

Suriname: WHO and UNICEF estimates of immunization coverage: 2021 revision

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.

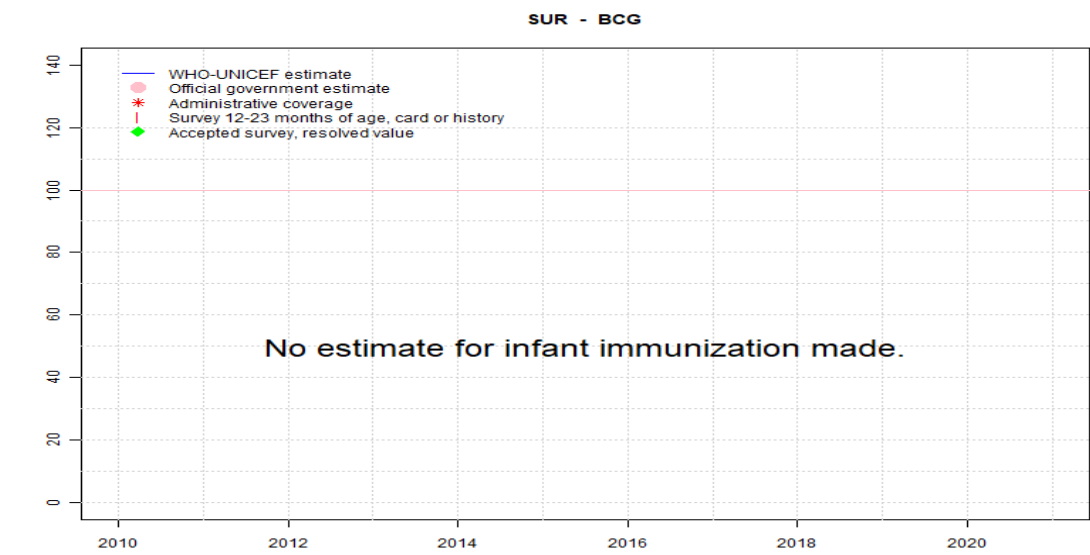
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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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Suriname - 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 |

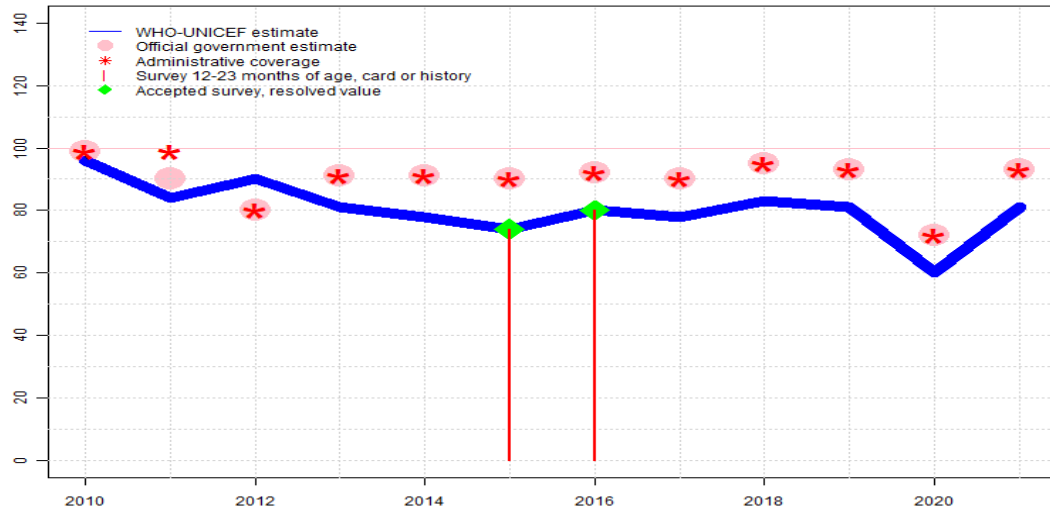
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Suriname - DTP1

SUR - DTP1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 96 | 84 | 90 | 81 | 78 | 74 | 80 | 78 | 83 | 81 | 60 | 81 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 99 | 90 | 80 | 91 | 91 | 90 | 92 | 90 | 95 | 93 | 72 | 93 |
| Administrative | 99 | 99 | 80 | 91 | 91 | 90 | 92 | 90 | 95 | 93 | 72 | 93 |
| Survey | NA | NA | NA | NA | NA | 74 | 80 | NA | NA | NA | NA | NA |

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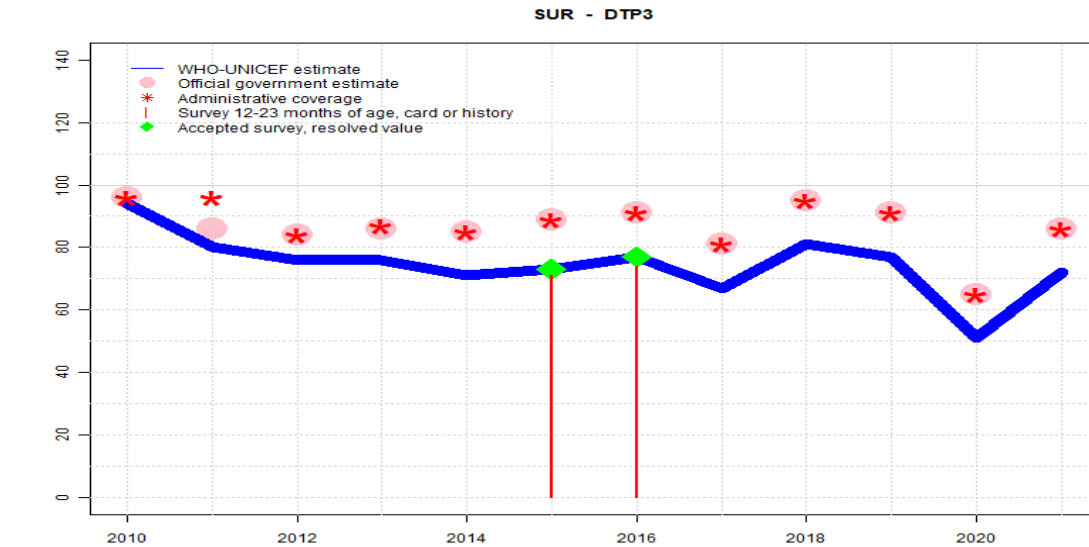
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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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: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Programme reports one month vaccine stock-out. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four month stock-out of AD syringes. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Programme reports 1-month vaccine stock-out. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 80 percent based on 1 survey(s). Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2012: DTP1 coverage estimated based on DTP3 coverage of 76. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

