

**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.

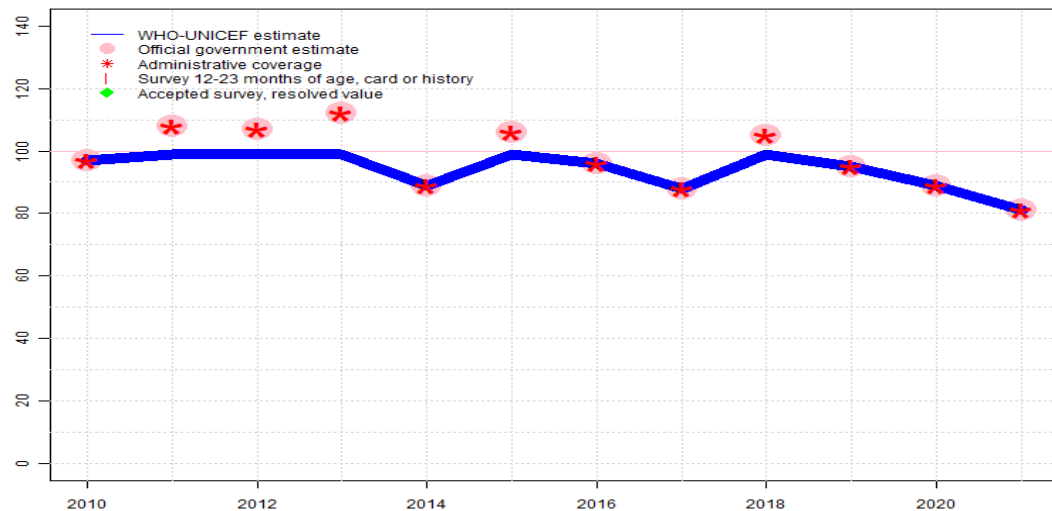
**PcV3:** percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

LCA - BCG



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	97	99	99	99	89	99	96	88	99	95	89	81
Estimate GoC	●●	●	●●	●●	●●	●●	●●	●●	●	●●	●●	●●
Official	97	108	107	112	89	106	96	88	105	95	89	81
Administrative	97	108	107	112	89	106	96	88	105	95	89	81
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.

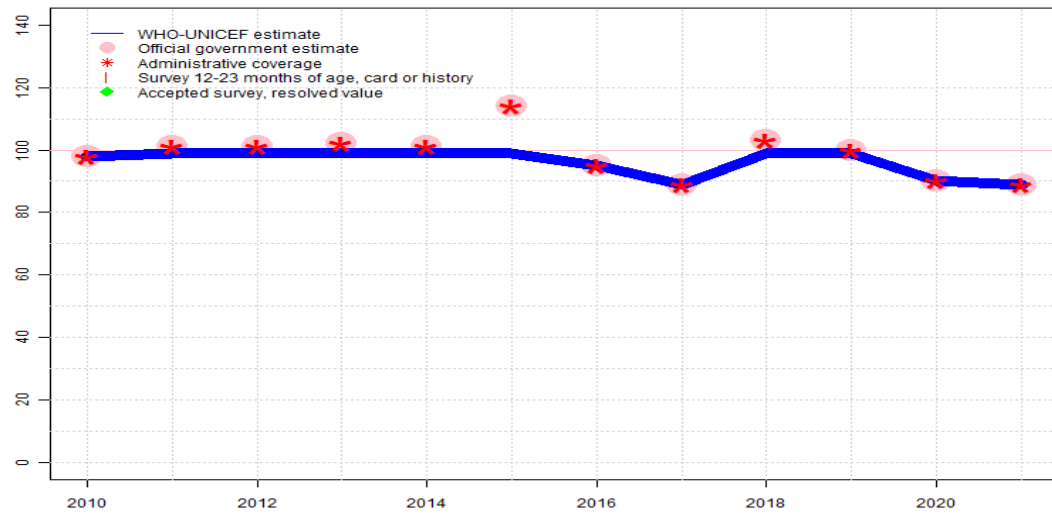
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## 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 Programme reports five month vaccine stock out at national level.. GoC=R+ D+
- 2020: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. Programme reports a four month supply disruption of disposable syringes.. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort.. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports three month stock-out of BCG vaccine at national level.. 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 coverage reported by national government. . GoC=R+ D+

