

**BACKGROUND NOTE:** Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from the published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

\*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

\*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

\*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

## DATA SOURCES.

**ADMINISTRATIVE coverage:** Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

**OFFICIAL coverage:** Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

**SURVEY coverage:** Based on estimated coverage from population-based household surveys among children aged 12-23 months or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on the period of data collection.

## ABBREVIATIONS

**BCG:** percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

**DTP1 / DTP3:** percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

**Pol3:** percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

**IPV1:** percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine

immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

**MCV1:** percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

**MCV2:** percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

**RCV1:** percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration nor are the data represented in the accompanying graph and data table.

**HepBB:** percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HepB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

**HepB3:** percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

**Hib3:** percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

**RotaC:** percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

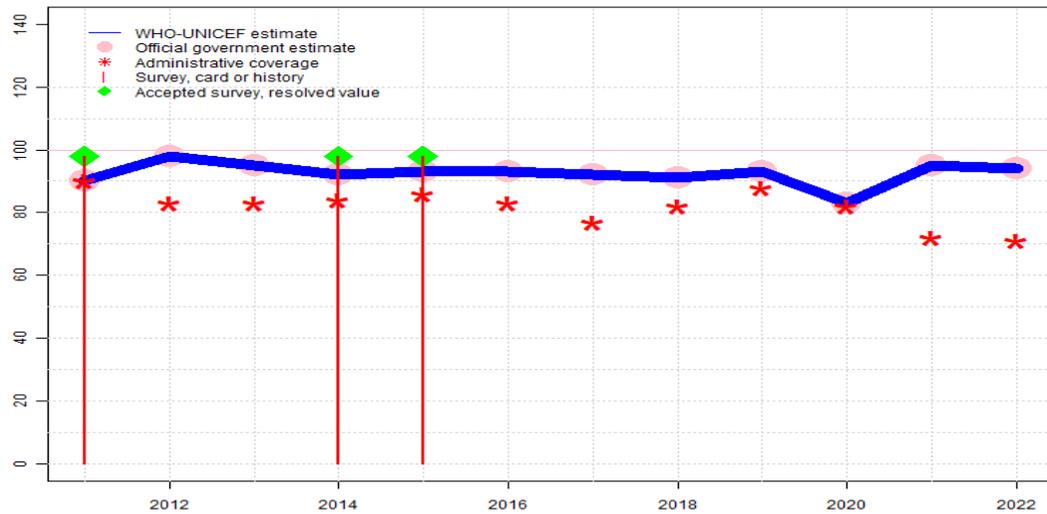
**PcV3:** percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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# Burundi - BCG

BDI - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	98	95	92	93	93	92	91	93	83	95	94
Estimate GoC	●●●	●	●	●●●	●●●	●●●	●●●	●●	●●	●	●●	●●
Official	90	98	95	92	93	93	92	91	93	83	95	94
Administrative	90	83	83	84	86	83	77	82	88	82	72	71
Survey	98	NA	NA	98	98	NA						

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

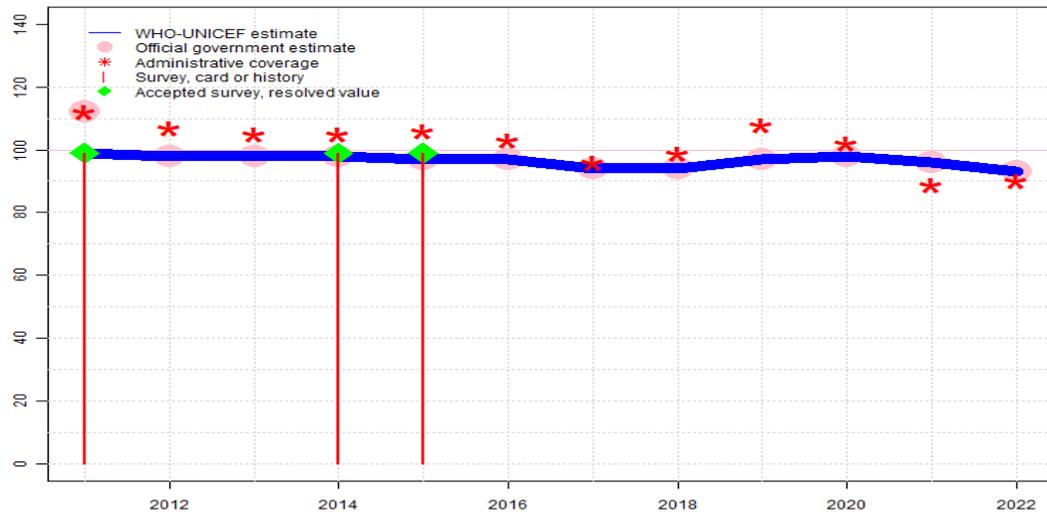
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. . GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Official estimate based on preliminary survey result. Estimate challenged by: D-
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

# Burundi - DTP1

BDI - DTP1



## Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Official estimate based on preliminary survey result. Estimate challenged by: D-
- 2011: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Reported data excluded because 112 percent greater than 100 percent. Reported data excluded due to an increase from 99 percent to 112 percent with decrease 98 percent. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	98	98	98	97	97	94	94	97	98	96	93
Estimate GoC	●	●	●	●	●●●	●●●	●●●	●●	●●	●●	●●	●●
Official	112	98	98	98	97	97	94	94	97	98	96	93
Administrative	112	107	105	105	106	103	96	99	108	102	89	90
Survey	99	NA	NA	99	99	NA						

