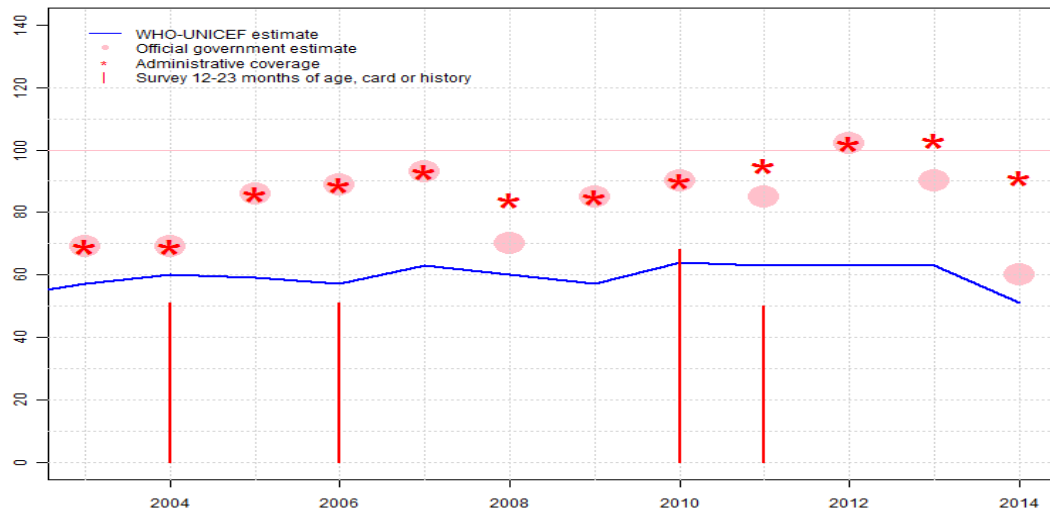
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2003: Estimate based on interpolation between 1999 and 2004 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: R-
- 2004: Estimate based on coverage reported by national government supported by survey. Survey evidence of 77 percent based on 1 survey(s). GoC=R+ S+ D+
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-
- 2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2008: Reported data calibrated to 2006 and 2010 levels. One-month vaccine shortage reported. Nationally reported data not sufficient to calculate stock-out adjustment. Estimate challenged by: D-
- 2009: Reported data calibrated to 2006 and 2010 levels. GoC=Assigned by working group. Number of children vaccinated not reported; unable to recalculate coverage using an independent denominator.
- 2010: Estimate is based on survey results. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 76 percent based on 1 survey(s). Reported data excluded. 104 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. 108 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-
- 2013: Estimate is based on extrapolation from survey. Reported data excluded. 115 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2014: Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Reported data excluded. Change in reported coverage from 115 level to 75 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

Guinea - DTP3

GIN - DTP3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 57 | 60 | 59 | 57 | 63 | 60 | 57 | 64 | 63 | 63 | 63 | 51 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 69 | 69 | 86 | 89 | 93 | 70 | 85 | 90 | 85 | 102 | 90 | 60 |
| Administrative | 69 | 69 | 86 | 89 | 93 | 84 | 85 | 90 | 95 | 102 | 103 | 91 |
| Survey | NA | 51 | NA | 51 | NA | NA | NA | 68 | 50 | 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: 2012 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:

- 2003: Estimate based on interpolation between 1999 and 2004 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: R-
- 2004: Estimate is based on survey results Guinea Demographic and Health Survey 2005 card or history results of 51 percent modified for recall bias to 60 percent based on 1st dose card or history coverage of 77 percent, 1st dose card only coverage of 51 percent and 3d dose card only coverage of 40 percent. Estimate challenged by: R-
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-
- 2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 57 percent based on 1 survey(s). Guinea 2008 National Survey on Nutrition and Principal Indicators of Child Survival, Preliminary Report card or history results of 51 percent modified for recall bias to 57 percent based on 1st dose card or history coverage of 75 percent, 1st dose card only coverage of 47 percent and 3d dose card only coverage of 36 percent. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2008: Reported data calibrated to 2006 and 2010 levels. Reported data excluded. Decline in reported coverage from 93 percent to 70 percent with increase to 85 percent. One-month vaccine shortage reported. Nationally reported data not sufficient to calculate stock-out adjustment. Estimate challenged by: D-
- 2009: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Guinea EPI External Review 2011 card or history results of 68 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 47 percent. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 50 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 40 percent and 3d dose card only coverage of 33 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded.

Guinea - DTP3

102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-

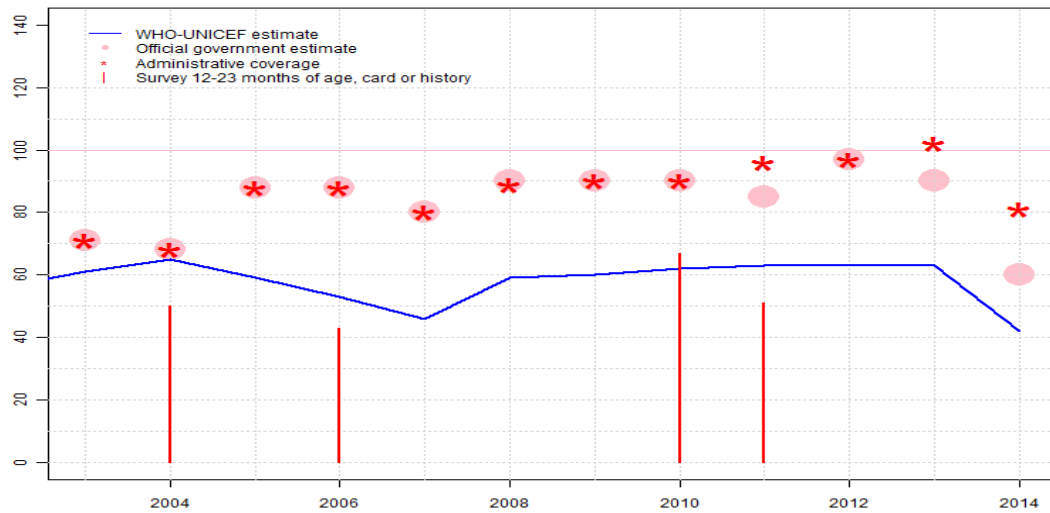
2013: Estimate is based on extrapolation from survey. Reported data excluded.

