

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 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 available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

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. Bull World Health Organ. * Burton et al. 2012. PLoS One.
* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

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 6-11, 12-23 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 data collection period.

ABBREVIATIONS AND DEFINITIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guérin 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. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, 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.

IPV2: percentage of surviving infants who received a 2nd dose of inactivated polio vaccine. IPV2 coverage estimates produced for OPV using countries.

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 in the production of the estimate.

HEPB3: 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.

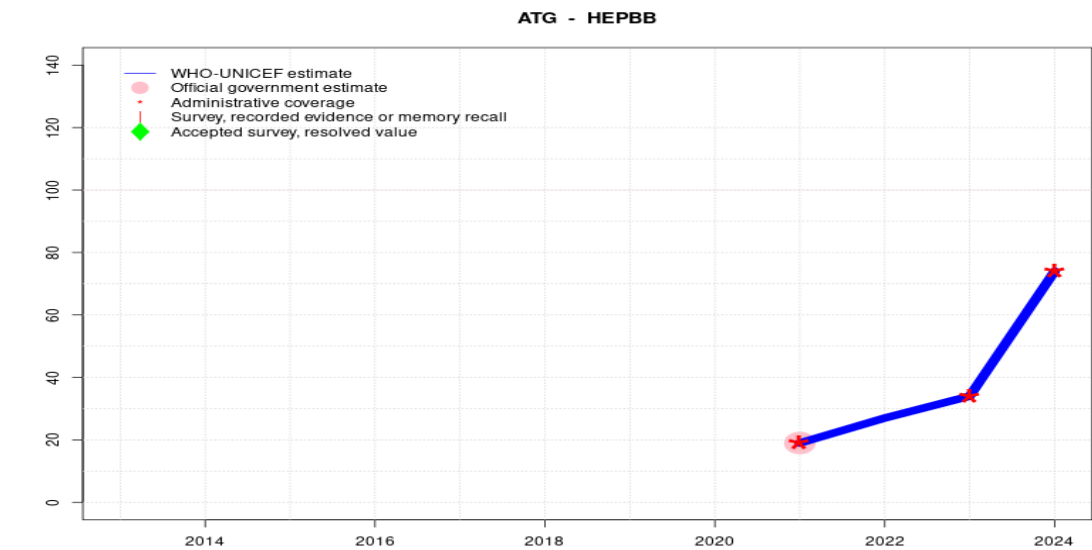
PCV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PCV prior to the 1st birthday if coverage for the booster dose is not reported.

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.

MENGA: percentage of children who received one dose of meningococcal A conjugate vaccine. MENGA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

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Antigua and Barbuda - HEPBB



Description:

- 2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Programme reports 8-month vaccine stockout. Country reports 34 percent coverage for HepB birth dose irrespective of timing (e.g., both within 24 hours and beyond). GoC=R+ D+
- 2022: Estimate informed by interpolation between reported data. Programme reports 99 percent coverage for HepB birth dose irrespective of timing (e.g., both within 24 hours and beyond). Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Hepatitis B birth dose introduced in 2021. Reporting started in 2021. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	19	27	34	74
Estimate GoC	-	-	-	-	-	-	-	-	●●	●	●●	●
Official	-	-	-	-	-	-	-	-	19	-	-	-
Administrative	-	-	-	-	-	-	-	-	19	-	34	74
Survey	-	-	-	-	-	-	-	-	-	-	-	-

