

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.

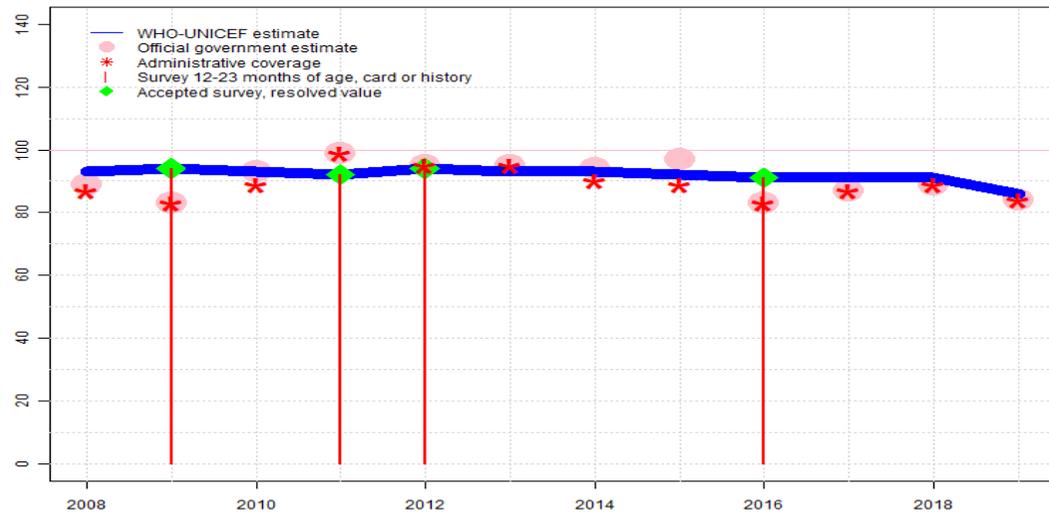
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

GNB - BCG



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	93	94	93	92	94	93	93	92	91	91	91	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	89	83	93	99	95	95	94	97	83	87	89	84
Administrative	87	83	89	99	95	95	90	89	83	87	89	84
Survey	NA	94	NA	92	94	NA	NA	NA	91	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: 2019 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.

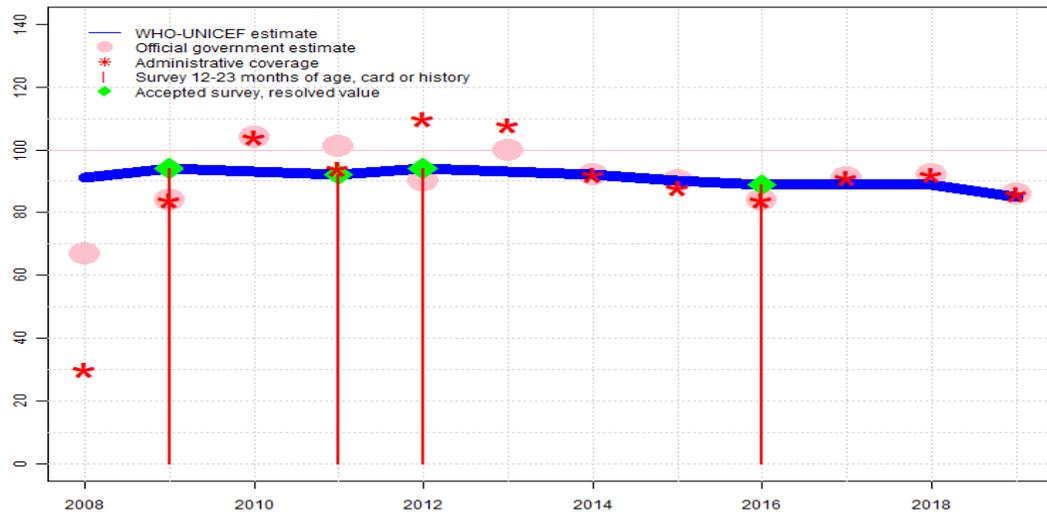
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2019: Reported data calibrated to 2018 levels. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results. Programme reports three month vaccine stock-out at national and district levels. GoC=Assigned by working group. .
- 2018: Estimate of 91 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2017: Estimate of 91 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2016: Estimate of 91 percent assigned by working group. Estimate based on survey result. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .
- 2015: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2014: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2013: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2012: Estimate of 94 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2011: Estimate of 92 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2010: Estimate based on interpolation between 2009 and 2011 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2009: Estimate of 94 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2008: Estimate based on interpolation between 2005 and 2009 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .

Guinea-Bissau - DTP1

GNB - DTP1



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	91	94	93	92	94	93	92	90	89	89	89	85
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	67	84	104	101	90	100	92	90	84	91	92	86
Administrative	30	84	104	94	110	108	92	88	84	91	92	86
Survey	NA	94	NA	92	94	NA	NA	NA	89	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: 2019 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.

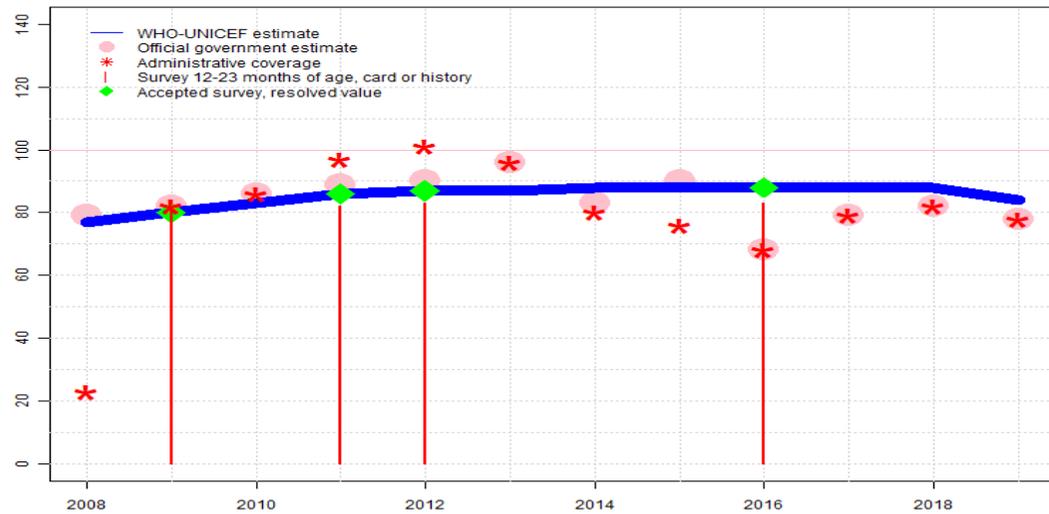
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2019: Estimate is based on similar relationship between estimated DTP1 and DTP3 levels for 2018. Estimated coverage likely does not accurately reflect drop-out between first and third doses of DTP. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results. GoC=Assigned by working group. .
- 2018: Estimate of 89 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2017: Estimate of 89 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2016: Estimate of 89 percent assigned by working group. Estimate based on survey result. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .
- 2015: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2014: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2013: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2012: Estimate of 94 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2011: Estimate of 92 percent assigned by working group. Estimate based on survey result. Reported data excluded because 101 percent greater than 100 percent. GoC=Assigned by working group. .
- 2010: Estimate based on interpolation between 2009 and 2011 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. .
- 2009: Estimate of 94 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2008: Estimate based on interpolation between 2005 and 2009 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 107 percent to 67 percent with increase to 84 percent. GoC=Assigned by working group. .

