

**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.

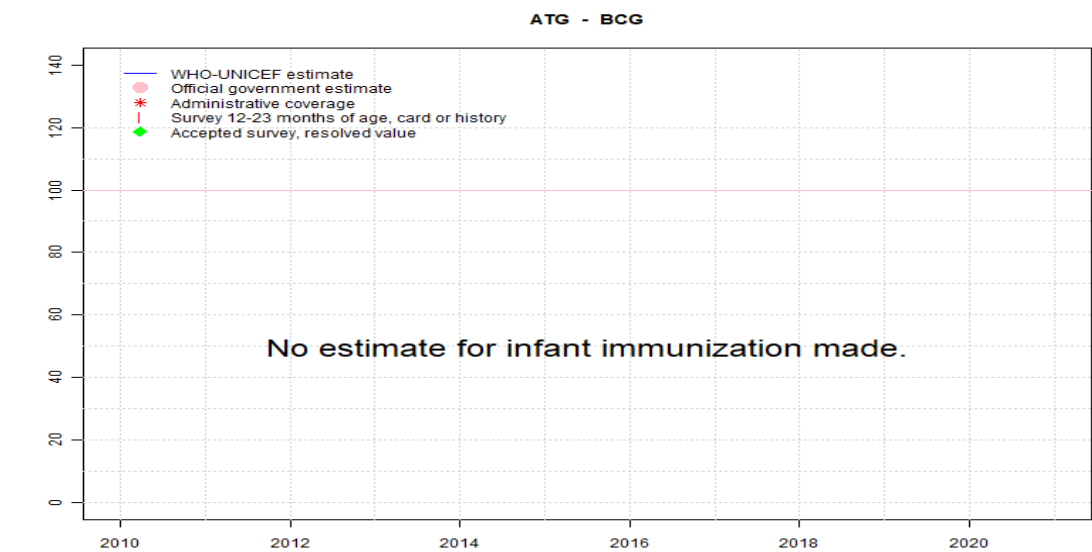
**RotaC:** percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

**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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# Antigua and Barbuda - BCG



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

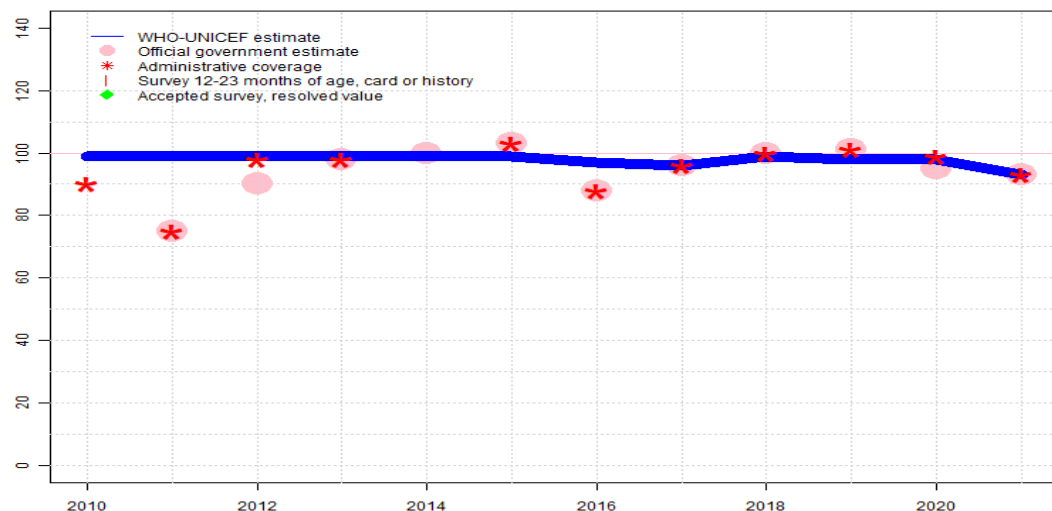
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

# Antigua and Barbuda - DTP1

ATG - DTP1



## Description:

- 2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+
- 2020: DTP1 coverage estimated based on DTP3 coverage of 96. Estimate challenged by: R-
- 2019: Estimate based on interpolation between data reported by national government. Reported data excluded because 101 percent greater than 100 percent. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate based on coverage reported by national government. GoC=R+ D+
- 2017: Estimate based on coverage reported by national government. GoC=R+ D+
- 2016: DTP1 coverage estimated based on DTP3 coverage of 92. . Estimate challenged by: R-
- 2015: DTP1 coverage estimated based on DTP3 coverage of 100. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
- 2014: Estimate based on coverage reported by national government. GoC=R+
- 2013: DTP1 coverage estimated based on DTP3 coverage of 99. Estimate challenged by: R-
- 2012: DTP1 coverage estimated based on DTP3 coverage of 98. Estimate challenged by: R-
- 2011: DTP1 coverage estimated based on DTP3 coverage of 99. Reported data excluded due to decline in reported coverage from 90 percent to 75 percent with increase to 90 percent. Estimate challenged by: D-R-
- 2010: DTP1 coverage estimated based on DTP3 coverage of 98. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. Estimate challenged by: R-

