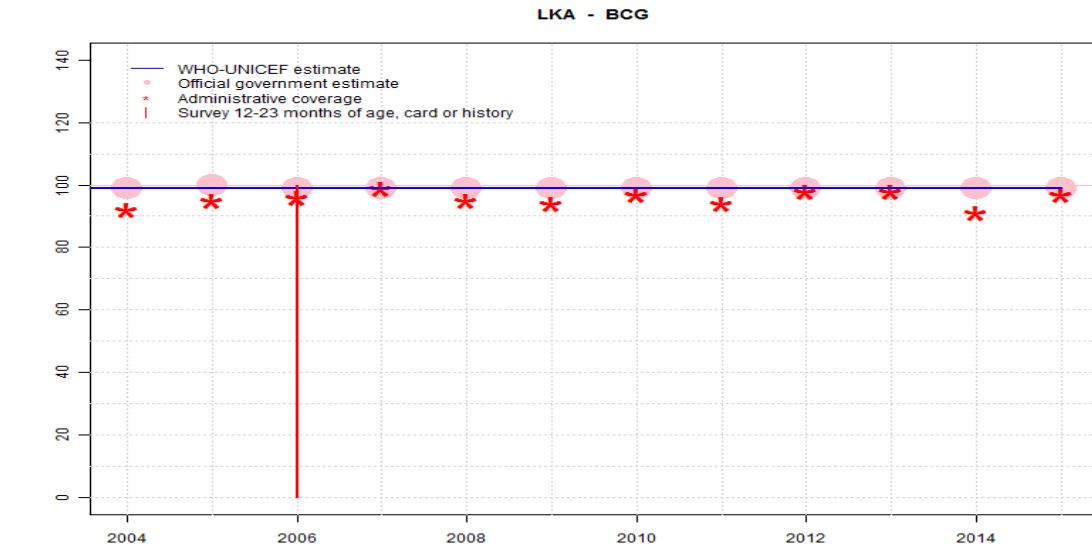


Sri Lanka - BCG



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● |
| Official | 99 | 100 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| Administrative | 92 | 95 | 96 | 99 | 95 | 94 | 97 | 94 | 98 | 98 | 91 | 97 |
| Survey | NA | NA | 100 | 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: 2015 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.

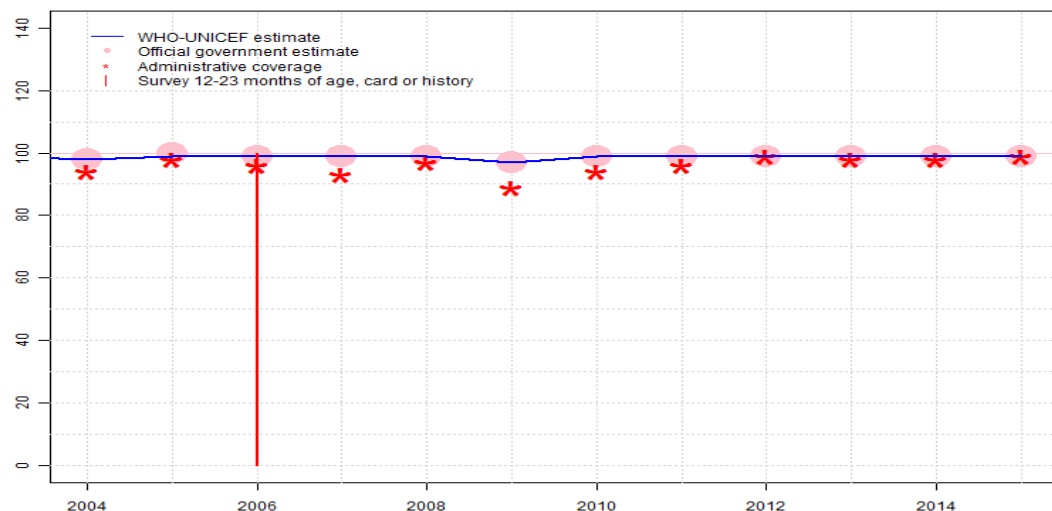
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 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+
- 2015: 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 - DTP1

LKA - DTP1



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 98 | 99 | 99 | 99 | 99 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● |
| Official | 98 | 100 | 99 | 99 | 99 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Administrative | 94 | 98 | 96 | 93 | 97 | 89 | 94 | 96 | 99 | 98 | 98 | 99 |
| Survey | NA | NA | 100 | 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: 2015 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.