Suriname - DTP3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 94 | 80 | 76 | 76 | 71 | 73 | 77 | 67 | 81 | 77 | 51 | 72 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 96 | 86 | 84 | 86 | 85 | 89 | 91 | 81 | 95 | 91 | 65 | 86 |
| Administrative | 96 | 96 | 84 | 87 | 85 | 89 | 91 | 81 | 95 | 91 | 65 | 86 |
| Survey | NA | NA | NA | NA | NA | 71 | 74 | NA | NA | NA | NA | NA |

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

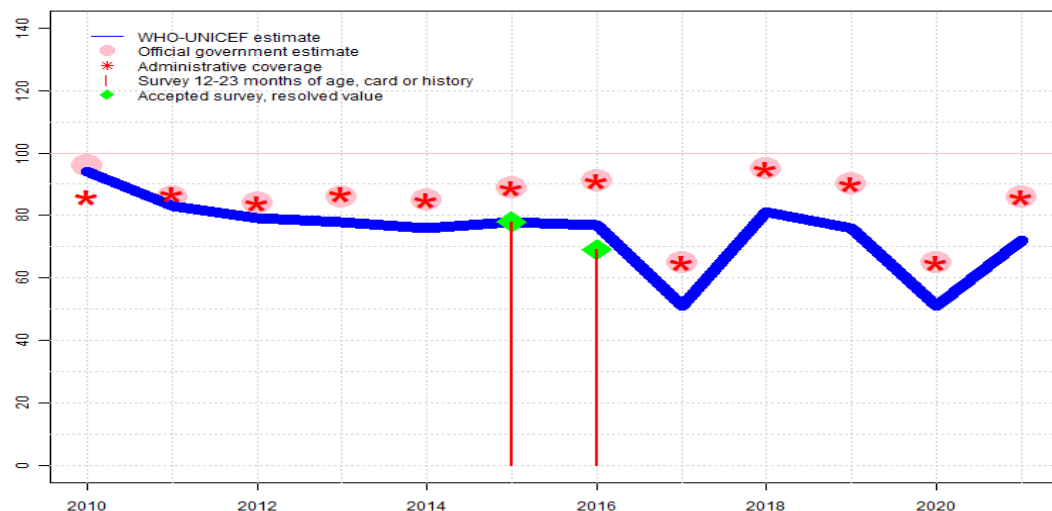
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Programme reports one month vaccine stock-out. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four month stock-out of AD syringes. Programme reports large increase in third doses of DTP-Hib-HepB following recovery from 1-month vaccine stock-out in 2017. Increase in reported first dose is of lesser magnitude resulting in no dropout. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Programme reports 1-month vaccine stock-out. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 77 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 74 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 71 percent modified for recall bias to 73 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 65 percent. Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2012: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2011: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

Suriname - Pol3

SUR - Pol3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 94 | 83 | 79 | 78 | 76 | 78 | 77 | 51 | 81 | 76 | 51 | 72 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 96 | 86 | 84 | 86 | 85 | 89 | 91 | 65 | 95 | 90 | 65 | 86 |
| Administrative | 86 | 87 | 84 | 87 | 85 | 89 | 91 | 65 | 95 | 90 | 65 | 86 |
| Survey | NA | NA | NA | NA | NA | 78 | 69 | NA | NA | NA | NA | NA |

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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

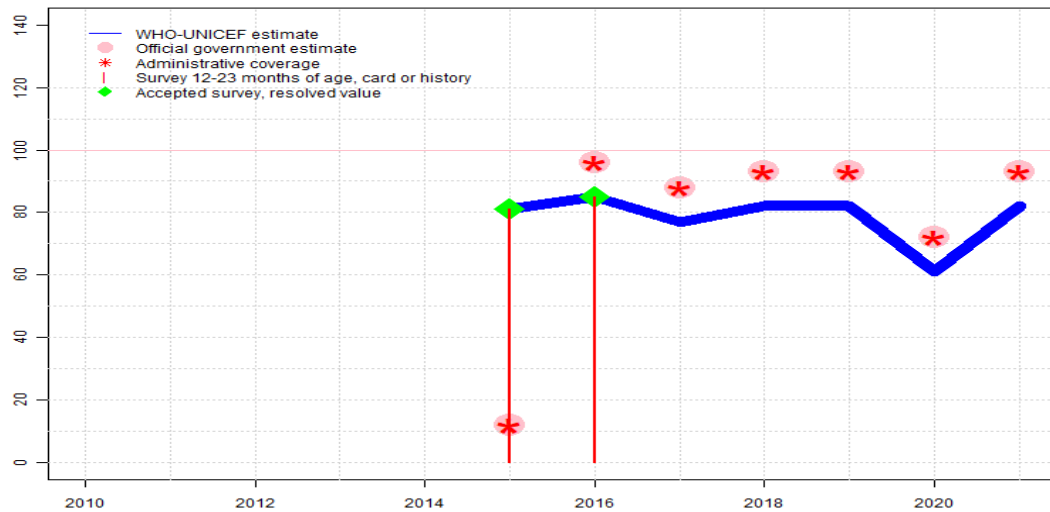
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Description:

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- 2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme appears to have recovered from prior years vaccine stockout. Estimate challenged by: R-S-
- 2017: Reported data calibrated to 2016 levels. Programme reports OPV 3-month stock-out. Estimate challenged by: R-S-
- 2016: Estimate of 77 percent assigned by working group. Estimate is based on survey result for DTP3. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 78 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2012: Reported data calibrated to 2009 and 2015 levels. One month vaccine shortage. Estimate challenged by: R-
- 2011: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: D-R-

Suriname - IPV1

SUR - IPV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | 81 | 85 | 77 | 82 | 82 | 61 | 82 |
| Estimate GoC | NA | NA | NA | NA | NA | • | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | NA | 12 | 96 | 88 | 93 | 93 | 72 | 93 |
| Administrative | NA | NA | NA | NA | NA | 12 | 96 | 88 | 93 | 93 | 72 | 93 |
| Survey | NA | NA | NA | NA | NA | 81 | 85 | NA | NA | NA | NA | NA |