103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

2014: Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Reported data excluded. Change in reported coverage from 103 level to 60 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

Guinea - Pol3

GIN - Pol3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 61 | 65 | 59 | 53 | 46 | 59 | 60 | 62 | 63 | 63 | 63 | 42 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 71 | 68 | 88 | 88 | 80 | 90 | 90 | 90 | 85 | 97 | 90 | 60 |
| Administrative | 71 | 68 | 88 | 88 | 80 | 89 | 90 | 90 | 96 | 97 | 102 | 81 |
| Survey | NA | 50 | NA | 43 | NA | NA | NA | 67 | 51 | 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: 2012 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:

- 2003: Estimate based on interpolation between 1999 and 2004 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: R-
- 2004: Estimate is based on survey results Guinea Demographic and Health Survey 2005 card or history results of 50 percent modified for recall bias to 65 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 52 percent and 3d dose card only coverage of 41 percent. Estimate challenged by: R-
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-
- 2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 53 percent based on 1 survey(s). Guinea 2008 National Survey on Nutrition and Principal Indicators of Child Survival, Preliminary Report card or history results of 43 percent modified for recall bias to 53 percent based on 1st dose card or history coverage of 67 percent, 1st dose card only coverage of 47 percent and 3d dose card only coverage of 37 percent. Estimate challenged by: D-R-
- 2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 53 percent based on 1 survey(s). Guinea 2008 National Survey on Nutrition and Principal Indicators of Child Survival, Preliminary Report card or history results of 43 percent modified for recall bias to 53 percent based on 1st dose card or history coverage of 67 percent, 1st dose card only coverage of 47 percent and 3d dose card only coverage of 37 percent. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2008: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2009: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-S-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Guinea EPI External Review 2011 card or history results of 67 percent modified for recall bias to 62 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 46 percent. Estimate challenged by: D-R-S-
- 2011: Estimate is based on DTP3 level. Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results may reflect doses received during campaign. Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or

Guinea - Pol3

history results of 51 percent modified for recall bias to 72 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 42 percent and 3d dose card only coverage of 36 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

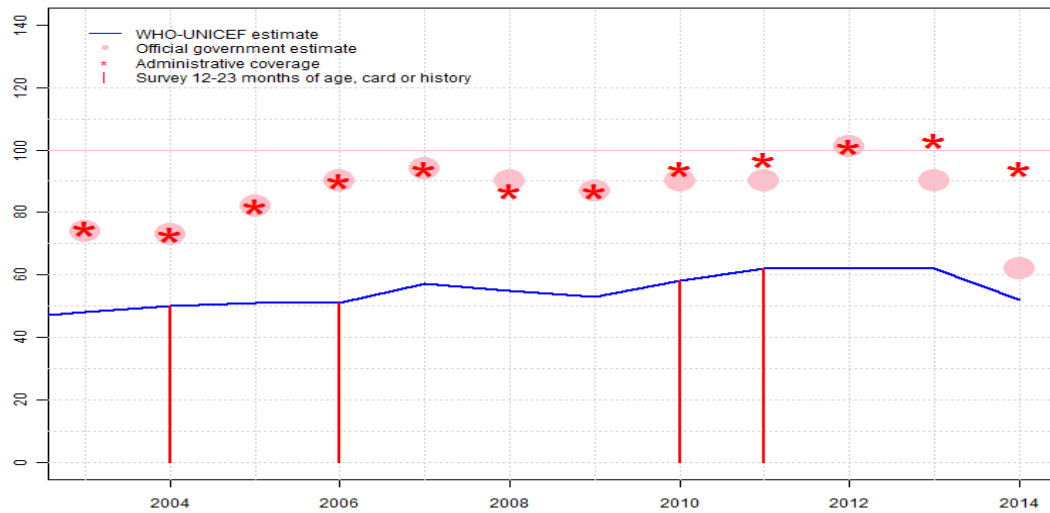
2012: Reported data calibrated to 2011 and 2013 levels. Estimate follows trend in administrative coverage. Estimate of 63 percent changed from previous revision value of 64 percent. Estimate challenged by: D-S-

2013: Estimate is based on extrapolation from survey. Reported data excluded. 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate of 63 percent changed from previous revision value of 64 percent. Estimate challenged by: D-R-S-

2014: Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Reported data excluded. Change in reported coverage from 102 level to 60 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Programme reports a three month stock-out at the national level. Estimate challenged by: D-R-

Guinea - MCV1

GIN - MCV1



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 48 | 50 | 51 | 51 | 57 | 55 | 53 | 58 | 62 | 62 | 62 | 52 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 74 | 73 | 82 | 90 | 94 | 90 | 87 | 90 | 90 | 101 | 90 | 62 |
| Administrative | 75 | 73 | 82 | 90 | 94 | 87 | 87 | 94 | 97 | 101 | 103 | 94 |
| Survey | NA | 50 | NA | 51 | NA | NA | NA | 58 | 62 | 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.