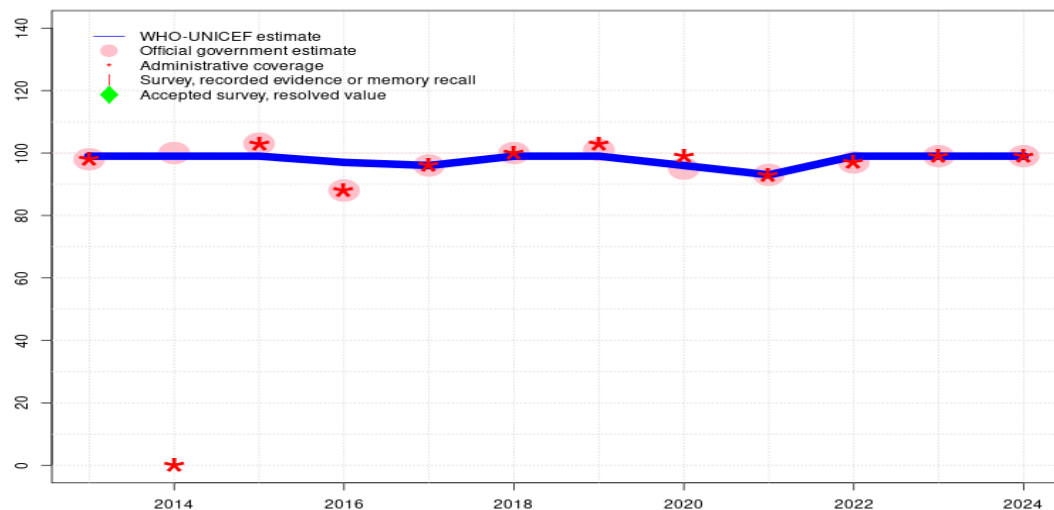
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Antigua and Barbuda - DTP1

ATG - DTP1



Description:

- 2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimated coverage informed by estimated DTP3 coverage assuming zero dropout. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimated coverage informed by estimated DTP3 coverage assuming zero dropout. Estimate of 96 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2019: Estimate based on DTP3 coverage of 99. Reported data excluded because 101 percent greater than 100 percent. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimated coverage informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2015: Estimated coverage informed by estimated DTP3 coverage. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
- 2014: Estimate informed by reported data. GoC=R+
- 2013: Estimated coverage informed by estimated DTP3 coverage. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	97	96	99	99	96	93	99	99	99
Estimate GoC	•	••	•	•	•	••	•	•	••	•	•	•
Official	98	100	103	88	96	100	101	95	93	97	99	99
Administrative	98	0	103	88	96	100	103	99	93	97	99	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

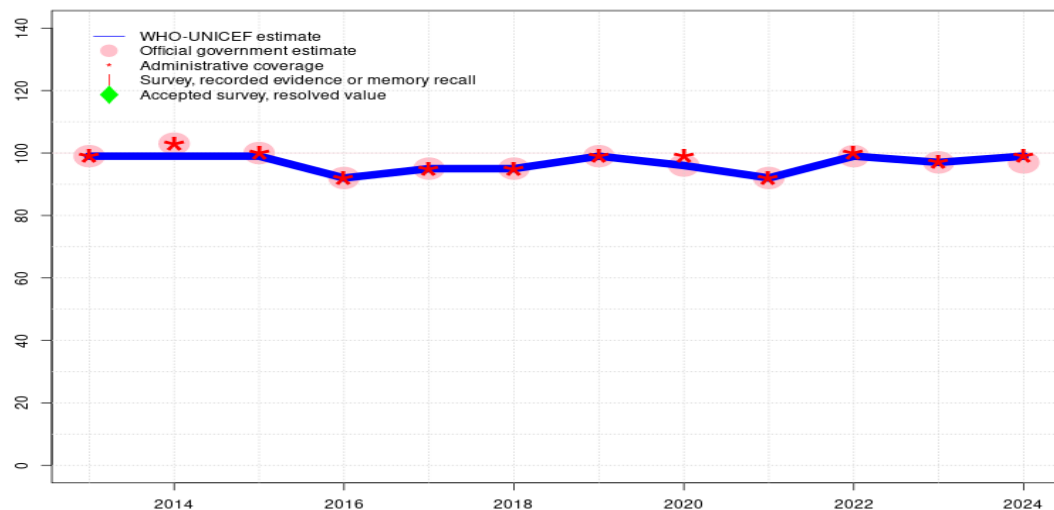
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Antigua and Barbuda - DTP3

ATG - DTP3



Description:

- 2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate of 99 percent changed from previous revision value of 95 percent. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	92	95	95	99	96	92	99	97	99
Estimate GoC	●●	●●	●●	●	●●	●●	●●	●●	●●	●	●	●
Official	99	103	100	92	95	95	99	96	92	99	97	97
Administrative	99	103	100	92	95	95	99	99	92	100	97	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

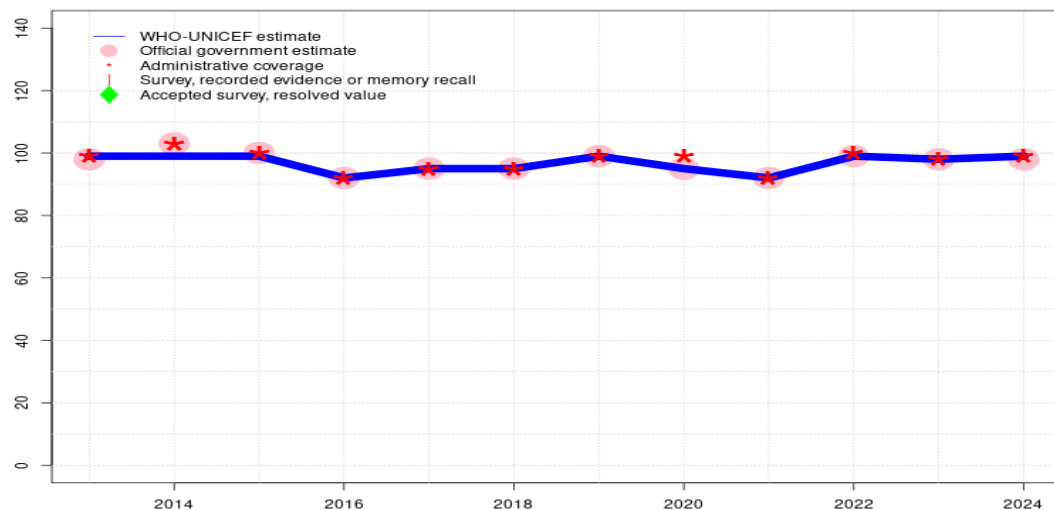
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Antigua and Barbuda - HEPB3

ATG - HEPB3



Description:

- 2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2013: Estimate informed by reported administrative data. Programme provides no explanation for the difference between the official and administrative coverage levels. Vaccine presentation is DTP-HepB-Hib. GoC=R+ D+

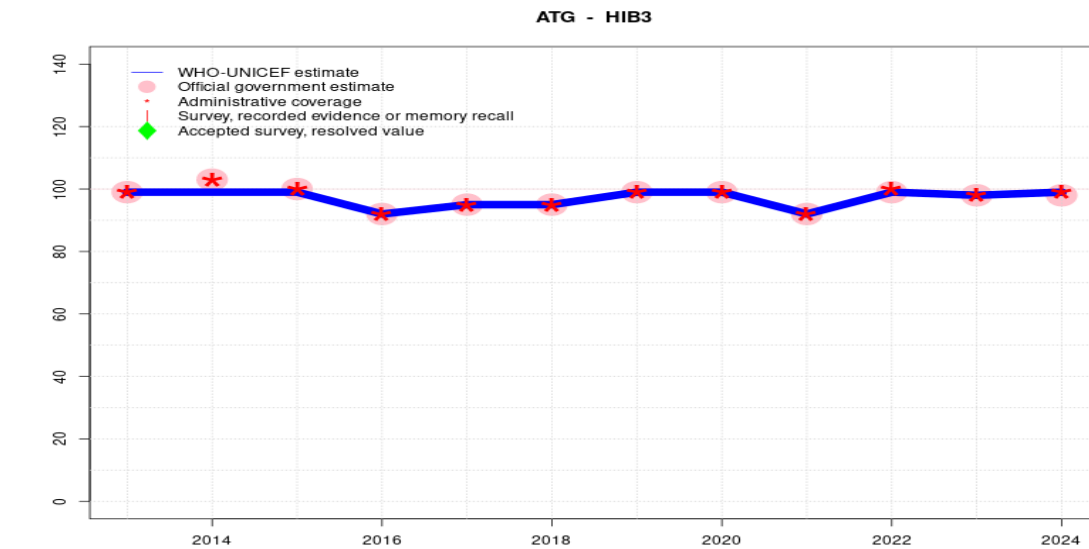
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	92	95	95	99	95	92	99	98	99
Estimate GoC	●●	●●	●●	●	●●	●●	●●	●●	●●	●	●	●
Official	98	103	100	92	95	95	99	95	92	99	98	98
Administrative	99	103	100	92	95	95	99	99	92	100	98	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Antigua and Barbuda - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	92	95	95	99	99	92	99	98	99
Estimate GoC	●●	●●	●●	●	●●	●●	●●	●●	●●	●	●	●
Official	99	103	100	92	95	95	99	99	92	99	98	98
Administrative	99	103	100	92	95	95	99	99	92	100	98	99
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: 2024 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:

2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate informed by reported administrative data. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Estimate challenged by: D-

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. Estimate challenged by: D-

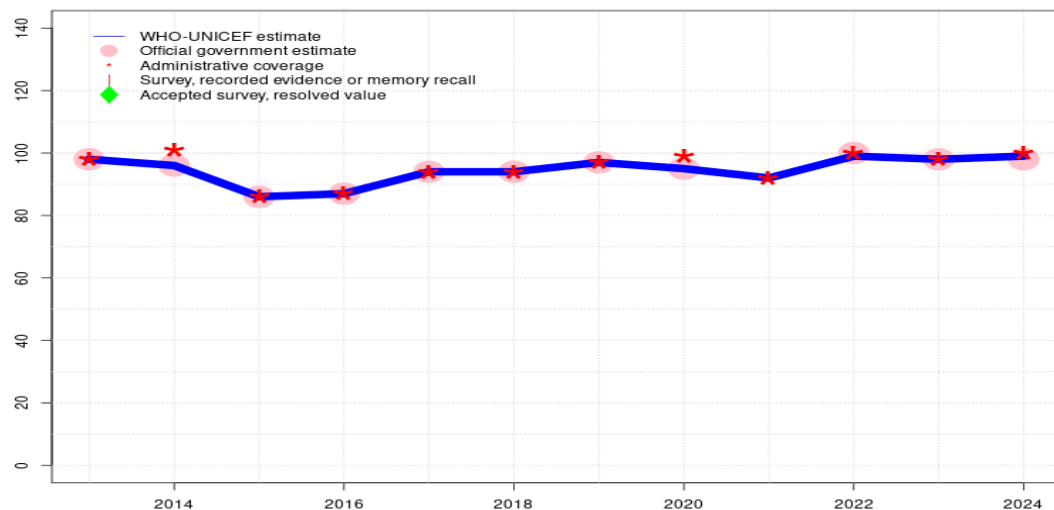
2015: Estimate informed by reported data. GoC=R+ D+

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

2013: Estimate informed by reported data. GoC=R+ D+

Antigua and Barbuda - POL3

ATG - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	96	86	87	94	94	97	95	92	99	98	99
Estimate GoC	●●	●●	●●	●	●●	●●	●●	●●	●	●	●	●
Official	98	96	86	87	94	94	97	95	-	100	98	98
Administrative	98	101	86	87	94	94	97	99	92	100	98	100
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.