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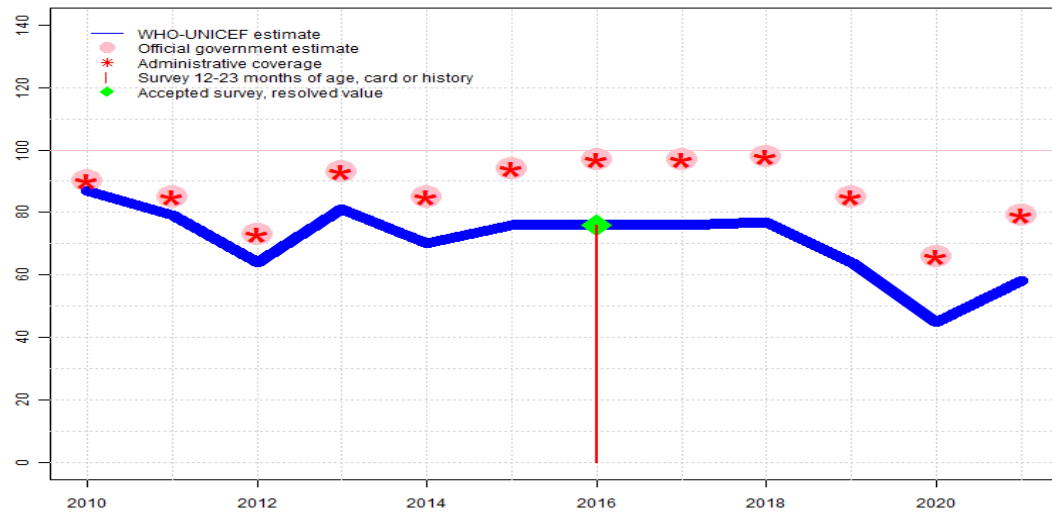
Description:

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).

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- 2019: Reported data calibrated to 2016 levels. Programme reports one month vaccine stock-out. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four month stock-out of AD syringes. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Programme reports IPV 1-month stock-out. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 85 percent based on 1 survey(s). Estimate is based on reported data following introduction. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 81 percent based on 1 survey(s). Inactivated polio vaccine during 2015. Estimate challenged by: D-R-

Suriname - MCV1

SUR - MCV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 87 | 79 | 64 | 81 | 70 | 76 | 76 | 76 | 77 | 64 | 45 | 58 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 90 | 85 | 73 | 93 | 85 | 94 | 97 | 97 | 98 | 85 | 66 | 79 |
| Administrative | 90 | 85 | 73 | 93 | 85 | 94 | 97 | 97 | 98 | 85 | 66 | 79 |
| Survey | NA | NA | NA | NA | NA | NA | 76 | NA | NA | NA | NA | NA |

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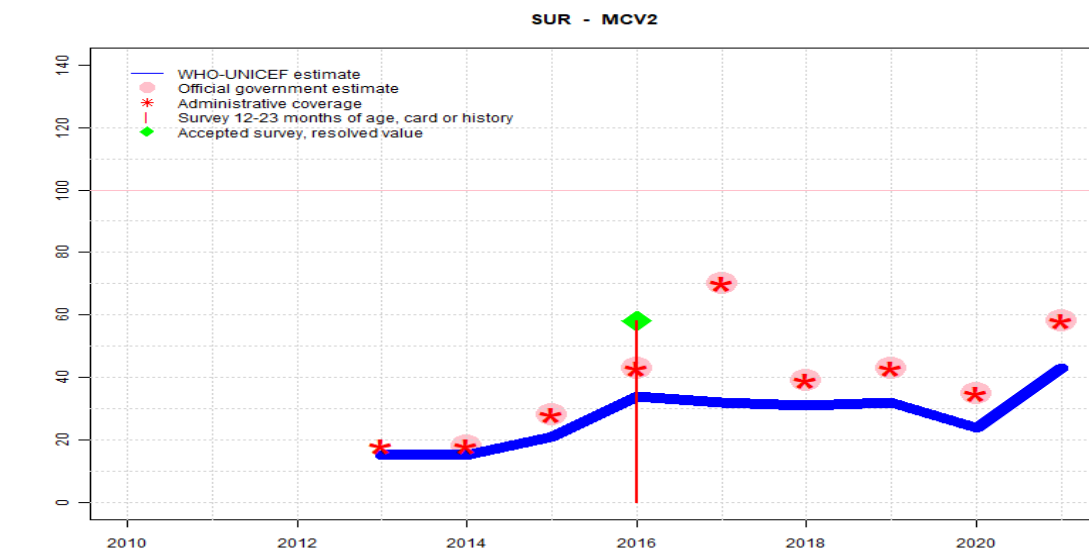
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- 2019: Reported data calibrated to 2016 levels. Programme reports three month vaccine stock-out. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four month stock-out of AD syringes. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 76 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2016 levels. Programme reports a three month stock-out at national level. Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2016 levels. Increase in coverage reflects recovery from prior years stock-out in spite of 2 month stock-out during 2013 at national level and in 2 districts. Estimate challenged by: R-
- 2012: Reported data calibrated to 2009 and 2016 levels. One month vaccine shortage. Estimate challenged by: R-
- 2011: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: R-

Suriname - MCV2



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | 15 | 15 | 21 | 34 | 32 | 31 | 32 | 24 | 43 |
| Estimate GoC | NA | NA | NA | • | • | • | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | 18 | 28 | 43 | 70 | 39 | 43 | 35 | 58 |
| Administrative | NA | NA | NA | 18 | 18 | 28 | 43 | 70 | 39 | 43 | 35 | 58 |
| Survey | NA | NA | NA | NA | NA | NA | 58 | NA | NA | NA | NA | NA |

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Description:

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

- 2021: Across the time-series, with the exception of 2017, reported number of MCV2 doses administered is 75 percent or less than the reported number of MCV1 doses while the target population size is similar for the first and second dose. It is believed that the survey for the 2016 cohort (perhaps inclusive of those in the 2017 cohort as well) reflect activities related to a change in recommended age for MCV2. As such, estimated coverage is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate of 24 percent changed from previous revision value of 50 percent. Estimate challenged by: R-
- 2019: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Programme reports three month vaccine stock-out. Estimate of 32 percent changed from previous revision value of 58 percent. Estimate challenged by: R-
- 2018: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Estimate of 31 percent changed from previous revision value of 54 percent. Estimate challenged by: R-S-
- 2017: Reported number of MCV2 doses appear to include doses given outside the target age of 18 months. The number of MCV2 doses administered is roughly twice that compared to reported values for 2016 and 2018. As such, estimate is based on the interpolated ratio of MCV2-to-MCV1 doses administered for 2016 and 2018 applied to estimated MCV1 coverage. Reported data excluded due to an increase from 43 percent to 70 percent with decrease 39 percent. Estimate of 32 percent changed from previous revision value of 56 percent. Estimate challenged by: D-R-S-
- 2016: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Programme reports several measles-mumps-rubella doses given administered to children beyond their second year of life. These doses are not included in the reported coverage. Recommended age for MCV2 changed from four years to 18 months during 2016. Estimate of 34 percent changed from previous revision value of 58 percent. Estimate challenged by: R-S-
- 2015: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Estimate of 21 percent changed from previous revision value of