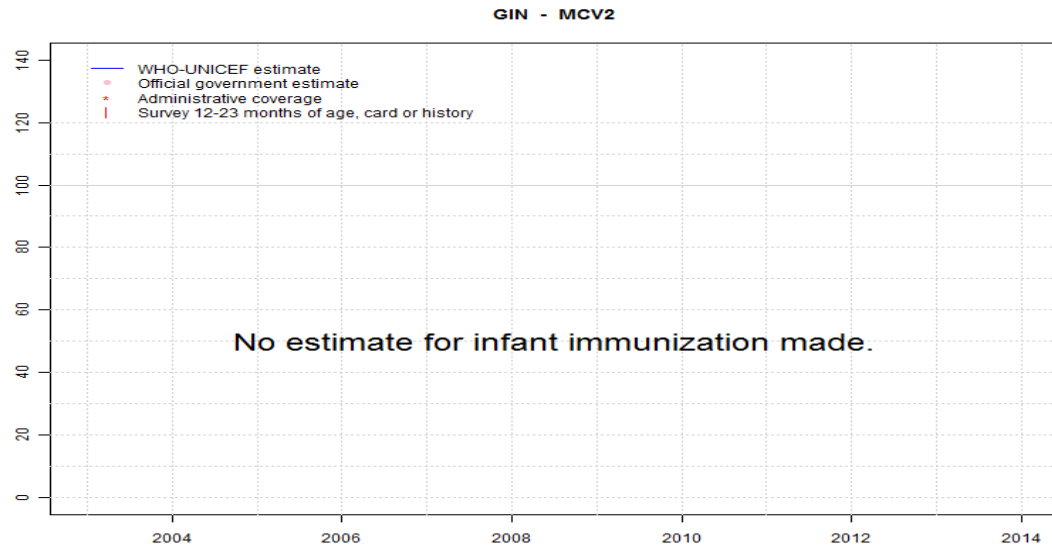
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2003: Estimate based on interpolation between 1999 and 2004 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-
- 2004: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 50 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-
- 2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 51 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2008: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2009: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 58 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. 101 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-
- 2013: Estimate is based on extrapolation from survey. Reported data excluded. 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2014: Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Reported data excluded. Change in reported coverage from 103 level to 62 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

Guinea - MCV2



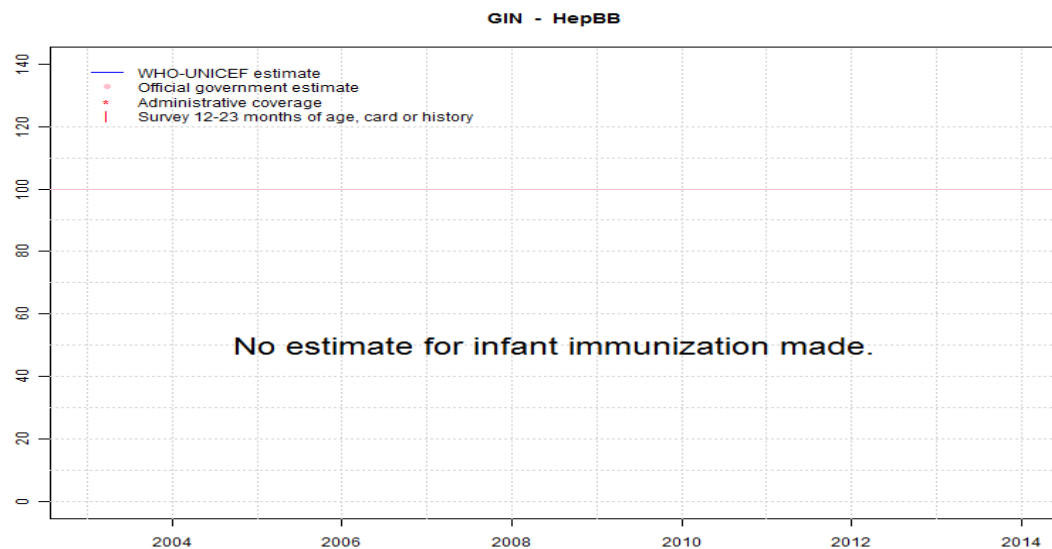
| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Official | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 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.

Guinea - HepBB



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Official | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

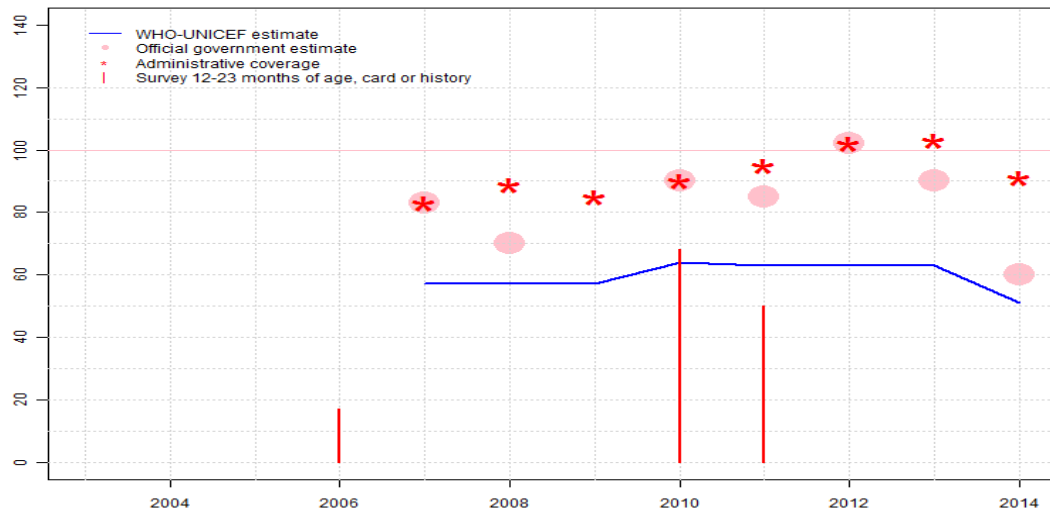
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 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.

Guinea - HepB3

GIN - HepB3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | 57 | 57 | 57 | 64 | 63 | 63 | 63 | 51 |
| Estimate GoC | NA | NA | NA | NA | • | • | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | 83 | 70 | NA | 90 | 85 | 102 | 90 | 60 |
| Administrative | NA | NA | NA | NA | 83 | 89 | 85 | 90 | 95 | 102 | 103 | 91 |
| Survey | NA | NA | NA | 17 | NA | NA | NA | 68 | 50 | 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: 2012 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.

