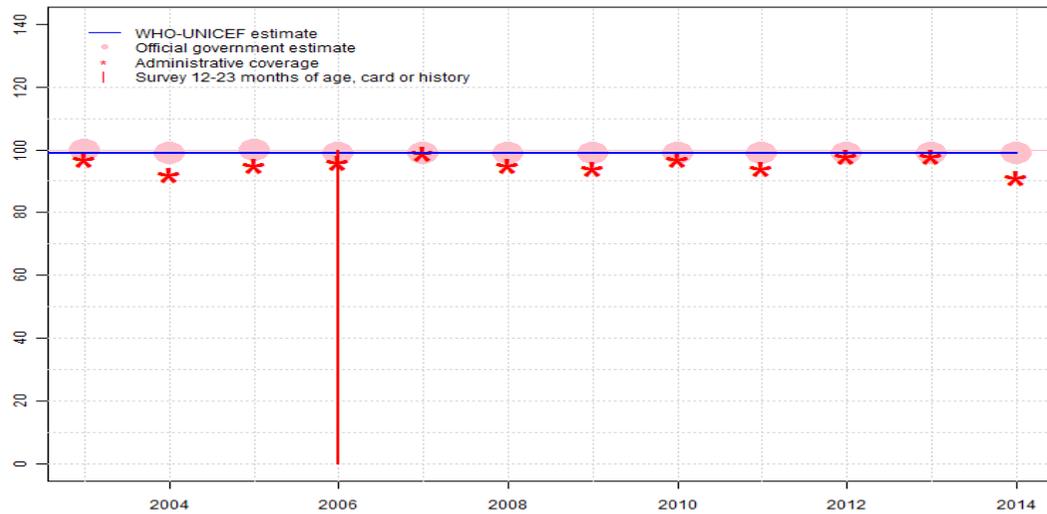


Sri Lanka - BCG

LKA - BCG



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●●	●
Official	100	99	100	99	99	99	99	99	99	99	99	99
Administrative	97	92	95	96	99	95	94	97	94	98	98	91
Survey	NA	NA	NA	100	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.

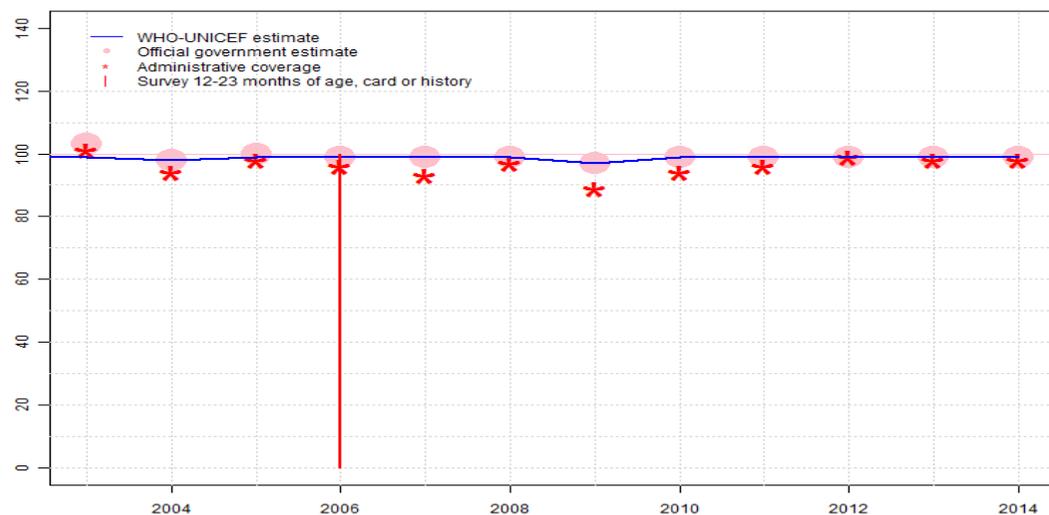
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2003: Estimate based on coverage reported by national government. GoC=R+ D+
- 2004: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2005: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2008: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. In April 2008 Sri Lanka withdrew DTP-HepB-Hib pentavalent vaccine as a precautionary measure following reports of serious adverse events. Subsequent investigation of the reported adverse events and a review of the vaccine quality by WHO concluded that there was no evidence of increased safety risk associated with the vaccine. The suspension of the vaccine led to a high proportion of parents seeking Hib immunization for their children in the private sector. Reporting by the private sector is not complete. Nationally reported estimates have been adjusted to levels of measles coverage provided in the public sector. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. EPI coverage survey conducted in 2010 in Western Province Sri Lanka which consist of 60 percent of the Sri Lankan population confirms that parents continue to seek immunization services from the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. Estimate challenged by: D-

