

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.

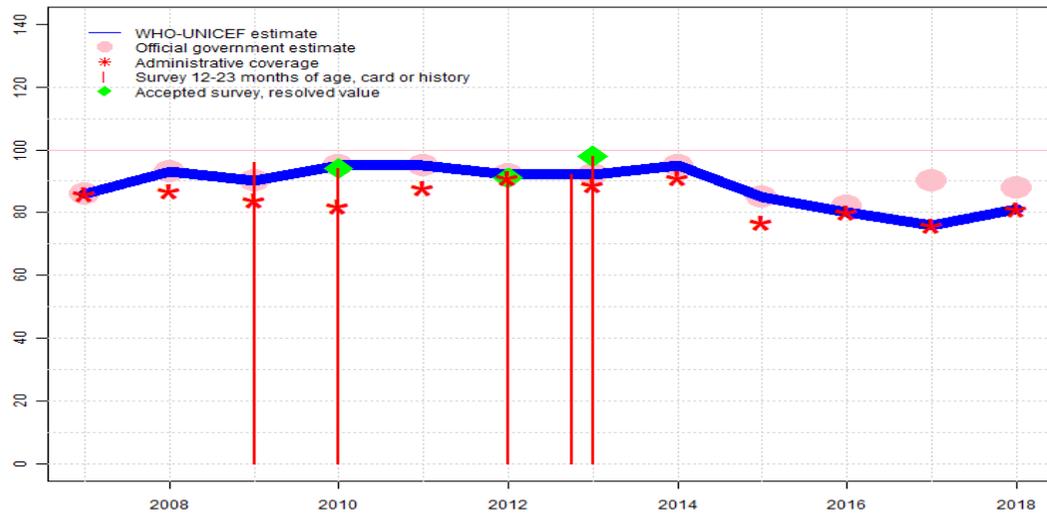
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

COG - BCG



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	86	93	90	95	95	92	92	95	85	80	76	81
Estimate GoC	•	•••	•••	•••	•••	•••	•••	•••	•	•	•	•
Official	86	93	90	95	95	92	92	95	85	82	90	88
Administrative	86	87	84	82	88	91	89	91	77	80	76	81
Survey	NA	NA	96	94	NA	91	*	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: 2017 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.

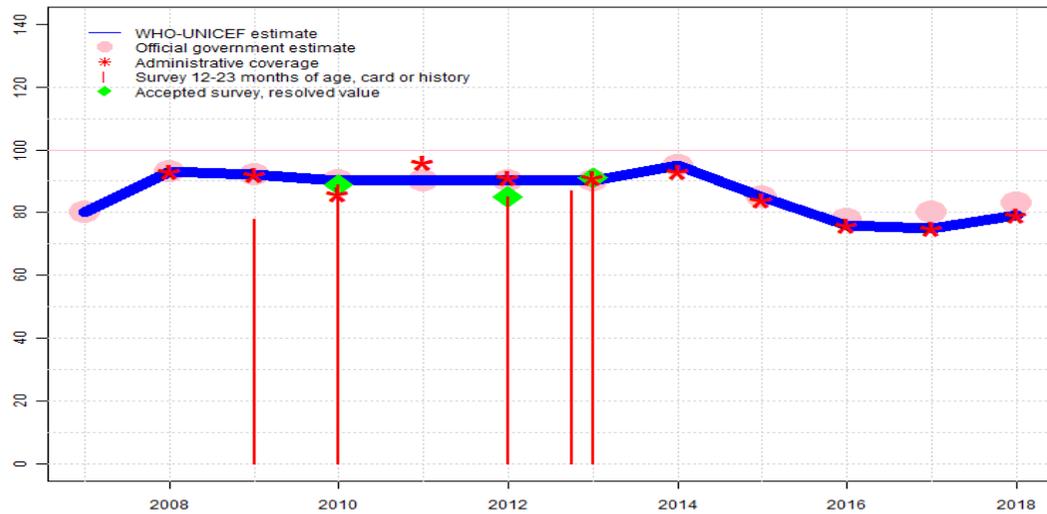
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2018: Estimate based on reported administrative data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate based on reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Programme reports national level stock-out of 2 months. Estimate challenged by: S-
- 2014: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 98 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. Official government estimate reflects DHS survey results. GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 91 percent based on 1 survey(s). Official government estimate reflects DHS survey results. GoC=R+ S+ D+
- 2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 94 percent based on 1 survey(s). The government estimate includes immunizations delivered in both the public and private sector. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Survey results ignored. Sample size 0 less than 300. GoC=R+ S+ D+
- 2008: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-

Congo - DTP1

COG - DTP1



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	80	93	92	90	90	90	90	95	85	76	75	79
Estimate GoC	●●	●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●	●	●
Official	80	93	92	90	90	90	90	95	85	78	80	83
Administrative	NA	93	92	86	96	91	91	93	84	76	75	79
Survey	NA	NA	78	89	NA	85	*	NA	NA	NA	NA	NA

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- 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.

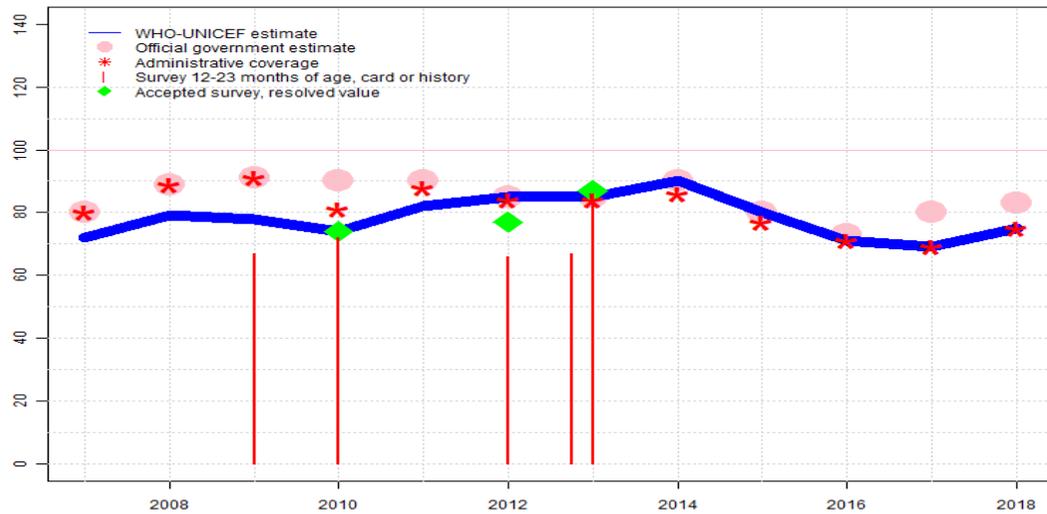
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- 2016: Estimate based on reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Programme reports national level stock-out of 2 months. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 91 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. Official government estimate reflects DHS survey results. GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 85 percent based on 1 survey(s). Official government estimate reflects DHS survey results. GoC=R+ S+ D+
- 2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 89 percent based on 1 survey(s). The government estimate includes immunizations delivered in both the public and private sector. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Survey results ignored. Sample size 0 less than 300. GoC=R+ S+ D+
- 2008: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2007: Estimate based on coverage reported by national government. GoC=R+