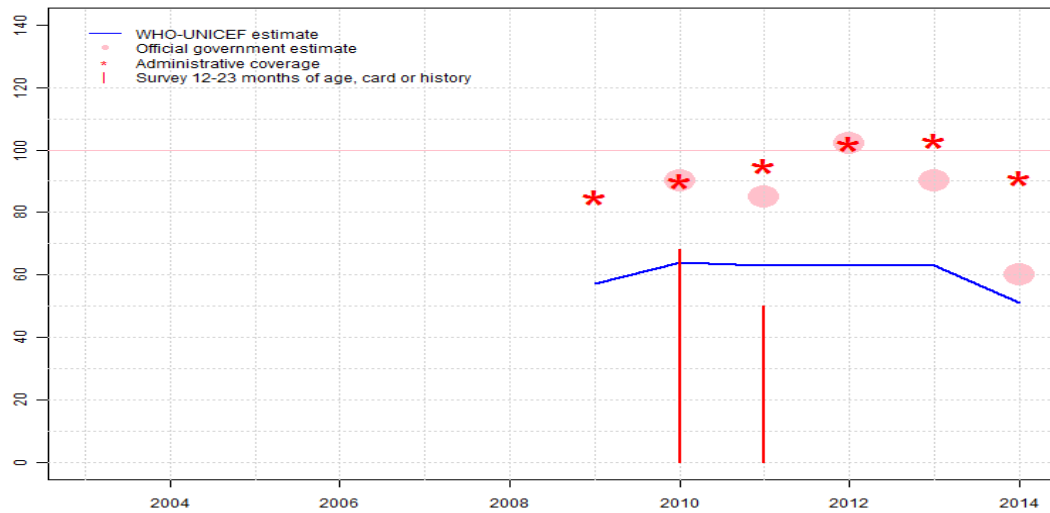
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2007: Estimate is based on DTP3 levels of coverage. HepB introduced in 2006. Reporting started in 2007. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2007 and 2009 levels. Reported data excluded. Decline in reported coverage from 83 percent to 70 percent with increase to 85 percent. Estimate challenged by: D-
- 2009: Estimate is based on DTP3 levels of coverage. Estimate challenged by: D-R-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Guinea EPI External Review 2011 card or history results of 68 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 47 percent. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 50 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 40 percent and 3d dose card only coverage of 33 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-
- 2013: Estimate is based on extrapolation from survey. Reported data excluded. 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2014: Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Reported data excluded. Decline in reported coverage from 103 level to 60 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

Guinea - Hib3

GIN - Hib3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | 57 | 64 | 63 | 63 | 63 | 51 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | NA | NA | NA | 90 | 85 | 102 | 90 | 60 |
| Administrative | NA | NA | NA | NA | NA | NA | 85 | 90 | 95 | 102 | 103 | 91 |
| Survey | NA | NA | NA | NA | NA | NA | NA | 68 | 50 | 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.

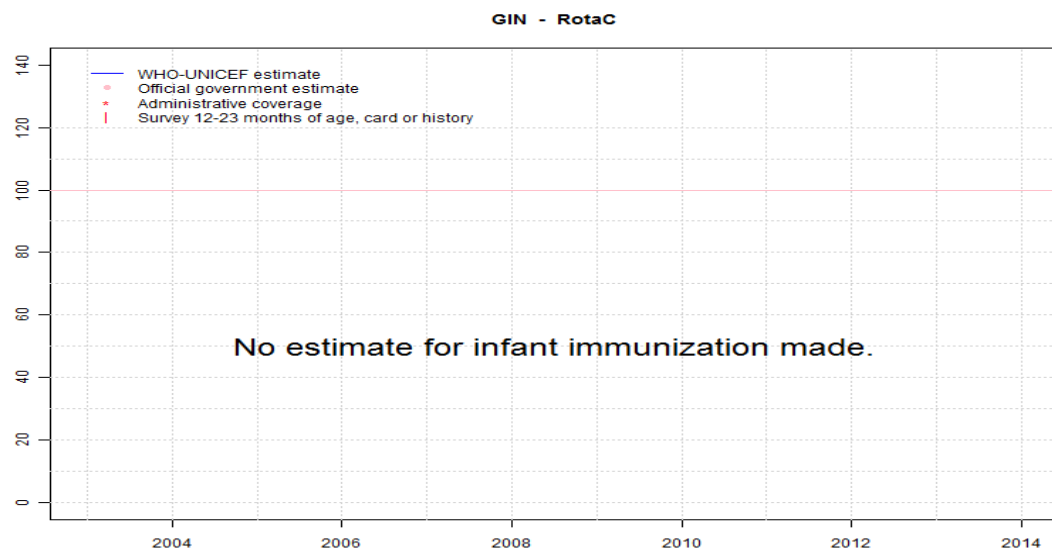
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2009: Estimate is based on DTP3 levels of coverage. Hib vaccine introduced in 2008. Reporting started in 2009. Vaccine presentation is DTP-HepB-Hib. Estimate challenged by: D-R-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Guinea EPI External Review 2011 card or history results of 68 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 47 percent. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 50 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 40 percent and 3d dose card only coverage of 33 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-
- 2013: Estimate is based on extrapolation from survey. Reported data excluded. 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2014: Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Reported data excluded. Decline in reported coverage from 103 level to 60 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

Guinea - RotaC



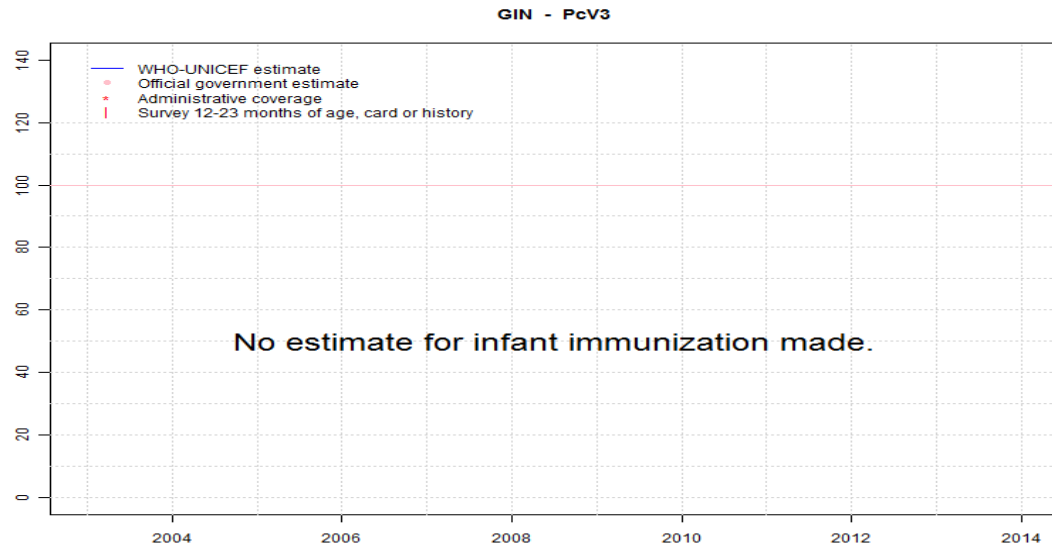
| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Official | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 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.