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	99	99	99	99	99	99	97	96	99	98	98	93
Estimate GoC	•	•	•	•	••	•	•	••	••	•	•	••
Official	NA	75	90	98	100	103	88	96	100	101	95	93
Administrative	90	75	98	98	NA	103	88	96	100	101	99	93
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

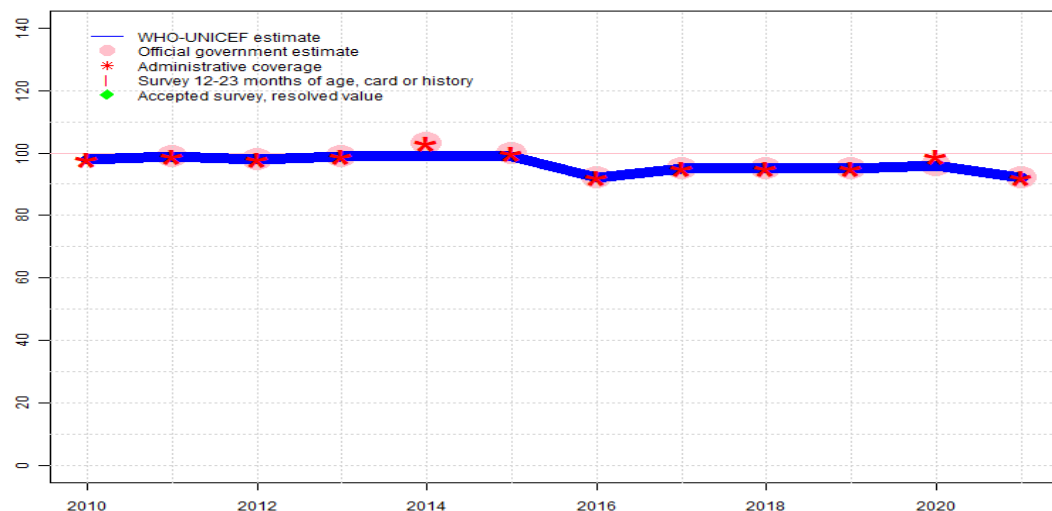
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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# Antigua and Barbuda - DTP3

ATG - DTP3



## Description:

2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2020: Estimate based on coverage reported by national government. GoC=R+ D+

2019: Estimate based on coverage reported by national government. GoC=R+ D+

2018: Estimate based on coverage reported by national government. GoC=R+ D+

2017: Estimate based on coverage reported by national government. GoC=R+ D+

2016: Estimate based on coverage reported by national government. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government. GoC=R+ D+

2014: Estimate based on interpolation between data reported by national government. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+

2013: Estimate based on coverage reported by national government. GoC=R+ D+

2012: Estimate based on coverage reported by national government. GoC=R+ D+

2011: Estimate based on coverage reported by national government. Estimate challenged by: D-

2010: Estimate based on reported administrative data. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. GoC=R+ D+

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	98	99	98	99	99	99	92	95	95	95	96	92
Estimate GoC	••	•	••	••	••	••	•	••	••	••	••	••
Official	NA	99	98	99	103	100	92	95	95	95	96	92
Administrative	98	99	98	99	103	100	92	95	95	95	99	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