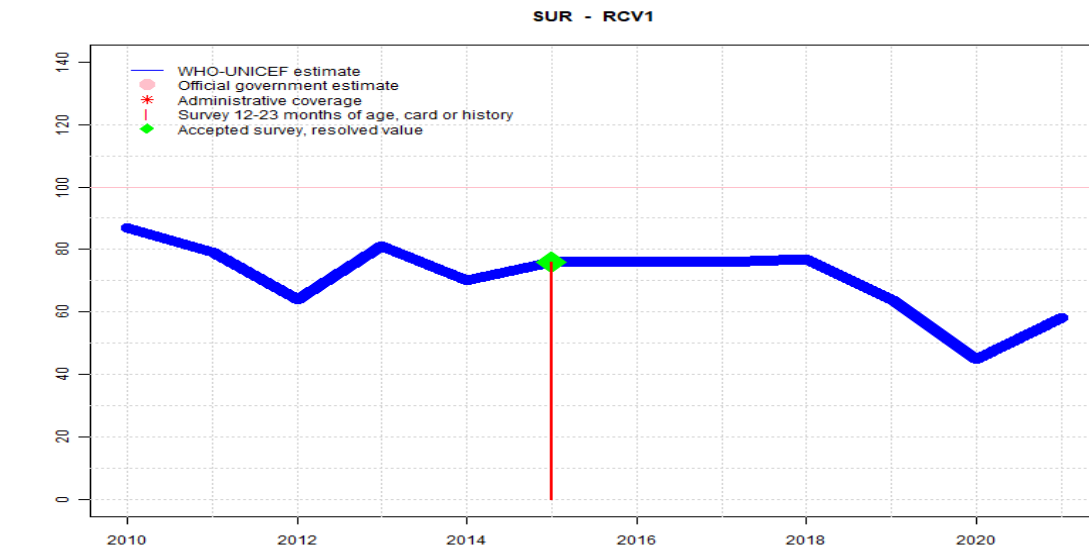
Suriname - MCV2

43 percent. Estimate challenged by: R-S-

2014: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Estimate of 15 percent changed from previous revision value of 33 percent. Estimate challenged by: R-S-

2013: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Second dose of MCV introduced during 2005 but not systematically provided until 2013. Reporting started in 2013. Presentation is MMR and is recommended at 4 years of age. Estimate of 15 percent changed from previous revision value of 33 percent. Estimate challenged by: R-

Suriname - RCV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 87 | 79 | 64 | 81 | 70 | 76 | 76 | 76 | 77 | 64 | 45 | 58 |
| 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 | 76 | 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. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-

2020: Estimate based on estimated MCV1. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-R-

2019: Estimate based on estimated MCV1. Estimate challenged by: R-

2018: Estimate based on estimated MCV1. Programme reports four month stock-out of AD syringes. Estimate challenged by: R-

2017: Estimate based on estimated MCV1. Estimate challenged by: R-

2016: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2015: Estimate based on estimated MCV1. Estimate challenged by: R-

2014: Estimate based on estimated MCV1. Estimate challenged by: R-

2013: Estimate based on estimated MCV1. Estimate challenged by: R-

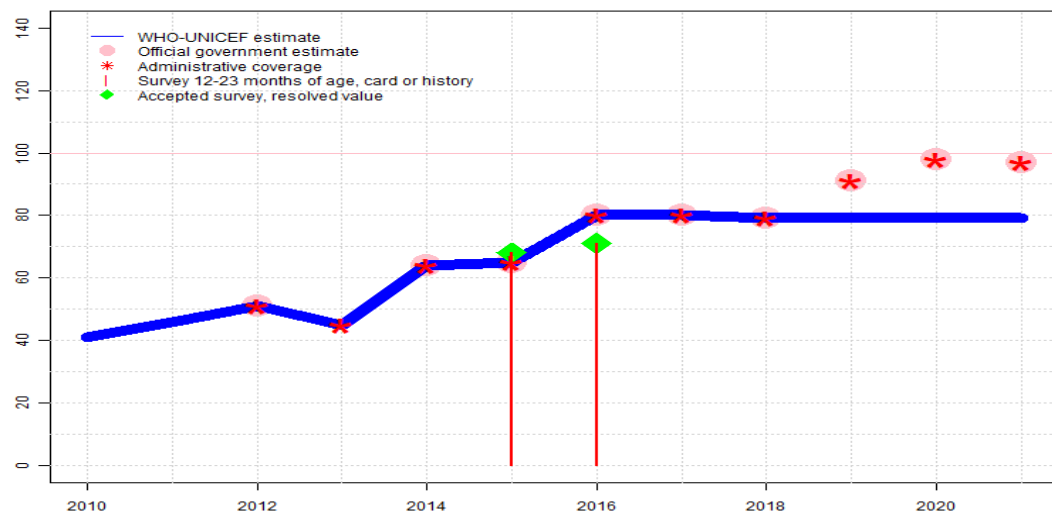
2012: Estimate based on estimated MCV1. Estimate challenged by: R-

2011: Estimate based on estimated MCV1. Estimate challenged by: R-

2010: Estimate based on estimated MCV1. Estimate challenged by: R-

Suriname - HepBB

SUR - HepBB



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 41 | 46 | 51 | 45 | 64 | 65 | 80 | 80 | 79 | 79 | 79 | 79 |
| Estimate GoC | •• | •• | •• | • | •• | ••• | • | • | • | •• | •• | •• |
| Official | NA | NA | 51 | NA | 64 | 65 | 80 | 80 | 79 | 91 | 98 | 97 |
| Administrative | NA | NA | 51 | 45 | 64 | 65 | 80 | 80 | 79 | 91 | 98 | 97 |
| Survey | NA | NA | NA | NA | NA | 68 | 71 | 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.