Guinea-Bissau - DTP3

GNB - DTP3



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	77	80	83	86	87	87	88	88	88	88	88	84
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	79	82	86	89	90	96	83	90	68	79	82	78
Administrative	23	82	86	97	101	96	80	76	68	79	82	78
Survey	NA	81	NA	82	83	NA	NA	NA	83	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: 2019 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:

- 2019: Reported data calibrated to 2018 levels. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results. GoC=Assigned by working group. .
- 2018: Estimate of 88 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2017: Estimate of 88 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2016: Estimate of 88 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Vaccine Coverage Survey Report 2017 card or history results of 83 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 82 percent. Reported data excluded due to decline in reported coverage from 90 percent to 68 percent with increase to 79 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .
- 2015: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2014: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2013: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2012: Estimate of 87 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 82 percent and 3rd dose card only coverage of 76 percent. GoC=Assigned by working group. .
- 2011: Estimate of 86 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 82 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 69 percent. GoC=Assigned by working group. .
- 2010: Estimate based on interpolation between 2009 and 2011 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2009: Estimate of 80 percent assigned by working group. Estimate based on survey result. Guinea-Bissau 4th Multiple Indicator Cluster Survey 2010 card or history results of 81 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage

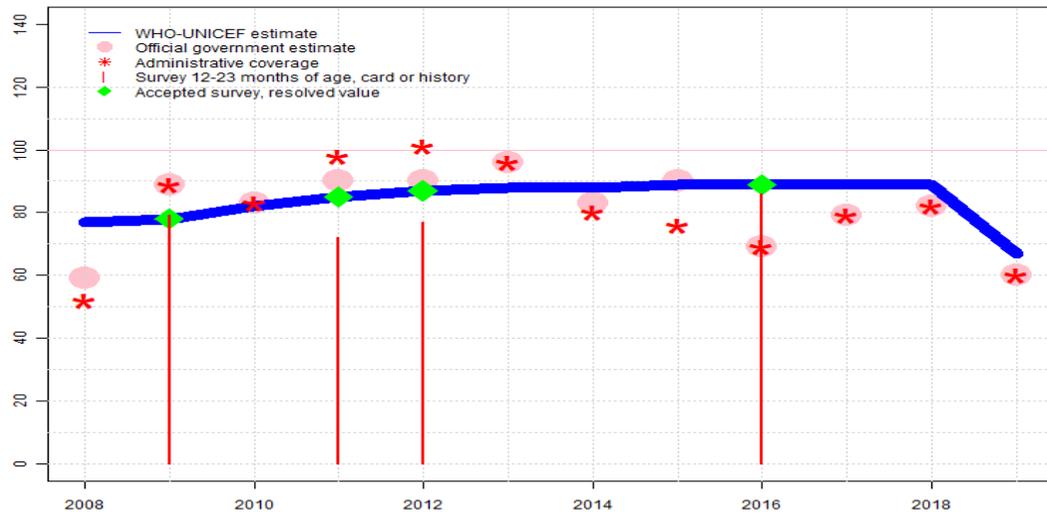
Guinea-Bissau - DTP3

of 68 percent. GoC=Assigned by working group. .

2008: Estimate based on interpolation between 2005 and 2009 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .

Guinea-Bissau - Pol3

GNB - Pol3



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	77	78	82	85	87	88	88	89	89	89	89	67
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	59	89	83	90	90	96	83	90	69	79	82	60
Administrative	52	89	83	98	101	96	80	76	69	79	82	60
Survey	NA	79	NA	72	77	NA	NA	NA	86	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: 2019 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.
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Description:

- 2019: Reported data calibrated to 2018 levels. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results. Programme reports three month vaccine stock-out at national and district levels. GoC=Assigned by working group. .
- 2018: Estimate of 89 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2017: Estimate of 89 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2016: Estimate of 89 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Vaccine Coverage Survey Report 2017 card or history results of 86 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 82 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .
- 2015: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2014: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2013: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2012: Estimate of 87 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 77 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 82 percent and 3rd dose card only coverage of 76 percent. GoC=Assigned by working group. .
- 2011: Estimate of 85 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 72 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 69 percent. GoC=Assigned by working group. .
- 2010: Estimate based on interpolation between 2009 and 2011 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2009: Estimate of 78 percent assigned by working group. Estimate based on survey result. Guinea-Bissau 4th Multiple Indicator Cluster Survey 2010 card or history results of 79 percent modified for recall bias to 78 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage

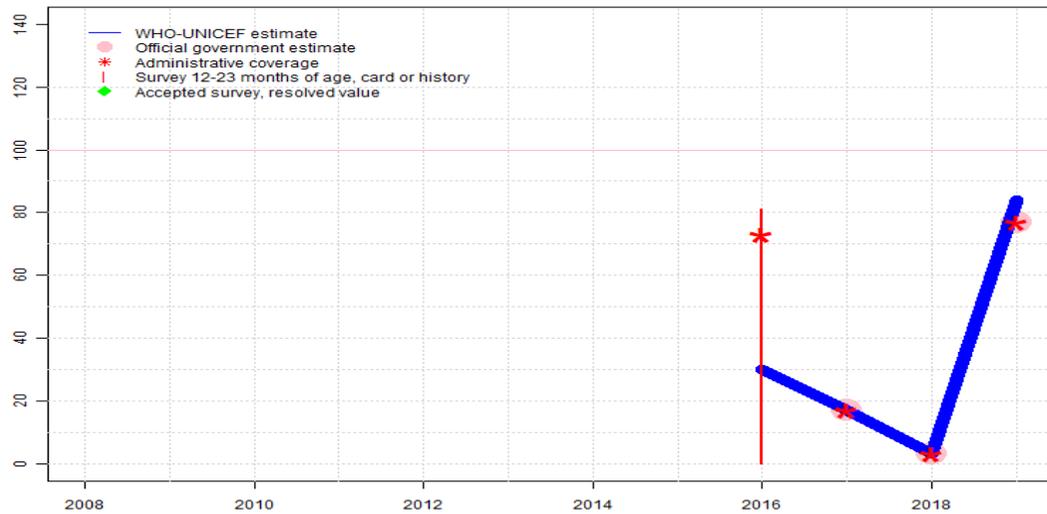
Guinea-Bissau - Pol3

of 66 percent. GoC=Assigned by working group. .

2008: Estimate based on interpolation between 2005 and 2009 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 91 percent to 59 percent with increase to 89 percent. GoC=Assigned by working group. .

Guinea-Bissau - IPV1

GNB - 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).

2019: Estimate is based on estimated DTP3 level. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results.. GoC=Assigned by working group. .

2018: . Reported data excluded due to decline in reported coverage from 17 percent to 3 percent with increase to 77 percent. Programme reports eleven month vaccine stock-out at national level. GoC=Assigned by working group. .

2017: Programme reports 7 months stock out. GoC=Assigned by working group. .

2016: Programme reports coverage of 73 percent in 42 percent of the target population. Estimate based on annualized coverage for target population. Guinea-Bissau Vaccine Coverage Survey Report 2017 results ignored by working group. Survey estimate is inconsistent with period of introduction and reported number of doses administered. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	NA	30	17	3	84							
Estimate GoC	NA	•	•	•	•							
Official	NA	17	3	77								
Administrative	NA	73	17	3	77							
Survey	NA	81	NA	NA	NA							

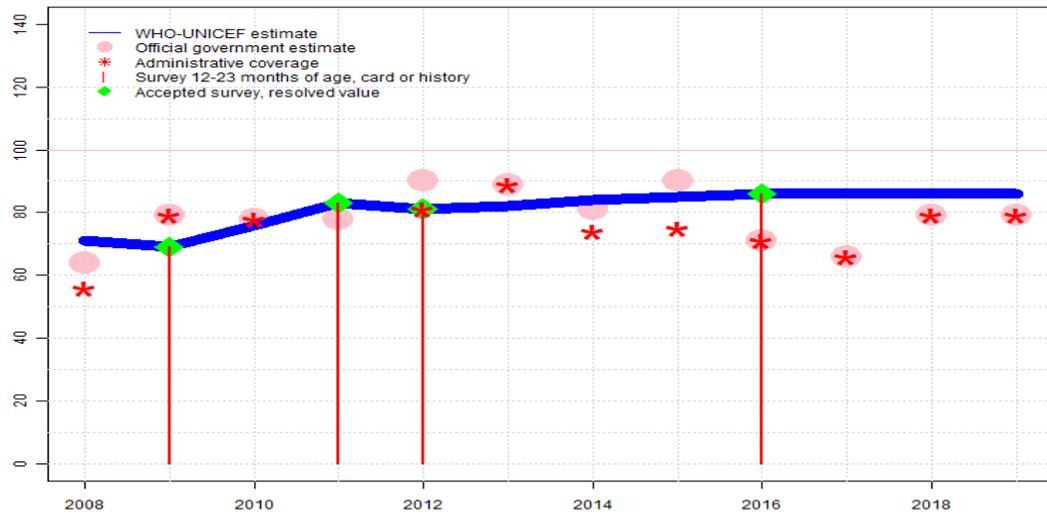
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Guinea-Bissau - MCV1

GNB - MCV1



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	71	69	76	83	81	82	84	85	86	86	86	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	64	79	78	78	90	89	81	90	71	66	79	79
Administrative	56	79	78	NA	81	89	74	75	71	66	79	79
Survey	NA	69	NA	83	81	NA	NA	NA	86	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.

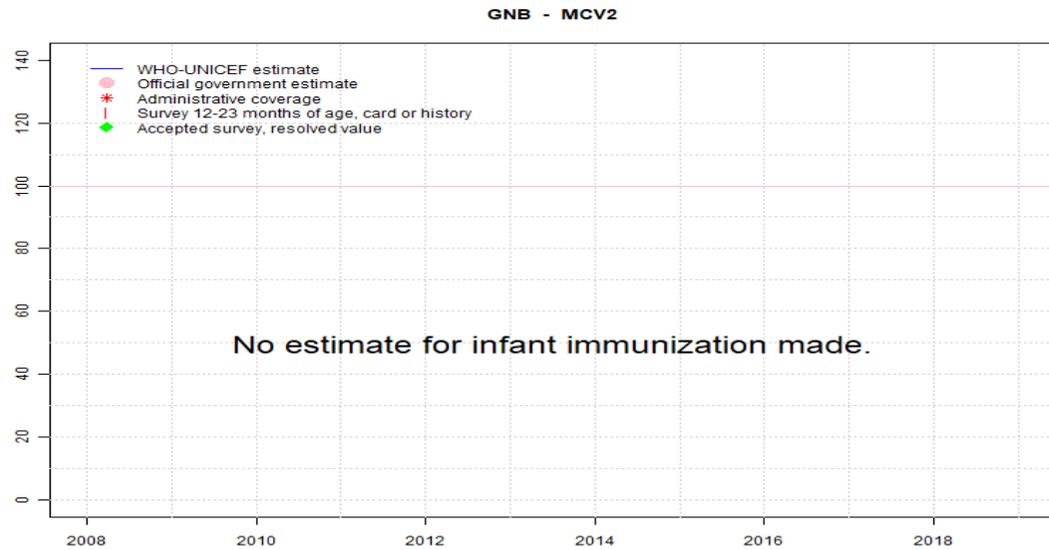
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2019 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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- 2018: Estimate of 86 percent assigned by working group. Estimate based on survey result. Programme reports one month vaccine stock-out at national level. GoC=Assigned by working group. .
- 2017: Estimate of 86 percent assigned by working group. Estimate based on survey result. Programme reports 1 month sockout. GoC=Assigned by working group. .
- 2016: Estimate of 86 percent assigned by working group. Estimate based on survey result. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .
- 2015: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2014: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2013: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2012: Estimate of 81 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2011: Estimate of 83 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2010: Estimate based on interpolation between 2009 and 2011 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2009: Estimate of 69 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2008: Estimate based on interpolation between 2005 and 2009 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 80 percent to 64 percent with increase to 79 percent. GoC=Assigned by working group. .