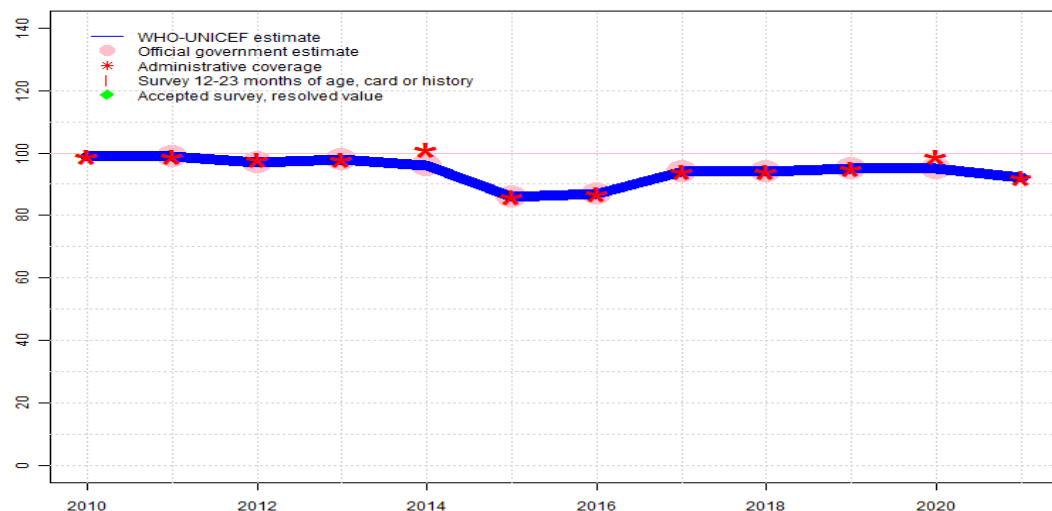
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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# Antigua and Barbuda - Pol3

ATG - Pol3



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	99	99	97	98	96	86	87	94	94	95	95	92
Estimate GoC	••	•	••	••	••	••	•	••	••	••	••	•
Official	NA	99	97	98	96	86	87	94	94	95	95	NA
Administrative	99	99	98	98	101	86	87	94	94	95	99	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

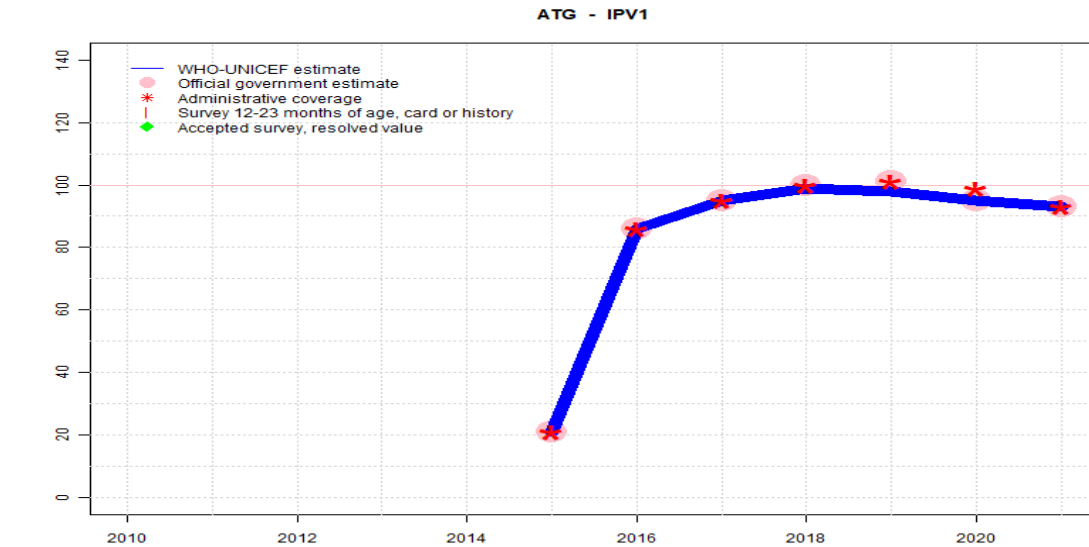
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

## Description:

2021: Estimate based on estimated DTP3 coverage. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-  
2020: Estimate based on coverage reported by national government. GoC=R+ D+  
2019: Estimate based on coverage reported by national government. GoC=R+ D+  
2018: Estimate based on coverage reported by national government. Country reports three-month national level OPV vaccine stock-out. GoC=R+ D+  
2017: Estimate based on coverage reported by national government. Country reports two month national level vaccine stock-out. GoC=R+ D+  
2016: Estimate based on coverage reported by national government. Estimate challenged by: D-  
2015: Estimate based on coverage reported by national government. Country reports national OPV stock-out of unspecified duration. GoC=R+ D+  
2014: Estimate based on coverage reported by national government. GoC=R+ D+  
2013: Estimate based on coverage reported by national government. GoC=R+ D+  
2012: Estimate based on coverage reported by national government. GoC=R+ D+  
2011: Estimate based on coverage reported by national government. Estimate challenged by: D-  
2010: Estimate based on reported administrative data. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. GoC=R+ D+

# Antigua and Barbuda - 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).

2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2020: Estimate based on coverage reported by national government. GoC=R+ D+

