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:

* Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around
*
Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods
* show large variation, an attempt is made to identify the most likely estimate with consideration of the
interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and
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.

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

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.

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. Co
verage 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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United Nations Children’s Fund to verify the information contained in this publication. However,
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implied. The responsibility for the interpretation and use of the material lies with the reader. In
no event shall the World Health Organization or United Nations Children’s Fund be liable for
damages arising from its use.
The WHO and UNICEF estimates of national immunization coverage (vaccine) 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.
The WHO and UNICEF estimates of national immunization coverage (wtenic) 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.

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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.
Georgia - DTP3

Estimate GoC

Official

Administrative

Survey

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.

2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. MICS 2018 did not include an immunization module. 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. GoC=R+ D+

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

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

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

2015: Estimate based on coverage reported by national government. Programme switched from DTP-HepB-Hib to DTaP-HepB-Hib-IPV in 2015. 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. GoC=R+ D+

2010: Estimate based on coverage reported by national government. Official estimates are based on district level house to house survey data. GoC=R+ D+

July 8, 2022; page 5

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023 data received as of July 7, 2022
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.

July 8, 2022; page 6

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023

data received as of July 7, 2022
**Georgia - 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. MICS 2018 did not include an immunization module. 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. GoC=R+ D+

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

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

**2016:** Estimate based on coverage reported by national government. Estimate based on national roll out of IPV given as a combination vaccine. GoC=R+ D+

**2015:** Estimate based on coverage reported by national government. IPV introduced in December 2015 as a combination vaccine DTP-HepB-Hib-IPV. GoC=R+ D+

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.

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The table below shows the estimates for national immunization coverage (wuenic) for Georgia from 2010 to 2021, categorized by type (Estimate, Official, Administrative, Survey), and the corresponding grades of confidence (GoC) and data sources (D, R, S) for each year:

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<th>Survey</th>
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July 8, 2022; page 7 WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023 data received as of July 7, 2022
The WHO and UNICEF estimates of national immunization coverage (vaccine) 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. MICS 2018 did not include an immunization module. 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. GoC=R+ D+ 
- 2018: Estimate based on coverage reported by national government. GoC=R+ D+ 
- 2017: Estimate based on coverage reported by national government. GoC=R+ D+ 
- 2016: Estimate based on coverage reported by national government. 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. GoC=R+ D+ 
- 2010: Estimate based on coverage reported by national government. Official estimates are based on district level house to house survey data. Decline in 2009 is due to 3 months (March - May) vaccine shortage in 59 rayons. GoC=R+ D+

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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.
The WHO and UNICEF estimates of national immunization coverage (vaccine) 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.
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 accompanying graph and data table.

2021: Estimate based on estimated MCV1. No nationally representative household survey within the last 5 years. MICS 2018 did not include an immunization module. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. GoC=R+ D+

2019: Estimate based on estimated MCV1. GoC=R+ D+

2018: Estimate based on estimated MCV1. GoC=R+ D+

2017: Estimate based on estimated MCV1. GoC=R+ D+

2016: Estimate based on estimated MCV1. 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. GoC=R+ D+

2011: Estimate based on estimated MCV1. GoC=R+ D+

2010: Estimate based on estimated MCV1. Official estimates are based on district level house to house survey data. GoC=R+ D+

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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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. MICS 2018 did not include an immunization module. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

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

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

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

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

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

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

2014: Estimate based on coverage reported by national government. Recovery from reported stock-out in 2013. GoC=R+ D+

2013: Estimate based on coverage reported by national government. Programme reports 3 month stock-out at national level during first half of 2014. 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. Official estimates are based on district level house to house survey data. GoC=R+ D+

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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.

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.

### Georgia - HepB3

#### Description:

2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. MICS 2018 did not include an immunization module. 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. GoC=R+ D+

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

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

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

2015: Estimate based on coverage reported by national government. Programme switched from DTP-HepB-Hib to DTaP-HepB-Hib-IPV in 2015. 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. Official estimates are based on district level house to house survey data. GoC=R+ D+

### Table: Georgia - HepB3

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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:** Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. MICS 2018 did not include an immunization module. 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. GoC=R+ D+
- **2018:** Estimate based on coverage reported by national government. GoC=R+ D+
- **2017:** Estimate based on coverage reported by national government. GoC=R+ D+
- **2016:** Estimate based on coverage reported by national government. GoC=R+ D+
- **2015:** Estimate based on coverage reported by national government. Programme switched from DTP-HepB-Hib to DTaP-HepB-Hib-IPV in 2015. 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. GoC=R+ D+
- **2010:** Estimate based on coverage reported by national government. Official estimates are based on district level house to house survey data. DTP-HepB-Hib pentavalent vaccine was introduced in 2010. GoC=R+ D+

### Table:

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### Georgia - RotaC

#### Description:

2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. MICS 2018 did not include an immunization module. 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. GoC=R+ D+

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

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

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

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

2014: Estimate based on coverage reported by national government. Estimate is based on reported data. GoC=R+ D+

2013: Rotavirus vaccine introduced in 2013. Fifty-six percent coverage reported in 71 percent of the national target population. Estimate challenged by: R-

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The WHO and UNICEF estimates of national immunization coverage (vaccine) 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 recalculate 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.
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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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.

**Georgia - PcV3**

### Description:

2021: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. MICS 2018 did not include an immunization module. 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. GoC=R+ D+

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

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

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


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July 8, 2022; page 15

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023

data received as of July 7, 2022
Georgia - survey details


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

July 8, 2022; page 16 WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023 data received as of July 7, 2022