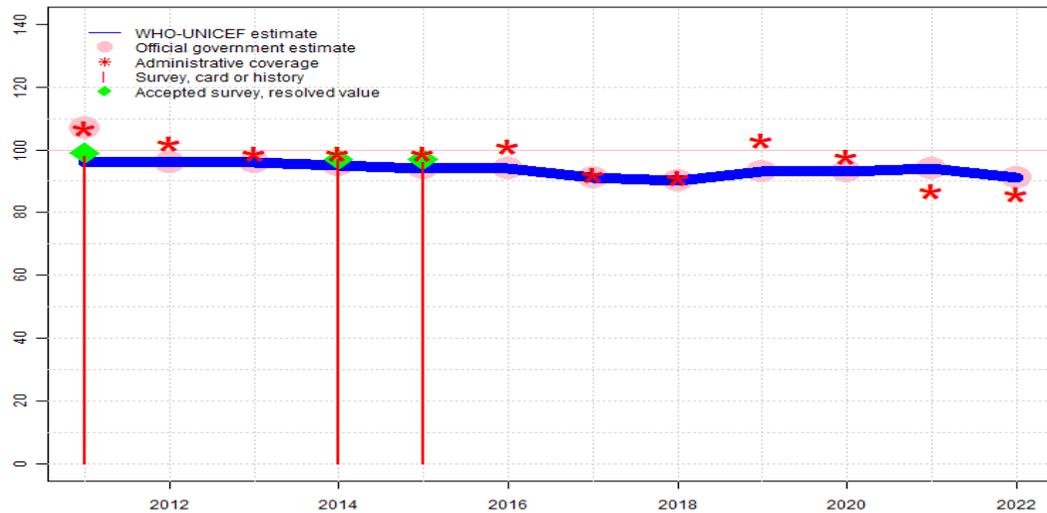
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

# Burundi - DTP3

BDI - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	96	96	95	94	94	91	90	93	93	94	91
Estimate GoC	●	●	●	●	●	●●●	●●●	●●	●●	●●	●●	●●
Official	107	96	96	95	94	94	91	90	93	93	94	91
Administrative	107	102	99	99	99	101	92	91	103	98	87	86
Survey	98	NA	NA	97	96	NA						

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

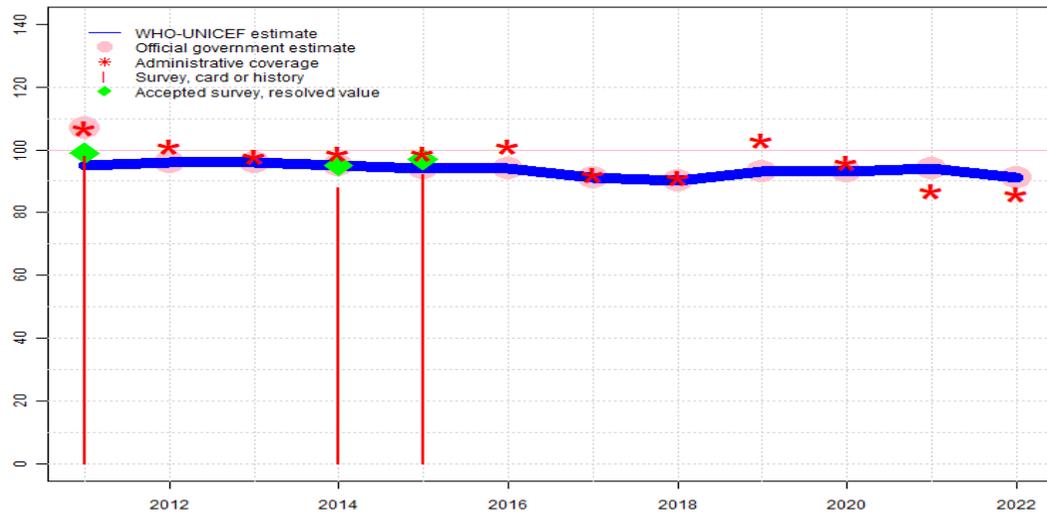
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 card or history results of 96 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 81 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Official estimate based on preliminary survey result. Estimate challenged by: D-
- 2011: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Routine Immunization Coverage Survey and Post Measles Campaign Survey 2012 card or history results of 98 percent modified for recall bias to 99 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 29 percent and 3rd dose card only coverage of 29 percent. Reported data excluded because 107 percent greater than 100 percent. Reported data excluded due to an increase from 96 percent to 107 percent with decrease 96 percent. Estimate challenged by: D-

# Burundi - Pol3

BDI - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	96	96	95	94	94	91	90	93	93	94	91
Estimate GoC	•	•	•	•	•	•••	•••	••	••	••	••	••
Official	107	96	96	95	94	94	91	90	93	93	94	91
Administrative	107	101	98	99	99	101	92	91	103	96	87	86
Survey	98	NA	NA	88	92	NA						

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

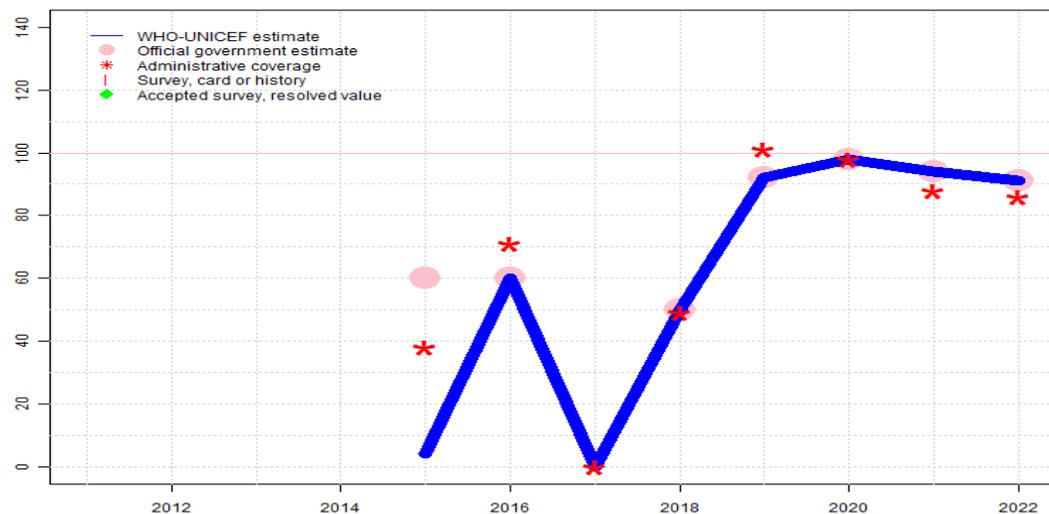
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## Description:

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- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 card or history results of 92 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 82 percent and 3rd dose card only coverage of 80 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 card or history results of 88 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 59 percent. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Official estimate based on preliminary survey result. Estimate challenged by: D-
- 2011: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Routine Immunization Coverage Survey and Post Measles Campaign Survey 2012 card or history results of 98 percent modified for recall bias to 99 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 29 percent and 3rd dose card only coverage of 29 percent. Reported data excluded because 107 percent greater than 100 percent. Reported data excluded due to an increase from 94 percent to 107 percent with decrease 96 percent. Estimate challenged by: D-

# Burundi - IPV1

BDI - IPV1



## Description:

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+

2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+

2020: Estimate informed by reported data. Programme reports a one month vaccine stockout at national level. GoC=R+ D+

2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system.. GoC=R+ D+

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

2017: Estimate informed by reported administrative data. Program reports 12 months IPV stockout. GoC=R+ D+

2016: Estimate informed by reported data. Estimate based on reported data following introduction. GoC=R+ D+

2015: Inactivated polio vaccine introduced in November 2015. Programme reports 38 percent coverage in 13 percent of the target population. Estimates based on coverage achieved in the total annual national target population. Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	4	60	0	50	92	98	94	91
Estimate GoC	NA	NA	NA	NA	•	••	••	••	••	••	••	••
Official	NA	NA	NA	NA	60	60	NA	50	92	98	94	91
Administrative	NA	NA	NA	NA	38	71	0	49	101	98	88	86
Survey	NA											

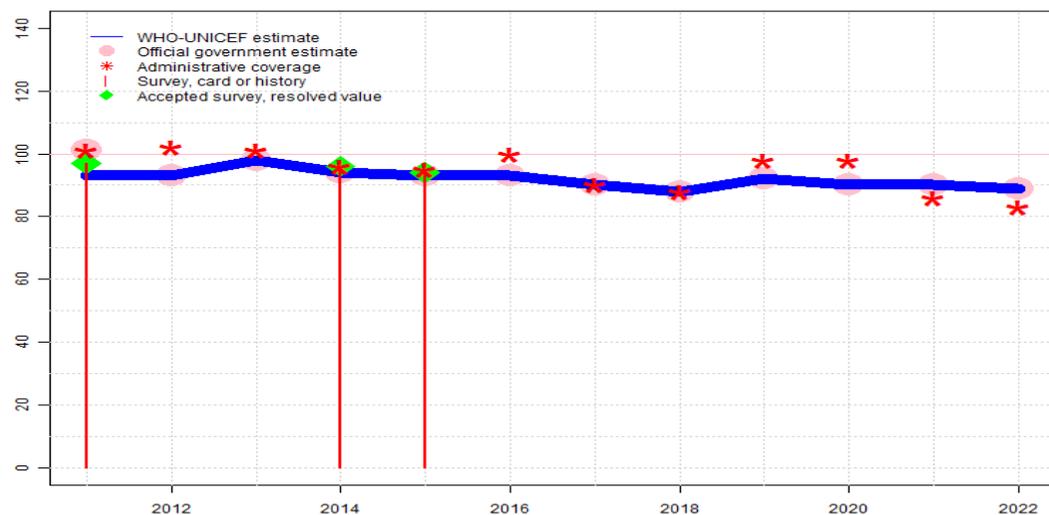
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

# Burundi - MCV1

BDI - MCV1



## Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Official estimate based on preliminary survey result. Estimate challenged by: D-
- 2011: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	93	93	98	94	93	93	90	88	92	90	90	89
Estimate GoC	●	●	●	●	●	●●●	●●●	●●	●●	●●	●●	●●
Official	101	93	98	94	93	93	90	88	92	90	90	89
Administrative	101	102	101	96	95	100	90	88	98	98	86	83
Survey	97	NA	NA	96	94	NA						

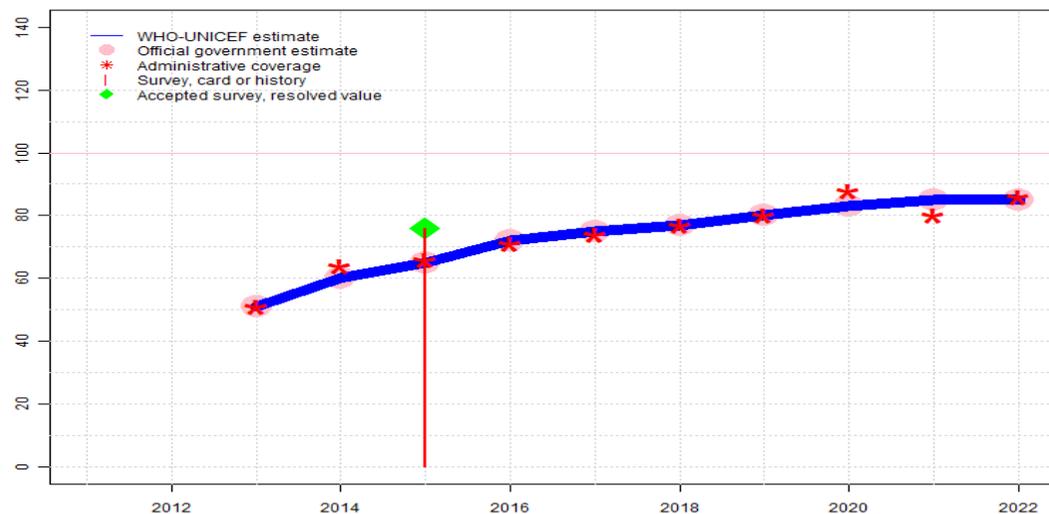
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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# Burundi - MCV2