2019: Estimate based on interpolation between reported values. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+

2018: Estimate based on coverage reported by national government. GoC=R+ D+

2017: Estimate based on coverage reported by national government. GoC=R+ D+

2016: Estimate based on coverage reported by national government. . Estimate challenged by: D-

2015: Estimate based on coverage reported by national government. GoC=R+ D+

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	NA	NA	NA	NA	NA	21	86	95	99	98	95	93
Estimate GoC	NA	NA	NA	NA	NA	••	•	••	••	••	••	••
Official	NA	NA	NA	NA	NA	21	86	95	100	101	95	93
Administrative	NA	NA	NA	NA	NA	21	86	95	100	101	99	93
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

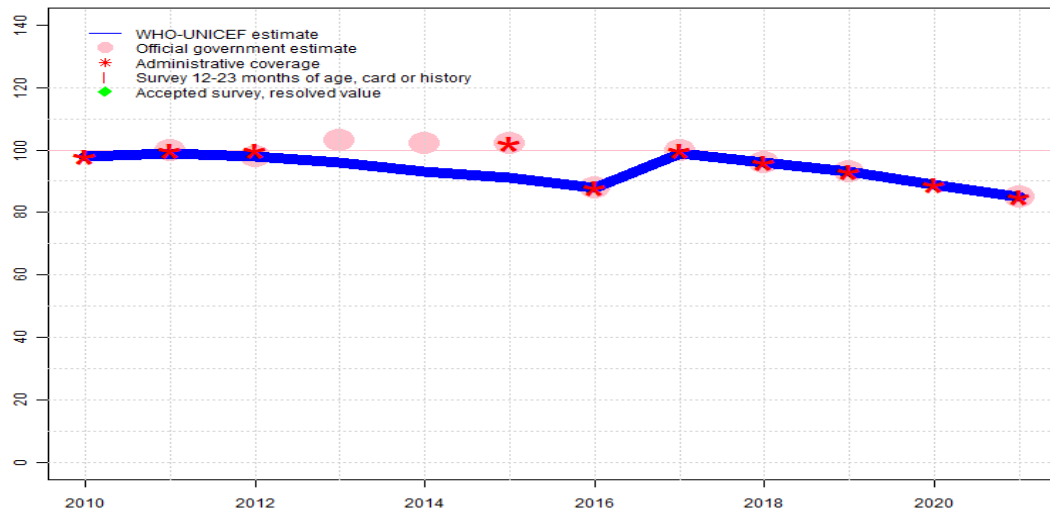
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

# Antigua and Barbuda - MCV1

ATG - MCV1



## Description:

- 2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+
- 2020: Estimate based on reported administrative data. GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. Recommended age for administration of the first dose of measles containing vaccine changed from 12 months to 18 months. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. GoC=R+ D+
- 2017: Estimate based on coverage reported by national government. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2015: Estimate based on interpolation between data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2014: Estimate based on interpolation between data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+
- 2013: Estimate based on interpolation between data reported by national government. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on reported administrative data. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. GoC=R+ D+

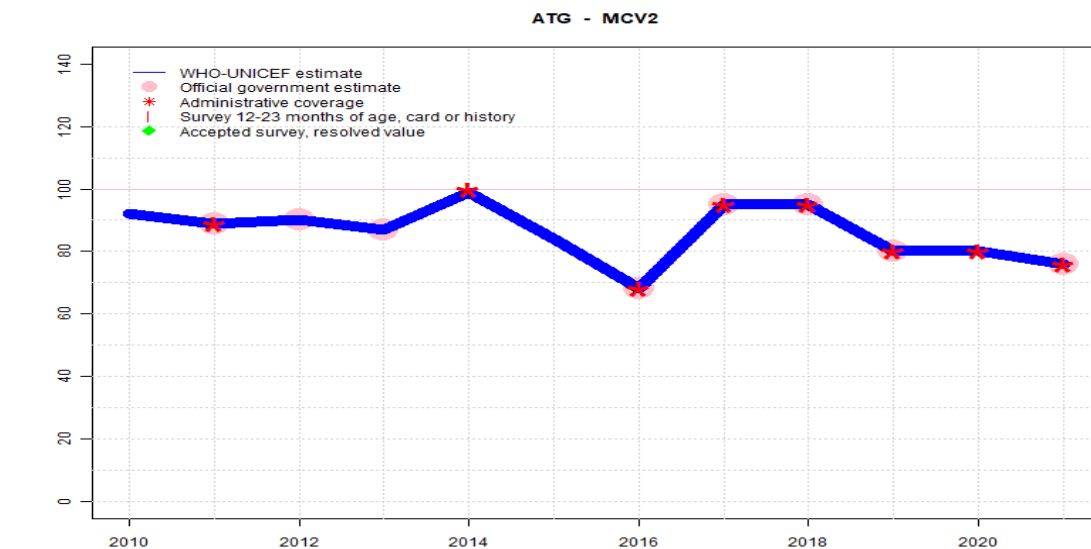
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	98	99	98	96	93	91	88	99	96	93	89	85
Estimate GoC	••	•	••	••	••	••	•	••	••	••	••	••
Official	NA	100	98	103	102	102	88	100	96	93	NA	85
Administrative	98	100	100	NA	NA	102	88	100	96	93	89	85
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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# Antigua and Barbuda - MCV2



