

# Burundi: WHO and UNICEF estimates of immunization coverage: 2024 revision

**BACKGROUND NOTE** Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from 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 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. 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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**NOTE DE SYNTHÈSE** Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture.

Les estimations de l'OMS et de l'UNICEF sont spécifiques à chaque pays ; c'est-à-dire que les données de chaque pays sont examinées individuellement, et aucune donnée n'est empruntée à d'autres pays en l'absence de données. Les estimations ne reposent pas sur des ajustements ponctuels des données rapportées ; dans certains cas, des données empiriques proviennent d'une seule source, généralement les données de couverture déclarées au niveau national. Lorsqu'aucune donnée n'est disponible pour une combinaison donnée de pays/vaccin/année, les données des années précédentes et suivantes sont prises en compte et interpolées pour estimer la couverture des années manquantes. Dans les cas où les sources de données sont variées et présentent de grandes variations, une tentative est faite pour identifier l'estimation la plus probable en tenant compte des biais potentiels dans les données disponibles. Pour les méthodes, voir :

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## SOURCES DE DONNÉES

**Couverture ADMINISTRATIVE:** Rapportée par les autorités nationales et basée sur des rapports administratifs agrégés provenant des prestataires de services de santé concernant le nombre de vaccinations administrées sur une période donnée (données du numérateur) et les données déclarées sur la population cible (données du dénominateur). Cette couverture peut être biaisée par des inexactitudes dans les données du numérateur et/ou du dénominateur.

**Couverture OFFICIELLE:** Estimation de la couverture rapportée par les autorités nationales, reflétant leur évaluation de la couverture la plus probable sur la base d'une combinaison de la couverture administrative, des estimations basées sur des enquêtes ou d'autres sources de données ou ajustements. Les approches pour déterminer la couverture OFFICIELLE peuvent varier d'un pays à l'autre.

**Couverture par ENQUÊTE:** Basée sur des estimations de couverture issues d'enquêtes menées auprès des ménages chez des enfants âgés de 6-11, 12-23 ou 24-35 mois, suivant une revue des méthodes et des résultats de l'enquête. Les informations reposent sur une combinaison de l'historique vaccinal, basé sur des preuves documentées ou le rappel des soignants. Les résultats des enquêtes sont considérés pour la cohorte de naissance appropriée en fonction de la période de collecte des données.

## ABRÉVIATIONS ET DÉFINITIONS

**BCG:** pourcentage des naissances ayant reçu une dose du vaccin Bacillus Calmette-Guérin.

**DTP1 (DTC1) / DTP3 (DTC3):** pourcentage des nourrissons survivants ayant reçu respectivement la 1re / 3e dose du vaccin contenant l'anatoxine diphtérique et tétanique avec la coqueluche.

**POL3:** pourcentage des nourrissons survivants ayant reçu la 3e dose d'un vaccin contre la poliomyélite, qu'il s'agisse d'un vaccin oral ou inactivé.

**IPV1 (VPI1):** pourcentage des nourrissons survivants ayant reçu au moins une dose de vaccin antipoliomyélitique inactivé (VPI). Dans les pays suivant un calendrier de vaccination recommandant soit (i) une série primaire de trois doses de vaccin antipoliomyélitique oral (VPO) plus au moins une dose de VPI lorsque le VPO est inclus dans la vaccination systématique et/ou dans les campagnes, soit (ii) un calendrier séquentiel incluant le VPI suivi du VPO, les estimations de l'OMS et de l'UNICEF pour le VPI1 reflètent la couverture par au moins une dose systématique de VPI chez les nourrissons de moins d'un an. Pour les pays utilisant exclusivement le vaccin contenant le VPI, c'est-à-dire sans dose recommandée de VPO, les estimations de l'OMS et de l'UNICEF pour le VPI1 correspondent à la couverture de la 1ère dose de VPI.

La production des estimations de couverture pour le VPI, débutée en 2015, n'entraîne aucun changement dans les niveaux de couverture estimés pour la 3e dose de vaccin antipoliomyélitique (POL3). Pour les pays recommandant la vaccination systématique avec une série primaire de trois doses de VPI uniquement, la couverture POL3 estimée par l'OMS et l'UNICEF est équivalente à la couverture estimée avec trois doses de VPI. Pour les pays suivant un calendrier séquentiel, la couverture POL3 estimée repose sur celle de la 3e dose de vaccin antipoliomyélitique, quel que soit le type de vaccin.