Guinea-Bissau - MCV2



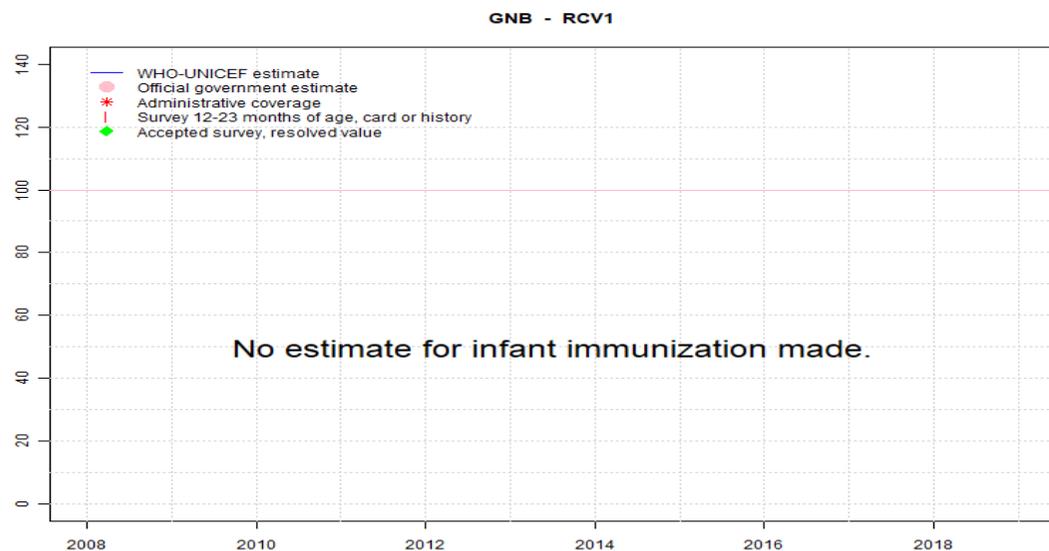
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	NA											
Estimate GoC	NA											
Official	NA											
Administrative	NA											
Survey	NA											

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: 2019 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Guinea-Bissau - RCV1



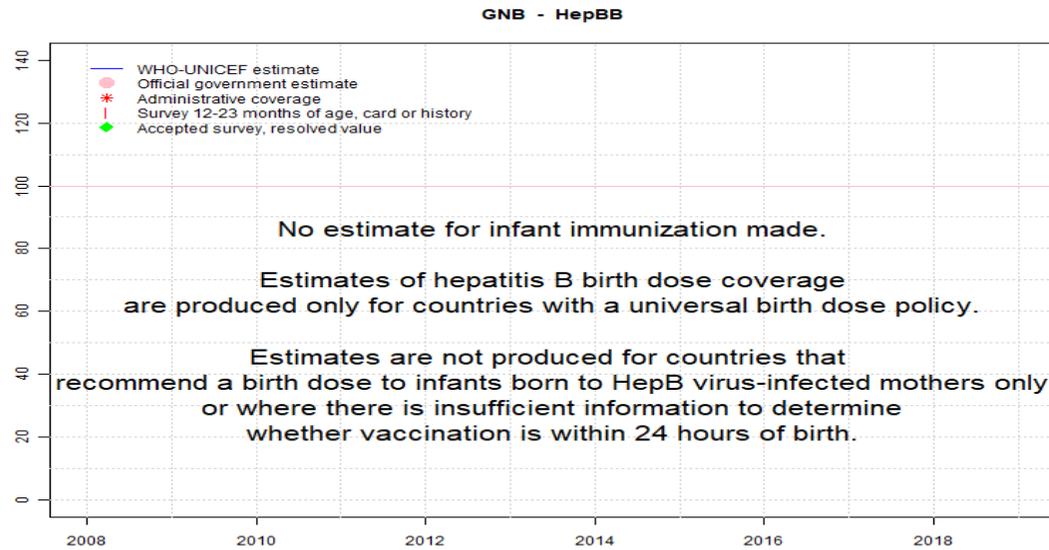
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	NA											
Estimate GoC	NA											
Official	NA											
Administrative	NA											
Survey	NA											

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: 2019 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Guinea-Bissau - HepBB



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	NA											
Estimate GoC	NA											
Official	NA											
Administrative	NA											
Survey	NA											

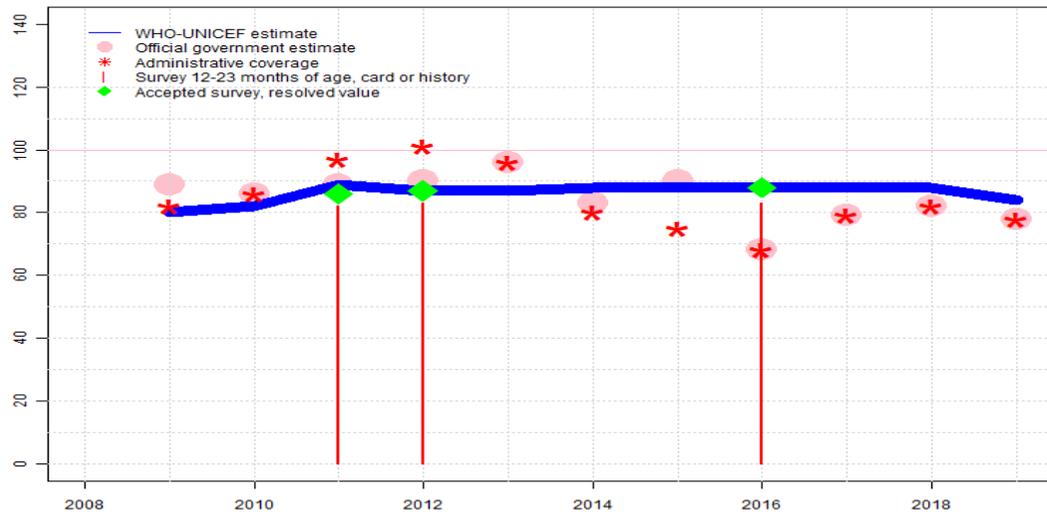
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2019 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Guinea-Bissau - HepB3

GNB - HepB3



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	NA	80	82	89	87	87	88	88	88	88	88	84
Estimate GoC	NA	●	●	●	●	●	●	●	●	●	●	●
Official	NA	89	86	89	90	96	83	90	68	79	82	78
Administrative	NA	82	86	97	101	96	80	75	68	79	82	78
Survey	NA	NA	NA	82	83	NA	NA	NA	83	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: 2019 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.