BDI - MCV2



## Description:

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

2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+

2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+

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

2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+

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

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate based on reported coverage for vaccine to vaccine consistency. Estimate challenged by: D-S-

2014: Estimate informed by reported data. Estimate challenged by: D-S-

2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Measles 2nd dose introduced in 2013. Estimate challenged by: D-S-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	51	60	65	72	75	77	80	83	85	85
Estimate GoC	NA	NA	•	•	•	•	•	••	••	••	••	••
Official	NA	NA	51	60	65	72	75	77	80	83	85	85
Administrative	NA	NA	51	64	66	71	74	77	80	88	80	86
Survey	NA	NA	NA	NA	76	NA						

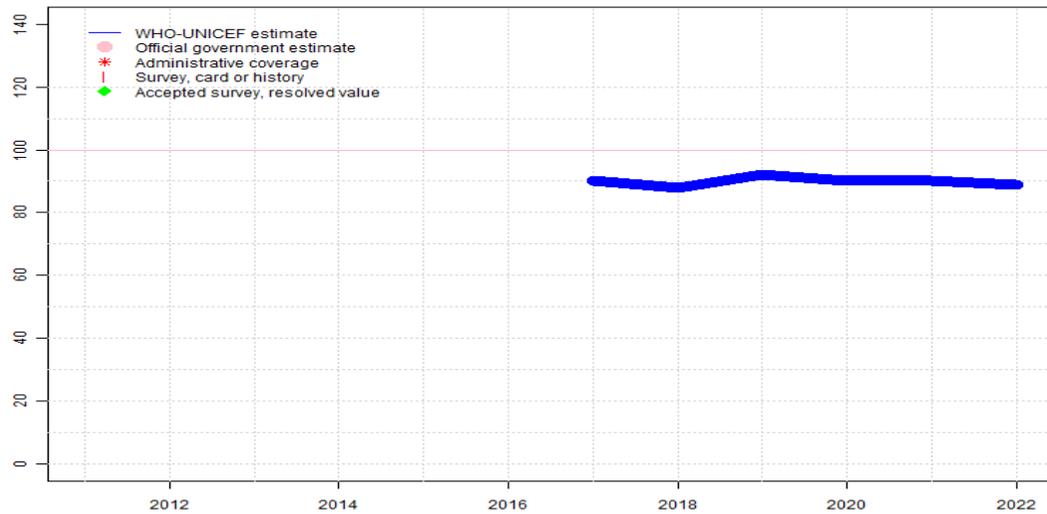
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

# Burundi - RCV1

BDI - RCV1



## Description:

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

2022: Estimate based on estimated MCV1. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+

2021: Estimate based on estimated MCV1. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+

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

2019: Estimate based on estimated MCV1. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+

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

2017: Estimate based on estimated MCV1. Rubella vaccine introduced in 2017 as MR and recommended at 9 and 18 months. GoC=R+ S+ D+

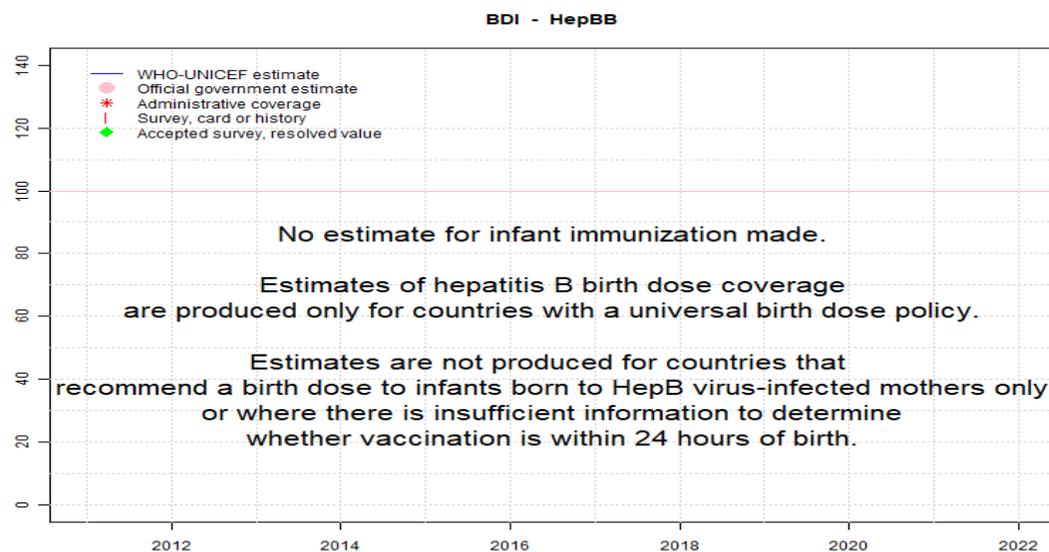
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	90	88	92	90	90	89
Estimate GoC	NA	NA	NA	NA	NA	NA	●●●	●●	●●	●●	●●	●●
Official	NA											
Administrative	NA											
Survey	NA											

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: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

# Burundi - HepBB



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA											
Estimate GoC	NA											
Official	NA											
Administrative	NA											
Survey	NA											