# Saint Lucia - DTP1

LCA - 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: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. Programme reports a four month supply disruption of disposable syringes.. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort.. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Programme reports two month national stock-out.. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2013: DTP1 coverage estimated based on DTP3 coverage of 103. . Estimate challenged by: R-
- 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 coverage reported by national government. . GoC=R+ D+

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	98	99	99	99	99	99	95	89	99	99	90	89
Estimate GoC	●●	●	●●	●	●●	●●	●●	●●	●	●●	●●	●●
Official	98	101	101	102	101	114	95	89	103	100	90	89
Administrative	98	101	101	102	101	114	95	89	103	100	90	89
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

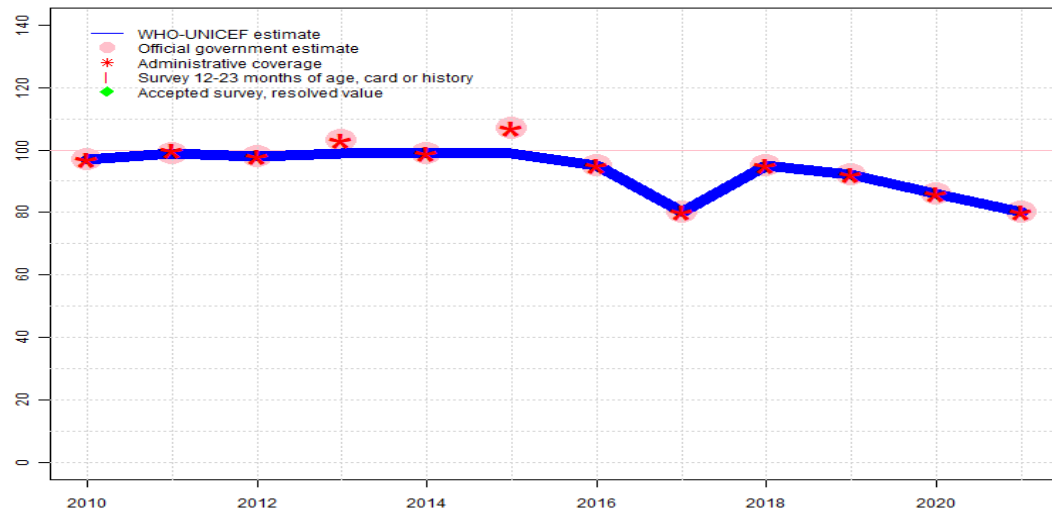
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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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# Saint Lucia - DTP3

LCA - 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. Programme reports a four month supply disruption of disposable syringes.. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort.. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. . 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 coverage reported by national government. . GoC=R+ D+

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	97	99	98	99	99	99	95	80	95	92	86	80
Estimate GoC	●●	●	●●	●●	●●	●●	●●	●●	●	●●	●●	●●
Official	97	99	98	103	99	107	95	80	95	92	86	80
Administrative	97	100	98	103	99	107	95	80	95	92	86	80
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