**IPV2 (VPI2):** pourcentage des nourrissons survivants ayant reçu une 2e dose de vaccin antipoliomyélitique inactivé (VPI). Les estimations de couverture pour le VPI2 sont produites pour les pays utilisant le VPO.

**MCV1:** pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rougeole. Dans les pays où le calendrier national recommande la 1re dose de MCV à 12 mois ou plus, en fonction de l'épidémiologie de la maladie dans le pays, les estimations de couverture reflètent le pourcentage d'enfants ayant reçu la 1re dose de MCV conformément à la recommandation.

**MCV2:** pourcentage des enfants ayant reçu la 2e dose de vaccin contenant la rougeole conformément au calendrier vaccinal du pays.

**RCV1:** pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rubéole. Les estimations de couverture sont basées sur les estimations de l'OMS et de l'UNICEF pour la dose de vaccin contenant la rougeole qui correspond à la première combinaison vaccin rougeole-rubéole. La couverture déclarée au niveau national pour le RCV n'est pas prise en compte dans l'élaboration de cette estimation.

**HEPB (VHBN):** pourcentage des naissances ayant reçu une dose de vaccin contre l'hépatite B dans les 24 heures suivant l'accouchement. Les estimations de la couverture de la dose à la naissance contre l'hépatite B sont produites uniquement pour les pays ayant une politique universelle de dose à la naissance. Aucune estimation n'est réalisée pour les pays qui recommandent une dose à la naissance uniquement pour les nourrissons nés de mères infectées par le virus de l'hépatite B, ou pour les pays où les informations sont insuffisantes pour déterminer si la vaccination a eu lieu dans les 24 heures suivant la naissance.

**HEPB3 (VHB3):** pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant l'hépatite B après la dose à la naissance.

**HIB3:** pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant Haemophilus influenzae de type b.

**ROTAC:** pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

**PCV3 (VPC3):** pourcentage des nourrissons survivants ayant reçu la 3e dose du vaccin antipneumococcique conjugué. Dans les pays où le calendrier national recommande deux doses pendant la petite enfance et une dose de rappel à 12 mois ou plus en fonction de l'épidémiologie

de la maladie dans le pays, les estimations de couverture peuvent refléter le pourcentage des nourrissons survivants ayant reçu deux doses de VPC avant leur premier anniversaire si la couverture pour la dose de rappel n'est pas déclarée.

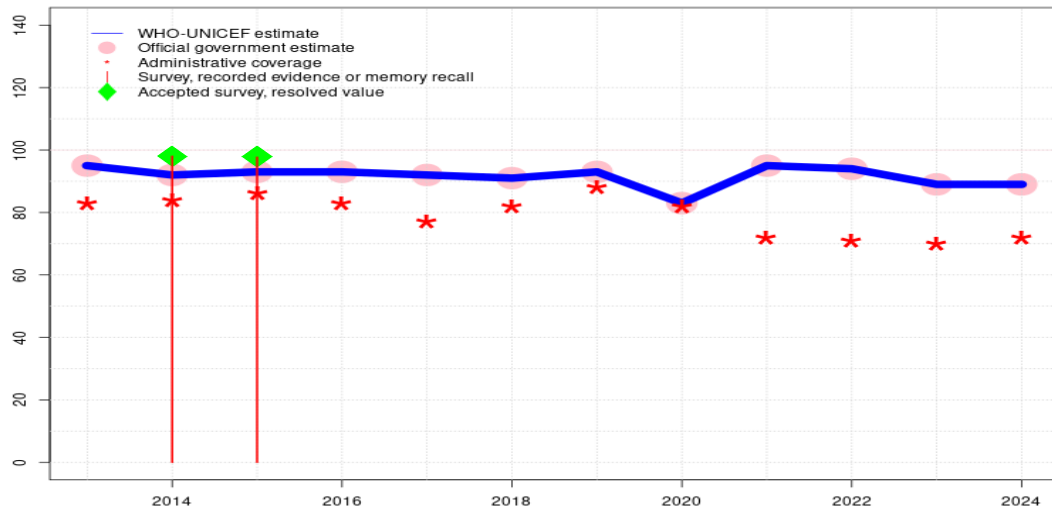
**YFV (VFA):** pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la cohorte des nourrissons survivants.