Sri Lanka - DTP1

LKA - DTP1



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	99	98	99	99	99	99	97	99	99	99	99	99
Estimate GoC	●	●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●
Official	103	98	100	99	99	99	97	99	99	99	99	99
Administrative	101	94	98	96	93	97	89	94	96	99	98	98
Survey	NA	NA	NA	100	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.

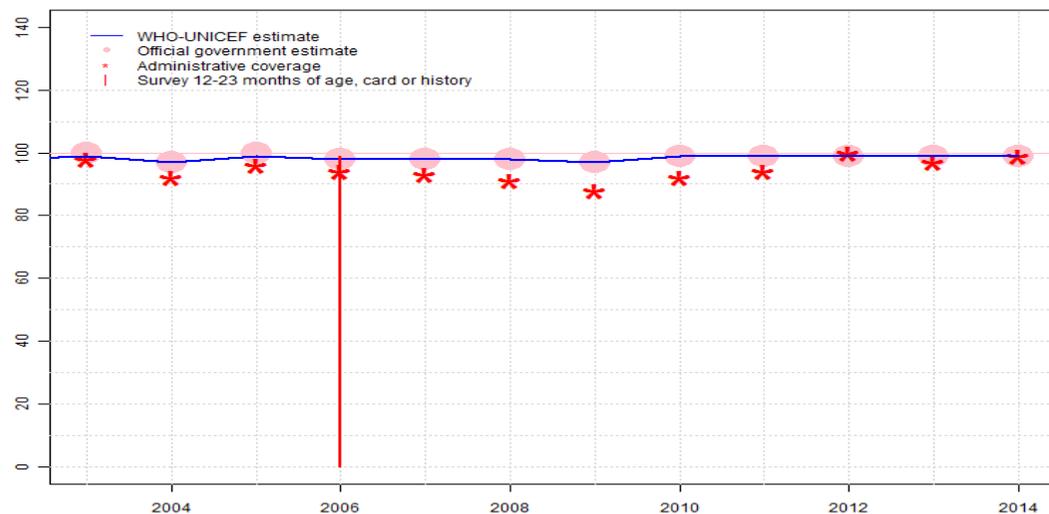
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2003: DTP1 coverage estimated based on DTP3 coverage of 100. Reported data excluded. 103 percent greater than 100 percent. Estimate challenged by: R-
- 2004: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2005: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2008: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. In April 2008 Sri Lanka withdrew DTP-HepB-Hib pentavalent vaccine as a precautionary measure following reports of serious adverse events. Subsequent investigation of the reported adverse events and a review of the vaccine quality by WHO concluded that there was no evidence of increased safety risk associated with the vaccine. The suspension of the vaccine led to a high proportion of parents seeking Hib immunization for their children in the private sector. Reporting by the private sector is not complete. Nationally reported estimates have been adjusted to levels of measles coverage provided in the public sector. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. EPI coverage survey conducted in 2010 in Western Province Sri Lanka which consist of 60 percent of the Sri Lankan population confirms that parents continue to seek immunization services from the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

Sri Lanka - DTP3

LKA - DTP3



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	99	97	99	98	98	98	97	99	99	99	99	99
Estimate GoC	••	•••	•••	•••	•••	•••	••	•	••	••	••	••
Official	100	97	100	98	98	98	97	99	99	99	99	99
Administrative	98	92	96	94	93	91	88	92	94	100	97	99
Survey	NA	NA	NA	99	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.