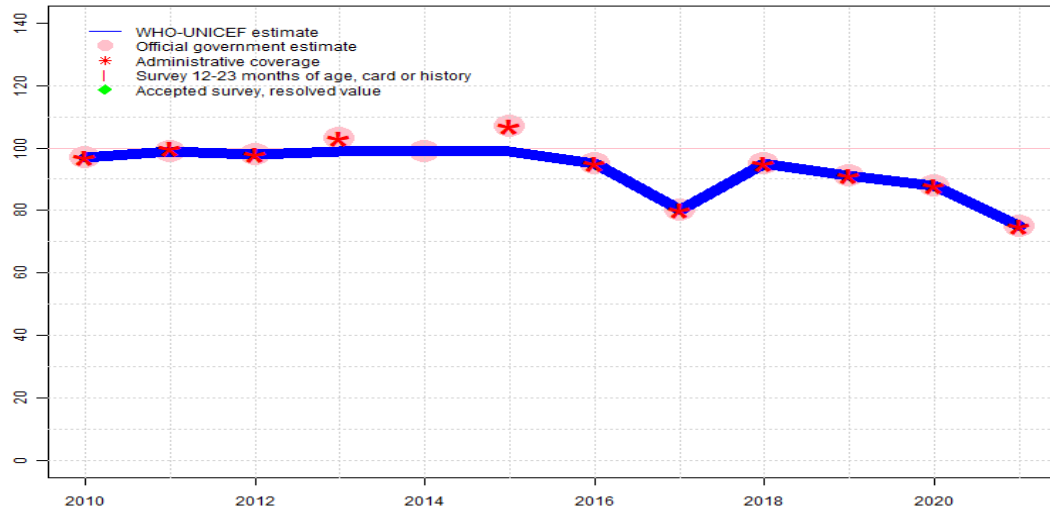
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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# Saint Lucia - Pol3

LCA - Pol3



## 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. Programme reports a four month supply disruption of disposable syringes. Programme reports one month national level vaccine stock-out.. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort.. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. . GoC=R+
- 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 coverage reported by national government. . GoC=R+ D+

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	97	99	98	99	99	99	95	80	95	91	88	75
Estimate GoC	●●	●	●●	●●	●●	●●	●●	●●	●	●●	●●	●●
Official	97	99	98	103	99	107	95	80	95	91	88	75
Administrative	97	100	98	103	NA	107	95	80	95	91	88	75
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

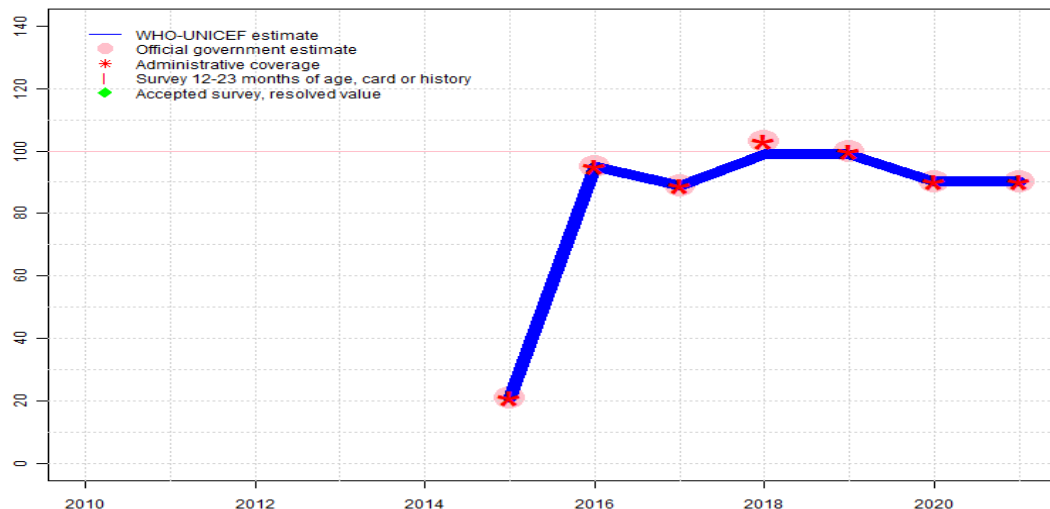
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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# Saint Lucia - IPV1

LCA - 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 coverage reported by national government. Programme reports a four month supply disruption of disposable syringes. Programme reports one month national level vaccine stock-out.. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Country reports stock-out of two months.. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Inactivated polio vaccine introduced in November 2015.. GoC=R+ D+