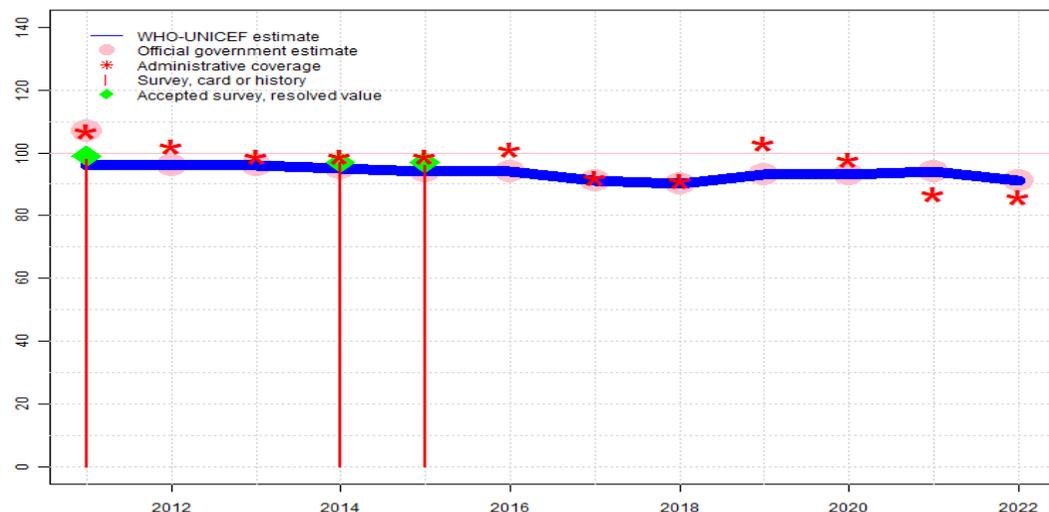
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

# Burundi - HepB3

BDI - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	96	96	95	94	94	91	90	93	93	94	91
Estimate GoC	●	●	●	●	●	●●●	●●●	●●	●●	●●	●●	●●
Official	107	96	96	95	94	94	91	90	93	93	94	91
Administrative	107	102	99	99	99	101	92	91	103	98	87	86
Survey	98	NA	NA	97	96	NA						

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

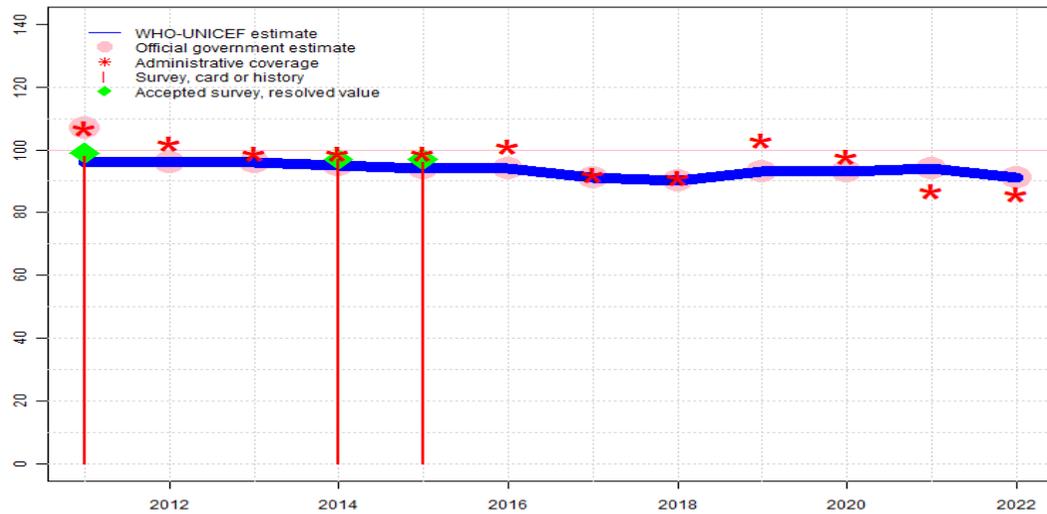
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 card or history results of 96 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 81 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Official estimate based on preliminary survey result. Estimate challenged by: D-
- 2011: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Routine Immunization Coverage Survey and Post Measles Campaign Survey 2012 card or history results of 98 percent modified for recall bias to 99 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 29 percent and 3rd dose card only coverage of 29 percent. Reported data excluded because 107 percent greater than 100 percent. Reported data excluded due to an increase from 96 percent to 107 percent with decrease 96 percent. Estimate challenged by: D-

# Burundi - Hib3

BDI - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	96	96	95	94	94	91	90	93	93	94	91
Estimate GoC	•	•	•	•	•	•••	•••	••	••	••	••	••
Official	107	96	96	95	94	94	91	90	93	93	94	91
Administrative	107	102	99	99	99	101	92	91	103	98	87	86
Survey	98	NA	NA	97	96	NA						

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

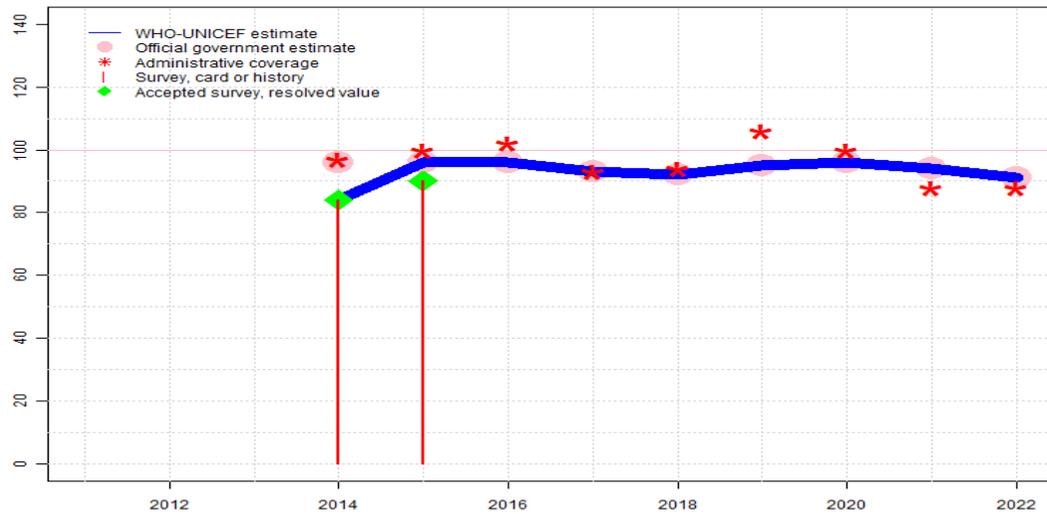
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 card or history results of 96 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 81 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Official estimate based on preliminary survey result. Estimate challenged by: D-
- 2011: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Routine Immunization Coverage Survey and Post Measles Campaign Survey 2012 card or history results of 98 percent modified for recall bias to 99 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 29 percent and 3rd dose card only coverage of 29 percent. Reported data excluded because 107 percent greater than 100 percent. Reported data excluded due to an increase from 96 percent to 107 percent with decrease 96 percent. Estimate challenged by: D-