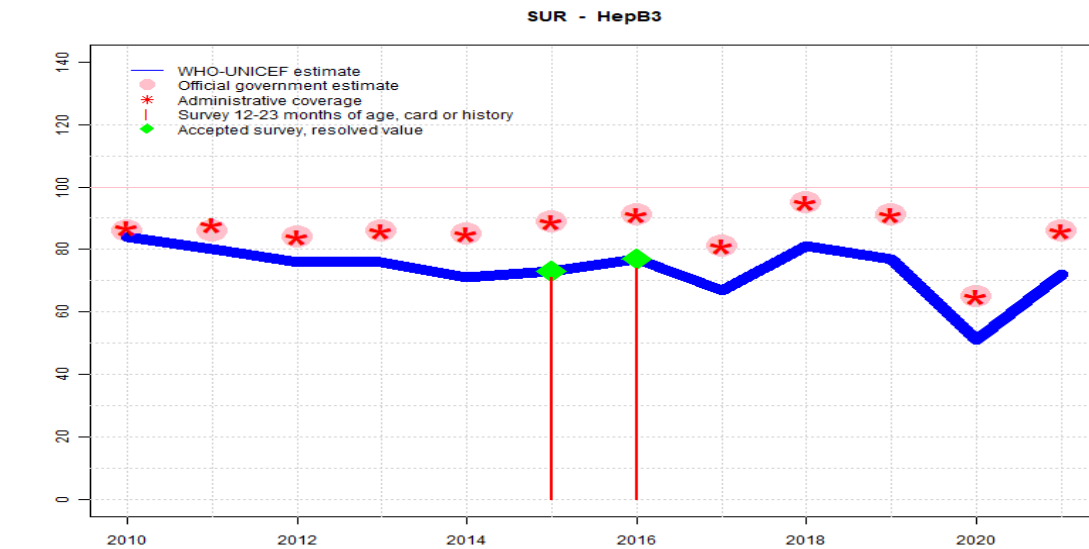
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 extrapolation from data reported by national government. Reported data excluded. Reported coverage shows an unexplained increased trend and change 2019 to 2020 inconsistent with other vaccine-doses. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours. Reported coverage aligns with recovery from COVID-19 related service disruptions. GoC=R+ D+
- 2020: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage shows an unexplained increased trend and change 2019 to 2020 inconsistent with other vaccine-doses. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage shows an unexplained increased trend and change 2019 to 2020 inconsistent with other vaccine-doses. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours. Programme reports 1.5 month vaccine stock-out. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. Programme reports four month stock-out of AD syringes. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. Estimate challenged by: D-S-
- 2016: Estimate based on coverage reported by national government supported by survey. Survey evidence of 71 percent based on 1 survey(s). Estimate challenged by: D-S-
- 2015: Estimate based on coverage reported by national government supported by survey. Survey evidence of 68 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government. . GoC=R+ S+
- 2013: Estimate based on reported administrative data. Estimate challenged by: S-
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2011: Estimate based on interpolation between coverage reported by national government. GoC=S+
- 2010: Estimate based on interpolation between coverage reported by national government. GoC=S+

Suriname - HepB3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 84 | 80 | 76 | 76 | 71 | 73 | 77 | 67 | 81 | 77 | 51 | 72 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 86 | 86 | 84 | 86 | 85 | 89 | 91 | 81 | 95 | 91 | 65 | 86 |
| Administrative | 87 | 88 | 84 | 86 | 85 | 89 | 91 | 81 | 95 | 91 | 65 | 86 |
| Survey | NA | NA | NA | NA | NA | 71 | 74 | 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.

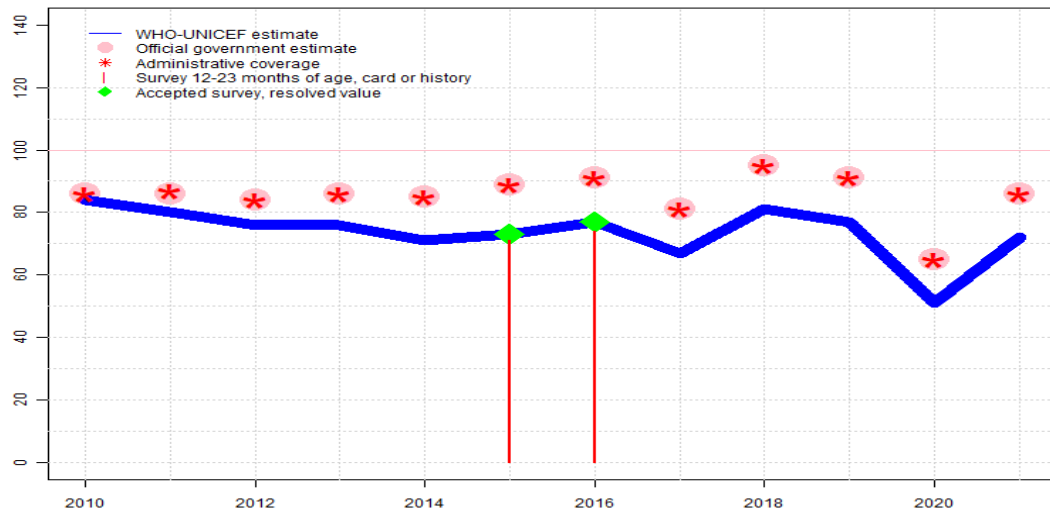
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four month stock-out of AD syringes. Programme reports large increase in third doses of DTP-Hib-HepB following recovery from 1-month vaccine stock-out in 2017. Increase in reported first dose is of lesser magnitude resulting in no dropout. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Programme reports 1-month vaccine stock-out. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 77 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 74 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 71 percent modified for recall bias to 73 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 65 percent. Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2012: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2011: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

Suriname - Hib3

SUR - Hib3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 84 | 80 | 76 | 76 | 71 | 73 | 77 | 67 | 81 | 77 | 51 | 72 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 86 | 86 | 84 | 86 | 85 | 89 | 91 | 81 | 95 | 91 | 65 | 86 |
| Administrative | 86 | 87 | 84 | 86 | 85 | 89 | 91 | 81 | 95 | 91 | 65 | 86 |
| Survey | NA | NA | NA | NA | NA | 71 | 74 | 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.

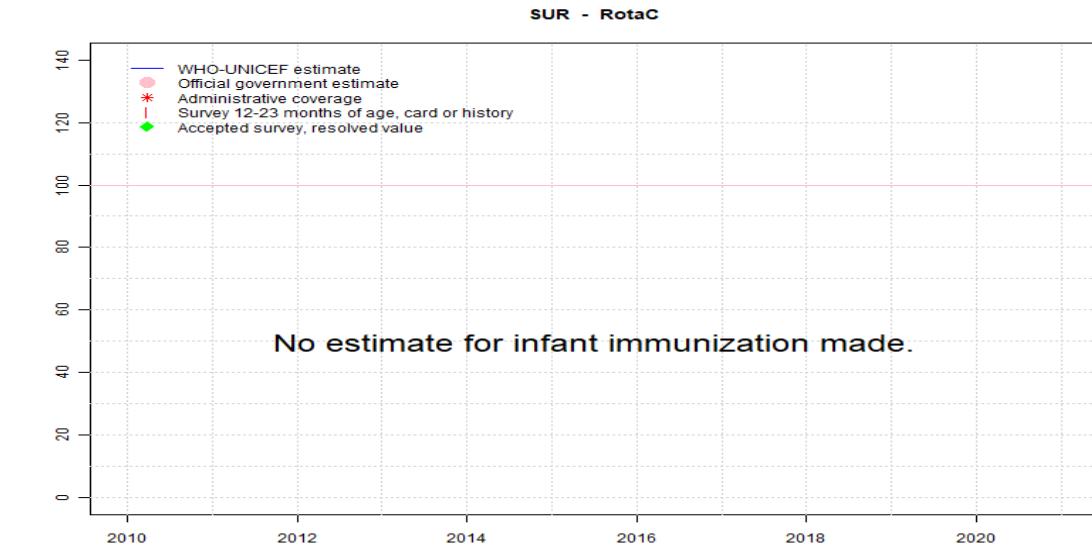
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four month stock-out of AD syringes. Programme reports large increase in third doses of DTP-Hib-HepB following recovery from 1-month vaccine stock-out in 2017. Increase in reported first dose is of lesser magnitude resulting in no dropout. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Programme reports 1-month vaccine stock-out. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 77 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 74 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 71 percent modified for recall bias to 73 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 65 percent. Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2012: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2011: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