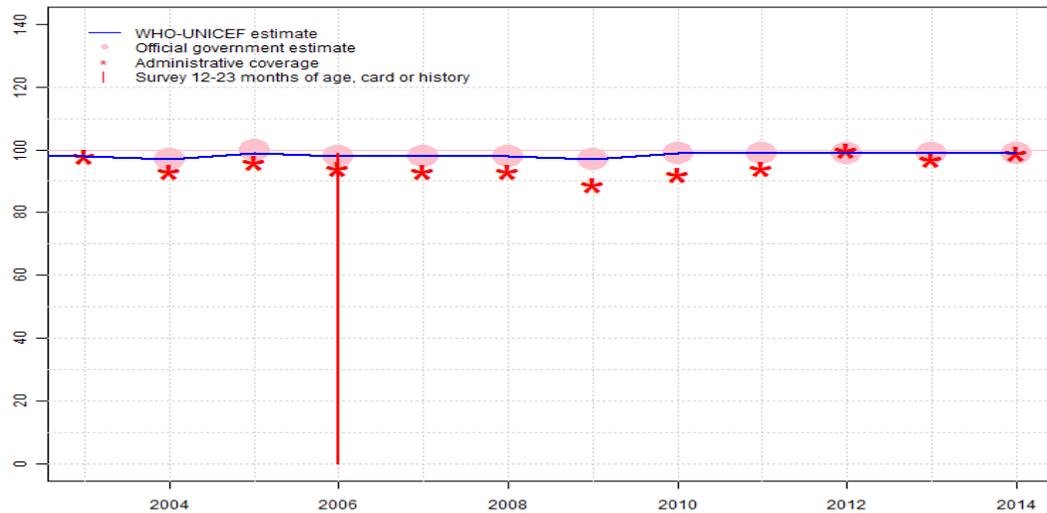
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2003: Estimate based on coverage reported by national government. GoC=R+ D+
- 2004: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2005: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2008: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. In April 2008 Sri Lanka withdrew DTP-HepB-Hib pentavalent vaccine as a precautionary measure following reports of serious adverse events. Subsequent investigation of the reported adverse events and a review of the vaccine quality by WHO concluded that there was no evidence of increased safety risk associated with the vaccine. The suspension of the vaccine led to a high proportion of parents seeking Hib immunization for their children in the private sector. Reporting by the private sector is not complete. Nationally reported estimates have been adjusted to levels of measles coverage provided in the public sector. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. EPI coverage survey conducted in 2010 in Western Province Sri Lanka which consist of 60 percent of the Sri Lankan population confirms that parents continue to seek immunization services from the private sector. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

Sri Lanka - Pol3

LKA - Pol3



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	98	97	99	98	98	98	97	99	99	99	99	99
Estimate GoC	••	•••	•••	•••	•••	•••	••	•	••	••	••	••
Official	NA	97	100	98	98	98	97	99	99	99	99	99
Administrative	98	93	96	94	93	93	89	92	94	100	97	99
Survey	NA	NA	NA	99	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.

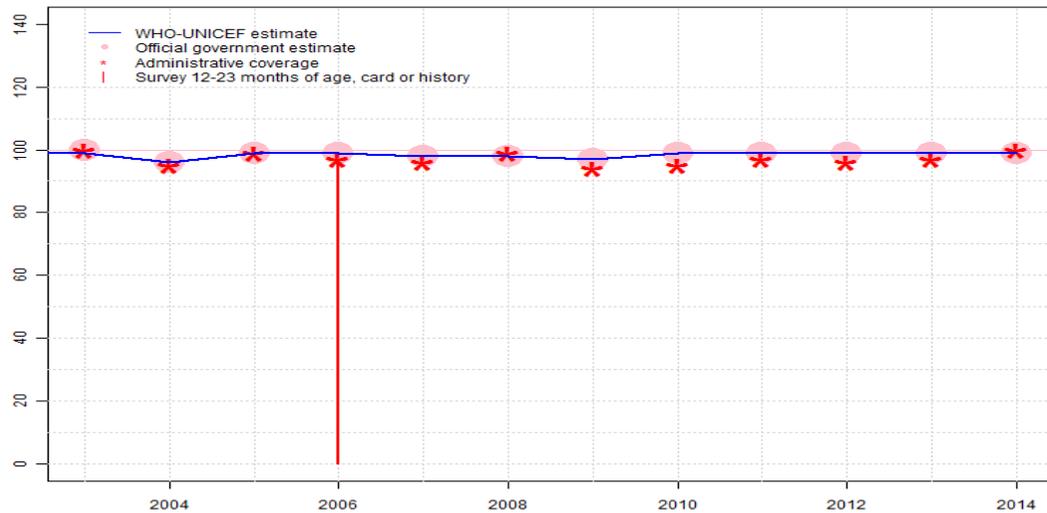
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2003: Estimate based on reported administrative data. GoC=R+ D+
- 2004: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2005: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2008: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. In April 2008 Sri Lanka withdrew DTP-HepB-Hib pentavalent vaccine as a precautionary measure following reports of serious adverse events. Subsequent investigation of the reported adverse events and a review of the vaccine quality by WHO concluded that there was no evidence of increased safety risk associated with the vaccine. The suspension of the vaccine led to a high proportion of parents seeking Hib immunization for their children in the private sector. Reporting by the private sector is not complete. Nationally reported estimates have been adjusted to levels of measles coverage provided in the public sector. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. EPI coverage survey conducted in 2010 in Western Province Sri Lanka which consist of 60 percent of the Sri Lankan population confirms that parents continue to seek immunization services from the private sector. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