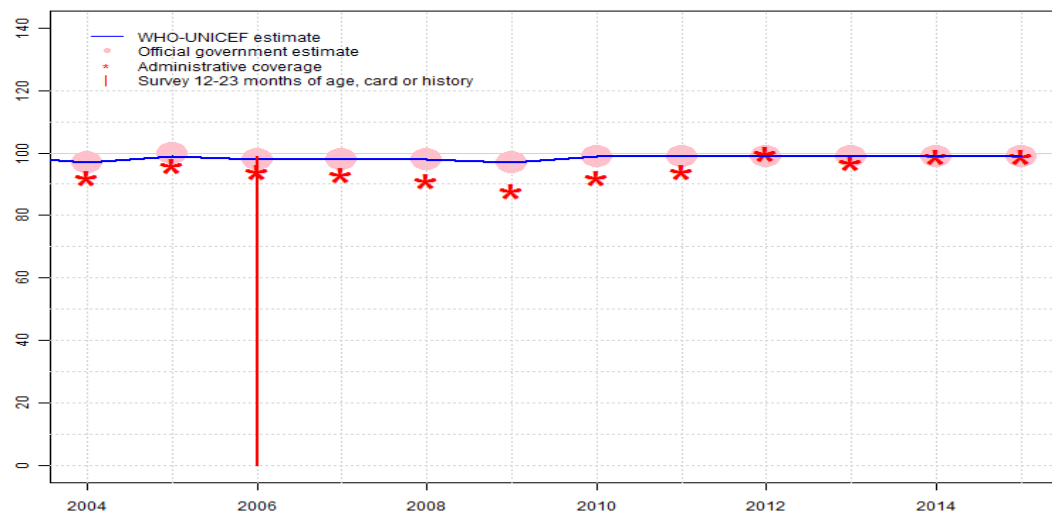
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 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+
- 2015: 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



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 97 | 99 | 98 | 98 | 98 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● |
| Official | 97 | 100 | 98 | 98 | 98 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Administrative | 92 | 96 | 94 | 93 | 91 | 88 | 92 | 94 | 100 | 97 | 99 | 99 |
| Survey | NA | NA | 99 | 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.

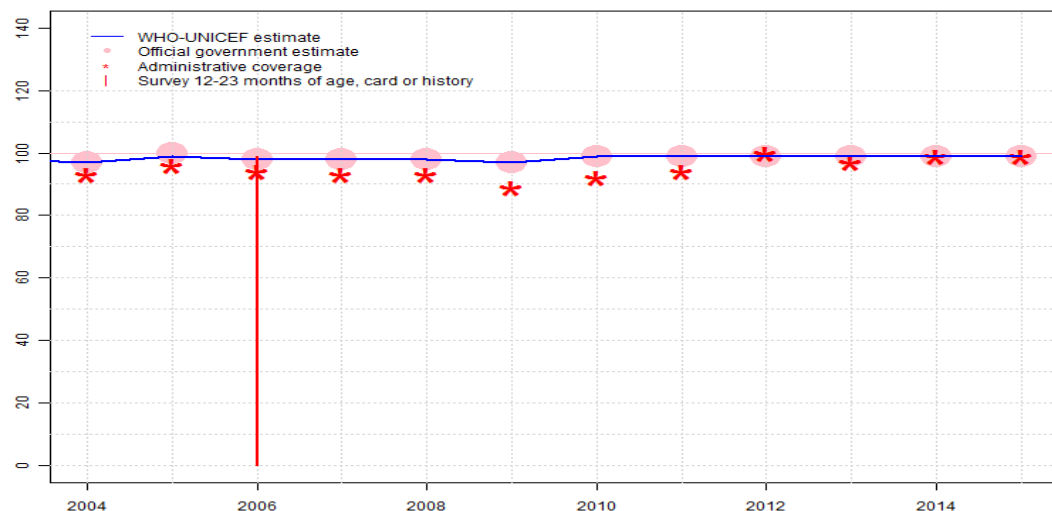
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 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. 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+
- 2015: 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+