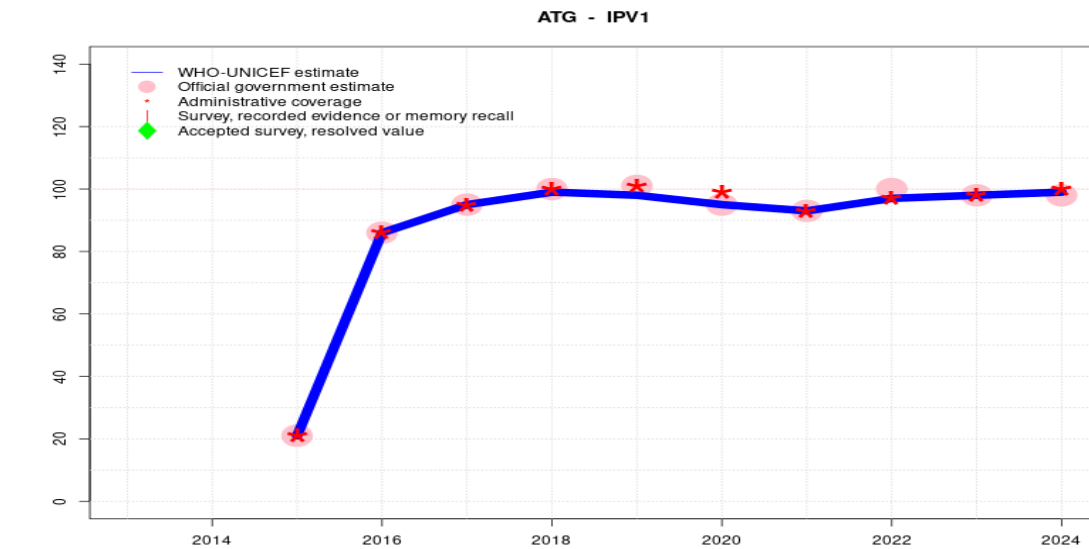
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate of 97 percent changed from previous revision value of 95 percent. GoC=R+ D+
- 2018: Estimate informed by reported data. Country reports three-month vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. Country reports two months vaccine stockout at national level. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Country reports national OPV stockout of unspecified duration. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

Antigua and Barbuda - IPV1



Description:

- 2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports a vaccine stockout of unspecified duration. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	21	86	95	99	98	95	93	97	98	99
Estimate GoC	-	-	●●	●	●●	●●	●●	●●	●●	●	●	●
Official	-	-	21	86	95	100	101	95	93	100	98	98
Administrative	-	-	21	86	95	100	101	99	93	97	98	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

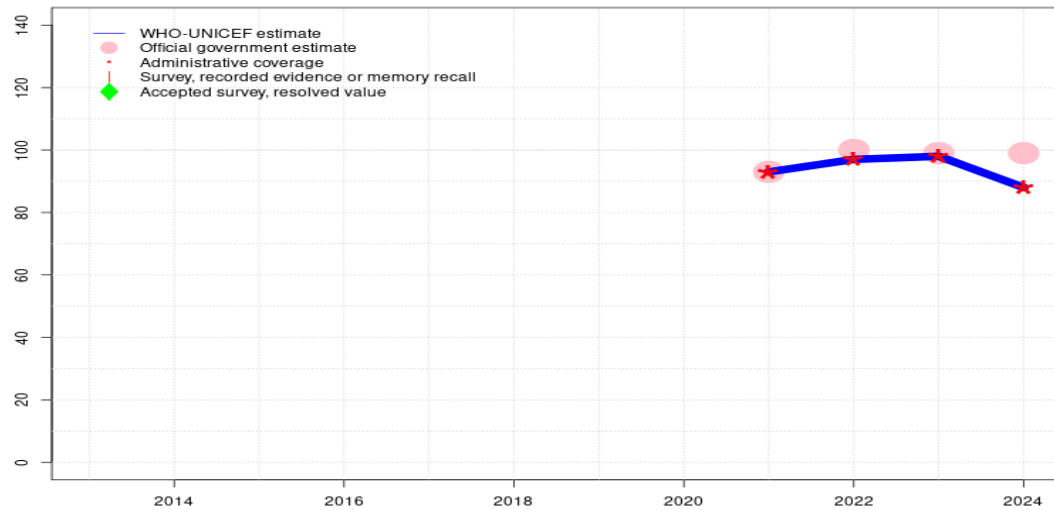
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Antigua and Barbuda - IPV2

ATG - IPV2



Description:

- 2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Programme reports a vaccine stockout of unspecified duration. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced prior to 2021. Programme uses a sequential schedule with a first dose at 2 months and a second dose at 4 months. GoC=R+ D+

