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 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. 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 RCV1 is not taken into consideration nor are the data represented in the accompanying graph and data table.

**HepB**: 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.

**PeV3**: 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 PeV3 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.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children’s Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or 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.
Panama - BCG

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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- 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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Description:

2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
2020: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
2019: Estimate based on coverage reported by national government. Programme reports a one-month vaccine stock-out. GoC=R+ D+
2018: Estimate based on coverage reported by national government. Programme reports a four-month vaccine stock-out. 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 interpolation between data reported by national government. Reported data excluded because 104 percent greater than 100 percent. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 96 percent. GoC=R+ D+
2011: Estimate based on coverage reported by national government. GoC=R+ D+
2010: Estimate based on interpolation between data reported by national government. Reported data excluded because 111 percent greater than 100 percent. GoC=R+ D+
Panama - DTP1

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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### Description:

2021: Estimate based on extrapolation from prior year. GoC=No accepted empirical data

2020: Estimate is based on decline in reported administrative coverage. Programme reports a three month vaccine stock-out at national and subnational levels. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

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

2018: Estimate based on interpolation between data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

2017: Estimate based on interpolation between data reported by national government. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+

2016: Estimate based on interpolation between data reported by national government. Reported data excluded because 102 percent greater than 100 percent. Programme reports a one-month vaccine stock-out in 2016. 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. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 92 percent. GoC=R+ D+

2011: Estimate based on interpolation between data reported by national government. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+

2010: Estimate based on interpolation between data reported by national government. Reported data excluded because 108 percent greater than 100 percent. GoC=R+ D+

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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.

### Symbols:

- ** 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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- **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. Programme reports a one-month vaccine stock-out. GoC=R+ D+
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- **2013**: Estimate based on coverage reported by national government. GoC=R+ D+
- **2012**: Estimate based on coverage reported by national government. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort supports reported coverage levels. GoC=R+ D+
- **2011**: Estimate based on coverage reported by national government. Estimate challenged by: D-
- **2010**: Estimate based on coverage reported by national government. Estimate challenged by: 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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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 extrapolation from prior year. GoC=No accepted empirical data
2020: Estimate is based on DTP1 coverage estimate. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-
2019: Estimate is based on DTP1 coverage estimate. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
2018: Estimate is based on DTP1 coverage estimate. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: R-
2017: Coverage set at level of estimate for DTP1. Country is using hexavalent DTaP-Hib-HepB-IPV. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
2016: Coverage set at level of estimate for DTP1. Country is using hexavalent DTaP-Hib-HepB-IPV. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: R-
2015: Estimate based on coverage reported by national government. GoC=R+ D+

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2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2020: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate is based on decline in reported administrative coverage. GoC=R+ D+

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

2018: Estimate based on interpolation between data reported by national government. Reported data excluded because 105 percent greater than 100 percent. GoC=R+ D+

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

2016: Estimate based on interpolation between data reported by national government. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+

2015: Estimate based on interpolation between data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

2014: Estimate based on 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. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 87 percent. Estimate challenged by: D-

2010: Estimate based on interpolation between data reported by national government. Reported data excluded because 105 percent greater than 100 percent. 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.

Description:

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

2021: Estimate based on extrapolation from data reported by national government. Estimate is based on decline in reported administrative coverage. GoC=No accepted empirical data

2020: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 97 level to 74 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate of 97 percent changed from previous revision value of 74 percent. Estimate challenged by: 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 interpolation between reported values. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

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

2014: Estimate based on coverage reported by national government. Recommended age for the second dose of measles containing vaccine changed from 4 years of age to 18 months during 2014. Estimate challenged by: 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. 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.
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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.

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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. GoC=No accepted empirical data
2020: Estimate based on estimated MCV1. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+
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. Estimate challenged by: D-
2010: Estimate based on estimated MCV1. 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.
The WHO and UNICEF estimates of national immunization coverage (wTeni) 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.
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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.