LKA - Pol3



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 97 | 99 | 98 | 98 | 98 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● |
| Official | 97 | 100 | 98 | 98 | 98 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Administrative | 93 | 96 | 94 | 93 | 93 | 89 | 92 | 94 | 100 | 97 | 99 | 99 |
| Survey | NA | NA | 99 | NA | NA | NA | NA | NA | NA | NA | NA | NA |

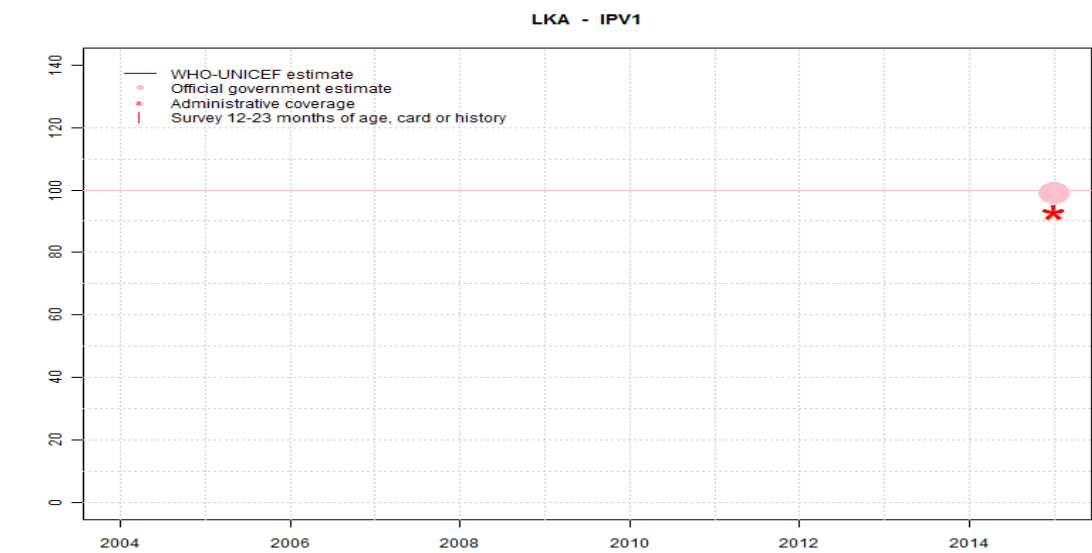
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2015 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:

- 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. 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+
- 2015: 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+



| | | | | | | | | | | | | |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 47 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | ● |
| Official | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 99 |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 93 |
| 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: 2015 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.

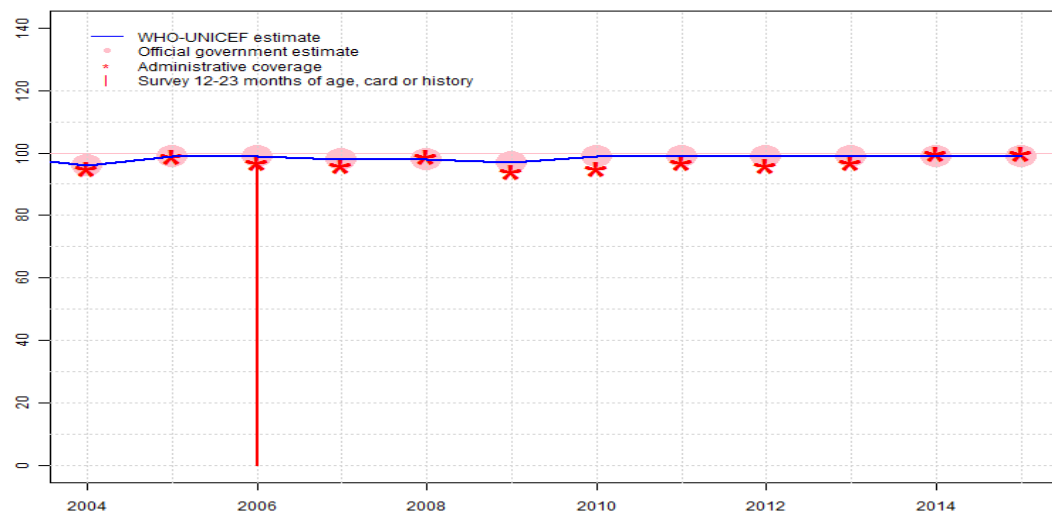
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2015: IPV introduced during 2015. Programme reports 93 percent coverage among 50 percent of the target population. Estimate reflects coverage achieved among the total annual national birth cohort. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. Estimate challenged by: R-

Sri Lanka - MCV1

LKA - MCV1



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 96 | 99 | 99 | 98 | 98 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | ••• | ••• | ••• | ••• | ••• | •• | •• | • | •• | •• | •• | •• |
| Official | 96 | 99 | 99 | 98 | 98 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Administrative | 95 | 99 | 97 | 96 | 99 | 94 | 95 | 97 | 96 | 97 | 100 | 100 |
| Survey | NA | NA | 97 | 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.