Guinea - PcV3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Official | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

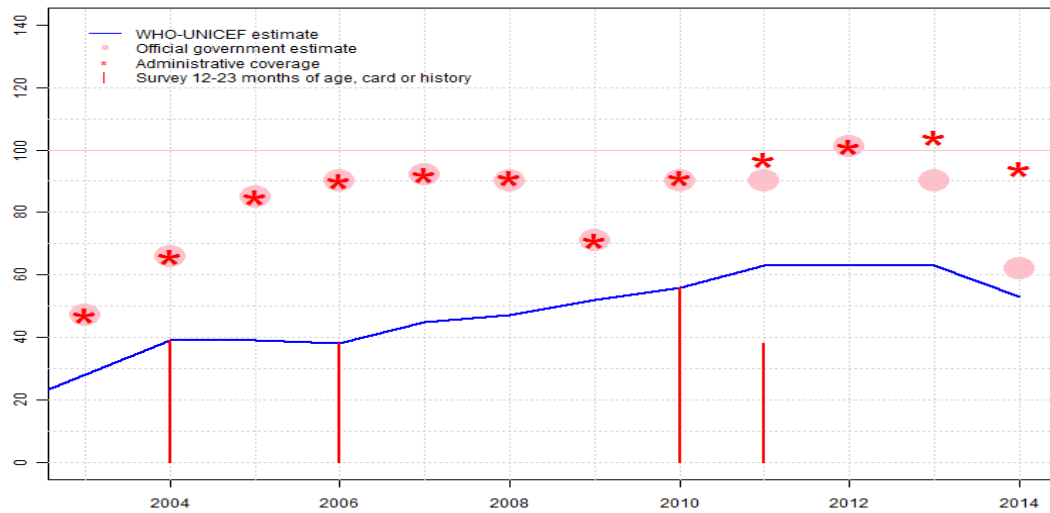
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 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.

Guinea - YFV

GIN - YFV



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 28 | 39 | 39 | 38 | 45 | 47 | 52 | 56 | 63 | 63 | 63 | 53 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 47 | 66 | 85 | 90 | 92 | 90 | 71 | 90 | 90 | 101 | 90 | 62 |
| Administrative | 47 | 66 | 85 | 90 | 92 | 91 | 71 | 91 | 97 | 101 | 104 | 94 |
| Survey | NA | 39 | NA | 38 | NA | NA | NA | 56 | 38 | 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: 2012 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:

- 2003: Estimate based on interpolation between 2002 and 2004 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-
- 2004: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 39 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-
- 2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 38 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2008: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-
- 2009: Reported data calibrated to 2006 and 2010 levels. Reported data excluded. Decline in reported coverage from 90 percent to 71 percent with increase to 90 percent. Estimate challenged by: D-S-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 56 percent based on 1 survey(s). Estimate challenged by: D-R-S-
- 2011: Reported data calibrated to 2010 and 2013 levels. Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results for YFV are inconsistent with those for measles which is recommended around the same time. Estimate follows trend in administrative coverage. Estimate challenged by: D-S-
- 2012: Reported data calibrated to 2010 and 2013 levels. Reported data excluded. 101 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-S-
- 2013: Estimate is based on extrapolation from survey. Reported data excluded. 104 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2014: Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Reported data excluded. Change in reported coverage from 104 level to 62 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

Guinea - survey details

2011 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 82 | 12-23 m | 1296 | 44 |
| BCG | Card | 43 | 12-23 m | 570 | 44 |
| BCG | Card or History | 82 | 12-23 m | 1296 | 44 |
| BCG | History | 39 | 12-23 m | 726 | 44 |
| DTP1 | C or H <12 months | 75 | 12-23 m | 1296 | 44 |
| DTP1 | Card | 40 | 12-23 m | 570 | 44 |
| DTP1 | Card or History | 76 | 12-23 m | 1296 | 44 |
| DTP1 | History | 36 | 12-23 m | 726 | 44 |
| DTP3 | C or H <12 months | 47 | 12-23 m | 1296 | 44 |
| DTP3 | Card | 33 | 12-23 m | 570 | 44 |
| DTP3 | Card or History | 50 | 12-23 m | 1296 | 44 |
| DTP3 | History | 17 | 12-23 m | 726 | 44 |
| HepB1 | C or H <12 months | 75 | 12-23 m | 1296 | 44 |
| HepB1 | Card | 40 | 12-23 m | 570 | 44 |
| HepB1 | Card or History | 76 | 12-23 m | 1296 | 44 |
| HepB1 | History | 36 | 12-23 m | 726 | 44 |
| HepB3 | C or H <12 months | 47 | 12-23 m | 1296 | 44 |
| HepB3 | Card | 33 | 12-23 m | 570 | 44 |
| HepB3 | Card or History | 50 | 12-23 m | 1296 | 44 |
| HepB3 | History | 17 | 12-23 m | 726 | 44 |
| Hib1 | C or H <12 months | 75 | 12-23 m | 1296 | 44 |
| Hib1 | Card | 40 | 12-23 m | 570 | 44 |
| Hib1 | Card or History | 76 | 12-23 m | 1296 | 44 |
| Hib1 | History | 36 | 12-23 m | 726 | 44 |
| Hib3 | C or H <12 months | 47 | 12-23 m | 1296 | 44 |
| Hib3 | Card | 33 | 12-23 m | 570 | 44 |
| Hib3 | Card or History | 50 | 12-23 m | 1296 | 44 |
| Hib3 | History | 17 | 12-23 m | 726 | 44 |
| MCV1 | C or H <12 months | 50 | 12-23 m | 1296 | 44 |
| MCV1 | Card | 32 | 12-23 m | 570 | 44 |
| MCV1 | Card or History | 62 | 12-23 m | 1296 | 44 |
| MCV1 | History | 30 | 12-23 m | 726 | 44 |
| Pol1 | C or H <12 months | 84 | 12-23 m | 1296 | 44 |
| Pol1 | Card | 42 | 12-23 m | 570 | 44 |
| Pol1 | Card or History | 84 | 12-23 m | 1296 | 44 |