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	92	89	90	87	99	84	68	95	95	80	80	76
Estimate GoC	••	•	••	••	••	•	••	••	••	•	••	••
Official	NA	89	90	87	NA	NA	68	95	95	80	NA	76
Administrative	NA	89	NA	NA	100	NA	68	95	95	80	80	76
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

## Description:

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

2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2020: Estimate based on reported administrative estimate. Estimate of 80 percent changed from previous revision value of 78 percent. GoC=R+ D+

2019: Estimate based on coverage reported by national government. Decline in reported coverage may be related to a change in the recommended age for a second dose of measles containing vaccine from 18 months to 2 years. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate based on coverage reported by national government. GoC=R+ D+

2017: Estimate based on coverage reported by national government. GoC=R+ D+

2016: Estimate based on coverage reported by national government. GoC=R+ D+

2015: Estimate based on interpolation between reported values. Estimate challenged by: D-

2014: Estimate based on reported administrative estimate. GoC=R+ D+

2013: Estimate based on coverage reported by national government. GoC=R+

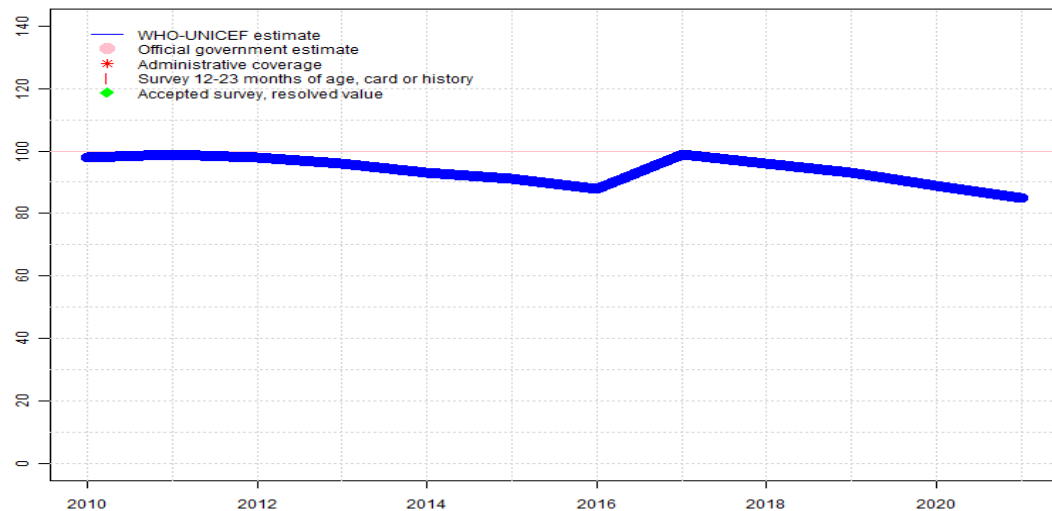
2012: Estimate based on coverage reported by national government. GoC=R+

2011: Estimate based on coverage reported by national government. Estimate challenged by: D-

2010: Estimate based on interpolation between reported values. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. GoC=D+

# Antigua and Barbuda - RCV1

ATG - RCV1



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	98	99	98	96	93	91	88	99	96	93	89	85
Estimate GoC	••	•	••	••	••	••	•	••	••	••	••	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