Sri Lanka - MCV1

LKA - MCV1



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	99	96	99	99	98	98	97	99	99	99	99	99
Estimate GoC	●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●	●●	●●	●●
Official	100	96	99	99	98	98	97	99	99	99	99	99
Administrative	100	95	99	97	96	99	94	95	97	96	97	100
Survey	NA	NA	NA	97	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.

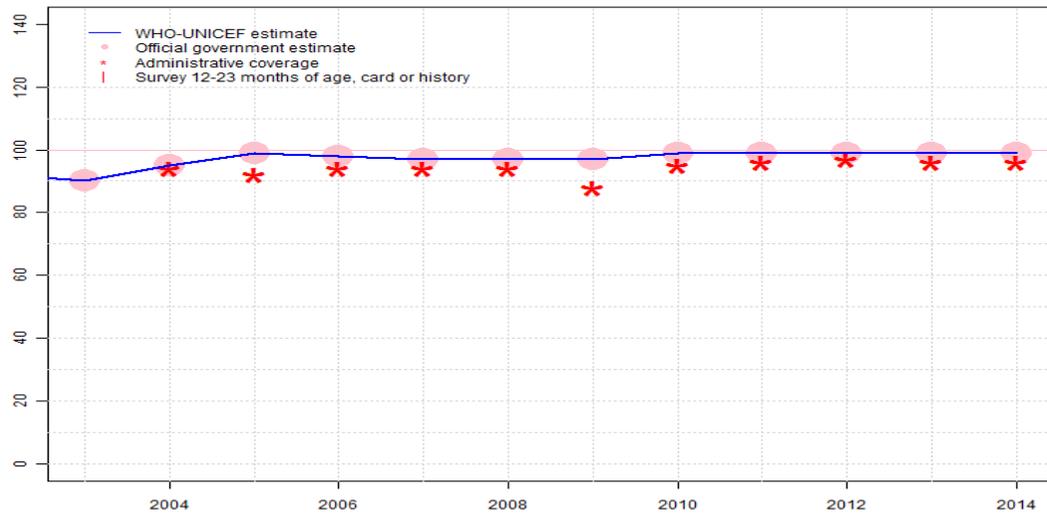
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2003: Estimate based on coverage reported by national government. GoC=R+ D+
- 2004: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2005: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2008: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. In April 2008 Sri Lanka withdrew DTP-HepB-Hib pentavalent vaccine as a precautionary measure following reports of serious adverse events. Subsequent investigation of the reported adverse events and a review of the vaccine quality by WHO concluded that there was no evidence of increased safety risk associated with the vaccine. The suspension of the vaccine led to a high proportion of parents seeking Hib immunization for their children in the private sector. Reporting by the private sector is not complete. Nationally reported estimates have been adjusted to levels of measles coverage provided in the public sector. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. EPI coverage survey conducted in 2010 in Western Province Sri Lanka which consist of 60 percent of the Sri Lankan population confirms that parents continue to seek immunization services from the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

Sri Lanka - MCV2

LKA - MCV2



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	90	95	99	98	97	97	97	99	99	99	99	99
Estimate GoC	••	••	••	••	••	••	•	••	••	••	••	••
Official	90	95	99	98	97	97	97	99	99	99	99	99
Administrative	NA	94	92	94	94	94	88	95	96	97	96	96
Survey	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.