Suriname - RotaC



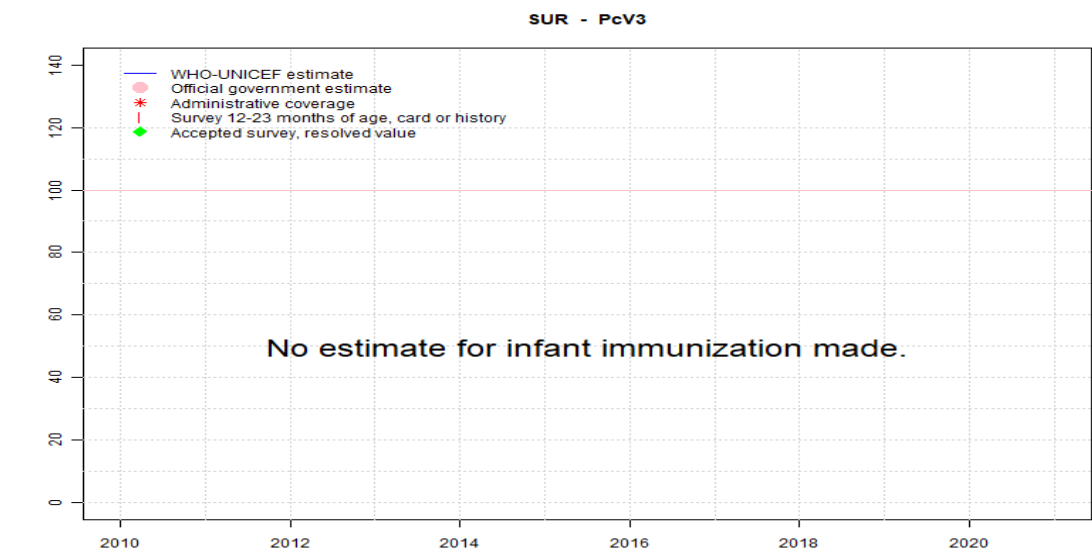
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Estimate GoC | NA | NA | NA | NA | 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.

Suriname - PcV3



| | 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 |

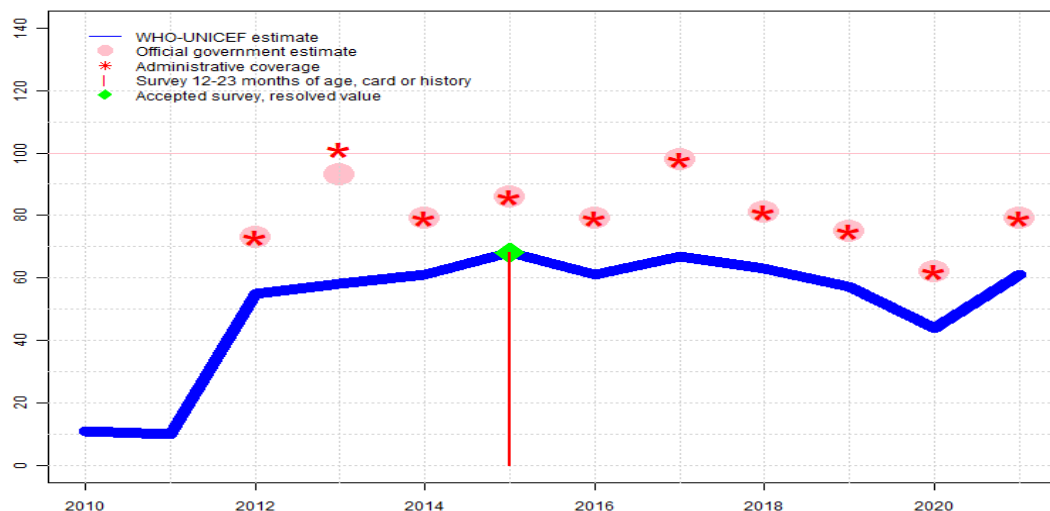
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Suriname - YFV

SUR - YFV



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 11 | 10 | 55 | 58 | 61 | 68 | 61 | 67 | 63 | 57 | 44 | 61 |
| Estimate GoC | •• | •• | • | • | • | • | • | • | • | • | • | • |
| Official | NA | NA | 73 | 93 | 79 | 86 | 79 | 98 | 81 | 75 | 62 | 79 |
| Administrative | NA | NA | 73 | 101 | 79 | 86 | 79 | 98 | 81 | 75 | 62 | 79 |
| Survey | NA | NA | NA | NA | NA | 68 | 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: Reported data calibrated to 2015 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 levels. Programme reports four month stock-out of AD syringes. Estimate challenged by: R-
- 2017: Programme reports 98 percent coverage achieved in 87 percent of the national target population. Estimate reflects annualized coverage in the national target population and calibrated to the level of coverage established by the survey for the 2015 cohort. Reported data excluded due to an increase from 79 percent to 98 percent with decrease 81 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 levels. Programme reports a three week vaccine stock-out. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 68 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Reported data calibrated to 2015 levels. Estimate is based on reported data. Decline in reported number of doses administered is unexplained. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2015 levels. Reported data excluded. Increase reflects expansion of service delivery following introduction to national birth cohort in 2012 and suboptimal recording practices. Reported data excluded due to an increase from 73 percent to 93 percent with decrease 79 percent. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2015 levels. Yellow fever vaccine is now offered to the entire national target population. Estimate challenged by: D-R-
- 2011: YFV introduced in 2005 for high-risk areas only. Seventy-seven percent coverage was achieved in 13 percent of the total annual national target population. GoC=D+
- 2010: YFV introduced in 2005 for high-risk areas only. Eighty percent coverage was achieved in 14 percent of the total annual national target population. GoC=D+