# Burundi - RotaC

BDI - RotaC



## Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: S-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Estimate challenged by: D-S-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 84 percent based on 1 survey(s). Rotavirus vaccine introduced during 2013 and reporting began during 2014. Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	84	96	96	93	92	95	96	94	91
Estimate GoC	NA	NA	NA	•	•	•	•••	••	••	••	••	••
Official	NA	NA	NA	96	96	96	93	92	95	96	94	91
Administrative	NA	NA	NA	97	100	102	93	94	106	100	88	88
Survey	NA	NA	NA	84	90	NA						

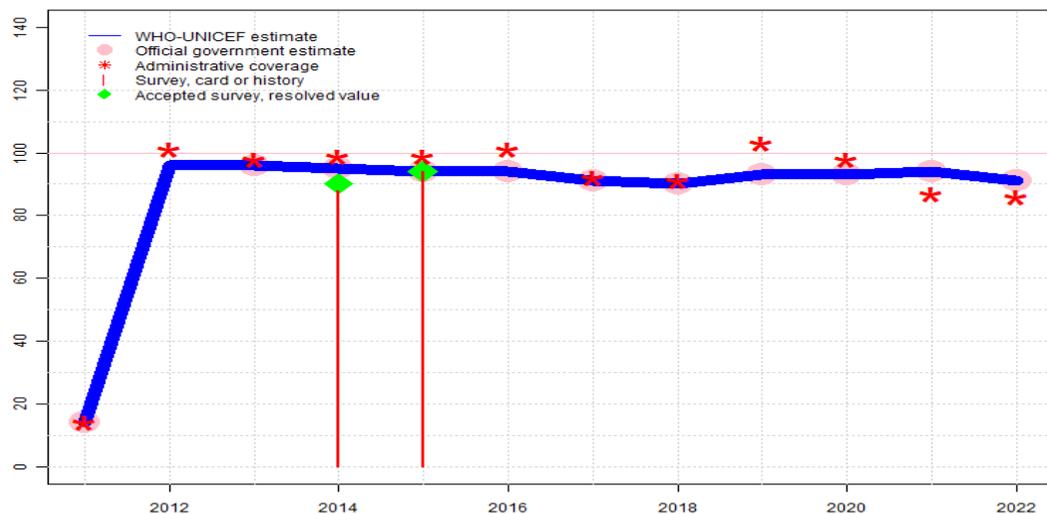
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

# Burundi - PcV3

BDI - PcV3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	14	96	96	95	94	94	91	90	93	93	94	91
Estimate GoC	●●	●	●	●	●	●●●	●●●	●●	●●	●●	●●	●●
Official	14	NA	96	95	94	94	91	90	93	93	94	91
Administrative	14	101	98	99	99	101	92	91	103	98	87	86
Survey	NA	NA	NA	88	94	NA						

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

## Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of a national immunization coverage survey and await the final results. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 card or history results of 88 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 54 percent and 3rd dose card only coverage of 53 percent. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-
- 2012: Based on DTP3 coverage estimate. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2011: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in 2011. GoC=R+

# Burundi - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12 to 23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated 1 or 2 years prior to the survey field work.

## 2015 Burundi Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97.5	12-23 m	2681	83
BCG	Card	81.3	12-23 m	2226	83
BCG	Card or History	97.7	12-23 m	2681	83
BCG	History	16.4	12-23 m	455	83
DTP1	C or H <12 months	99	12-23 m	2681	83
DTP1	Card	82.8	12-23 m	2226	83
DTP1	Card or History	99.2	12-23 m	2681	83
DTP1	History	16.4	12-23 m	455	83
DTP3	C or H <12 months	95.9	12-23 m	2681	83
DTP3	Card	80.8	12-23 m	2226	83
DTP3	Card or History	96.5	12-23 m	2681	83
DTP3	History	15.7	12-23 m	455	83
HepB1	C or H <12 months	99	12-23 m	2681	83
HepB1	Card	82.8	12-23 m	2226	83
HepB1	Card or History	99.2	12-23 m	2681	83
HepB1	History	16.4	12-23 m	455	83
HepB3	C or H <12 months	95.9	12-23 m	2681	83
HepB3	Card	80.8	12-23 m	2226	83
HepB3	Card or History	96.5	12-23 m	2681	83
HepB3	History	15.7	12-23 m	455	83
Hib1	C or H <12 months	99	12-23 m	2681	83
Hib1	Card	82.8	12-23 m	2226	83
Hib1	Card or History	99.2	12-23 m	2681	83
Hib1	History	16.4	12-23 m	455	83