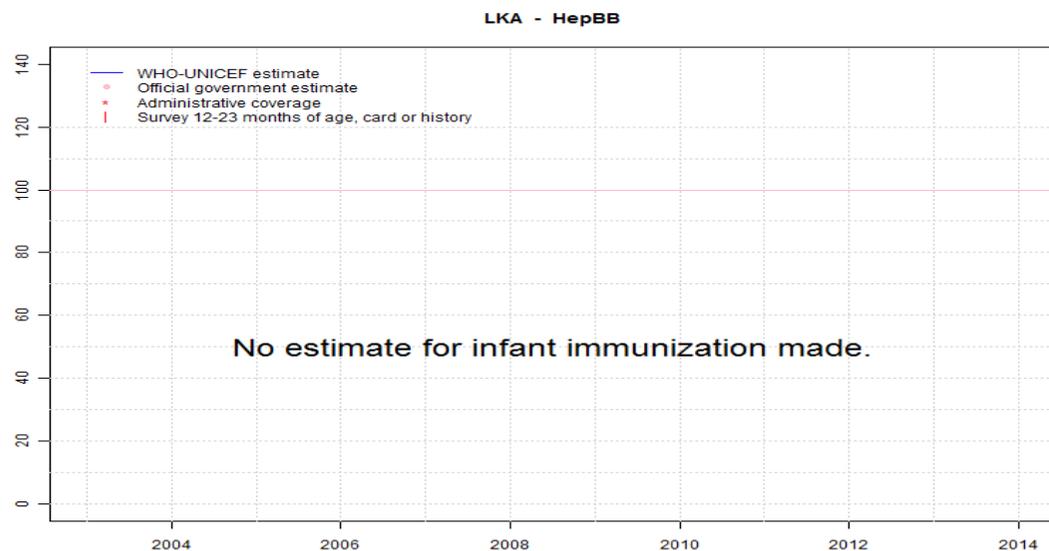
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

- 2003: Estimate based on coverage reported by national government. GoC=R+
- 2004: Estimate based on coverage reported by national government. GoC=R+ D+
- 2005: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on coverage reported by national government. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. In April 2008 Sri Lanka withdrew DTP-HepB-Hib pentavalent vaccine as a precautionary measure following reports of serious adverse events. Subsequent investigation of the reported adverse events and a review of the vaccine quality by WHO concluded that there was no evidence of increased safety risk associated with the vaccine. The suspension of the vaccine led to a high proportion of parents seeking Hib immunization for their children in the private sector. Reporting by the private sector is not complete. Nationally reported estimates have been adjusted to levels of measles coverage provided in the public sector. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. EPI coverage survey conducted in 2010 in Western Province Sri Lanka which consist of 60 percent of the Sri Lankan population confirms that parents continue to seek immunization services from the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+



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

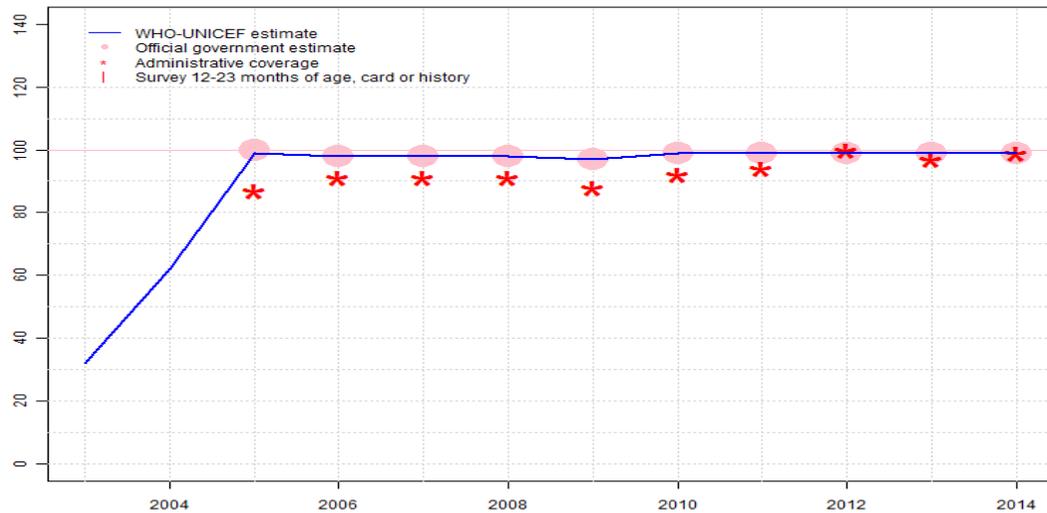
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sri Lanka - HepB3

LKA - HepB3



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	32	62	99	98	98	98	97	99	99	99	99	99
Estimate GoC	••	••	•	••	••	••	••	•	••	••	••	••
Official	NA	NA	100	98	98	98	97	99	99	99	99	99
Administrative	NA	NA	87	91	91	91	88	92	94	100	97	99
Survey	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.