**MENGA:** pourcentage des enfants ayant reçu une dose de vaccin conjugué contre le méningocoque A. Les estimations de couverture MENGA sont produites pour les pays situés dans la ceinture de la méningite en Afrique subsaharienne.

Avertissement: Toutes les précautions raisonnables ont été prises par l'Organisation mondiale de la Santé et le Fonds des Nations Unies pour l'enfance pour vérifier les informations contenues dans cette publication. Toutefois, le matériel publié est distribué sans aucune garantie, explicite ou implicite. La responsabilité de l'interprétation et de l'utilisation du matériel incombe au lecteur. En aucun cas, l'Organisation mondiale de la Santé ou le Fonds des Nations Unies pour l'enfance ne sauraient être tenus responsables des dommages résultant de son utilisation.

# Burundi - BCG

BDI - BCG



## Description:

- 2024: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 88 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	95	92	93	93	92	91	93	83	95	94	89	89
Estimate GoC	•	•	•••	•••	•	••	••	••	••	••	••	••
Official	95	92	93	93	92	91	93	83	95	94	89	89
Administrative	83	84	86	83	77	82	88	82	72	71	70	72
Survey	-	98	98	-	-	-	-	-	-	-	-	-

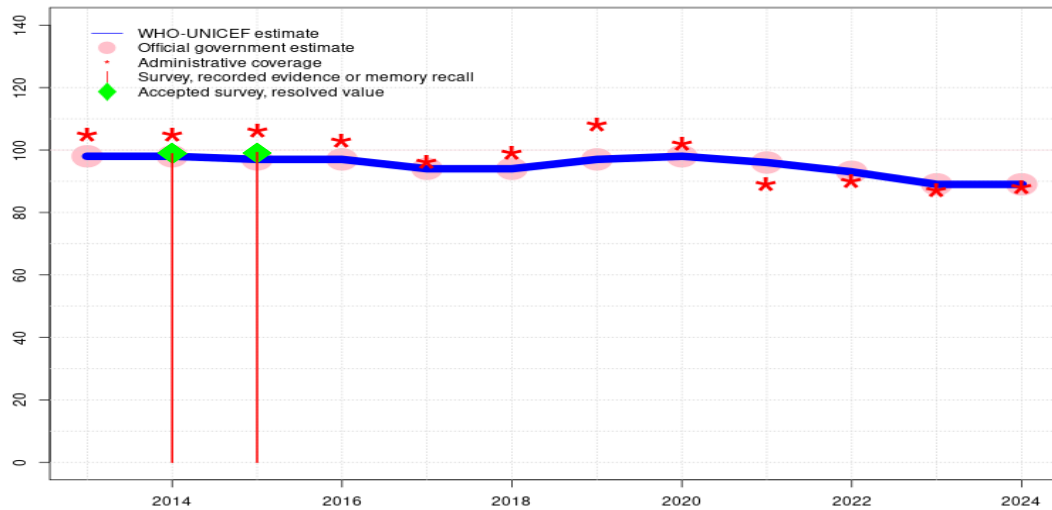
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Burundi - DTP1

BDI - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	98	97	97	94	94	97	98	96	93	89	89
Estimate GoC	●	●	●	●	●	●●	●●	●●	●●	●●	●●	●●
Official	98	98	97	97	94	94	97	98	96	93	89	89
Administrative	105	105	106	103	96	99	108	102	89	90	87	88
Survey	-	99	99	-	-	-	-	-	-	-	-	-

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## Description:

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2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+