| | | | | | |
|------|-------------------|----|---------|------|----|
| Pol1 | History | 42 | 12-23 m | 726 | 44 |
| Pol3 | C or H <12 months | 49 | 12-23 m | 1296 | 44 |
| Pol3 | Card | 36 | 12-23 m | 570 | 44 |
| Pol3 | Card or History | 51 | 12-23 m | 1296 | 44 |
| Pol3 | History | 15 | 12-23 m | 726 | 44 |
| YFV | C or H <12 months | 31 | 12-23 m | 1296 | 44 |
| YFV | Card | 11 | 12-23 m | 570 | 44 |
| YFV | Card or History | 38 | 12-23 m | 1296 | 44 |
| YFV | History | 26 | 12-23 m | 726 | 44 |

2010 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 82 | 24-35 m | 1192 | 44 |
| DTP1 | C or H <12 months | 74 | 24-35 m | 1192 | 44 |
| DTP3 | C or H <12 months | 48 | 24-35 m | 1192 | 44 |
| HepB1 | C or H <12 months | 74 | 24-35 m | 1192 | 44 |
| HepB3 | C or H <12 months | 48 | 24-35 m | 1192 | 44 |
| Hib1 | C or H <12 months | 74 | 24-35 m | 1192 | 44 |
| Hib3 | C or H <12 months | 48 | 24-35 m | 1192 | 44 |
| MCV1 | C or H <12 months | 54 | 24-35 m | 1192 | 44 |
| Pol1 | C or H <12 months | 86 | 24-35 m | 1192 | 44 |
| Pol3 | C or H <12 months | 50 | 24-35 m | 1192 | 44 |
| YFV | C or H <12 months | 29 | 24-35 m | 1192 | 44 |

2010 Revue externe du programme élargi de vaccination de la Guinée, 2011

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card | 91 | 12-23 m | 8418 | 75 |
| BCG | Card or History | 96 | 12-23 m | 8418 | 75 |
| DTP1 | Card | 63 | 12-23 m | 8418 | 75 |
| DTP1 | Card or History | 86 | 12-23 m | 8418 | 75 |
| DTP3 | Card | 47 | 12-23 m | 8418 | 75 |
| DTP3 | Card or History | 68 | 12-23 m | 8418 | 75 |
| HepB1 | Card | 63 | 12-23 m | 8418 | 75 |

Guinea - survey details

| | | | | | |
|-------|-----------------|----|---------|------|----|
| HepB1 | Card or History | 86 | 12-23 m | 8418 | 75 |
| HepB3 | Card | 47 | 12-23 m | 8418 | 75 |
| HepB3 | Card or History | 68 | 12-23 m | 8418 | 75 |
| Hib1 | Card | 63 | 12-23 m | 8418 | 75 |
| Hib1 | Card or History | 86 | 12-23 m | 8418 | 75 |
| Hib3 | Card | 47 | 12-23 m | 8418 | 75 |
| Hib3 | Card or History | 68 | 12-23 m | 8418 | 75 |
| MCV1 | Card | 40 | 12-23 m | 8418 | 75 |
| MCV1 | Card or History | 58 | 12-23 m | 8418 | 75 |
| Pol1 | Card | 63 | 12-23 m | 8418 | 75 |
| Pol1 | Card or History | 85 | 12-23 m | 8418 | 75 |
| Pol3 | Card | 46 | 12-23 m | 8418 | 75 |
| Pol3 | Card or History | 67 | 12-23 m | 8418 | 75 |
| YFV | Card | 39 | 12-23 m | 8418 | 75 |
| YFV | Card or History | 56 | 12-23 m | 8418 | 75 |

| | | | | | |
|-------|-------------------|----|---------|------|----|
| DTP1 | C or H <12 months | 76 | 48-59 m | 1252 | 44 |
| DTP3 | C or H <12 months | 45 | 48-59 m | 1252 | 44 |
| HepB1 | C or H <12 months | 76 | 48-59 m | 1252 | 44 |
| HepB3 | C or H <12 months | 45 | 48-59 m | 1252 | 44 |
| Hib1 | C or H <12 months | 76 | 48-59 m | 1252 | 44 |
| Hib3 | C or H <12 months | 45 | 48-59 m | 1252 | 44 |
| MCV1 | C or H <12 months | 52 | 48-59 m | 1252 | 44 |
| Pol1 | C or H <12 months | 86 | 48-59 m | 1252 | 44 |
| Pol3 | C or H <12 months | 45 | 48-59 m | 1252 | 44 |
| YFV | C or H <12 months | 31 | 48-59 m | 1252 | 44 |

2006 Republique de Guinée, Enquête nationale sur l'état nutritionnel et le suivi des principaux indicateurs de survie de l'enfant, Rapport provisoire 2008

2009 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 84 | 36-47 m | 1253 | 44 |
| DTP1 | C or H <12 months | 76 | 36-47 m | 1253 | 44 |
| DTP3 | C or H <12 months | 44 | 36-47 m | 1253 | 44 |
| HepB1 | C or H <12 months | 76 | 36-47 m | 1253 | 44 |
| HepB3 | C or H <12 months | 44 | 36-47 m | 1253 | 44 |
| Hib1 | C or H <12 months | 76 | 36-47 m | 1253 | 44 |
| Hib3 | C or H <12 months | 44 | 36-47 m | 1253 | 44 |
| MCV1 | C or H <12 months | 53 | 36-47 m | 1253 | 44 |
| Pol1 | C or H <12 months | 87 | 36-47 m | 1253 | 44 |
| Pol3 | C or H <12 months | 47 | 36-47 m | 1253 | 44 |
| YFV | C or H <12 months | 39 | 36-47 m | 1253 | 44 |