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	NA	NA	NA	NA	NA	21	95	89	99	99	90	90
Estimate GoC	NA	NA	NA	NA	NA	••	••	••	•	••	••	••
Official	NA	NA	NA	NA	NA	21	95	89	103	100	90	90
Administrative	NA	NA	NA	NA	NA	21	95	89	103	100	90	90
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

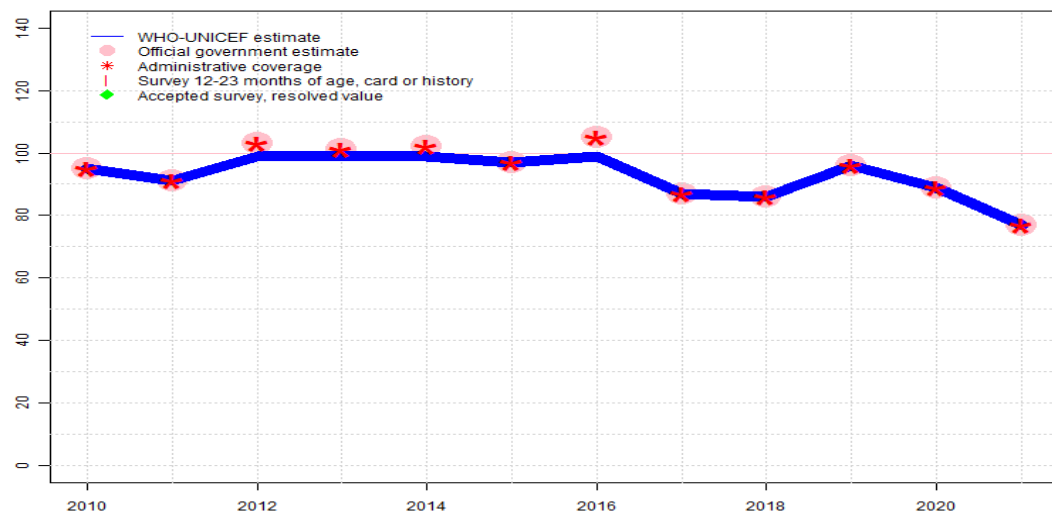
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While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

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# Saint Lucia - MCV1

LCA - 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 coverage reported by national government. Programme reports a two month vaccine stock out at the national and subnational levels.. GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. Programme reports a four month supply disruption of disposable syringes. Programme reports two month national level vaccine stock-out.. Estimate challenged by: D-
- 2018: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2017: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort.. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. . GoC=R+ D+

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	95	91	99	99	99	97	99	87	86	96	89	77
Estimate GoC	••	••	•	••	••	••	••	••	••	•	••	••
Official	95	91	103	101	102	97	105	87	86	96	89	77
Administrative	95	91	103	101	102	97	105	87	86	96	89	77
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

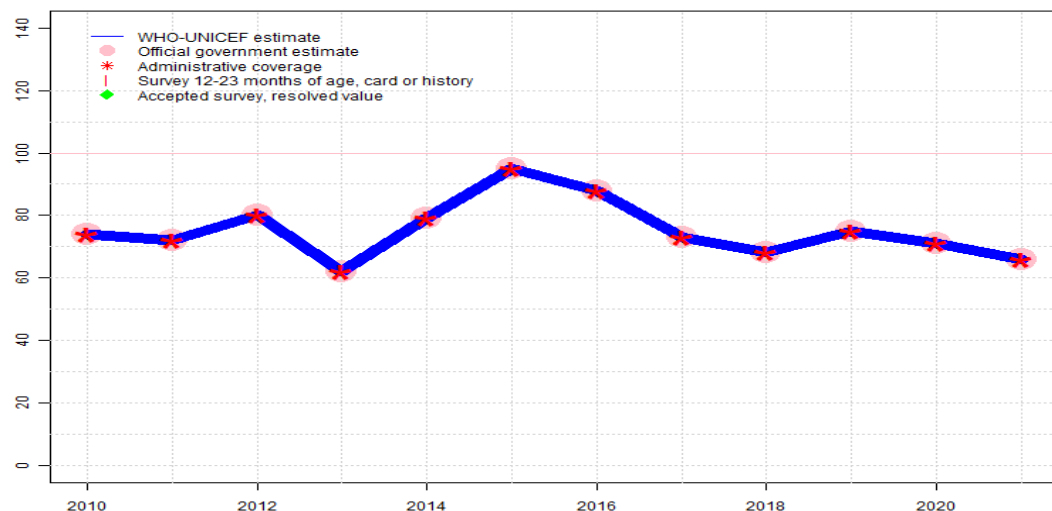
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While 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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# Saint Lucia - MCV2