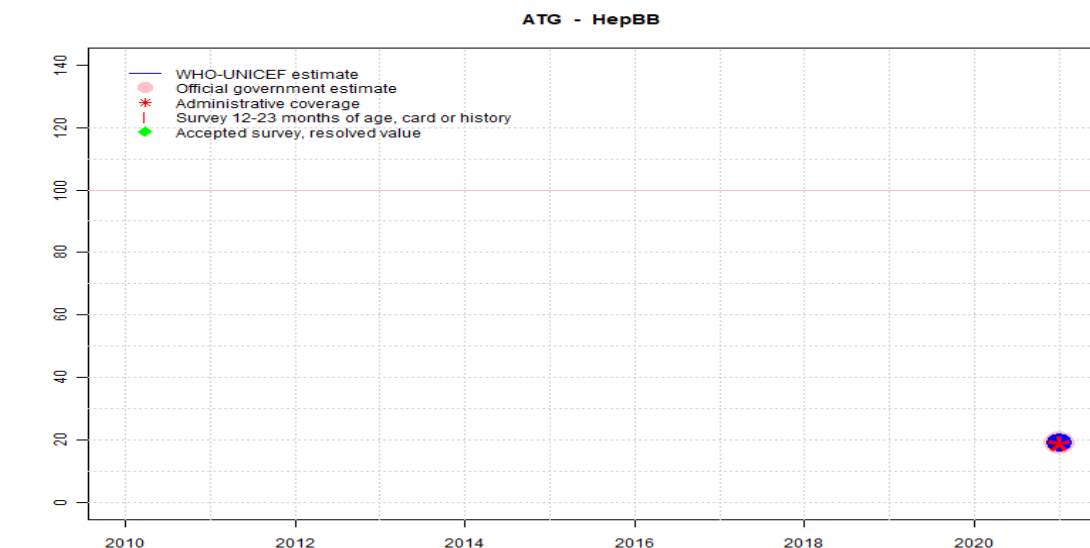
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

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

- 2021: Estimate based on estimated MCV1. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2015: Estimate based on estimated MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+
- 2013: Estimate based on estimated MCV1. GoC=R+ D+
- 2012: Estimate based on estimated MCV1. GoC=R+ D+
- 2011: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2010: Estimate based on estimated MCV1. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. GoC=R+ D+

# Antigua and Barbuda - HepBB



## Description:

2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Hepatitis B birth dose introduced during 2021. Reporting began in 2021. GoC=R+ D+

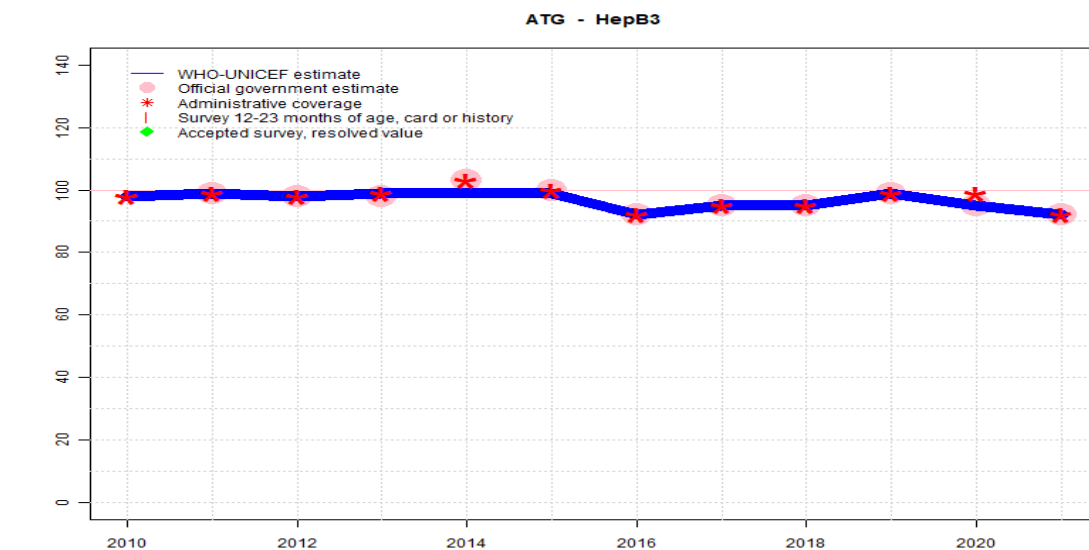
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	19
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	19
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	19
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

# Antigua and Barbuda - HepB3



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	98	99	98	99	99	99	92	95	95	99	95	92
Estimate GoC	••	•	••	••	••	••	•	••	••	••	••	••
Official	NA	99	98	98	103	100	92	95	95	99	95	92
Administrative	98	99	98	99	103	100	92	95	95	99	99	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