Congo - DTP3

COG - DTP3



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	72	79	78	74	82	85	85	90	80	71	69	75
Estimate GoC	•	•	•	•	•	•	•••	•	•••	•	•	•
Official	80	89	91	90	90	85	85	90	80	73	80	83
Administrative	80	89	91	81	88	84	84	86	77	71	69	75
Survey	NA	NA	67	72	NA	66	*	NA	NA	NA	NA	NA

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2017 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:

2018: Estimate based on reported administrative data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate based on reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate based on reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government. Programme reports national level stock-out of 2 months. GoC=R+ S+ D+

2014: Estimate based on coverage reported by national government. Estimate challenged by: S-

2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 87 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. National Routine Vaccination Coverage Survey in Congo, October-November 2014 card or history results of 86 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 60 percent. Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 67 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 47 percent and 3rd dose card only coverage of 43 percent. Official government estimate reflects DHS survey results. GoC=R+ S+ D+

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 77 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 66 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 32 percent and 3rd dose card only coverage of 29 percent. Official government estimate reflects DHS survey results. Estimate challenged by: S-

2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: R-

2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Congo Demographic and Health Survey 2011-2012 card or history results of 72 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 46 percent. The government estimate includes immunizations delivered in both the public and private sector. Estimate challenged by: R-

2009: Reported data calibrated to 2004 and 2010 levels. Survey results ignored. Sample size

Congo - DTP3

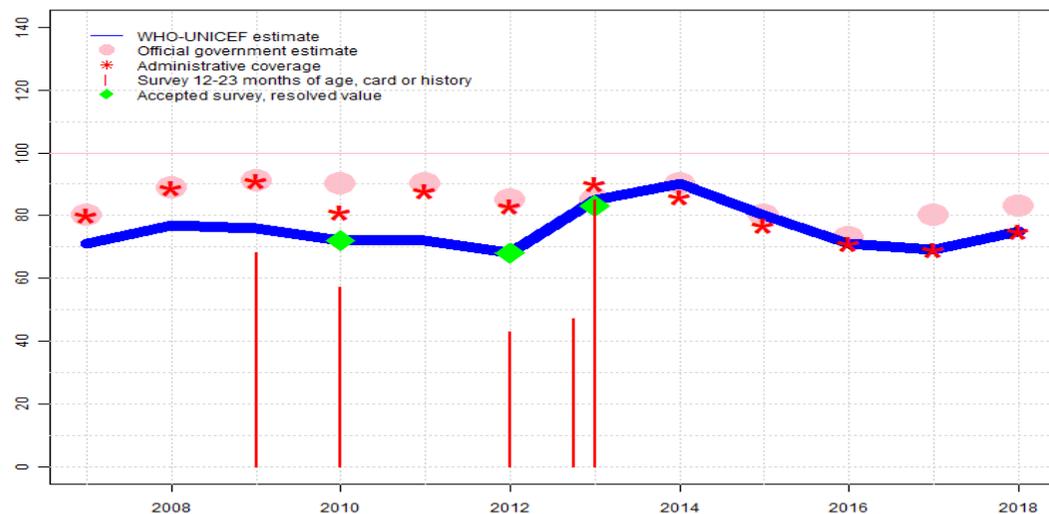
0 less than 300. Congo External EPI Review 2010 card or history results of 67 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 61 percent. Estimate challenged by: D-R-

2008: Reported data calibrated to 2004 and 2010 levels. Estimate challenged by: D-R-

2007: Reported data calibrated to 2004 and 2010 levels. Estimate challenged by: D-R-

Congo - Pol3

COG - Pol3



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	71	77	76	72	72	68	85	90	80	71	69	75
Estimate GoC	•	•	•	•	•	•	•	•	•••	•	•	•
Official	80	89	91	90	90	85	85	90	80	73	80	83
Administrative	80	89	91	81	88	83	90	86	77	71	69	75
Survey	NA	NA	68	57	NA	43	*	NA	NA	NA	NA	NA

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2017 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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- 2017: Estimate based on reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 83 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. National Routine Vaccination Coverage Survey in Congo, October-November 2014 card or history results of 85 percent modified for recall bias to 83 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 57 percent. Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 47 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 34 percent. Official government estimate reflects DHS survey results. Estimate challenged by: D-S-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 68 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 43 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 30 percent and 3rd dose card only coverage of 25 percent. Official government estimate reflects DHS survey results. Estimate challenged by: D-R-S-
- 2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: D-R-S-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 72 percent based on 1 survey(s). Congo Demographic and Health Survey 2011-2012 card or history results of 57 percent modified for recall bias to 72 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 42 percent. The government estimate includes immunizations delivered in both the public and private sector. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2004 and 2010 levels. Survey results ignored. Sample size 0 less than 300. Estimate challenged by: D-R-

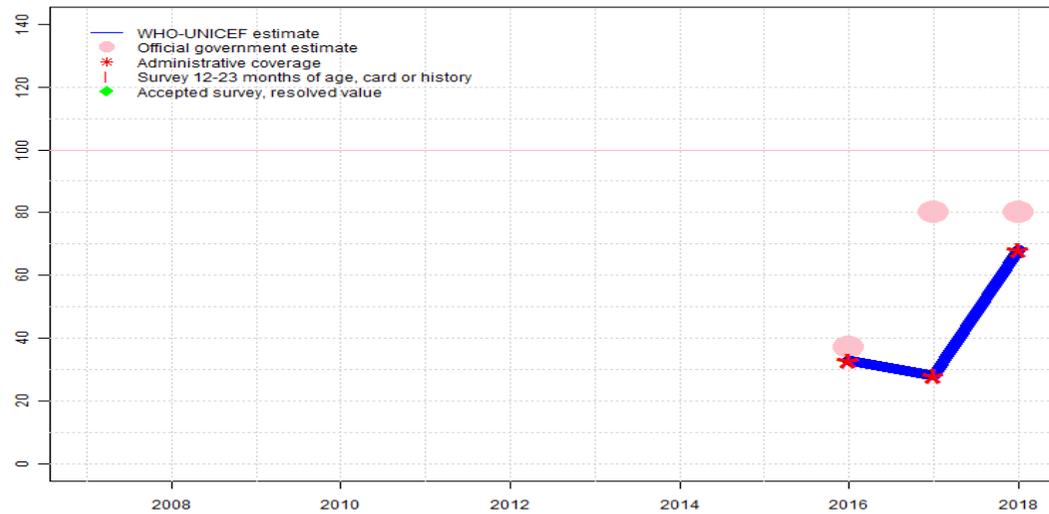
Congo - Pol3

2008: Reported data calibrated to 2004 and 2010 levels. Estimate challenged by: D-R-