Hib3	C or H <12 months	95.9	12-23 m	2681	83
Hib3	Card	80.8	12-23 m	2226	83
Hib3	Card or History	96.5	12-23 m	2681	83
Hib3	History	15.7	12-23 m	455	83
MCV1	C or H <12 months	92	12-23 m	2681	83
MCV1	Card	78.6	12-23 m	2226	83
MCV1	Card or History	93.8	12-23 m	2681	83
MCV1	History	15.2	12-23 m	455	83
MCV2	C or H <12 months	74.3	24-35 m	2443	83
MCV2	Card	45.8	24-35 m	1486	83
MCV2	Card or History	75.7	24-35 m	2443	83
MCV2	History	29.9	24-35 m	957	83
PCV1	C or H <12 months	97.5	12-23 m	2681	83
PCV1	Card	81.6	12-23 m	2226	83
PCV1	Card or History	97.7	12-23 m	2681	83
PCV1	History	16.1	12-23 m	455	83
PCV3	C or H <12 months	93.2	12-23 m	2681	83
PCV3	Card	79.3	12-23 m	2226	83
PCV3	Card or History	93.9	12-23 m	2681	83
PCV3	History	14.7	12-23 m	455	83
Pol1	C or H <12 months	98.5	12-23 m	2681	83
Pol1	Card	82.5	12-23 m	2226	83
Pol1	Card or History	98.6	12-23 m	2681	83
Pol1	History	16.1	12-23 m	455	83
Pol3	C or H <12 months	91.5	12-23 m	2681	83
Pol3	Card	79.9	12-23 m	2226	83
Pol3	Card or History	92	12-23 m	2681	83
Pol3	History	12.1	12-23 m	455	83
RotaC	C or H <12 months	89.2	12-23 m	2681	83
RotaC	Card	74.9	12-23 m	2226	83
RotaC	Card or History	90	12-23 m	2681	83
RotaC	History	15	12-23 m	455	83

## 2014 Burundi Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97.4	24-35 m	2443	83
BCG	Card	60.1	24-35 m	1486	83
BCG	Card or History	98	24-35 m	2443	83

# Burundi - survey details

BCG	History	38	24-35 m	957	83
DTP1	C or H <12 months	98.2	24-35 m	2443	83
DTP1	Card	60.6	24-35 m	1486	83
DTP1	Card or History	98.8	24-35 m	2443	83
DTP1	History	38.2	24-35 m	957	83
DTP3	C or H <12 months	95.8	24-35 m	2443	83
DTP3	Card	59.9	24-35 m	1486	83
DTP3	Card or History	96.7	24-35 m	2443	83
DTP3	History	36.8	24-35 m	957	83
HepB1	C or H <12 months	98.2	24-35 m	2443	83
HepB1	Card	60.6	24-35 m	1486	83
HepB1	Card or History	98.8	24-35 m	2443	83
HepB1	History	38.2	24-35 m	957	83
HepB3	C or H <12 months	95.8	24-35 m	2443	83
HepB3	Card	59.9	24-35 m	1486	83
HepB3	Card or History	96.7	24-35 m	2443	83
HepB3	History	36.8	24-35 m	957	83
Hib1	C or H <12 months	98.2	24-35 m	2443	83
Hib1	Card	60.6	24-35 m	1486	83
Hib1	Card or History	98.8	24-35 m	2443	83
Hib1	History	38.2	24-35 m	957	83
Hib3	C or H <12 months	95.8	24-35 m	2443	83
Hib3	Card	59.9	24-35 m	1486	83
Hib3	Card or History	96.7	24-35 m	2443	83
Hib3	History	36.8	24-35 m	957	83
MCV1	C or H <12 months	92.8	24-35 m	2443	83
MCV1	Card	59.5	24-35 m	1486	83
MCV1	Card or History	96.1	24-35 m	2443	83
MCV1	History	36.7	24-35 m	957	83
PCV1	C or H <12 months	90.9	24-35 m	2443	83
PCV1	Card	54.4	24-35 m	1486	83
PCV1	Card or History	91.6	24-35 m	2443	83
PCV1	History	37.2	24-35 m	957	83
PCV3	C or H <12 months	87	24-35 m	2443	83
PCV3	Card	53.1	24-35 m	1486	83
PCV3	Card or History	87.7	24-35 m	2443	83
PCV3	History	34.6	24-35 m	957	83
Pol1	C or H <12 months	97.5	24-35 m	2443	83
Pol1	Card	60.6	24-35 m	1486	83
Pol1	Card or History	98.1	24-35 m	2443	83

Pol1	History	37.5	24-35 m	957	83
Pol3	C or H <12 months	86.6	24-35 m	2443	83
Pol3	Card	59.4	24-35 m	1486	83
Pol3	Card or History	87.5	24-35 m	2443	83
Pol3	History	28	24-35 m	957	83
RotaC	C or H <12 months	83.4	24-35 m	2443	83
RotaC	Card	50.6	24-35 m	1486	83
RotaC	Card or History	84.5	24-35 m	2443	83
RotaC	History	33.8	24-35 m	957	83

2011 Enquête de Couverture Vaccinale de Routine et apres une Campagne de Suivi de Vaccination Contre la Rougeole Couplee a l'Administration de la Vitamine A, de l'Albendazole et du Praziquantel 2012 (ENCV 2012)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97.6	12-23 m	5951	51
BCG	Card	29	12-23 m	-	51
BCG	Card or History	98.3	12-23 m	5951	51
BCG	History	69.3	12-23 m	-	51
DTP1	C or H <12 months	97.2	12-23 m	5951	51
DTP1	Card	29	12-23 m	-	51
DTP1	Card or History	99	12-23 m	5951	51
DTP1	History	70	12-23 m	-	51
DTP3	C or H <12 months	95.9	12-23 m	5951	51
DTP3	Card	29	12-23 m	-	51
DTP3	Card or History	98.3	12-23 m	5951	51
DTP3	History	69.3	12-23 m	-	51
HepB1	C or H <12 months	97.2	12-23 m	5951	51
HepB1	Card	29	12-23 m	-	51
HepB1	Card or History	99	12-23 m	5951	51
HepB1	History	70	12-23 m	-	51
HepB3	C or H <12 months	95.9	12-23 m	5951	51
HepB3	Card	29	12-23 m	-	51
HepB3	Card or History	98.3	12-23 m	5951	51
HepB3	History	69.3	12-23 m	-	51
Hib1	C or H <12 months	97.2	12-23 m	5951	51
Hib1	Card	29	12-23 m	-	51