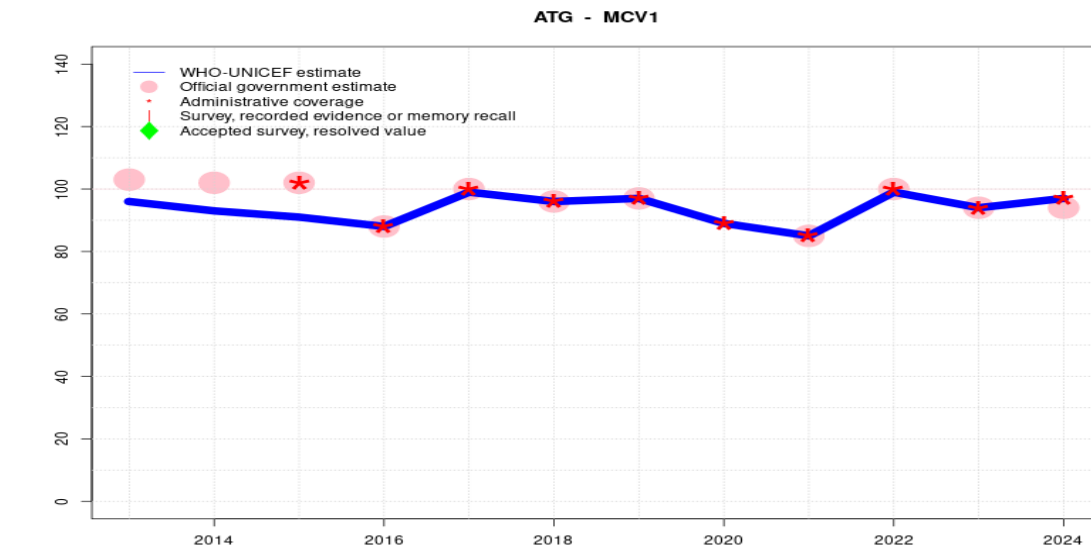
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	93	97	98	88
Estimate GoC	-	-	-	-	-	-	-	-	●●	●	●	●
Official	-	-	-	-	-	-	-	-	93	100	99	99
Administrative	-	-	-	-	-	-	-	-	93	97	98	88
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Antigua and Barbuda - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	93	91	88	99	96	97	89	85	99	94	97
Estimate GoC	●●	●●	●●	●	●●	●●	●●	●●	●●	●	●	●
Official	103	102	102	88	100	96	97	-	85	100	94	94
Administrative	-	-	102	88	100	96	97	89	85	100	94	97
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: 2024 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.

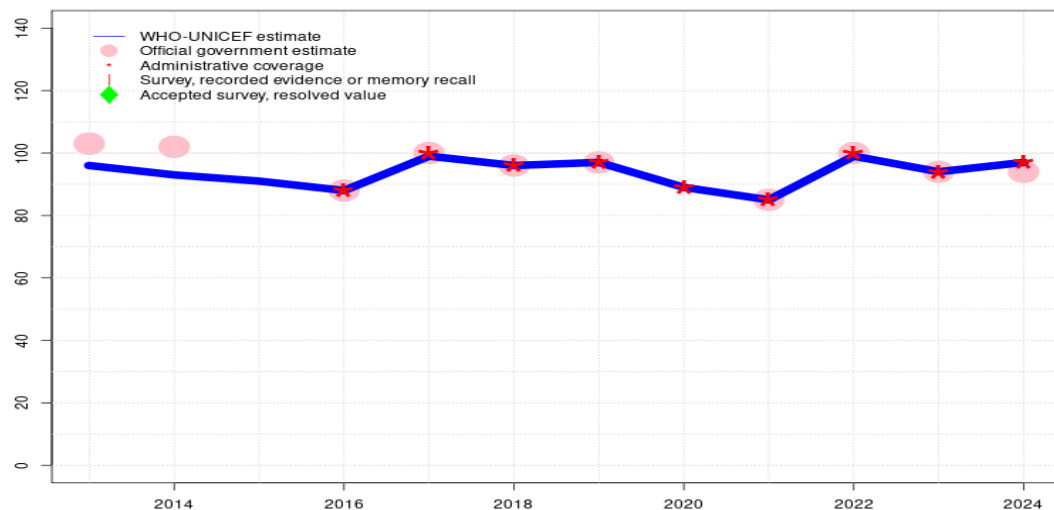
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Consistency with other antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. GoC=R+ D+
- 2019: Estimate informed by reported data. Recommended age for administration of the first dose of measles containing vaccine changed from 12 months to 18 months. Estimate of 97 percent changed from previous revision value of 93 percent. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+
- 2013: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+