2007: Reported data calibrated to 2004 and 2010 levels. Estimate challenged by: D-R-

Congo - IPV1

COG - 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).

2018: Estimate based on reported administrative estimate. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Increase following introduction year. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate based on reported administrative estimate. Adjustments from administrative coverage to derive official estimates are unclear. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2016: Inactivated polio vaccine introduced during 2016. Estimate is based on reported data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Programme reports national level stock-out of 4 months duration. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: R-

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA	33	28	68								
Estimate GoC	NA	•	•	•								
Official	NA	37	80	80								
Administrative	NA	33	28	68								
Survey	NA											

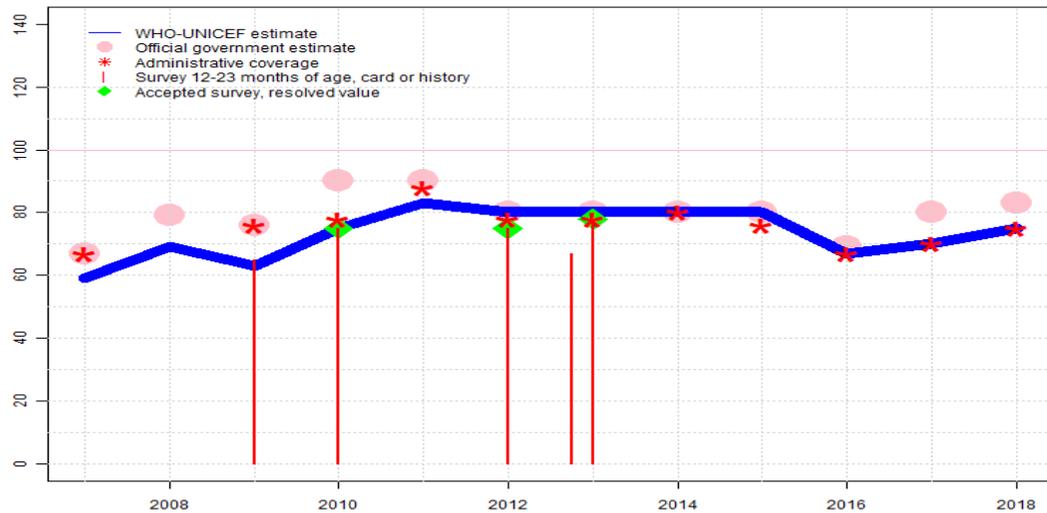
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- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Congo - MCV1

COG - MCV1



Description:

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- 2017: Estimate based on reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 78 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. Official government estimate reflects DHS survey results. GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 75 percent based on 1 survey(s). Official government estimate reflects DHS survey results. GoC=R+ S+ D+
- 2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: R-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). The government estimate includes immunizations delivered in both the public and private sector. Estimate challenged by: R-
- 2009: Reported data calibrated to 2004 and 2010 levels. Survey results ignored. Sample size 0 less than 300. Estimate challenged by: D-R-S-
- 2008: Reported data calibrated to 2004 and 2010 levels. All other antigens show significant increase. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2004 and 2010 levels. Estimate challenged by: D-R-

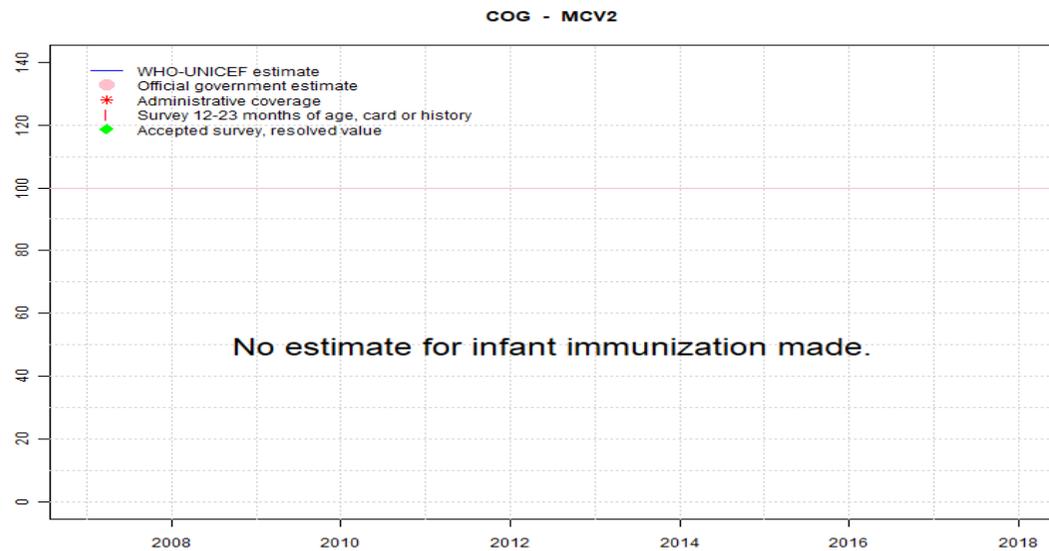
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	59	69	63	75	83	80	80	80	80	67	70	75
Estimate GoC	•	•	•	•	•	•••	•••	•••	•••	•	•	•
Official	67	79	76	90	90	80	80	80	80	69	80	83
Administrative	67	NA	76	78	88	78	78	80	76	67	70	75
Survey	NA	NA	65	75	NA	75	*	NA	NA	NA	NA	NA

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: 2017 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.