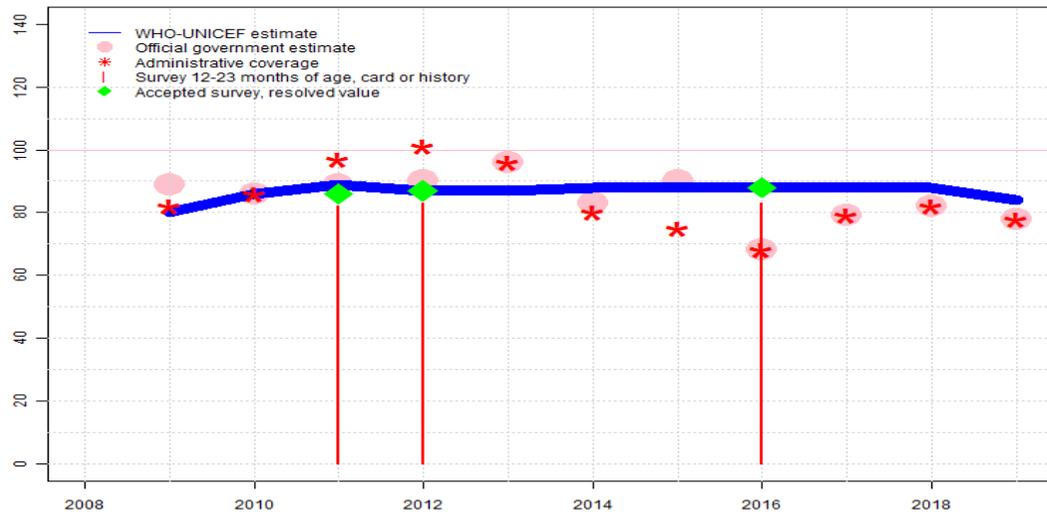
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2019: Reported data calibrated to 2018 levels. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results. GoC=Assigned by working group. .
- 2018: Estimate of 88 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2017: Estimate of 88 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2016: Estimate of 88 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Vaccine Coverage Survey Report 2017 card or history results of 83 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 82 percent. Reported data excluded due to decline in reported coverage from 90 percent to 68 percent with increase to 79 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .
- 2015: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2014: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2013: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2012: Estimate of 87 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 82 percent and 3rd dose card only coverage of 76 percent. GoC=Assigned by working group. .
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 86 percent based on 1 survey(s). Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 82 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 69 percent. GoC=Assigned by working group. .
- 2010: Reported data calibrated to 2009 and 2011 levels. GoC=Assigned by working group. .
- 2009: Estimate of 80 percent assigned by working group. Estimate based on survey result. HepB vaccine introduced in 2008. Reporting started in 2009. Vaccine presentation is DTP-HepB-Hib. GoC=Assigned by working group. .

Guinea-Bissau - Hib3

GNB - Hib3



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	NA	80	86	89	87	87	88	88	88	88	88	84
Estimate GoC	NA	●	●	●	●	●	●	●	●	●	●	●
Official	NA	89	86	89	90	96	83	90	68	79	82	78
Administrative	NA	82	86	97	101	96	80	75	68	79	82	78
Survey	NA	NA	NA	82	83	NA	NA	NA	83	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: 2019 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.

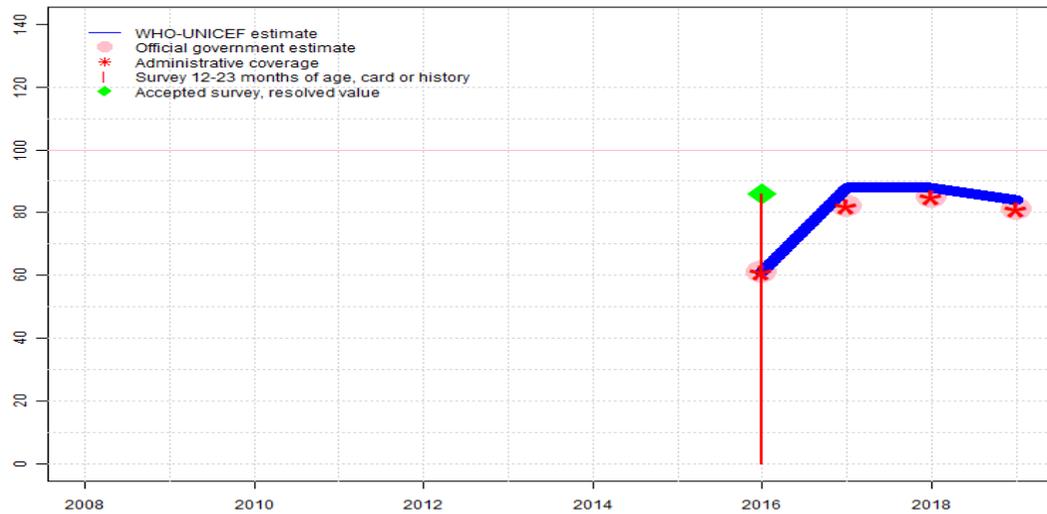
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2019: Reported data calibrated to 2018 levels. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results. GoC=Assigned by working group. .
- 2018: Estimate of 88 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2017: Estimate of 88 percent assigned by working group. Estimate based on survey result. GoC=Assigned by working group. .
- 2016: Estimate of 88 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Vaccine Coverage Survey Report 2017 card or history results of 83 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 82 percent. Reported data excluded due to decline in reported coverage from 90 percent to 68 percent with increase to 79 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .
- 2015: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2014: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2013: Estimate based on interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2012: Estimate of 87 percent assigned by working group. Estimate based on survey result. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 82 percent and 3rd dose card only coverage of 76 percent. GoC=Assigned by working group. .
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 86 percent based on 1 survey(s). Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 82 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 69 percent. GoC=Assigned by working group. .
- 2010: Estimate based on reported data. GoC=Assigned by working group. .
- 2009: Estimate based on survey result. Hib vaccine introduced in 2008. Reporting started in 2009. Vaccine presentation is DTP-HepB-Hib. GoC=Assigned by working group. .