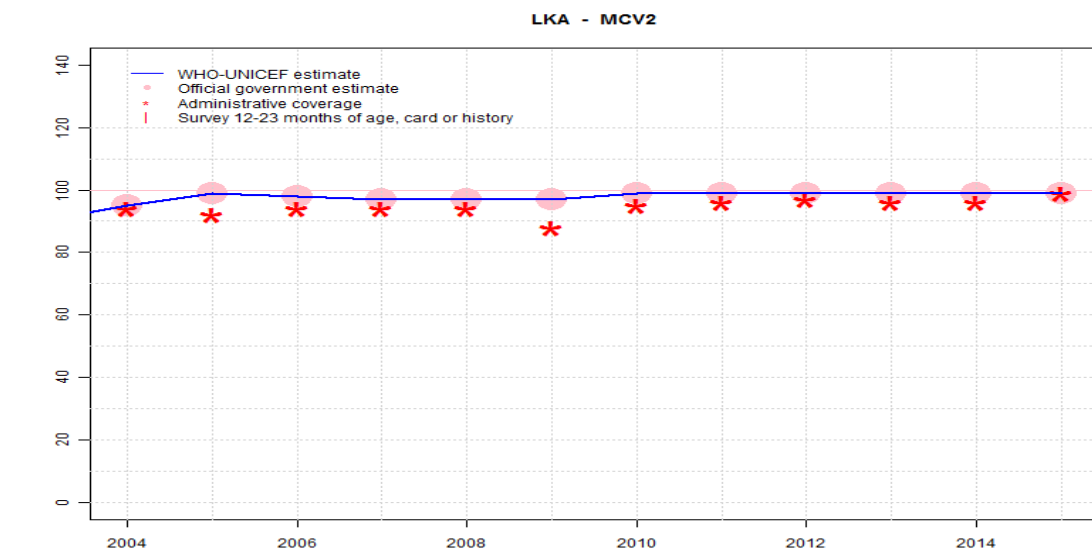
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 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+
- 2015: 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



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 95 | 99 | 98 | 97 | 97 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | •• | •• | •• | •• | •• | •• | •• | •• | •• | •• | •• | •• |
| Official | 95 | 99 | 98 | 97 | 97 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Administrative | 94 | 92 | 94 | 94 | 94 | 88 | 95 | 96 | 97 | 96 | 96 | 99 |
| 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: 2015 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:

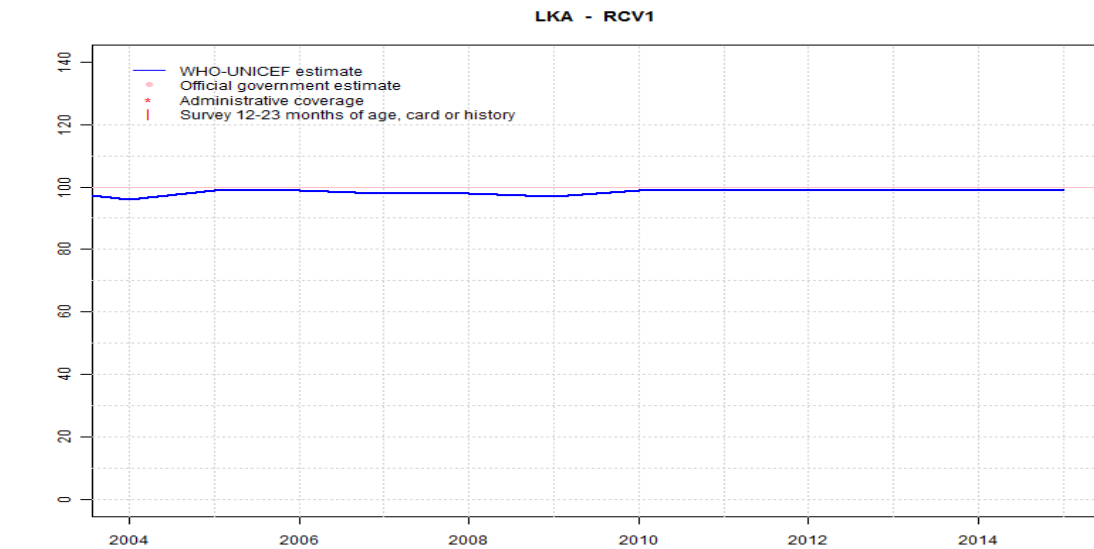
Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