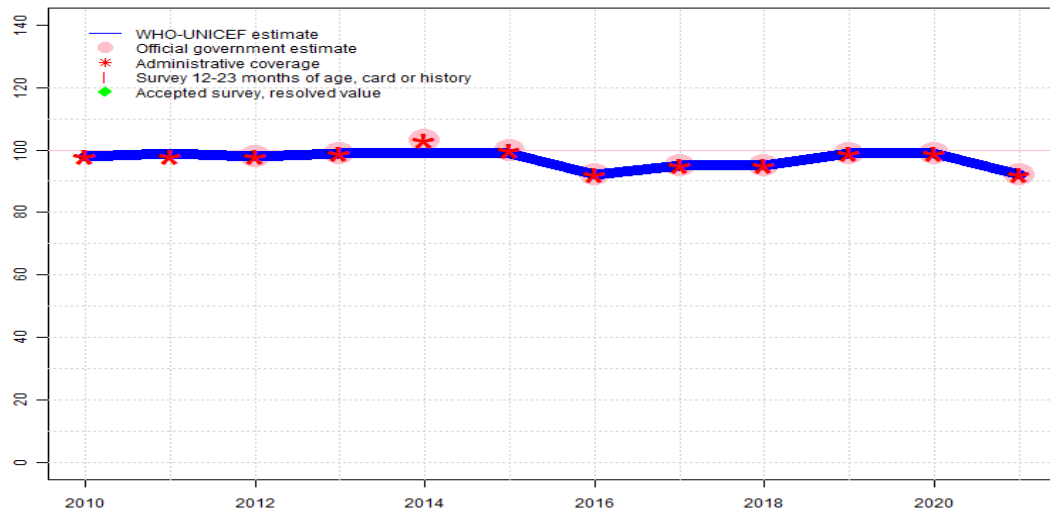
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+
- 2020: Estimate based on coverage reported by national government. GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. GoC=R+ D+
- 2017: Estimate based on coverage reported by national government. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on interpolation between reported values. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2013: Estimate based on reported administrative estimate. Programme provides no explanation for the difference between the official and administrative coverage levels. Vaccine presentation is DTP-HepB-Hib. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on reported administrative estimate. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. GoC=R+ D+

# Antigua and Barbuda - Hib3

ATG - Hib3



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	98	99	98	99	99	99	92	95	95	99	99	92
Estimate GoC	••	•	••	••	••	••	•	••	••	••	••	••
Official	NA	NA	98	99	103	100	92	95	95	99	99	92
Administrative	98	98	98	99	103	100	92	95	95	99	99	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

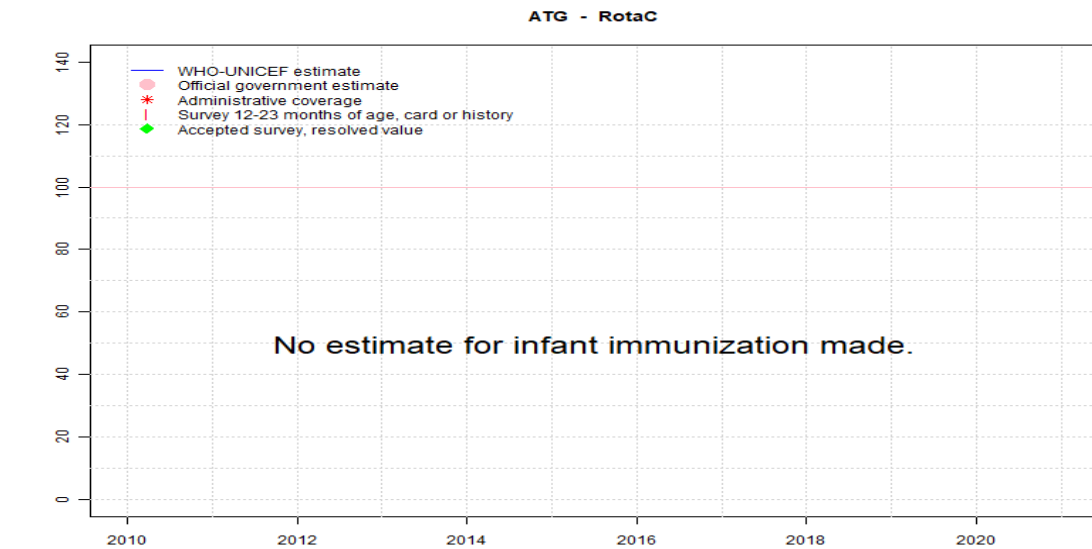
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