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Hib1	Card or History	99	12-23 m	5951	51
Hib1	History	70	12-23 m	-	51
Hib3	C or H <12 months	95.9	12-23 m	5951	51
Hib3	Card	29	12-23 m	-	51
Hib3	Card or History	98.3	12-23 m	5951	51
Hib3	History	69.3	12-23 m	-	51
MCV1	C or H <12 months	93.2	12-23 m	5951	51
MCV1	Card	28.5	12-23 m	-	51
MCV1	Card or History	97	12-23 m	5951	51
MCV1	History	68.6	12-23 m	-	51
Pol1	C or H <12 months	97.6	12-23 m	5951	51
Pol1	Card	28.9	12-23 m	-	51
Pol1	Card or History	99.1	12-23 m	5951	51
Pol1	History	70.1	12-23 m	-	51
Pol3	C or H <12 months	95.9	12-23 m	5951	51
Pol3	Card	28.8	12-23 m	-	51
Pol3	Card or History	98.3	12-23 m	5951	51
Pol3	History	69.6	12-23 m	-	51

## 2009 Enquête Démographique et de Santé Burundi 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.8	12-23 m	1552	62
BCG	Card	61.7	12-23 m	961	62
BCG	Card or History	98.9	12-23 m	1552	62
BCG	History	37.3	12-23 m	591	62
DTP1	C or H <12 months	98.8	12-23 m	1552	62
DTP1	Card	61.8	12-23 m	961	62
DTP1	Card or History	99	12-23 m	1552	62
DTP1	History	37.2	12-23 m	591	62
DTP3	C or H <12 months	94.6	12-23 m	1552	62
DTP3	Card	60.6	12-23 m	961	62
DTP3	Card or History	95.4	12-23 m	1552	62
DTP3	History	34.7	12-23 m	591	62
HepB1	C or H <12 months	98.8	12-23 m	1552	62
HepB1	Card	61.8	12-23 m	961	62
HepB1	Card or History	99	12-23 m	1552	62
HepB1	History	37.2	12-23 m	591	62
HepB3	C or H <12 months	94.6	12-23 m	1552	62

HepB3	Card	60.6	12-23 m	961	62
HepB3	Card or History	95.4	12-23 m	1552	62
HepB3	History	34.7	12-23 m	591	62
Hib1	C or H <12 months	98.8	12-23 m	1552	62
Hib1	Card	61.8	12-23 m	961	62
Hib1	Card or History	99	12-23 m	1552	62
Hib1	History	37.2	12-23 m	591	62
Hib3	C or H <12 months	94.6	12-23 m	1552	62
Hib3	Card	60.6	12-23 m	961	62
Hib3	Card or History	95.4	12-23 m	1552	62
Hib3	History	34.7	12-23 m	591	62
MCV1	C or H <12 months	88.8	12-23 m	1552	62
MCV1	Card	59.3	12-23 m	961	62
MCV1	Card or History	94.3	12-23 m	1552	62
MCV1	History	35	12-23 m	591	62
Pol1	C or H <12 months	98.3	12-23 m	1552	62
Pol1	Card	61.8	12-23 m	961	62
Pol1	Card or History	98.6	12-23 m	1552	62
Pol1	History	36.7	12-23 m	591	62
Pol3	C or H <12 months	87	12-23 m	1552	62
Pol3	Card	60.3	12-23 m	961	62
Pol3	Card or History	87.4	12-23 m	1552	62
Pol3	History	27.1	12-23 m	591	62

## 2004 Enquête Nationale d'Évaluation des Conditions de vie de l'Enfant et de la Femme au Burundi - 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.2	12-23 m	1453	64
BCG	Card	62.4	12-23 m	1453	64
BCG	Card or History	90.7	12-23 m	1453	64
BCG	History	28.3	12-23 m	1453	64
DTP1	C or H <12 months	73.9	12-23 m	1453	64
DTP1	Card	47.4	12-23 m	1453	64
DTP1	Card or History	74.9	12-23 m	1453	64
DTP1	History	27.5	12-23 m	1453	64
DTP3	C or H <12 months	60.1	12-23 m	1453	64
DTP3	Card	44.1	12-23 m	1453	64

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						Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	Card or History	62.7	12-23 m	1453	64						
DTP3	History	18.6	12-23 m	1453	64	BCG	Card	61.2	12-23 m	-	62
MCV1	C or H <12 months	68.8	12-23 m	1453	64	BCG	Card or History	84.3	12-23 m	598	62
MCV1	Card	50.8	12-23 m	1453	64	BCG	History	23.1	12-23 m	-	62
MCV1	Card or History	77.9	12-23 m	1453	64	DTP1	Card	61.5	12-23 m	-	62
MCV1	History	27.2	12-23 m	1453	64	DTP1	Card or History	86	12-23 m	598	62
Pol1	C or H <12 months	89.1	12-23 m	1453	64	DTP1	History	24.4	12-23 m	-	62
Pol1	Card	62.6	12-23 m	1453	64	DTP3	Card	57.2	12-23 m	-	62
Pol1	Card or History	90.3	12-23 m	1453	64	DTP3	Card or History	72.8	12-23 m	598	62
Pol1	History	27.7	12-23 m	1453	64	DTP3	History	17.2	12-23 m	-	62
Pol3	C or H <12 months	67.5	12-23 m	1453	64	MCV1	Card	51.7	12-23 m	-	62
Pol3	Card	54.4	12-23 m	1453	64	MCV1	Card or History	69.9	12-23 m	598	62
Pol3	Card or History	71	12-23 m	1453	64	MCV1	History	23.1	12-23 m	-	62
Pol3	History	16.6	12-23 m	1453	64	Pol1	Card	60.4	12-23 m	-	62
						Pol1	Card or History	87	12-23 m	598	62
						Pol1	History	26.9	12-23 m	-	62
						Pol3	Card	48.5	12-23 m	-	62
						Pol3	Card or History	62.8	12-23 m	598	62
						Pol3	History	16.1	12-23 m	-	62

1999 Enquête Nationale d'Evaluation des Conditions de vie de l'Enfant et de la Femme au Burundi (ENECEF-BURUNDI 2000), Rapport Préliminaire

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Further information and estimates for previous years are available at:

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

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