Congo - MCV2



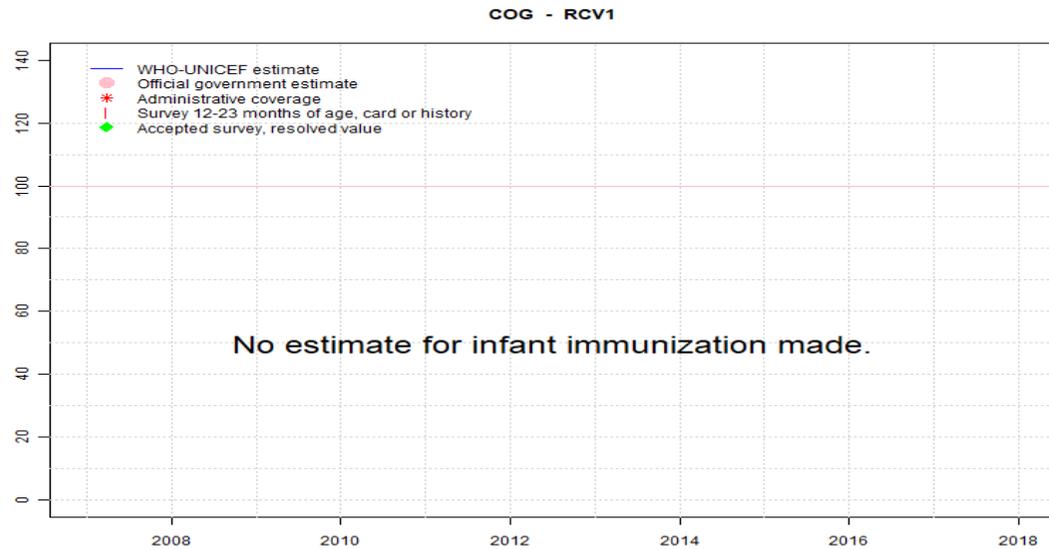
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA											
Estimate GoC	NA											
Official	NA											
Administrative	NA											
Survey	NA											

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: 2017 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.

Congo - RCV1



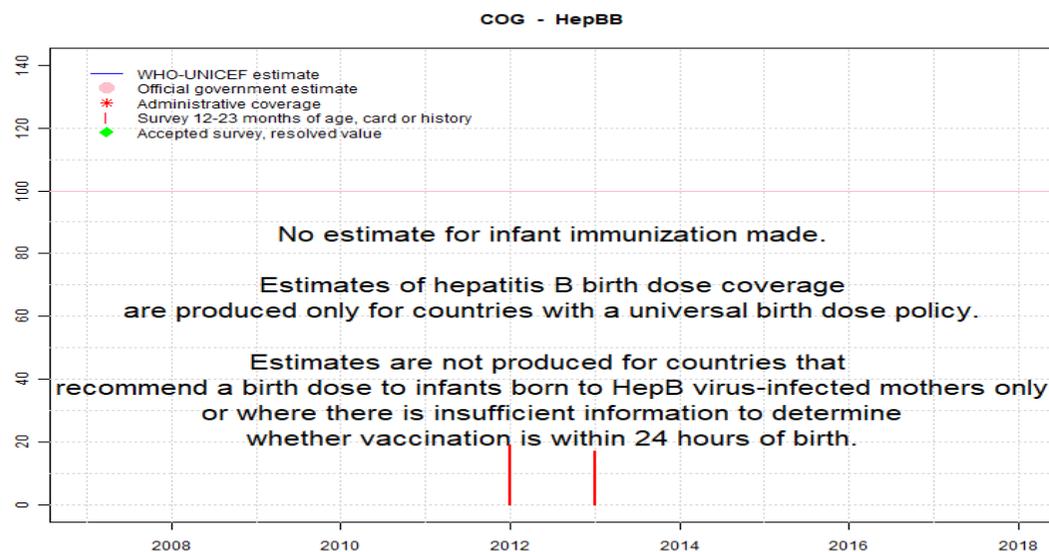
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA											
Estimate GoC	NA											
Official	NA											
Administrative	NA											
Survey	NA											

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: 2017 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.

Congo - HepBB



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA											
Estimate GoC	NA											
Official	NA											
Administrative	NA											
Survey	NA	NA	NA	NA	NA	19	17	NA	NA	NA	NA	NA

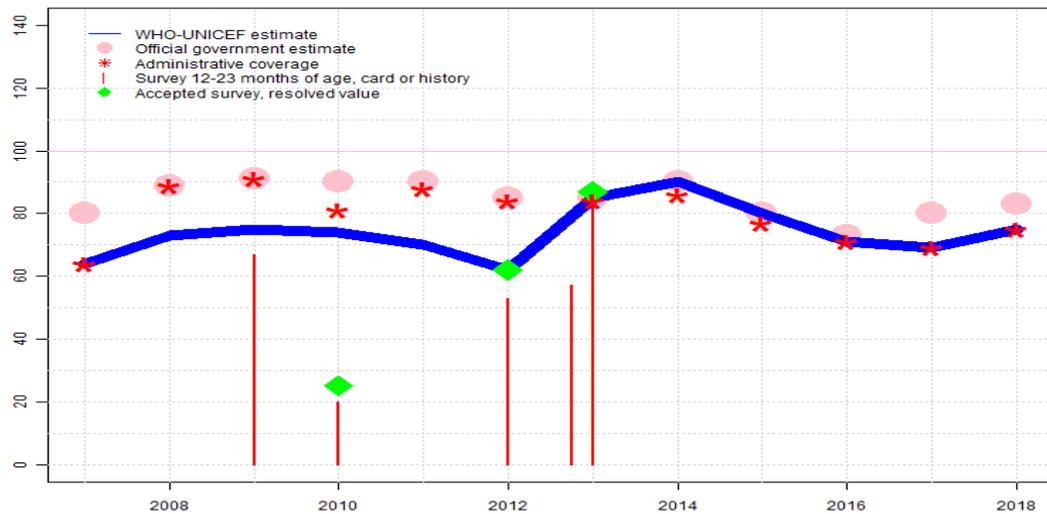
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2017 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.