## Description:

- 2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+
- 2020: Estimate based on coverage reported by national government. GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. GoC=R+ D+
- 2017: Estimate based on coverage reported by national government. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on interpolation between reported values. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2011: Vaccine presentation is DTP-HepB-Hib. No explanation for difference in reported coverage level for Hib compared to other antigens in combination vaccine. Estimate challenged by: D-R-
- 2010: Estimate based on reported administrative estimate. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. GoC=R+ D+

# Antigua and Barbuda - RotaC

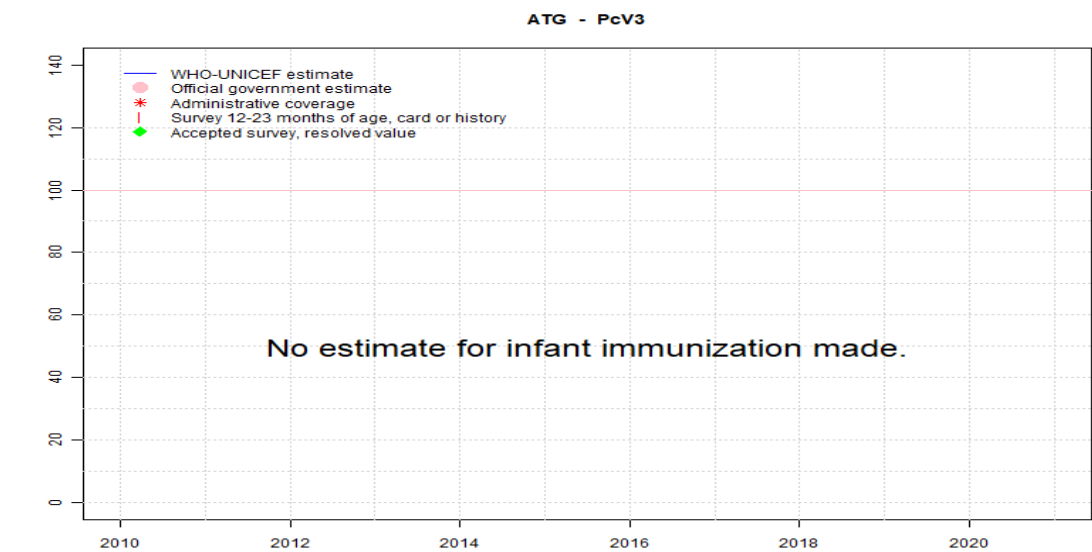


	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

# Antigua and Barbuda - survey details

## 2005 Antigua and Barbuda Survey of Living Conditions 2005-2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	NA	37.9	0-12 m	29	-
DTP3	NA	96.6	0-12 m	29	-
HepB3	NA	58.6	0-12 m	29	-
Hib3	NA	48.3	0-12 m	29	-
MCV1	NA	89.7	0-12 m	29	-
Pol3	NA	100	0-12 m	29	-

## 2004 Antigua and Barbuda Survey of Living Conditions 2005-2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	NA	33.3	12-23 m	51	-
DTP3	NA	84.3	12-23 m	51	-
HepB3	NA	76.5	12-23 m	51	-
Hib3	NA	62.7	12-23 m	51	-
MCV1	NA	90.2	12-23 m	51	-
Pol3	NA	100	12-23 m	51	-

## 2003 Antigua and Barbuda Survey of Living Conditions 2005-2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	NA	42.4	24-35 m	33	-
DTP3	NA	87.9	24-35 m	33	-

HepB3	NA	81.8	24-35 m	33	-
Hib3	NA	72.7	24-35 m	33	-
MCV1	NA	93.9	24-35 m	33	-
Pol3	NA	100	24-35 m	33	-

## 2002 Antigua and Barbuda Survey of Living Conditions 2005-2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	NA	42.9	36-47 m	28	-
DTP3	NA	96.4	36-47 m	28	-
HepB3	NA	89.3	36-47 m	28	-
Hib3	NA	75	36-47 m	28	-
MCV1	NA	92.9	36-47 m	28	-
Pol3	NA	100	36-47 m	28	-

## 2001 Antigua and Barbuda Survey of Living Conditions 2005-2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	NA	40	48-59 m	30	-
DTP3	NA	90	48-59 m	30	-
HepB3	NA	90	48-59 m	30	-
Hib3	NA	70	48-59 m	30	-
MCV1	NA	96.7	48-59 m	30	-
Pol3	NA	93.3	48-59 m	30	-

Further information and estimates for previous years are available at:  
<https://data.unicef.org/topic/child-health/immunization/>  
<https://immunizationdata.who.int/listing.html>