- 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. 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+
- 2015: Estimate based on coverage reported by national government. Programme reports that differences between official and administrative coverage lev-

els reflect the contribution of services delivered through the private sector.

GoC=R+ D+

Sri Lanka - RCV1



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 96 | 99 | 99 | 98 | 98 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ●● | ● | ●● | ●● | ●● | ●● |
| Official | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

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

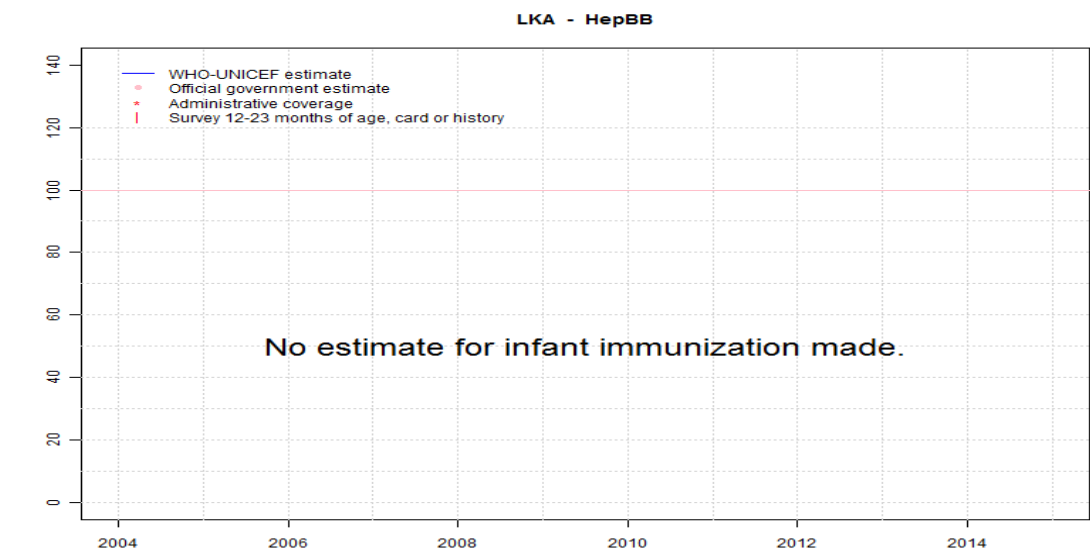
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the accompanying graph and data table.

- 2004: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2005: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2006: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2007: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2008: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2009: Estimate based on estimated MCV1. 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 estimated MCV1. 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 estimated MCV1. Estimate challenged by: D-
- 2012: Estimate based on estimated MCV1. GoC=R+ D+
- 2013: Estimate based on estimated MCV1. 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 estimated MCV1. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+