Guinea-Bissau - RotaC

GNB - RotaC



Description:

2019: Estimate is based on estimated DTP3 level. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results. GoC=Assigned by working group. .

2018: Estimate based on estimated DTP3 coverage. GoC=Assigned by working group. .

2017: Estimate based on estimated DTP3 coverage. GoC=Assigned by working group. .

2016: Estimate is exceptionally based on reported data. Rotavirus vaccine introduction in 2016. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	NA	61	88	88	84							
Estimate GoC	NA	•	•	•	•							
Official	NA	61	82	85	81							
Administrative	NA	61	82	85	81							
Survey	NA	86	NA	NA	NA							

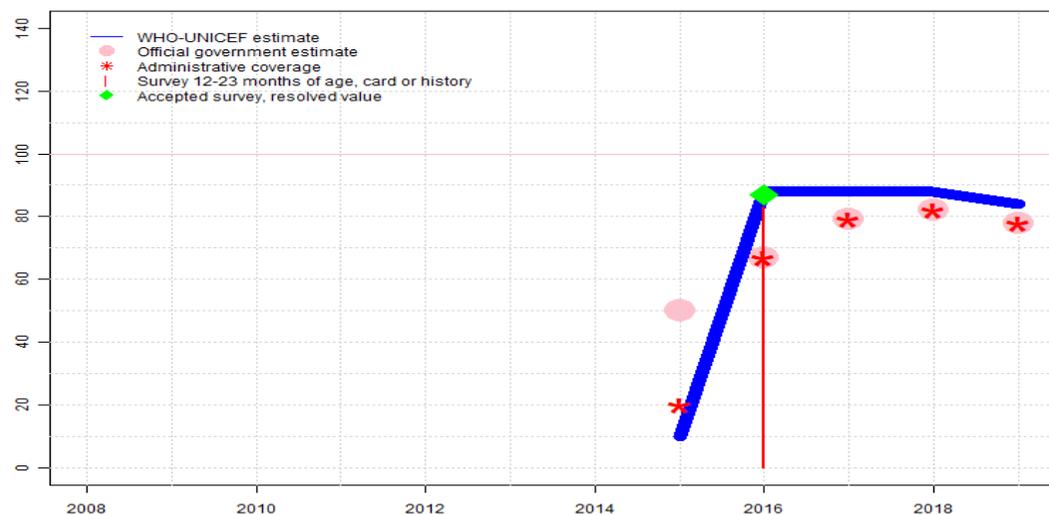
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2019 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Guinea-Bissau - PcV3

GNB - PcV3



Description:

- 2019: Reported data calibrated to 2018 levels. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results. GoC=Assigned by working group. .
- 2018: Estimate of 88 percent assigned by working group. Estimate follows DTP3 coverage levels. GoC=Assigned by working group. .
- 2017: Estimate of 88 percent assigned by working group. Estimate follows DTP3 coverage levels. GoC=Assigned by working group. .
- 2016: Estimate of 88 percent assigned by working group. Estimate follows DTP3 coverage levels. Guinea-Bissau Vaccine Coverage Survey Report 2017 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 82 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .
- 2015: Programme reports 20 percent coverage in 50 percent of the national target population. Estimate is based on coverage achieved in total national annual birth cohort. Pneumococcal conjugate vaccine introduced during 2015. GoC=Assigned by working group. .

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	NA	10	88	88	88	84						
Estimate GoC	NA	•	•	•	•	•						
Official	NA	50	67	79	82	78						
Administrative	NA	20	67	79	82	78						
Survey	NA	83	NA	NA	NA							

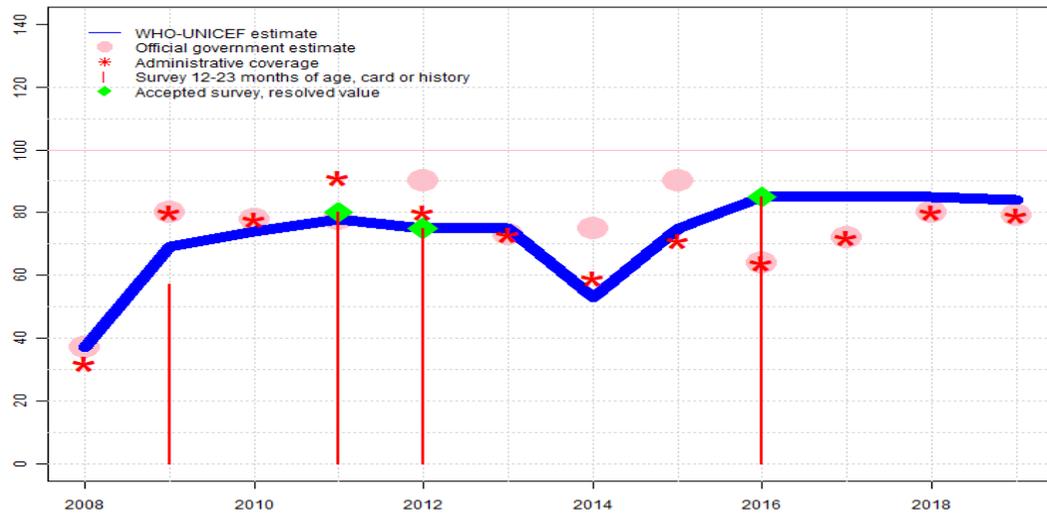
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2019 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Guinea-Bissau - YFV

GNB - YFV



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Estimate	37	69	74	78	75	75	53	75	85	85	85	84
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	37	80	78	78	90	73	75	90	64	72	80	79
Administrative	32	80	78	91	80	73	59	71	64	72	80	79
Survey	NA	57	NA	80	75	NA	NA	NA	85	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: 2019 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:

- 2019: Reported data calibrated to 2018 levels. WHO and UNICEF encourage activities to improve the recording and reporting practices. WHO and UNICEF are aware of the 2018-19 MICS survey and await the final results. GoC=Assigned by working group. .
- 2018: Estimate of 85 percent assigned by working group. Estimate is based on survey result. GoC=Assigned by working group. .
- 2017: Estimate of 85 percent assigned by working group. Estimate is based on survey result. GoC=Assigned by working group. .
- 2016: Estimate of 85 percent assigned by working group. Estimate is based on survey result. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. GoC=Assigned by working group. .
- 2015: Estimate of 75 percent assigned by working group. Estimate is based on 2013 coverage level. Reported number of children vaccinated during 2015 suggests recovery from stock-out reported in 2014. However, programme also reports a stock-out of YFV vaccine during 2015. Reported data excluded due to an increase from 75 percent to 90 percent with decrease 64 percent. GoC=Assigned by working group. .
- 2014: Programme reports a two month stock-out of yellow fever vaccine at the national level. GoC=Assigned by working group. .
- 2013: Estimate of 75 percent assigned by working group. Estimate based on survey results. GoC=Assigned by working group. .
- 2012: Estimate of 75 percent assigned by working group. Estimate based on survey results. Reported data excluded due to an increase from 78 percent to 90 percent with decrease 73 percent. GoC=Assigned by working group. .
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 80 percent based on 1 survey(s). GoC=Assigned by working group. .
- 2010: Estimate based on interpolation between 2009 and 2011 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group. .
- 2009: Estimate of 69 percent assigned by working group. Estimate is based on estimated measles coverage Guinea-Bissau 4th Multiple Indicator Cluster Survey 2010 results ignored by working group. Survey results ignored. Survey conducted shortly after vaccine introduction. GoC=Assigned by working group. .
- 2008: Estimate is based on reported data. YFV introduced in 2008 GoC=Assigned by working group. .

Guinea-Bissau - survey details

2016 Relatorio do Inquerito de Cobertura Vacinal 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	83	12-23 m	1408	82
BCG	Card or History	91	12-23 m	1408	82
BCG	History	8	12-23 m	1408	82
DTP1	Card	83	12-23 m	1408	82
DTP1	Card or History	89	12-23 m	1408	82
DTP1	History	6	12-23 m	1408	82
DTP3	Card	82	12-23 m	1408	82
DTP3	Card or History	83	12-23 m	1408	82
DTP3	History	1	12-23 m	1408	82
HepB1	Card	83	12-23 m	1408	82
HepB1	Card or History	89	12-23 m	1408	82
HepB1	History	6	12-23 m	1408	82
HepB3	Card	82	12-23 m	1408	82
HepB3	Card or History	83	12-23 m	1408	82
HepB3	History	1	12-23 m	1408	82
Hib1	Card	83	12-23 m	1408	82
Hib1	Card or History	89	12-23 m	1408	82
Hib1	History	6	12-23 m	1408	82
Hib3	Card	82	12-23 m	1408	82
Hib3	Card or History	83	12-23 m	1408	82
Hib3	History	1	12-23 m	1408	82
IPV1	Card	81	12-23 m	1408	82
IPV1	Card or History	81	12-23 m	1408	82
IPV1	History	0	12-23 m	1408	82
MCV1	Card	81	12-23 m	1408	82
MCV1	Card or History	86	12-23 m	1408	82
MCV1	History	5	12-23 m	1408	82
PCV1	Card	83	12-23 m	1408	82
PCV1	Card or History	88	12-23 m	1408	82
PCV1	History	5	12-23 m	1408	82
PCV3	Card	82	12-23 m	1408	82
PCV3	Card or History	83	12-23 m	1408	82
PCV3	History	1	12-23 m	1408	82
Pol1	Card	83	12-23 m	1408	82
Pol1	Card or History	90	12-23 m	1408	82
Pol1	History	7	12-23 m	1408	82
Pol3	Card	82	12-23 m	1408	82

Pol3	Card or History	86	12-23 m	1408	82
Pol3	History	4	12-23 m	1408	82
RotaC	Card	82	12-23 m	1408	82
RotaC	Card or History	86	12-23 m	1408	82
RotaC	History	4	12-23 m	1408	82
YFV	Card	80	12-23 m	1408	82
YFV	Card or History	85	12-23 m	1408	82
YFV	History	5	12-23 m	1408	82

2012 Guine-Bissau: Inquerito aos Indicadores Multiplos 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.5	12-23 m	1612	83
BCG	Card	80	12-23 m	1612	83
BCG	Card or History	93.5	12-23 m	1612	83
DTP1	C or H <12 months	91.9	12-23 m	1612	83
DTP1	Card	81.9	12-23 m	1612	83
DTP1	Card or History	93.8	12-23 m	1612	83
DTP3	C or H <12 months	74.2	12-23 m	1612	83
DTP3	Card	75.9	12-23 m	1612	83
DTP3	Card or History	82.9	12-23 m	1612	83
HepB1	C or H <12 months	91.9	12-23 m	1612	83
HepB1	Card	81.9	12-23 m	1612	83
HepB1	Card or History	93.8	12-23 m	1612	83
HepB3	C or H <12 months	74.2	12-23 m	1612	83
HepB3	Card	75.9	12-23 m	1612	83
HepB3	Card or History	82.9	12-23 m	1612	83
Hib1	C or H <12 months	91.9	12-23 m	1612	83
Hib1	Card	81.9	12-23 m	1612	83
Hib1	Card or History	93.8	12-23 m	1612	83
Hib3	C or H <12 months	74.2	12-23 m	1612	83
Hib3	Card	75.9	12-23 m	1612	83
Hib3	Card or History	82.9	12-23 m	1612	83
MCV1	C or H <12 months	64.8	12-23 m	1612	83
MCV1	Card	69.4	12-23 m	1612	83
MCV1	Card or History	81.3	12-23 m	1612	83
Pol1	C or H <12 months	92.7	12-23 m	1612	83
Pol1	Card	82.3	12-23 m	1612	83
Pol1	Card or History	94.3	12-23 m	1612	83

Guinea-Bissau - survey details

Pol3	C or H <12 months	69.7	12-23 m	1612	83
Pol3	Card	76	12-23 m	1612	83
Pol3	Card or History	77.4	12-23 m	1612	83
YFV	C or H <12 months	53.6	12-23 m	1612	83
YFV	Card	63.3	12-23 m	1612	83
YFV	Card or History	74.9	12-23 m	1612	83