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2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2020: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government. Programme reports eight months vaccine stock-out. 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. Estimate challenged by: D-

2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
Panama - HepB3

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+] 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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2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
2020: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate is based on decline in reported administrative coverage. Programme reports a three month vaccine stock-out at national and subnational levels. 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. Programme reports a one-month vaccine stock-out. GoC=R+ D+
2015: Estimate based on coverage reported by national government. GoC=R+ D+
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2013: Estimate based on coverage reported by national government. GoC=R+ D+
2012: Estimate based on coverage reported by national government. GoC=R+ D+
2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
2010: Estimate based on coverage reported by national government. Estimate challenged by: D-

July 8, 2022; page 12 WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023 data received as of July 7, 2022
Panama - Hib3

Description:

2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2020: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate is based on decline in reported administrative coverage. Programme reports a three month vaccine stock-out at national and subnational levels. 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. Programme reports a one-month vaccine stock-out. GoC=R+ D+

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

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

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

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

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

2010: Estimate based on coverage reported by national government. Estimate challenged by: 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.

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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.
Panama - RotaC

Description:

2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
2020: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+
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. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 78 percent. GoC=R+ D+
2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
2010: Estimate based on coverage reported by national government. Estimate challenged by: 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.
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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.

- **Survey** does not report data.

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.

### Panama - PcV3

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</table>

**Description:**

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. Programme reports a two month vaccine stock-out. 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. Programme reports a three-month vaccine stock-out in 2016. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Changes in PcV schedule affected data reporting and coverage calculation. The recommended age is 2, 4 and 12 months. Coverage for the second dose of PcV is 91 percent. Data are not reported for the third dose. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Changes in PcV schedule affected data reporting and coverage calculation. GoC=R+ D+
- 2012: Estimate based on interpolation between reported values. Reported data excluded. Changes in PcV schedule affected data reporting and coverage calculation. Reported data excluded because 119 percent greater than 100 percent. Reported data excluded due to an increase from 63 percent to 119 percent with decrease 88 percent. Results from the 2013 Multiple Indicator Cluster Survey for the 2012 birth cohort suggest coverage of 78 percent. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Pneumococcal conjugate vaccine introduced in 2010. 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
### Panama - YFV

The WHO and UNICEF estimates of national immunization coverage (wunivc) 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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</table>

#### Description:

2021: Estimate based on extrapolation from prior year. GoC=No accepted empirical data
2020: Programme reports 69 percent coverage reached in seven percent of the national birth cohort in the three regions at risk for yellow fever. Estimate is based on annualized coverage among the total national birth cohort. Reported data excluded due to sudden change in coverage from 107 level to 69 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-
2019: Programme reports 107 percent coverage reached in seven percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. Reported data excluded because 107 percent greater than 100 percent. Reported data excluded due to an increase from 85 percent to 107 percent with decrease 69 percent. Estimate challenged by: R-
2018: Eighty-five percent coverage reached in seven percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. Estimate challenged by: R-
2017: Ninety-two percent coverage reached in eight percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. Estimate challenged by: R-
2016: Eighty-one percent coverage reached in eight percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. Estimate challenged by: R-
2015: Sixty percent coverage reached in eight percent of the total population. Estimate is based on annualized coverage among the total national birth cohort. Estimate challenged by: R-
2014: Sixty-nine percent coverage reached in eight percent of the national birth cohort. Estimate is based on annualized coverage among the total national birth cohort. GoC=Assigned by working group.
2013: Fifty two percent coverage reached in seven percent of the national birth cohort. Reported data excluded due to decline in reported coverage from 98 percent to 52 percent with increase to 69 percent. GoC=Assigned by working group.
2012: Ninety eight percent coverage achieved in five percent of the total population. Estimate is based on coverage achieved among the annualized total national birth cohort. GoC=Assigned by working group.
2011: YFV introduced in 1974 for areas at risk. Data available are not sufficient to produce an estimate. Results from the 2013 Multiple Indicator Cluster Survey for the 2011 birth cohort suggest coverage of 80 percent. GoC=Assigned by working group.
2010: YFV introduced in 1974 for areas at risk. Data available are not sufficient to produce an estimate. GoC=Assigned by working group.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.
Further information and estimates for previous years are available at:
https://data.unicef.org/topic/child-health/immunization/
https://immunizationdata.who.int/listing.html