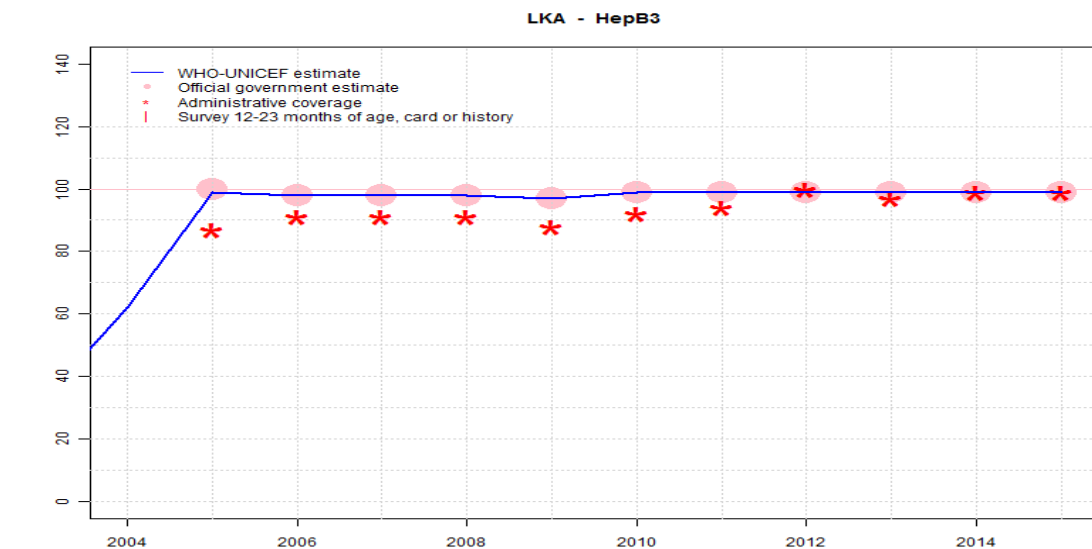
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Estimate GoC | NA | NA | NA | NA | 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: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Sri Lanka - HepB3



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 62 | 99 | 98 | 98 | 98 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | •• | • | •• | •• | •• | •• | •• | •• | •• | •• | •• | •• |
| Official | NA | 100 | 98 | 98 | 98 | 97 | 99 | 99 | 99 | 99 | 99 | 99 |
| Administrative | NA | 87 | 91 | 91 | 91 | 88 | 92 | 94 | 100 | 97 | 99 | 99 |
| 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.

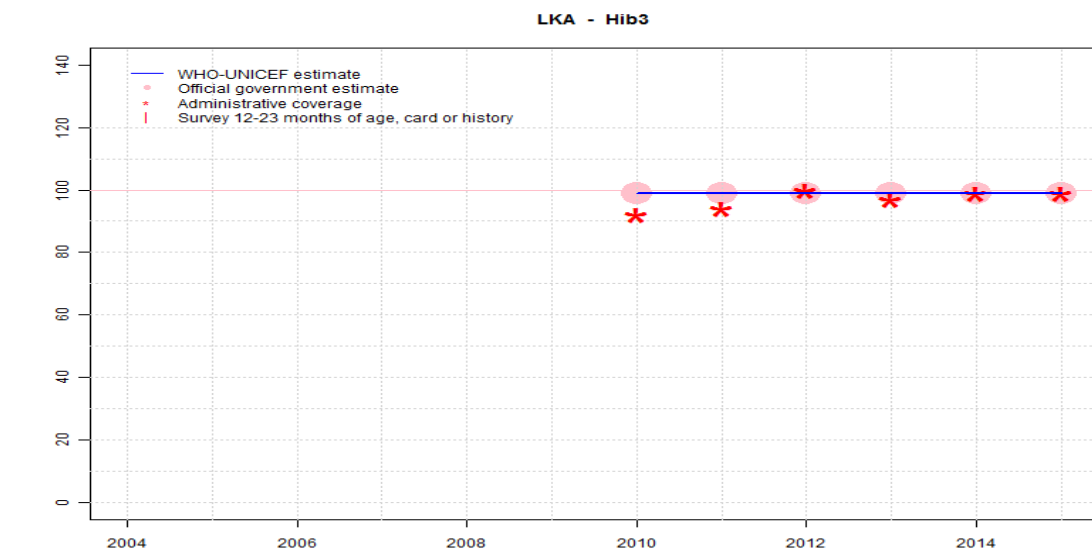
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 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. 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+
- 2015: 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



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | ●● | ●● | ●● | ●● | ●● | ●● |
| Official | NA | NA | NA | NA | NA | NA | 99 | 99 | 99 | 99 | 99 | 99 |
| Administrative | NA | NA | NA | NA | NA | NA | 92 | 94 | 100 | 97 | 99 | 99 |
| 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.