LCA - MCV2



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	74	72	80	62	79	95	88	73	68	75	71	66
Estimate GoC	•	••	••	••	••	•	••	••	••	••	••	••
Official	74	72	80	62	79	95	88	73	68	75	71	66
Administrative	74	72	80	62	79	95	88	73	68	75	71	66
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.

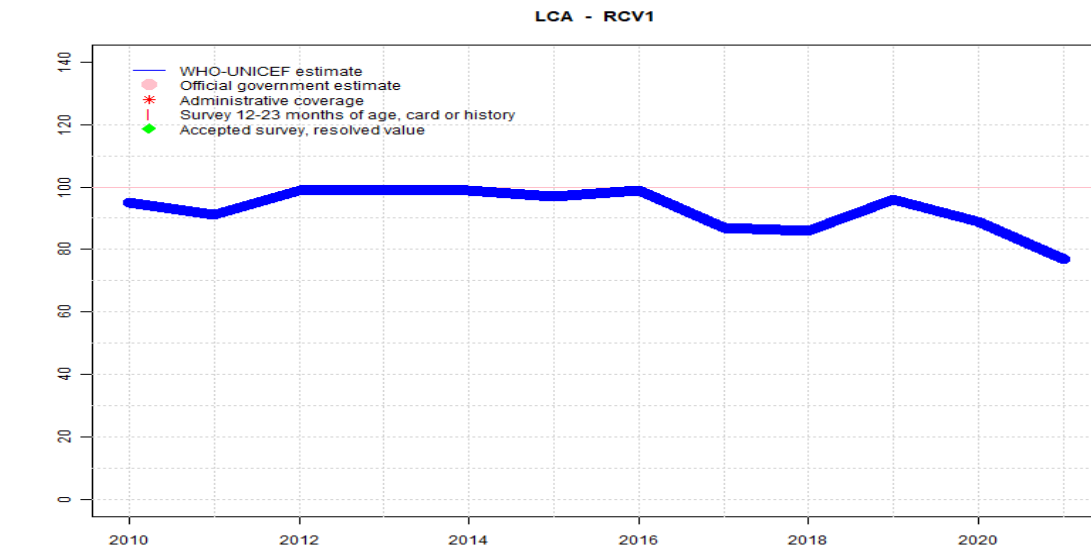
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## Description:

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 coverage reported by national government. Programme reports a two month vaccine stock out at the national and subnational levels.. GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. Programme reports a four month supply disruption of disposable syringes. Programme reports two month national level vaccine stock-out.. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. Reported coverage does not reflect doses administered late, e.g., after 24 month of age.. GoC=R+ D+
- 2017: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort.. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. Recommended age for MMR2 changed from pre-school age to 18 months.. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Increase in coverage may reflect doses administered during vaccination intensification activities.. Estimate challenged by: 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. . GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. . Estimate challenged by: D-

# Saint Lucia - RCV1



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	95	91	99	99	99	97	99	87	86	96	89	77
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.