Congo - HepB3

COG - HepB3



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	64	73	75	74	70	62	85	90	80	71	69	75
Estimate GoC	•	•	•	•	•	•	•	•	•••	•	•	•
Official	80	89	91	90	90	85	85	90	80	73	80	83
Administrative	64	89	91	81	88	84	84	86	77	71	69	75
Survey	NA	NA	67	20	NA	53	*	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: 2017 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:

- 2018: Estimate based on reported administrative data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate based on reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Programme reports national level stock-out of 2 months. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 87 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. National Routine Vaccination Coverage Survey in Congo, October-November 2014 card or history results of 86 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 60 percent. Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 57 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 75 percent, 1st dose card only coverage of 40 percent and 3rd dose card only coverage of 36 percent. Official government estimate reflects DHS survey results. Estimate challenged by: S-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 53 percent modified for recall bias to 62 percent based on 1st dose card or history coverage of 71 percent, 1st dose card only coverage of 24 percent and 3rd dose card only coverage of 21 percent. Official government estimate reflects DHS survey results. Estimate challenged by: D-R-S-
- 2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: D-R-S-
- 2010: Estimate of 74 percent assigned by working group. Estimate based on DTP3 coverage level. Congo Demographic and Health Survey 2011-2012 card or history results of 20 percent modified for recall bias to 25 percent based on 1st dose card or history coverage of 36 percent, 1st dose card only coverage of 20 percent and 3rd dose card only coverage of 14 percent. The government estimate includes immunizations delivered in both the public and private sector. Estimate challenged by: R-S-
- 2009: Reported data calibrated to 2010 levels. Survey results ignored. Sample size 0 less than 300. Congo External EPI Review 2010 card or history results of 67 percent modified for

Congo - HepB3

recall bias to 66 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 61 percent.

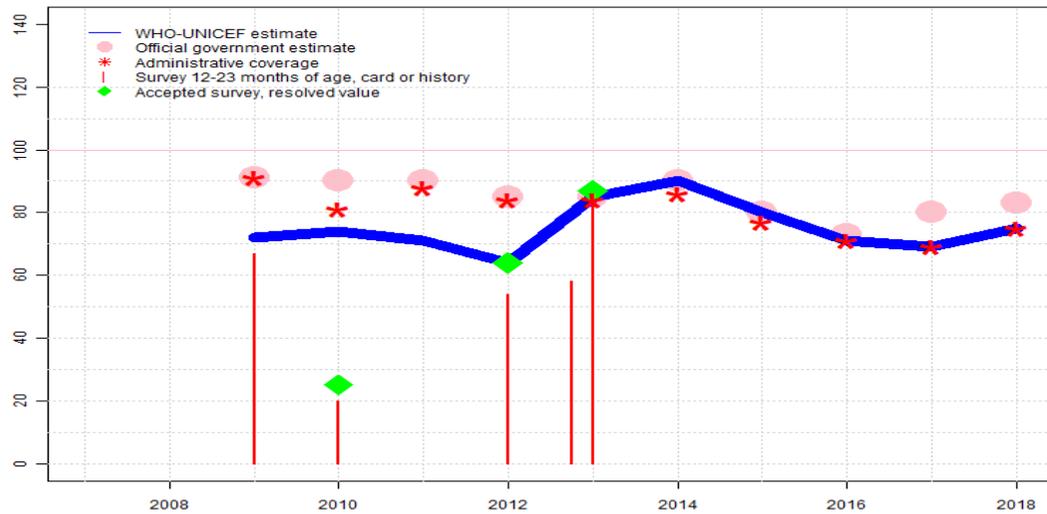
Estimate challenged by: D-R-S-

2008: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-S-

2007: Reported data calibrated to 2010 levels. HepB vaccine introduced in 2007. Estimate challenged by: R-

Congo - Hib3

COG - Hib3



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA	NA	72	74	71	64	85	90	80	71	69	75
Estimate GoC	NA	NA	•	•	•	•	•	•	•••	•	•	•
Official	NA	NA	91	90	90	85	85	90	80	73	80	83
Administrative	NA	NA	91	81	88	84	84	86	77	71	69	75
Survey	NA	NA	67	20	NA	54	*	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: 2017 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:

2018: Estimate based on reported administrative data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate based on reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate based on reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government. Programme reports national level stock-out of 2 months. GoC=R+ S+ D+

2014: Estimate based on coverage reported by national government. Estimate challenged by: S-

2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 87 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. National Routine Vaccination Coverage Survey in Congo, October-November 2014 card or history results of 86 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 60 percent. Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 58 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 39 percent and 3rd dose card only coverage of 36 percent. Official government estimate reflects DHS survey results. Estimate challenged by: S-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 54 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 70 percent, 1st dose card only coverage of 24 percent and 3rd dose card only coverage of 22 percent. Official government estimate reflects DHS survey results. Estimate challenged by: D-R-S-

2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: D-R-S-

2010: Estimate of 74 percent assigned by working group. Estimate based on DTP3 level. Congo Demographic and Health Survey 2011-2012 card or history results of 20 percent modified for recall bias to 25 percent based on 1st dose card or history coverage of 36 percent, 1st dose card only coverage of 20 percent and 3rd dose card only coverage of 14 percent. The government estimate includes immunizations delivered in both the public and private sector. Estimate challenged by: R-S-

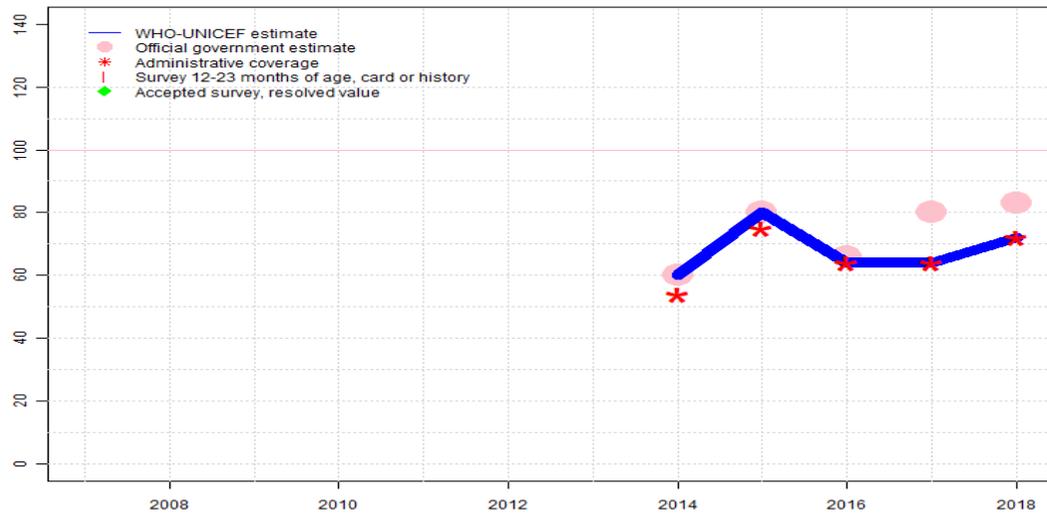
2009: Estimate of 72 percent assigned by working group. Estimate based on DTP3 level. Survey results ignored. Sample size 0 less than 300. Congo External EPI Review 2010 card or