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 81 | 12-23 m | 2474 | 52 |
| BCG | Card | 50 | 12-23 m | 2474 | 52 |
| BCG | Card or History | 81 | 12-23 m | 2474 | 52 |
| BCG | History | 31 | 12-23 m | 2474 | 52 |
| DTP1 | C or H <12 months | 66 | 12-23 m | 2474 | 52 |
| DTP1 | Card | 47 | 12-23 m | 2474 | 52 |
| DTP1 | Card or History | 75 | 12-23 m | 2474 | 52 |
| DTP1 | History | 28 | 12-23 m | 2474 | 52 |
| DTP3 | C or H <12 months | 43 | 12-23 m | 2474 | 52 |
| DTP3 | Card | 36 | 12-23 m | 2474 | 52 |
| DTP3 | Card or History | 51 | 12-23 m | 2474 | 52 |
| DTP3 | History | 14 | 12-23 m | 2474 | 52 |
| HepB1 | C or H <12 months | 20 | 12-23 m | 2474 | 52 |
| HepB1 | Card | 20 | 12-23 m | 2474 | 52 |
| HepB1 | Card or History | 32 | 12-23 m | 2474 | 52 |
| HepB1 | History | 12 | 12-23 m | 2474 | 52 |
| HepB3 | C or H <12 months | 11 | 12-23 m | 2474 | 52 |
| HepB3 | Card | 11 | 12-23 m | 2474 | 52 |
| HepB3 | Card or History | 17 | 12-23 m | 2474 | 52 |
| HepB3 | History | 6 | 12-23 m | 2474 | 52 |
| MCV1 | C or H <12 months | 37 | 12-23 m | 2474 | 52 |
| MCV1 | Card | 32 | 12-23 m | 2474 | 52 |

2008 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 82 | 48-59 m | 1252 | 44 |

Guinea - survey details

| | | | | | |
|------|-------------------|----|---------|------|----|
| MCV1 | Card or History | 51 | 12-23 m | 2474 | 52 |
| MCV1 | History | 19 | 12-23 m | 2474 | 52 |
| Pol1 | C or H <12 months | 60 | 12-23 m | 2474 | 52 |
| Pol1 | Card | 47 | 12-23 m | 2474 | 52 |
| Pol1 | Card or History | 67 | 12-23 m | 2474 | 52 |
| Pol1 | History | 20 | 12-23 m | 2474 | 52 |
| Pol3 | C or H <12 months | 36 | 12-23 m | 2474 | 52 |
| Pol3 | Card | 37 | 12-23 m | 2474 | 52 |
| Pol3 | Card or History | 43 | 12-23 m | 2474 | 52 |
| Pol3 | History | 6 | 12-23 m | 2474 | 52 |
| YFV | C or H <12 months | 24 | 12-23 m | 2474 | 52 |
| YFV | Card | 24 | 12-23 m | 2474 | 52 |
| YFV | Card or History | 38 | 12-23 m | 2474 | 52 |
| YFV | History | 14 | 12-23 m | 2474 | 52 |

2004 Enquête Démographique et de Santé, Guinée, 2005

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 79 | 12-23 m | 1118 | 54 |
| BCG | Card | 52 | 12-23 m | 1118 | 54 |
| BCG | Card or History | 79 | 12-23 m | 1118 | 54 |
| BCG | History | 27 | 12-23 m | 1118 | 54 |
| DTP1 | C or H <12 months | 77 | 12-23 m | 1118 | 54 |
| DTP1 | Card | 51 | 12-23 m | 1118 | 54 |
| DTP1 | Card or History | 77 | 12-23 m | 1118 | 54 |
| DTP1 | History | 26 | 12-23 m | 1118 | 54 |
| DTP3 | C or H <12 months | 49 | 12-23 m | 1118 | 54 |
| DTP3 | Card | 40 | 12-23 m | 1118 | 54 |
| DTP3 | Card or History | 51 | 12-23 m | 1118 | 54 |
| DTP3 | History | 11 | 12-23 m | 1118 | 54 |
| MCV1 | C or H <12 months | 43 | 12-23 m | 1118 | 54 |
| MCV1 | Card | 34 | 12-23 m | 1118 | 54 |
| MCV1 | Card or History | 50 | 12-23 m | 1118 | 54 |
| MCV1 | History | 16 | 12-23 m | 1118 | 54 |
| Pol1 | C or H <12 months | 83 | 12-23 m | 1118 | 54 |
| Pol1 | Card | 52 | 12-23 m | 1118 | 54 |
| Pol1 | Card or History | 83 | 12-23 m | 1118 | 54 |
| Pol1 | History | 31 | 12-23 m | 1118 | 54 |
| Pol3 | C or H <12 months | 48 | 12-23 m | 1118 | 54 |

| | | | | | |
|------|-------------------|----|---------|------|----|
| Pol3 | Card | 41 | 12-23 m | 1118 | 54 |
| Pol3 | Card or History | 50 | 12-23 m | 1118 | 54 |
| Pol3 | History | 9 | 12-23 m | 1118 | 54 |
| YFV | C or H <12 months | 33 | 12-23 m | 1118 | 54 |
| YFV | Card | 27 | 12-23 m | 1118 | 54 |
| YFV | Card or History | 39 | 12-23 m | 1118 | 54 |
| YFV | History | 12 | 12-23 m | 1118 | 54 |

2002 Guinea MICS 2003

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card or History | 88 | 12-23 m | - | 53 |
| DTP1 | Card or History | 80 | 12-23 m | - | 53 |
| DTP3 | Card or History | 55 | 12-23 m | - | 53 |
| MCV1 | Card or History | 66 | 12-23 m | - | 53 |
| Pol1 | Card or History | 76 | 12-23 m | - | 53 |
| Pol3 | Card or History | 42 | 12-23 m | - | 53 |