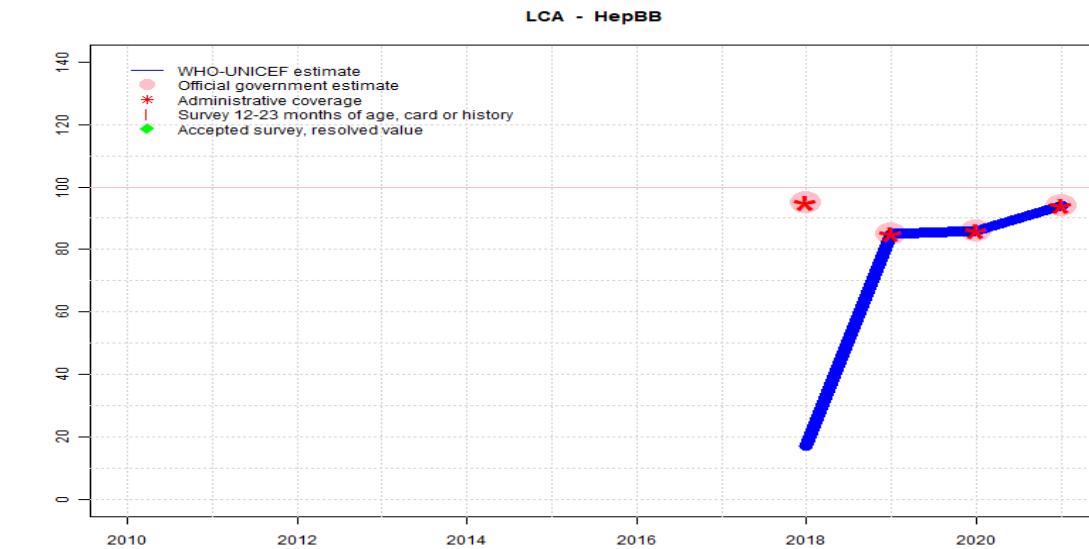
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## 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. Programme reports a four month supply disruption of disposable syringes.. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. . GoC=R+ D+
- 2017: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort.. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. . GoC=R+ D+
- 2015: Estimate based on estimated MCV1. . GoC=R+ D+
- 2014: Estimate based on estimated MCV1. . GoC=R+ D+
- 2013: Estimate based on estimated MCV1. . GoC=R+ D+
- 2012: Estimate based on estimated MCV1. . Estimate challenged by: D-
- 2011: Estimate based on estimated MCV1. . GoC=R+ D+
- 2010: Estimate based on estimated MCV1. . GoC=R+ D+

# Saint Lucia - 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. Estimate challenged by: D-
- 2020: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. Programme reports a four month supply disruption of disposable syringes.. Estimate is based on reported data following introduction. GoC=R+ D+
- 2018: Programme reports 95 percent coverage achieved in 18 percent of the national target population. Estimated coverage reflects annual coverage achieved in the national target population. Hepatitis birth dose was introduced in November 2018.. Estimate challenged by: R-

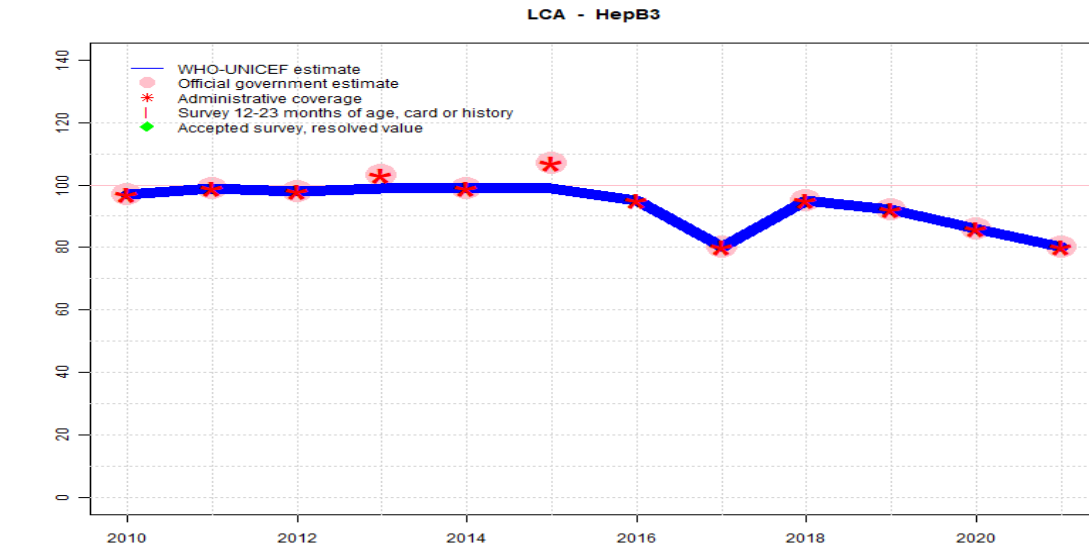
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	17	85	86	94
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	●	●●	●●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	95	85	86	94
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	95	85	86	94
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