Congo - Hib3

history results of 67 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 61 percent. Hib vaccine introduced in 2009. Vaccine presentation is DTP-HepB-Hib. Estimate challenged by: D-R-S-

Congo - RotaC

COG - RotaC



Description:

- 2018: Estimate based on reported administrative estimate. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate based on reported administrative estimate. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate based on reported administrative estimate. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Increase may be explained due to roll out of vaccine introduction GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Rotavirus vaccine introduced during 2014. GoC=R+ D+

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA	60	80	64	64	72						
Estimate GoC	NA	••	••	•	•	•						
Official	NA	60	80	66	80	83						
Administrative	NA	54	75	64	64	72						
Survey	NA											

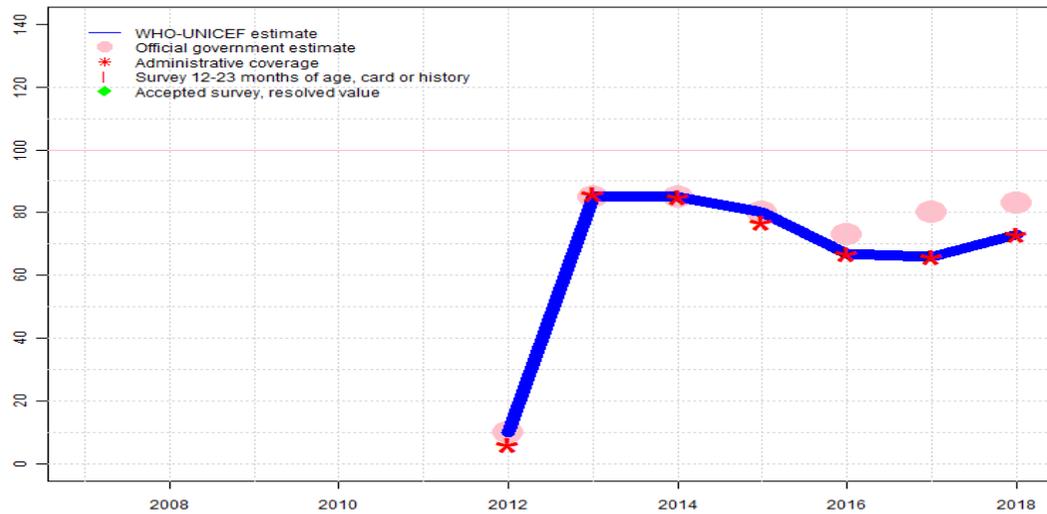
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2017 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.

Congo - PcV3

COG - PcV3



Description:

- 2018: Estimate based on reported administrative data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Programme reports one month vaccine stock-out at national level. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate based on reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Official government estimate reflects DHS survey results. . GoC=R+ D+
- 2012: Estimate is based on official government estimate. Official government estimate reflects DHS survey results. Pneumococcal conjugate vaccine was introduced in October 2012. GoC=R+ D+

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA	NA	NA	NA	NA	10	85	85	80	67	66	73
Estimate GoC	NA	NA	NA	NA	NA	••	••	••	••	•	•	•
Official	NA	NA	NA	NA	NA	10	85	85	80	73	80	83
Administrative	NA	NA	NA	NA	NA	6	86	85	77	67	66	73
Survey	NA											

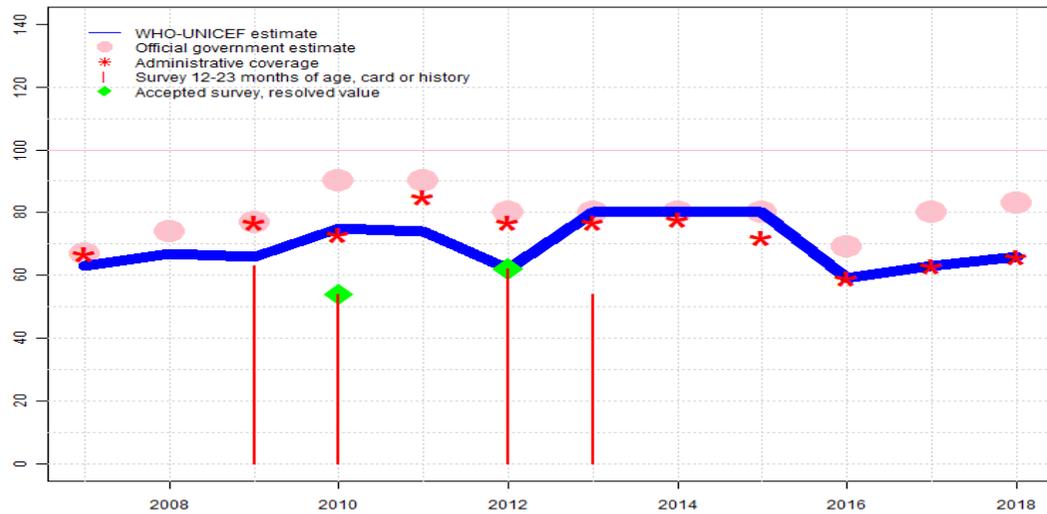
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2017 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.

Congo - YFV

COG - YFV



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	63	67	66	75	74	62	80	80	80	59	63	66
Estimate GoC	•	•	•	•	•	•	•	•	••	•	•	•
Official	67	74	77	90	90	80	80	80	80	69	80	83
Administrative	67	NA	77	73	85	77	77	78	72	59	63	66
Survey	NA	NA	63	54	NA	62	54	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: 2017 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:

- 2018: Estimate based on reported administrative data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Programme reports one month vaccine stock-out at national level. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate based on reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate of 63 percent changed from previous revision value of 60 percent. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Programme reports national level stock-out of 1 month duration. Adjustments from administrative coverage to derive official estimates are unclear. Estimate of 59 percent changed from previous revision value of 56 percent. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Programme reports national level stock-out of 1 month duration. Estimate of 80 percent changed from previous revision value of 77 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports one month stock-out at national level. Estimate of 80 percent changed from previous revision value of 77 percent. Estimate challenged by: S-
- 2013: Survey does not include yellow fever vaccine but supports administrative coverage for other vaccines. Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. Official government estimate reflects DHS survey results. Estimate of 80 percent changed from previous revision value of 77 percent. Estimate challenged by: S-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Official government estimate reflects DHS survey results. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: D-R-S-
- 2010: Estimate of 75 percent assigned by working group. Estimate follows survey result for MCV. The government estimate includes immunizations delivered in both the public and private sector. Estimate challenged by: R-S-
- 2009: Reported data calibrated to 2006 and 2010 levels. Survey results ignored. Sample size 0 less than 300. Estimate challenged by: D-R-S-
- 2008: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-S-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-