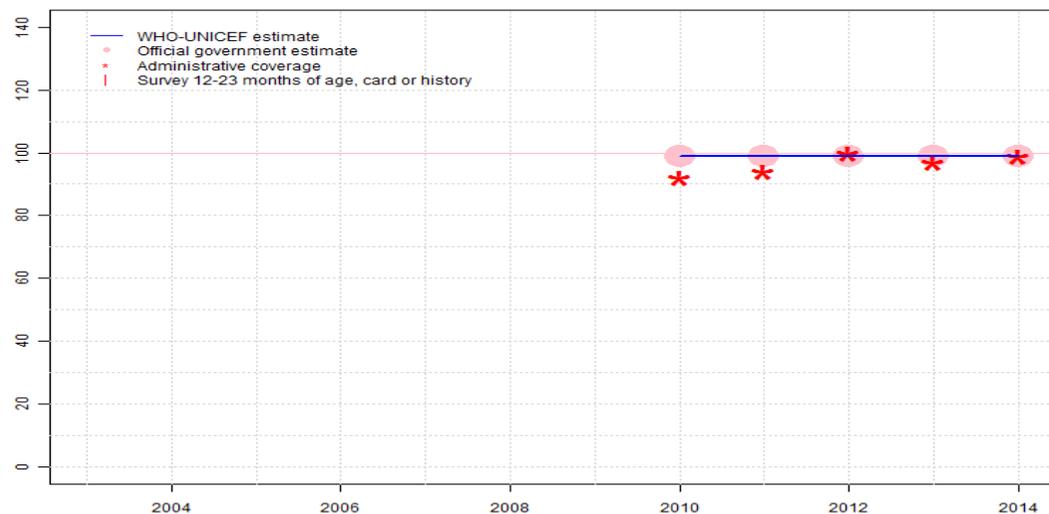
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2003: Monovalent Hepatitis B vaccine was introduced in 2003. 93 percent coverage was reached in 35 percent of the country. HepB vaccine partially introduced in 2003 nationally in 2005 reporting started in 2003. GoC=D+
- 2004: Monovalent Hepatitis B vaccine was introduced in 2003. Seventy-nine percent coverage was reached in 62 percent of the national target population. GoC=D+
- 2005: Monovalent HepB vaccine available nationally. Estimate based on reported data. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. In April 2008 Sri Lanka withdrew DTP-HepB-Hib pentavalent vaccine as a precautionary measure following reports of serious adverse events. Subsequent investigation of the reported adverse events and a review of the vaccine quality by WHO concluded that there was no evidence of increased safety risk associated with the vaccine. The suspension of the vaccine led to a high proportion of parents seeking Hib immunization for their children in the private sector. Reporting by the private sector is not complete. Nationally reported estimates have been adjusted to levels of measles coverage provided in the public sector. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. EPI coverage survey conducted in 2010 in Western Province Sri Lanka which consist of 60 percent of the Sri Lankan population confirms that parents continue to seek immunization services from the private sector. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

Sri Lanka - Hib3

LKA - Hib3



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	NA	99	99	99	99	99						
Estimate GoC	NA	•	••	••	••	••						
Official	NA	99	99	99	99	99						
Administrative	NA	92	94	100	97	99						
Survey	NA											