Pol3	Card or History	71.5	24-35 m	1501	83
YFV	C or H <12 months	55.2	24-35 m	1501	83
YFV	Card	62.5	24-35 m	1501	83
YFV	Card or History	80	24-35 m	1501	83

2011 Guine-Bissau: Inquerito aos Indicadores Multiplos 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	86.6	24-35 m	1501	83
BCG	Card	71.5	24-35 m	1501	83
BCG	Card or History	91.6	24-35 m	1501	83
DTP1	C or H <12 months	87.4	24-35 m	1501	83
DTP1	Card	73.7	24-35 m	1501	83
DTP1	Card or History	91.6	24-35 m	1501	83
DTP3	C or H <12 months	72	24-35 m	1501	83
DTP3	Card	69.1	24-35 m	1501	83
DTP3	Card or History	81.7	24-35 m	1501	83
HepB1	C or H <12 months	87.4	24-35 m	1501	83
HepB1	Card	73.7	24-35 m	1501	83
HepB1	Card or History	91.6	24-35 m	1501	83
HepB3	C or H <12 months	72	24-35 m	1501	83
HepB3	Card	69.1	24-35 m	1501	83
HepB3	Card or History	81.7	24-35 m	1501	83
Hib1	C or H <12 months	87.4	24-35 m	1501	83
Hib1	Card	73.7	24-35 m	1501	83
Hib1	Card or History	91.6	24-35 m	1501	83
Hib3	C or H <12 months	72	24-35 m	1501	83
Hib3	Card	69.1	24-35 m	1501	83
Hib3	Card or History	81.7	24-35 m	1501	83
MCV1	C or H <12 months	59	24-35 m	1501	83
MCV1	Card	64.6	24-35 m	1501	83
MCV1	Card or History	82.6	24-35 m	1501	83
Pol1	C or H <12 months	87.3	24-35 m	1501	83
Pol1	Card	73.5	24-35 m	1501	83
Pol1	Card or History	91.2	24-35 m	1501	83
Pol3	C or H <12 months	63.3	24-35 m	1501	83
Pol3	Card	68.9	24-35 m	1501	83

2009 Guiné-Bissau 2010 4º Inquérito por amostragem aos Indicadores Múltiplos

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	93.5	12-23 m	2695	83
BCG	Card	79.7	12-23 m	2695	83
BCG	Card or History	94.4	12-23 m	2695	83
BCG	History	14.7	12-23 m	2695	83
DTP1	C or H <12 months	92.2	12-23 m	2695	83
DTP1	Card	79.8	12-23 m	2695	83
DTP1	Card or History	93.7	12-23 m	2695	83
DTP1	History	13.9	12-23 m	2695	83
DTP3	C or H <12 months	76	12-23 m	2695	83
DTP3	Card	68.4	12-23 m	2695	83
DTP3	Card or History	81	12-23 m	2695	83
DTP3	History	12.6	12-23 m	2695	83
MCV1	C or H <12 months	60.7	12-23 m	2695	83
MCV1	Card	54.3	12-23 m	2695	83
MCV1	Card or History	69.2	12-23 m	2695	83
MCV1	History	14.8	12-23 m	2695	83
Pol1	C or H <12 months	92.2	12-23 m	2695	83
Pol1	Card	80.1	12-23 m	2695	83
Pol1	Card or History	93.8	12-23 m	2695	83
Pol1	History	13.7	12-23 m	2695	83
Pol3	C or H <12 months	73.4	12-23 m	2695	83
Pol3	Card	65.8	12-23 m	2695	83
Pol3	Card or History	79	12-23 m	2695	83
Pol3	History	13.1	12-23 m	2695	83
YFV	C or H <12 months	48.9	12-23 m	2695	83
YFV	Card	43.6	12-23 m	2695	83
YFV	Card or History	56.9	12-23 m	2695	83
YFV	History	13.2	12-23 m	2695	83

Guinea-Bissau - survey details

2005 Guinée-Bissau, Enquête par Grappes à Indicateurs Multiples, 2006

Pol3 History 3.1 12-23 m 1275 78

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	87.1	12-23 m	1275	78
BCG	Card	75.7	12-23 m	1275	78
BCG	Card or History	88.9	12-23 m	1275	78
BCG	History	13.2	12-23 m	1275	78
DTP1	C or H <12 months	80.1	12-23 m	1275	78
DTP1	Card	70.2	12-23 m	1275	78
DTP1	Card or History	82.7	12-23 m	1275	78
DTP1	History	12.5	12-23 m	1275	78
DTP3	C or H <12 months	59.1	12-23 m	1275	78
DTP3	Card	57.4	12-23 m	1275	78
DTP3	Card or History	62.8	12-23 m	1275	78
DTP3	History	5.4	12-23 m	1275	78
MCV1	C or H <12 months	71.2	12-23 m	1275	78
MCV1	Card	63.5	12-23 m	1275	78
MCV1	Card or History	75.5	12-23 m	1275	78
MCV1	History	12	12-23 m	1275	78
Pol1	C or H <12 months	84.9	12-23 m	1275	78
Pol1	Card	73.4	12-23 m	1275	78
Pol1	Card or History	87	12-23 m	1275	78
Pol1	History	13.6	12-23 m	1275	78
Pol3	C or H <12 months	59.7	12-23 m	1275	78
Pol3	Card	61	12-23 m	1275	78
Pol3	Card or History	64.1	12-23 m	1275	78

1999 Multiple Indicator Cluster Survey Guinea Bissau, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	42.2	12-23 m	1119	63
BCG	Card or History	74	12-23 m	1119	63
BCG	History	31.8	12-23 m	1119	63
DTP1	Card	38.4	12-23 m	1119	63
DTP1	Card or History	68.5	12-23 m	1119	63
DTP1	History	30.8	12-23 m	1119	63
DTP3	Card	25.3	12-23 m	1119	63
DTP3	Card or History	37.8	12-23 m	1119	63
DTP3	History	12.5	12-23 m	1119	63
MCV1	Card	38.3	12-23 m	1119	63
MCV1	Card or History	70.2	12-23 m	1119	63
MCV1	History	31.9	12-23 m	1119	63
Pol1	Card	43.5	12-23 m	1119	63
Pol1	Card or History	76.5	12-23 m	1119	63
Pol1	History	33	12-23 m	1119	63
Pol3	Card	28.4	12-23 m	1119	63
Pol3	Card or History	42.3	12-23 m	1119	63
Pol3	History	13.9	12-23 m	1119	63

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