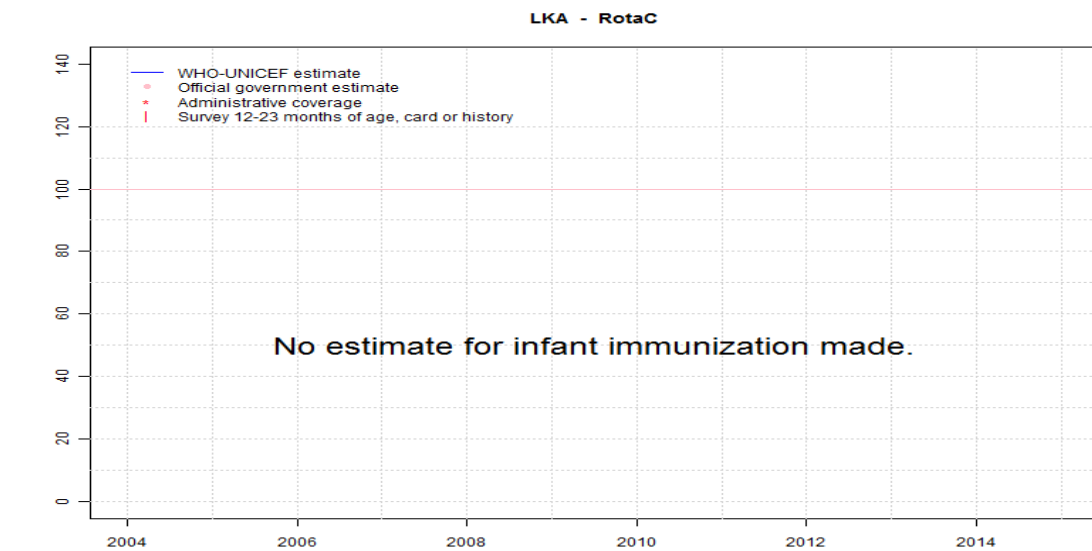
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. 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+
- 2015: 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 - RotaC



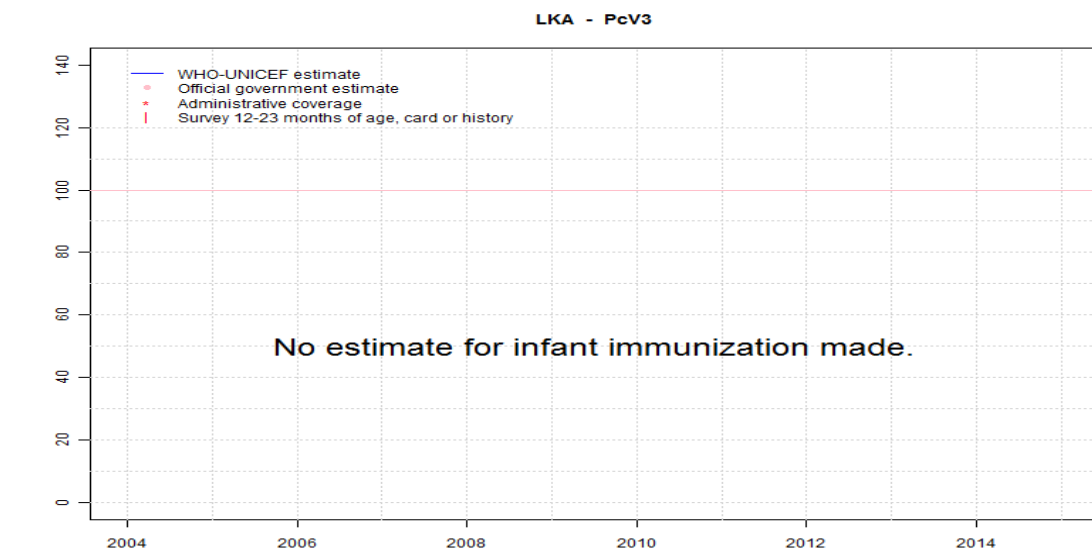
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Estimate GoC | NA | NA | NA | NA | 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: 2015 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 - PcV3



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| 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: 2015 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 - 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 |

| | | | | | |
|------|------|----|---------|-----|----|
| 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 |

2000 Sri Lanka Demographic and Health Survey 2001

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
|---------|---------------------|----------|------------|--------|------------|

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 (%) |
|------|---------------------------|
| 2004 | 91 |
| 2005 | 87 |
| 2006 | 90 |
| 2007 | 91 |
| 2008 | 93 |
| 2009 | 93 |
| 2010 | 86 |
| 2011 | 95 |
| 2012 | 95 |
| 2013 | 95 |
| 2014 | 95 |
| 2015 | 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.