# Saint Lucia - HepB3



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	97	99	98	103	99	107	95	80	95	92	86	80
Estimate GoC	●●	●	●●	●●	●●	●●	●●	●	●	●●	●●	●●
Official	97	99	98	103	99	107	NA	80	95	92	86	80
Administrative	97	99	98	103	99	107	95	80	95	92	86	80
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.

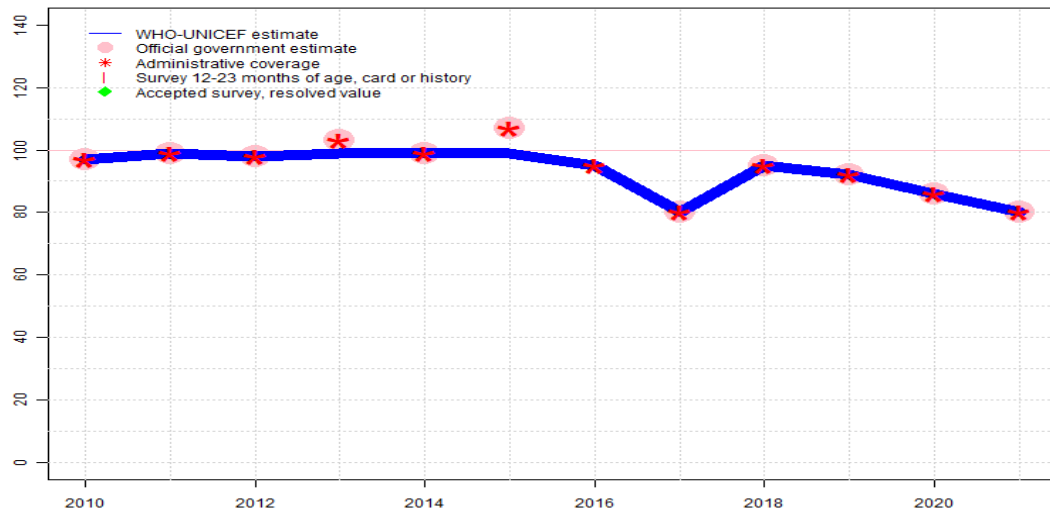
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## 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. Programme reports a four month supply disruption of disposable syringes.. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2017: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort.. Estimate challenged by: R-
- 2016: Estimate based on reported administrative estimate. . GoC=R+
- 2015: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. . 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 coverage reported by national government. . GoC=R+ D+

# Saint Lucia - Hib3

LCA - Hib3



## 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. Programme reports a four month supply disruption of disposable syringes.. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2017: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort.. Estimate challenged by: R-
- 2016: Estimate based on reported administrative estimate. . GoC=R+
- 2015: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. . GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. . 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 coverage reported by national government. . GoC=R+ D+