Congo - survey details

2013 Congo Multiple Indicator Cluster Survey 2014-2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.8	12-23 m	1708	50
BCG	Card	49.7	12-23 m	1708	50
BCG	Card or History	92.4	12-23 m	1708	50
BCG	History	42.7	12-23 m	1708	50
DTP1	C or H <12 months	85.9	12-23 m	1708	50
DTP1	Card	47.1	12-23 m	1708	50
DTP1	Card or History	86.9	12-23 m	1708	50
DTP1	History	39.8	12-23 m	1708	50
DTP3	C or H <12 months	66.3	12-23 m	1708	50
DTP3	Card	42.6	12-23 m	1708	50
DTP3	Card or History	67.3	12-23 m	1708	50
DTP3	History	24.7	12-23 m	1708	50
HepB1	C or H <12 months	73.7	12-23 m	1708	50
HepB1	Card	40	12-23 m	1708	50
HepB1	Card or History	74.7	12-23 m	1708	50
HepB1	History	34.7	12-23 m	1708	50
HepB3	C or H <12 months	55.6	12-23 m	1708	50
HepB3	Card	36.4	12-23 m	1708	50
HepB3	Card or History	56.8	12-23 m	1708	50
HepB3	History	20.4	12-23 m	1708	50
HepBB	C or H <12 months	15.5	12-23 m	1708	50
HepBB	Card	5.2	12-23 m	1708	50
HepBB	Card or History	17.4	12-23 m	1708	50
HepBB	History	12.2	12-23 m	1708	50
Hib1	C or H <12 months	72.7	12-23 m	1708	50
Hib1	Card	39.3	12-23 m	1708	50
Hib1	Card or History	73.6	12-23 m	1708	50
Hib1	History	34.4	12-23 m	1708	50
Hib3	C or H <12 months	56.8	12-23 m	1708	50
Hib3	Card	36.3	12-23 m	1708	50
Hib3	Card or History	57.6	12-23 m	1708	50
Hib3	History	21.3	12-23 m	1708	50
MCV1	C or H <12 months	62.5	12-23 m	1708	50
MCV1	Card	32	12-23 m	1708	50
MCV1	Card or History	66.7	12-23 m	1708	50
MCV1	History	34.6	12-23 m	1708	50
Pol1	C or H <12 months	79	12-23 m	1708	50

Pol1	Card	42.5	12-23 m	1708	50
Pol1	Card or History	80.7	12-23 m	1708	50
Pol1	History	38.2	12-23 m	1708	50
Pol3	C or H <12 months	45.8	12-23 m	1708	50
Pol3	Card	34.3	12-23 m	1708	50
Pol3	Card or History	47	12-23 m	1708	50
Pol3	History	12.7	12-23 m	1708	50
YFV	C or H <12 months	49.6	12-23 m	1708	50
YFV	Card	20.1	12-23 m	1708	50
YFV	Card or History	53.5	12-23 m	1708	50
YFV	History	33.3	12-23 m	1708	50

2013 Evaluation Nationale de la Couverture Vaccinale de Routine au Congo Effectuee en Octobre et Novembre 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	94.7	12-23 m	-	70
BCG	Card or History	98.1	12-23 m	513	70
DTP1	Card	63.4	12-23 m	-	70
DTP1	Card or History	91	12-23 m	513	70
DTP3	Card	59.5	12-23 m	-	70
DTP3	Card or History	86.4	12-23 m	513	70
HepB1	Card	63.4	12-23 m	-	70
HepB1	Card or History	91	12-23 m	513	70
HepB3	Card	59.5	12-23 m	-	70
HepB3	Card or History	86.4	12-23 m	513	70
Hib1	Card	63.4	12-23 m	-	70
Hib1	Card or History	91	12-23 m	513	70
Hib3	Card	59.5	12-23 m	-	70
Hib3	Card or History	86.4	12-23 m	513	70
MCV1	Card	52.8	12-23 m	-	70
MCV1	Card or History	77.6	12-23 m	513	70
Pol1	Card	62.2	12-23 m	-	70
Pol1	Card or History	90.4	12-23 m	513	70
Pol3	Card	56.9	12-23 m	-	70
Pol3	Card or History	85.2	12-23 m	513	70

2012 Congo Multiple Indicator Cluster Survey 2014-2015

Congo - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	88.1	24-35 m	1857	50
BCG	Card	33.3	24-35 m	1857	50
BCG	Card or History	90.9	24-35 m	1857	50
BCG	History	57.6	24-35 m	1857	50
DTP1	C or H <12 months	82.9	24-35 m	1857	50
DTP1	Card	32.2	24-35 m	1857	50
DTP1	Card or History	85	24-35 m	1857	50
DTP1	History	52.7	24-35 m	1857	50
DTP3	C or H <12 months	63.5	24-35 m	1857	50
DTP3	Card	29.1	24-35 m	1857	50
DTP3	Card or History	65.5	24-35 m	1857	50
DTP3	History	36.4	24-35 m	1857	50
HepB1	C or H <12 months	68.9	24-35 m	1857	50
HepB1	Card	24.1	24-35 m	1857	50
HepB1	Card or History	71.4	24-35 m	1857	50
HepB1	History	47.2	24-35 m	1857	50
HepB3	C or H <12 months	50.8	24-35 m	1857	50
HepB3	Card	21.1	24-35 m	1857	50
HepB3	Card or History	52.7	24-35 m	1857	50
HepB3	History	31.6	24-35 m	1857	50
HepBB	C or H <12 months	15.3	24-35 m	1857	50
HepBB	Card	4.4	24-35 m	1857	50
HepBB	Card or History	18.7	24-35 m	1857	50
HepBB	History	14.3	24-35 m	1857	50
Hib1	C or H <12 months	67.8	24-35 m	1857	50
Hib1	Card	23.7	24-35 m	1857	50
Hib1	Card or History	70.1	24-35 m	1857	50
Hib1	History	46.4	24-35 m	1857	50
Hib3	C or H <12 months	51.6	24-35 m	1857	50
Hib3	Card	21.5	24-35 m	1857	50
Hib3	Card or History	53.6	24-35 m	1857	50
Hib3	History	32	24-35 m	1857	50
MCV1	C or H <12 months	64.6	24-35 m	1857	50
MCV1	Card	25.2	24-35 m	1857	50
MCV1	Card or History	75	24-35 m	1857	50
MCV1	History	49.9	24-35 m	1857	50
Pol1	C or H <12 months	77.4	24-35 m	1857	50
Pol1	Card	29.9	24-35 m	1857	50
Pol1	Card or History	80.8	24-35 m	1857	50
Pol1	History	50.9	24-35 m	1857	50
Pol3	C or H <12 months	40.1	24-35 m	1857	50
Pol3	Card	25.2	24-35 m	1857	50
Pol3	Card or History	43	24-35 m	1857	50
Pol3	History	17.8	24-35 m	1857	50
YFV	C or H <12 months	48.2	24-35 m	1857	50
YFV	Card	17.4	24-35 m	1857	50
YFV	Card or History	62.1	24-35 m	1857	50
YFV	History	44.6	24-35 m	1857	50