Suriname - survey details

2016 Suriname Multiple Indicator Cluster Survey 2018

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| DTP1 | C or H <12 months | 79.6 | 12-23 m | 753 | 77 |
| DTP1 | Card | 70.3 | 12-23 m | 753 | 77 |
| DTP1 | Card or History | 80 | 12-23 m | 753 | 77 |
| DTP1 | History | 9.7 | 12-23 m | 753 | 77 |
| DTP3 | C or H <12 months | 70 | 12-23 m | 753 | 77 |
| DTP3 | Card | 66.6 | 12-23 m | 753 | 77 |
| DTP3 | Card or History | 73.9 | 12-23 m | 753 | 77 |
| DTP3 | History | 7.3 | 12-23 m | 753 | 77 |
| HepB1 | C or H <12 months | 79.6 | 12-23 m | 753 | 77 |
| HepB1 | Card | 70.3 | 12-23 m | 753 | 77 |
| HepB1 | Card or History | 80 | 12-23 m | 753 | 77 |
| HepB1 | History | 9.7 | 12-23 m | 753 | 77 |
| HepB3 | C or H <12 months | 70 | 12-23 m | 753 | 77 |
| HepB3 | Card | 66.6 | 12-23 m | 753 | 77 |
| HepB3 | Card or History | 73.9 | 12-23 m | 753 | 77 |
| HepB3 | History | 7.3 | 12-23 m | 753 | 77 |
| HepBB | C or H <12 months | 71.3 | 12-23 m | 753 | 77 |
| HepBB | Card | 59.9 | 12-23 m | 753 | 77 |
| HepBB | Card or History | 71.3 | 12-23 m | 753 | 77 |
| HepBB | History | 11.4 | 12-23 m | 753 | 77 |
| Hib1 | C or H <12 months | 79.6 | 12-23 m | 753 | 77 |
| Hib1 | Card | 70.3 | 12-23 m | 753 | 77 |
| Hib1 | Card or History | 80 | 12-23 m | 753 | 77 |
| Hib1 | History | 9.7 | 12-23 m | 753 | 77 |
| Hib3 | C or H <12 months | 70 | 12-23 m | 753 | 77 |
| Hib3 | Card | 66.6 | 12-23 m | 753 | 77 |
| Hib3 | Card or History | 73.9 | 12-23 m | 753 | 77 |
| Hib3 | History | 7.3 | 12-23 m | 753 | 77 |
| IPV1 | C or H <12 months | 84.9 | 12-23 m | 753 | 77 |
| IPV1 | Card | 75.8 | 12-23 m | 753 | 77 |
| IPV1 | Card or History | 85.3 | 12-23 m | 753 | 77 |
| IPV1 | History | 9.5 | 12-23 m | 753 | 77 |
| MCV1 | C or H <12 months | 73.8 | 24-35 m | 942 | 77 |
| MCV1 | Card | 68.1 | 24-35 m | 942 | 77 |
| MCV1 | Card or History | 75.7 | 24-35 m | 942 | 77 |
| MCV1 | History | 7.5 | 24-35 m | 942 | 77 |
| MCV2 | C or H <24 months | 54.2 | 24-35 m | 942 | 77 |

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|------|-------------------|------|---------|-----|----|
| MCV2 | Card | 51.8 | 24-35 m | 942 | 77 |
| MCV2 | Card or History | 58.3 | 24-35 m | 942 | 77 |
| MCV2 | History | 6.4 | 24-35 m | 942 | 77 |
| Pol3 | C or H <12 months | 65 | 12-23 m | 753 | 77 |
| Pol3 | Card | 62.7 | 12-23 m | 753 | 77 |
| Pol3 | Card or History | 69.4 | 12-23 m | 753 | 77 |
| Pol3 | History | 6.7 | 12-23 m | 753 | 77 |

2015 Suriname Multiple Indicator Cluster Survey 2018

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| DTP1 | C or H <12 months | 73.7 | 24-35 m | 942 | 77 |
| DTP1 | Card | 66.1 | 24-35 m | 942 | 77 |
| DTP1 | Card or History | 74.4 | 24-35 m | 942 | 77 |
| DTP1 | History | 8.3 | 24-35 m | 942 | 77 |
| DTP3 | C or H <12 months | 66.9 | 24-35 m | 942 | 77 |
| DTP3 | Card | 65.2 | 24-35 m | 942 | 77 |
| DTP3 | Card or History | 71.2 | 24-35 m | 942 | 77 |
| DTP3 | History | 6 | 24-35 m | 942 | 77 |
| HepB1 | C or H <12 months | 73.7 | 24-35 m | 942 | 77 |
| HepB1 | Card | 66.1 | 24-35 m | 942 | 77 |
| HepB1 | Card or History | 74.4 | 24-35 m | 942 | 77 |
| HepB1 | History | 8.3 | 24-35 m | 942 | 77 |
| HepB3 | C or H <12 months | 66.9 | 24-35 m | 942 | 77 |
| HepB3 | Card | 65.2 | 24-35 m | 942 | 77 |
| HepB3 | Card or History | 71.2 | 24-35 m | 942 | 77 |
| HepB3 | History | 6 | 24-35 m | 942 | 77 |
| HepBB | C or H <12 months | 68.1 | 24-35 m | 942 | 77 |
| HepBB | Card | 55.9 | 24-35 m | 942 | 77 |
| HepBB | Card or History | 68.4 | 24-35 m | 942 | 77 |
| HepBB | History | 12.5 | 24-35 m | 942 | 77 |
| Hib1 | C or H <12 months | 73.7 | 24-35 m | 942 | 77 |
| Hib1 | Card | 66.1 | 24-35 m | 942 | 77 |
| Hib1 | Card or History | 74.4 | 24-35 m | 942 | 77 |
| Hib1 | History | 8.3 | 24-35 m | 942 | 77 |
| Hib3 | C or H <12 months | 66.9 | 24-35 m | 942 | 77 |
| Hib3 | Card | 65.2 | 24-35 m | 942 | 77 |
| Hib3 | Card or History | 71.2 | 24-35 m | 942 | 77 |
| Hib3 | History | 6 | 24-35 m | 942 | 77 |

Suriname - survey details

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|------|-------------------|------|---------|-----|----|
| IPV1 | C or H <12 months | 80.9 | 24-35 m | 942 | 77 |
| IPV1 | Card | 70.5 | 24-35 m | 942 | 77 |
| IPV1 | Card or History | 81.2 | 24-35 m | 942 | 77 |
| IPV1 | History | 10.7 | 24-35 m | 942 | 77 |
| Pol3 | C or H <12 months | 74.1 | 24-35 m | 942 | 77 |
| Pol3 | Card | 69.3 | 24-35 m | 942 | 77 |
| Pol3 | Card or History | 78.4 | 24-35 m | 942 | 77 |
| Pol3 | History | 9.1 | 24-35 m | 942 | 77 |
| YFV | C or H <12 months | 66.3 | 24-35 m | 942 | 77 |
| YFV | Card | 61 | 24-35 m | 942 | 77 |
| YFV | Card or History | 68.2 | 24-35 m | 942 | 77 |
| YFV | History | 7.2 | 24-35 m | 942 | 77 |