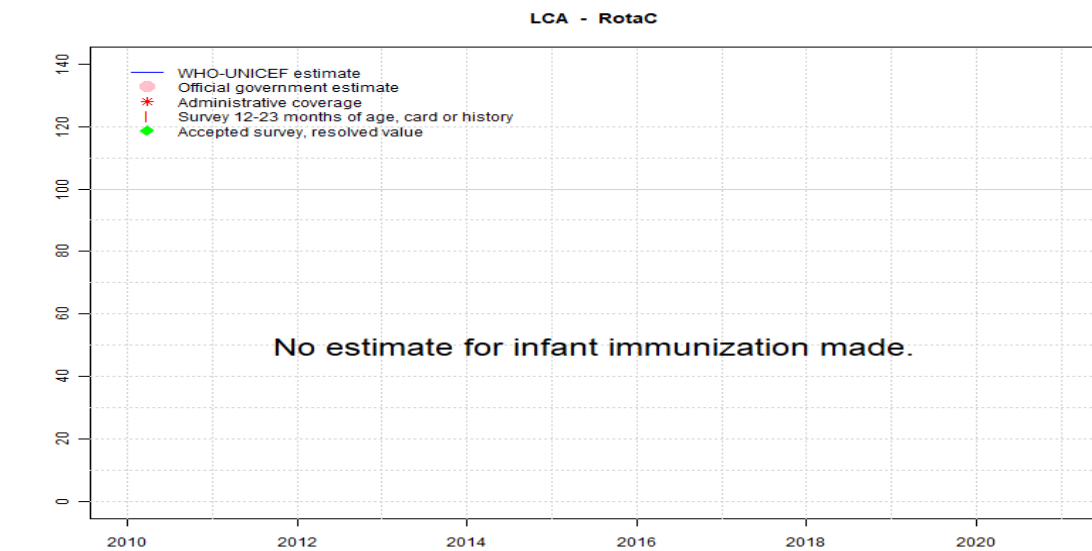
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	97	99	98	99	99	99	95	80	95	92	86	80
Estimate GoC	●●	●	●●	●●	●●	●●	●●	●	●	●●	●●	●●
Official	97	99	98	103	99	107	NA	80	95	92	86	80
Administrative	97	99	98	103	99	107	95	80	95	92	86	80
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

# Saint Lucia - RotaC

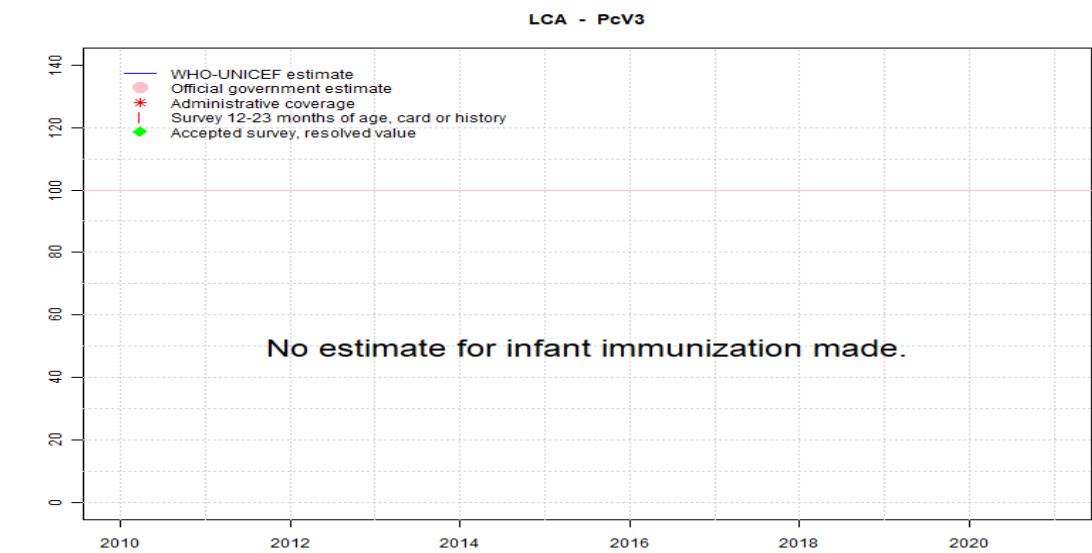


	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Further information and estimates for previous years are available at:

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

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