2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+

2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+

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

2017: Estimate informed by reported data. Estimate challenged by: D-

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

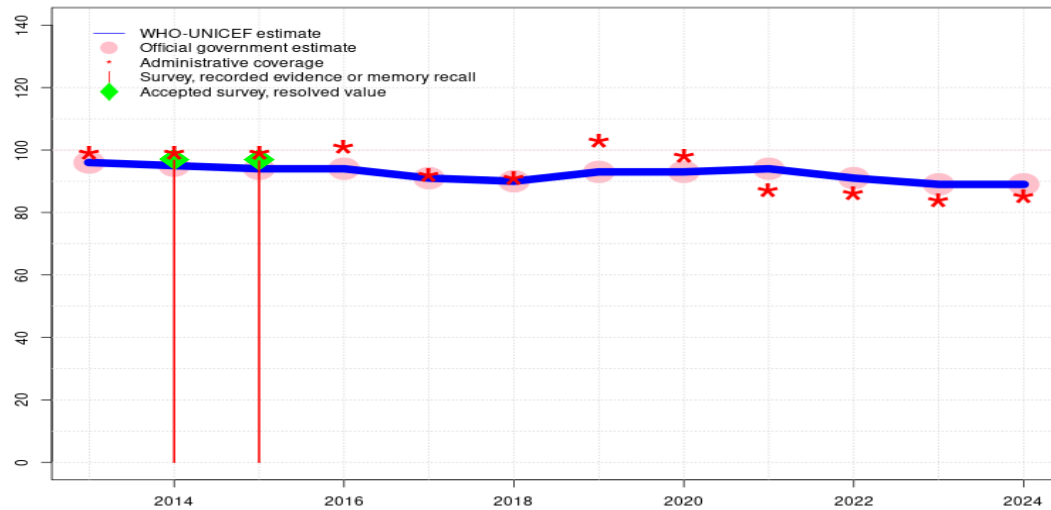
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# Burundi - DTP3

BDI - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	95	94	94	91	90	93	93	94	91	89	89
Estimate GoC	●	●	●	●	●	●●	●●	●●	●●	●●	●●	●●
Official	96	95	94	94	91	90	93	93	94	91	89	89
Administrative	99	99	99	101	92	91	103	98	87	86	84	85
Survey	-	97	97	-	-	-	-	-	-	-	-	-

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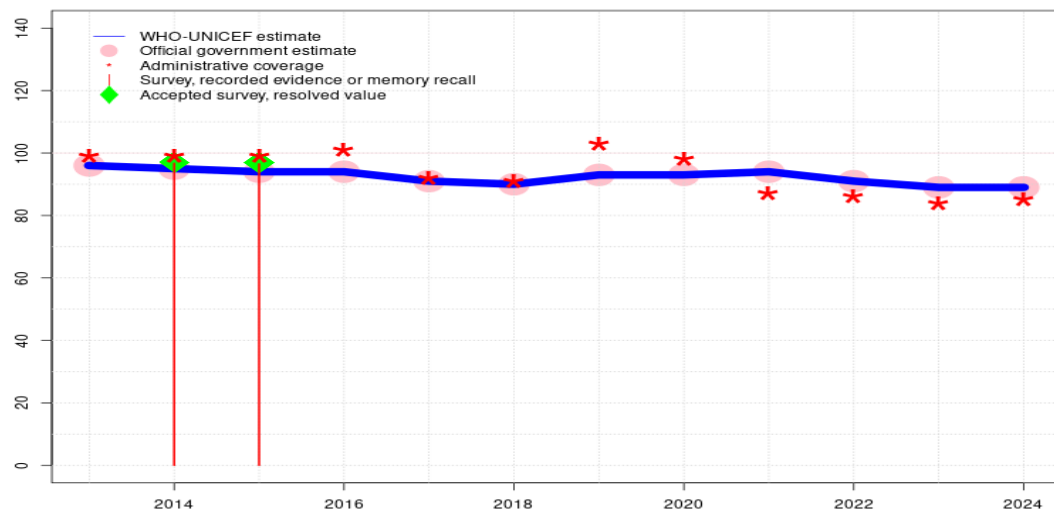
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# Burundi - HEPB3

BDI - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	95	94	94	91	90	93	93	94	91	89	89
Estimate GoC	●	●	●	●	●	●●	●●	●●	●●	●●	●●	●●
Official	96	95	94	94	91	90	93	93	94	91	89	89
Administrative	99	99	99	101	92	91	103	98	87	86	84	85
Survey	-	97	97	-	-	-	-	-	-	-	-	-