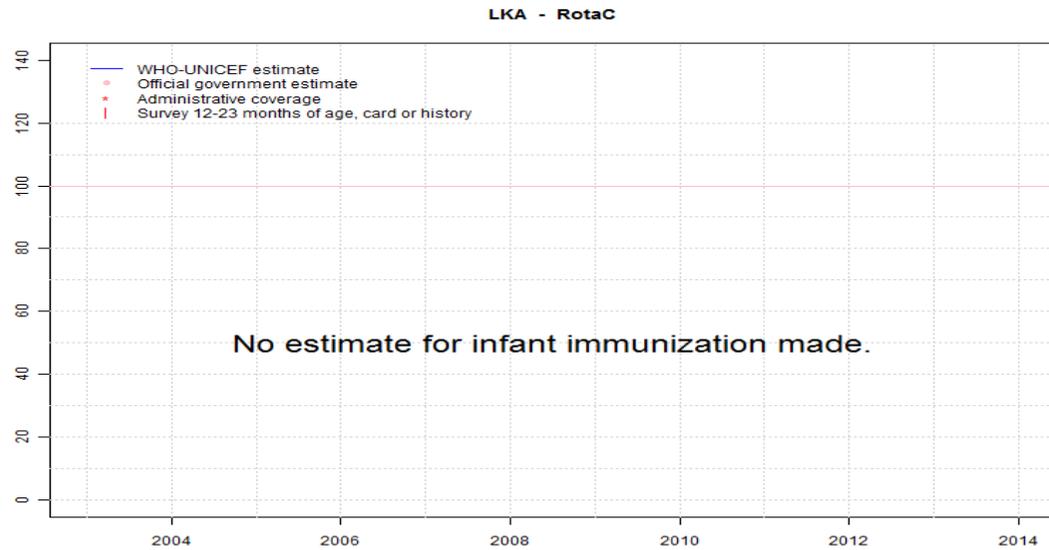
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- 2010: Estimate based on coverage reported by national government. EPI coverage survey conducted in 2010 in Western Province Sri Lanka which consist of 60 percent of the Sri Lankan population confirms that parents continue to seek immunization services from the private sector. DTP-HepB-Hib combination vaccine introduced in 2008 and suspended four months later due to adverse events. Hib containing pentavalent vaccine was re-introduced in February 2010. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

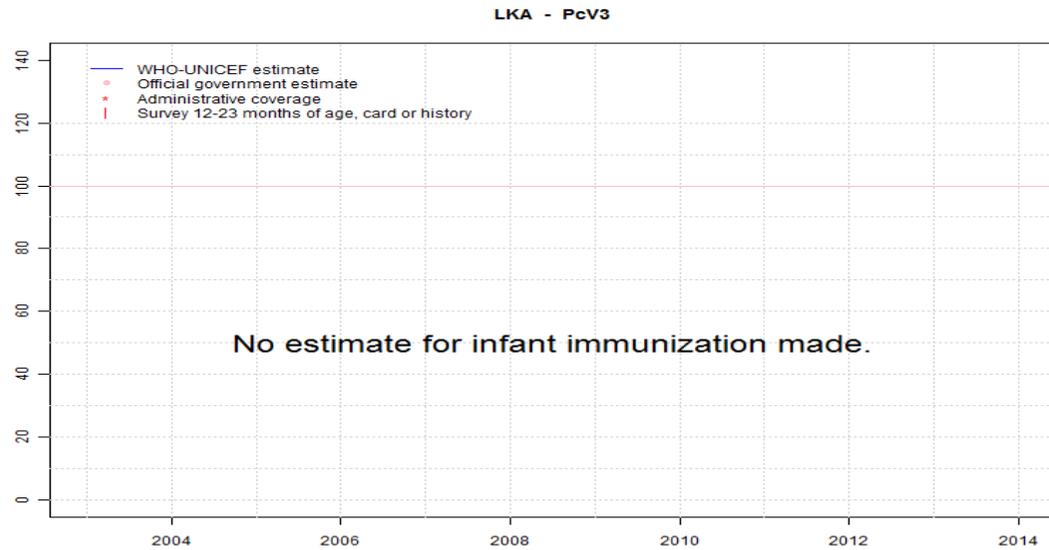


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	NA											
Estimate GoC	NA											
Official	NA											
Administrative	NA											
Survey	NA											

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

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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.

Sri Lanka - survey details

2006 Sri Lanka Demographic and Health Survey, 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	100	12-23 m	1448	93
DTP1	Card or History	100	12-23 m	1448	93
DTP3	Card or History	99	12-23 m	1448	93
MCV1	Card or History	97	12-23 m	1448	93
Pol1	Card or History	100	12-23 m	1448	93
Pol3	Card or History	99	12-23 m	1448	93

2000 Sri Lanka Demographic and Health Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
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BCG	Card	91	12-23 m	172	91
DTP3	Card	86	12-23 m	172	91
MCV1	Card	85	12-23 m	172	91
Pol3	Card	86	12-23 m	172	91

1999 Sri Lanka Demographic and Health Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	88	12-23 m	569	89
DTP3	Card	87	12-23 m	569	89
MCV1	Card	83	12-23 m	569	89
Pol3	Card	87	12-23 m	569	89

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

Sri Lanka

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	91
2004	91
2005	87
2006	90
2007	91
2008	93
2009	93
2010	86
2011	95
2012	95
2013	95
2014	95

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.