2010 Enquête Démographique et de Santé du Congo (EDSC-ii) 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	93.3	12-23 m	1678	57
BCG	Card	56.3	12-23 m	959	57
BCG	Card or History	93.9	12-23 m	1678	57
BCG	History	37.6	12-23 m	719	57
DTP1	C or H <12 months	88	12-23 m	1678	57
DTP1	Card	54.8	12-23 m	959	57
DTP1	Card or History	89.3	12-23 m	1678	57
DTP1	History	34.5	12-23 m	719	57
DTP3	C or H <12 months	70.7	12-23 m	1678	57
DTP3	Card	46.5	12-23 m	959	57
DTP3	Card or History	71.9	12-23 m	1678	57
DTP3	History	25.4	12-23 m	719	57
HepB1	C or H <12 months	34.2	12-23 m	1678	57
HepB1	Card	20.4	12-23 m	959	57
HepB1	Card or History	36	12-23 m	1678	57
HepB1	History	15.6	12-23 m	719	57
HepB3	C or H <12 months	19.4	12-23 m	1678	57
HepB3	Card	13.5	12-23 m	959	57
HepB3	Card or History	19.8	12-23 m	1678	57
HepB3	History	6.3	12-23 m	719	57
Hib1	C or H <12 months	34.2	12-23 m	1678	57
Hib1	Card	20.4	12-23 m	959	57
Hib1	Card or History	36	12-23 m	1678	57
Hib1	History	15.6	12-23 m	719	57
Hib3	C or H <12 months	19.4	12-23 m	1678	57

Congo - survey details

Hib3	Card	13.5	12-23 m	959	57
Hib3	Card or History	19.8	12-23 m	1678	57
Hib3	History	6.3	12-23 m	719	57
MCV1	C or H <12 months	68.1	12-23 m	1678	57
MCV1	Card	47	12-23 m	959	57
MCV1	Card or History	74.9	12-23 m	1678	57
MCV1	History	27.9	12-23 m	719	57
Pol1	C or H <12 months	86.3	12-23 m	1678	57
Pol1	Card	50.8	12-23 m	959	57
Pol1	Card or History	86.9	12-23 m	1678	57
Pol1	History	36.1	12-23 m	719	57
Pol3	C or H <12 months	56.4	12-23 m	1678	57
Pol3	Card	41.8	12-23 m	959	57
Pol3	Card or History	57.2	12-23 m	1678	57
Pol3	History	15.4	12-23 m	719	57
YFV	C or H <12 months	49.4	12-23 m	1678	57
YFV	Card	30.4	12-23 m	959	57
YFV	Card or History	54.5	12-23 m	1678	57
YFV	History	24.1	12-23 m	719	57

2009 Revue Externe du Programme Elargi de Vaccination au Congo, 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	95	12-23 m	-	88
BCG	Card or History	96	12-23 m	-	88
DTP1	Card	72	12-23 m	-	88
DTP1	Card or History	78	12-23 m	-	88
DTP3	Card	61	12-23 m	-	88
DTP3	Card or History	67	12-23 m	-	88
HepB1	Card	72	12-23 m	-	88
HepB1	Card or History	78	12-23 m	-	88
HepB3	Card	61	12-23 m	-	88
HepB3	Card or History	67	12-23 m	-	88
Hib1	Card	72	12-23 m	-	88
Hib1	Card or History	78	12-23 m	-	88
Hib3	Card	61	12-23 m	-	88
Hib3	Card or History	67	12-23 m	-	88
MCV1	Card	59	12-23 m	-	88
MCV1	Card or History	65	12-23 m	-	88

Pol1	Card	77	12-23 m	-	88
Pol1	Card or History	84	12-23 m	-	88
Pol3	Card	62	12-23 m	-	88
Pol3	Card or History	68	12-23 m	-	88
YFV	Card	58	12-23 m	-	88
YFV	Card or History	63	12-23 m	-	88

2004 Enquête démographique and de santé du Congo, 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	89.6	12-23 m	899	60
BCG	Card	59.3	12-23 m	899	60
BCG	Card or History	90	12-23 m	899	60
BCG	History	30.7	12-23 m	899	60
DTP1	C or H <12 months	83.6	12-23 m	899	60
DTP1	Card	58.8	12-23 m	899	60
DTP1	Card or History	85.3	12-23 m	899	60
DTP1	History	26.5	12-23 m	899	60
DTP3	C or H <12 months	65.8	12-23 m	899	60
DTP3	Card	51.9	12-23 m	899	60
DTP3	Card or History	68.4	12-23 m	899	60
DTP3	History	16.5	12-23 m	899	60
MCV1	C or H <12 months	57.9	12-23 m	899	60
MCV1	Card	46.6	12-23 m	899	60
MCV1	Card or History	66.2	12-23 m	899	60
MCV1	History	19.6	12-23 m	899	60
Pol1	C or H <12 months	91.8	12-23 m	899	60
Pol1	Card	58.9	12-23 m	899	60
Pol1	Card or History	93.4	12-23 m	899	60
Pol1	History	34.5	12-23 m	899	60
Pol3	C or H <12 months	66.4	12-23 m	899	60
Pol3	Card	51.4	12-23 m	899	60
Pol3	Card or History	69.1	12-23 m	899	60
Pol3	History	17.8	12-23 m	899	60
YFV	C or H <12 months	26.2	12-23 m	899	60
YFV	Card	20.6	12-23 m	899	60
YFV	Card or History	31.8	12-23 m	899	60
YFV	History	11.2	12-23 m	899	60

Congo - survey details

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