1999 Revue du Programme Elargi de Vaccination, Guinea 2000

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card or History | 82 | 12-23 m | 707 | - |
| DTP1 | Card or History | 57 | 12-23 m | 707 | - |
| DTP3 | Card or History | 43 | 12-23 m | 707 | - |
| MCV1 | Card or History | 40 | 12-23 m | 707 | - |
| Pol1 | Card or History | 56 | 12-23 m | 707 | - |
| Pol3 | Card or History | 43 | 12-23 m | 707 | - |

1998 Enquête Démographique et de Santé Guinée 1999

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 76 | 12-23 m | 921 | 46 |
| BCG | Card | 46 | 12-23 m | 921 | 46 |
| BCG | Card or History | 76 | 12-23 m | 921 | 46 |
| BCG | History | 30 | 12-23 m | 921 | 46 |
| DTP1 | C or H <12 months | 71 | 12-23 m | 921 | 46 |
| DTP1 | Card | 44 | 12-23 m | 921 | 46 |

Guinea - survey details

| | | | | | |
|------|-------------------|----|---------|-----|----|
| DTP1 | Card or History | 72 | 12-23 m | 921 | 46 |
| DTP1 | History | 28 | 12-23 m | 921 | 46 |
| DTP3 | C or H <12 months | 43 | 12-23 m | 921 | 46 |
| DTP3 | Card | 35 | 12-23 m | 921 | 46 |
| DTP3 | Card or History | 46 | 12-23 m | 921 | 46 |
| DTP3 | History | 11 | 12-23 m | 921 | 46 |
| MCV1 | C or H <12 months | 44 | 12-23 m | 921 | 46 |
| MCV1 | Card | 32 | 12-23 m | 921 | 46 |
| MCV1 | Card or History | 52 | 12-23 m | 921 | 46 |
| MCV1 | History | 20 | 12-23 m | 921 | 46 |
| Pol1 | C or H <12 months | 74 | 12-23 m | 921 | 46 |
| Pol1 | Card | 45 | 12-23 m | 921 | 46 |
| Pol1 | Card or History | 75 | 12-23 m | 921 | 46 |
| Pol1 | History | 30 | 12-23 m | 921 | 46 |
| Pol3 | C or H <12 months | 40 | 12-23 m | 921 | 46 |
| Pol3 | Card | 35 | 12-23 m | 921 | 46 |
| Pol3 | Card or History | 43 | 12-23 m | 921 | 46 |

| | | | | | |
|------|-------------------|---|---------|-----|----|
| Pol3 | History | 8 | 12-23 m | 921 | 46 |
| YFV | C or H <12 months | 7 | 12-23 m | 921 | 46 |
| YFV | Card | 4 | 12-23 m | 921 | 46 |
| YFV | Card or History | 8 | 12-23 m | 921 | 46 |
| YFV | History | 4 | 12-23 m | 921 | 46 |

1997 Enquête Démographique et de Santé Guinée 1999

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 74 | 24-35 m | 985 | 46 |
| DTP1 | C or H <12 months | 67 | 24-35 m | 985 | 46 |
| DTP3 | C or H <12 months | 39 | 24-35 m | 985 | 46 |
| MCV1 | C or H <12 months | 39 | 24-35 m | 985 | 46 |
| Pol1 | C or H <12 months | 68 | 24-35 m | 985 | 46 |
| Pol3 | C or H <12 months | 33 | 24-35 m | 985 | 46 |

Further information and estimates for previous years are available at:

<http://www.data.unicef.org/child-health/immunization>

http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html

Guinea

WHO/UNICEF Estimates of Protection at Birth (PAB) against tetanus

In countries where tetanus is recommended for girls and women coverage is usually reported as "TT2+", i.e. the proportion of (pregnant) women who have received their second or superior TT dose in a given year. TT2 + coverage, however, can under-represent the actual proportion of births that are protected against tetanus as it does not include women who have previously received protective doses, women who received one dose without documentation of previous doses, and women who received doses in TT (or Td) supplemental immunization activities (SIA). In addition, girls who have received DTP in their childhood and are entering childbearing age, may be protected with TT booster doses.

WHO and UNICEF have developed a model that takes into account the above scenarios, and calculates the proportion of births in a given year that can be considered as having been protected against tetanus - "Protection at Birth".

In this model, annual cohorts of women are followed from infancy through their life. A proportion receives DTP in infancy (estimated based on the WHO-UNICEF estimates of DTP3 coverage). In addition some of these women also receive TT through routine services when they are pregnant and may also receive TT during SIAs. The model also adjusts reported data, taking into account coverage patterns in other years, and/or results available through surveys. The duration of protection is then calculated, based on WHO estimates of the duration of protection by doses ever received. The proportion of births that are protected against tetanus as a result of maternal immunization reflects the tetanus immunization received by the mother throughout her life rather than simply the TT immunizations received during the current pregnancy.

The model was used in the mid to late 2000. Currently, the coverage series developed by the model is used as the baseline, and efforts are made to obtain data from all sources that include the JRF and reported trend over the years, routine PAB reporting and its trend over the years, data from surveys (DHS, MICS, EPI), whether countries have been validated for the attainment of maternal and neonatal tetanus elimination and what the TT coverage figures are from the survey etc and all the information is used to arrive at an estimate of the protection-at-birth from TT vaccination.

| Year | PAB coverage estimate (%) |
|------|---------------------------|
| 2003 | 85 |
| 2004 | 86 |
| 2005 | 90 |
| 2006 | 95 |
| 2007 | 95 |
| 2008 | 96 |
| 2009 | 96 |
| 2010 | 90 |
| 2011 | 80 |
| 2012 | 80 |
| 2013 | 80 |
| 2014 | 80 |

¹ This model is described in: Griffiths U., Wolfson L., Quddus A., Younus M., Hafiz R.. Incremental cost-effectiveness of supplementary immunization activities to prevent neo-natal tetanus in Pakistan. Bulletin of the World Health Organization 2004; 82:643-651.