2009 Suriname Multiple Indicator Cluster Survey 2010

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| HepBB | C or H <12 months | 38 | 18-29 m | - | 82 |
| HepBB | Card | 32.8 | 18-29 m | - | 82 |
| HepBB | Card or History | 38.5 | 18-29 m | 746 | 82 |
| HepBB | History | 5.7 | 18-29 m | - | 82 |
| MCV1 | C or H <18 months | 73.9 | 18-29 m | - | 82 |
| MCV1 | Card | 70.5 | 18-29 m | - | 82 |
| MCV1 | Card or History | 77.9 | 18-29 m | 746 | 82 |
| MCV1 | History | 7.4 | 18-29 m | - | 82 |
| Pol1 | C or H <12 months | 89.9 | 18-29 m | - | 82 |
| Pol1 | Card | 80.1 | 18-29 m | - | 82 |
| Pol1 | Card or History | 90.5 | 18-29 m | 746 | 82 |
| Pol1 | History | 10.3 | 18-29 m | - | 82 |
| Pol3 | C or H <12 months | 79 | 18-29 m | - | 82 |
| Pol3 | Card | 77.1 | 18-29 m | - | 82 |
| Pol3 | Card or History | 83.2 | 18-29 m | 746 | 82 |
| Pol3 | History | 6.1 | 18-29 m | - | 82 |
| YFV | C or H <12 months | 15.1 | 18-29 m | - | 82 |
| YFV | Card | 59.3 | 18-29 m | - | 82 |
| YFV | Card or History | 64 | 18-29 m | 154 | 82 |
| YFV | History | 4.7 | 18-29 m | - | 82 |

2005 Suriname Multiple Indicator Cluster Survey 2006

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| DTP1 | C or H <12 months | 94.8 | 12-23 m | 412 | 81 |
| DTP1 | Card | 83.7 | 12-23 m | 412 | 81 |
| DTP1 | Card or History | 95.6 | 12-23 m | 412 | 81 |
| DTP1 | History | 12 | 12-23 m | 412 | 81 |
| DTP3 | C or H <12 months | 86.1 | 12-23 m | 412 | 81 |
| DTP3 | Card | 83.7 | 12-23 m | 412 | 81 |
| DTP3 | Card or History | 90.8 | 12-23 m | 412 | 81 |
| DTP3 | History | 7.1 | 12-23 m | 412 | 81 |
| HepB1 | C or H <12 months | 8.6 | 12-23 m | 412 | 81 |
| HepB1 | Card | 9.3 | 12-23 m | 412 | 81 |
| HepB1 | Card or History | 9.3 | 12-23 m | 412 | 81 |
| HepB1 | History | 0 | 12-23 m | 412 | 81 |
| HepB3 | C or H <12 months | 3.2 | 12-23 m | 412 | 81 |
| HepB3 | Card | 6 | 12-23 m | 412 | 81 |
| HepB3 | Card or History | 6 | 12-23 m | 412 | 81 |
| HepB3 | History | 0 | 12-23 m | 412 | 81 |
| Hib1 | C or H <12 months | 4.3 | 12-23 m | 412 | 81 |
| Hib1 | Card | 4.5 | 12-23 m | 412 | 81 |
| Hib1 | Card or History | 4.5 | 12-23 m | 412 | 81 |
| Hib1 | History | 0 | 12-23 m | 412 | 81 |
| Hib3 | C or H <12 months | 2.7 | 12-23 m | 412 | 81 |
| Hib3 | Card | 3.1 | 12-23 m | 412 | 81 |
| Hib3 | Card or History | 3.1 | 12-23 m | 412 | 81 |
| Hib3 | History | 0 | 12-23 m | 412 | 81 |
| MCV1 | C or H <12 months | 79.5 | 12-23 m | 412 | 81 |
| MCV1 | Card | 65.7 | 12-23 m | 412 | 81 |
| MCV1 | Card or History | 81 | 12-23 m | 412 | 81 |
| MCV1 | History | 15.4 | 12-23 m | 412 | 81 |
| Pol1 | C or H <12 months | 97.1 | 12-23 m | 412 | 81 |
| Pol1 | Card | 83.5 | 12-23 m | 412 | 81 |
| Pol1 | Card or History | 97.7 | 12-23 m | 412 | 81 |
| Pol1 | History | 14.2 | 12-23 m | 412 | 81 |
| Pol3 | C or H <12 months | 87.6 | 12-23 m | 412 | 81 |
| Pol3 | Card | 83.3 | 12-23 m | 412 | 81 |
| Pol3 | Card or History | 92.4 | 12-23 m | 412 | 81 |
| Pol3 | History | 9.1 | 12-23 m | 412 | 81 |
| YFV | C or H <12 months | 18.1 | 12-23 m | 412 | 81 |
| YFV | Card | 11.9 | 12-23 m | 412 | 81 |

Suriname - survey details

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|-----|-----------------|------|---------|-----|----|
| YFV | Card or History | 19.3 | 12-23 m | 412 | 81 |
| YFV | History | 7.4 | 12-23 m | 412 | 81 |

1999 Suriname Multiple Indicator Cluster Survey 2000, 2001

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| DTP1 | Card | 83.7 | 12-23 m | 376 | 85 |
| DTP1 | Card or History | 88.8 | 12-23 m | 376 | 85 |
| DTP1 | History | 5.1 | 12-23 m | 376 | 85 |
| DTP3 | Card | 75.8 | 12-23 m | 376 | 85 |

| | | | | | |
|------|-----------------|------|---------|-----|----|
| DTP3 | Card or History | 79.1 | 12-23 m | 376 | 85 |
| DTP3 | History | 3.3 | 12-23 m | 376 | 85 |
| MCV1 | Card | 55.5 | 12-23 m | 376 | 85 |
| MCV1 | Card or History | 60.2 | 12-23 m | 376 | 85 |
| MCV1 | History | 4.6 | 12-23 m | 376 | 85 |
| Pol1 | Card | 84 | 12-23 m | 376 | 85 |
| Pol1 | Card or History | 87.8 | 12-23 m | 376 | 85 |
| Pol1 | History | 3.8 | 12-23 m | 376 | 85 |
| Pol3 | Card | 75.8 | 12-23 m | 376 | 85 |
| Pol3 | Card or History | 78.5 | 12-23 m | 376 | 85 |
| Pol3 | History | 2.7 | 12-23 m | 376 | 85 |

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