Antigua and Barbuda - RCV1

ATG - RCV1



Description:

- 2024: Estimate based on estimated MCV1. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. Estimate of 97 percent changed from previous revision value of 93 percent. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2015: Estimate based on estimated MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. Reported data excluded because 102 percent greater than 100 percent. GoC=R+
- 2013: Estimate based on estimated MCV1. Reported data excluded because 103 percent greater than 100 percent. GoC=R+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	93	91	88	99	96	97	89	85	99	94	97
Estimate GoC	●●	●●	●●	●	●●	●●	●●	●●	●●	●	●	●
Official	103	102	-	88	100	96	97	-	85	100	94	94
Administrative	-	-	-	88	100	96	97	89	85	100	94	97
Survey	-	-	-	-	-	-	-	-	-	-	-	-

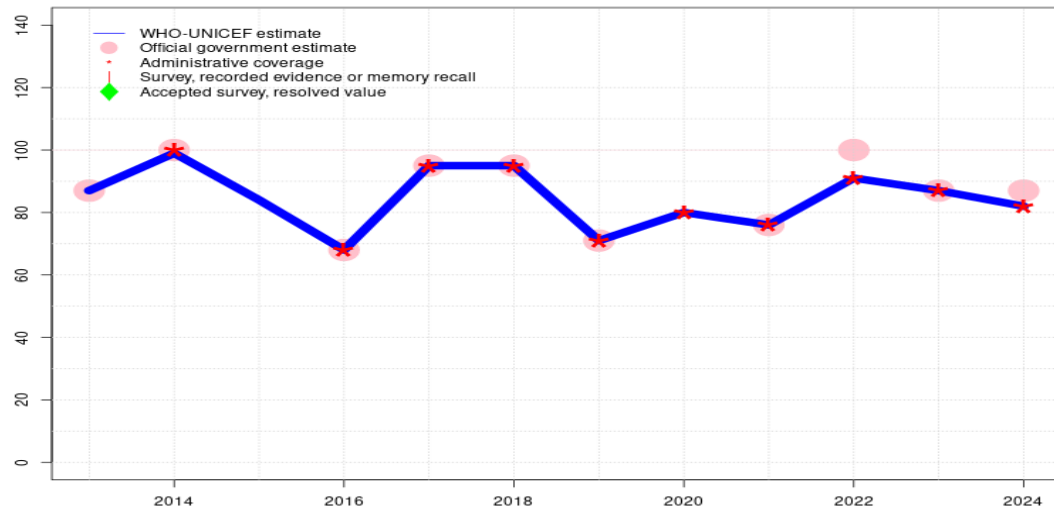
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Antigua and Barbuda - MCV2

ATG - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	99	84	68	95	95	71	80	76	91	87	82
Estimate GoC	●●	●●	●	●●	●●	●●	●	●●	●●	●●	●●	●
Official	87	100	-	68	95	95	71	-	76	100	87	87
Administrative	-	100	-	68	95	95	71	80	76	91	87	82
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: 2024 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:

- 2024: Estimate informed by reported administrative data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Official estimates inconsistent across antigens and adjustment unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Estimate informed by reported administrative data due to unexplained difference between official and administrative coverage for some antigens. Consistency with other antigens. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. GoC=R+ D+
- 2019: Estimate informed by reported data. Decline in reported coverage may be related to a change in the recommended age for a second dose of measles containing vaccine from 18 months to 2 years. Estimate of 71 percent changed from previous revision value of 80 percent. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+

Further information and estimates for previous years are available at:

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

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