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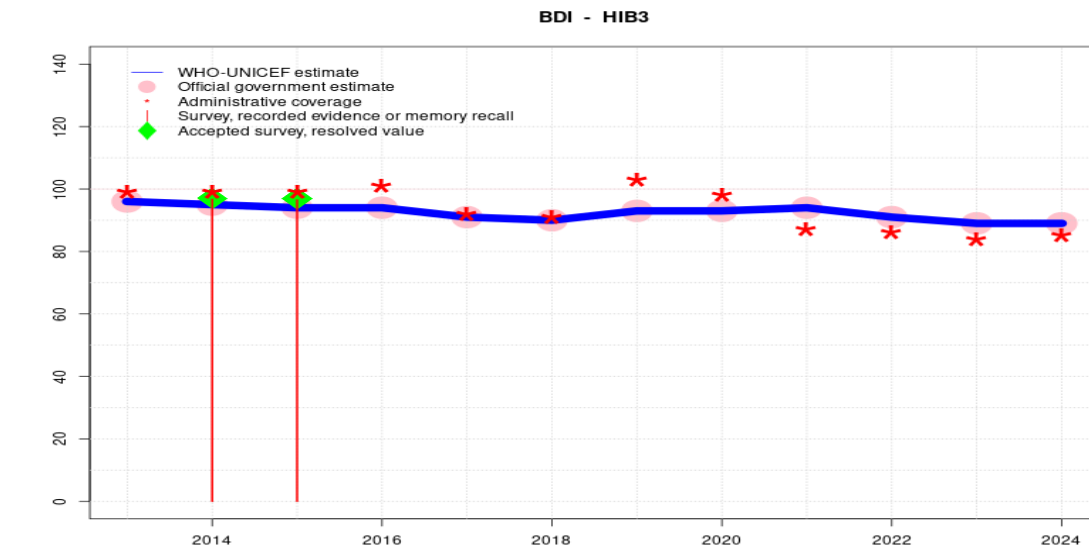
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- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-



# Burundi - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	95	94	94	91	90	93	93	94	91	89	89
Estimate GoC	●	●	●	●	●	●●	●●	●●	●●	●●	●●	●●
Official	96	95	94	94	91	90	93	93	94	91	89	89
Administrative	99	99	99	101	92	91	103	98	87	86	84	85
Survey	-	97	97	-	-	-	-	-	-	-	-	-

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.

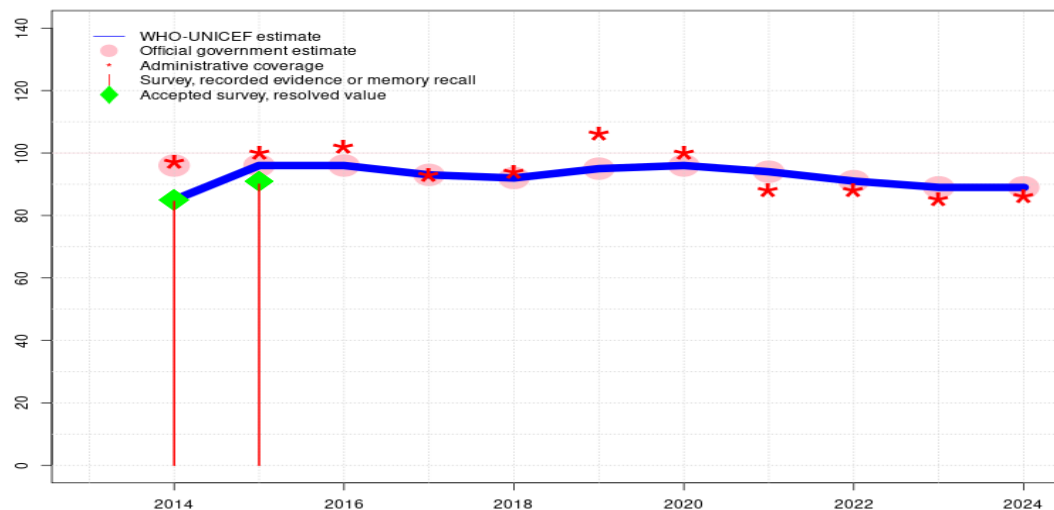
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 88 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-

# Burundi - ROTAC

BDI - ROTAC



## Description:

- 2024: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 88 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-S-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 record or recall results of 90 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 75 percent. Estimate challenged by: D-S-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Rotavirus vaccine introduced in 2013. Reporting started in 2014. Estimate of 85 percent changed from previous revision value of 84 percent. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	85	96	96	93	92	95	96	94	91	89	89
Estimate GoC	-	●	●	●	●	●●	●●	●●	●●	●●	●●	●●
Official	-	96	96	96	93	92	95	96	94	91	89	89
Administrative	-	97	100	102	93	94	106	100	88	88	85	86
Survey	-	85	90	-	-	-	-	-	-	-	-	-

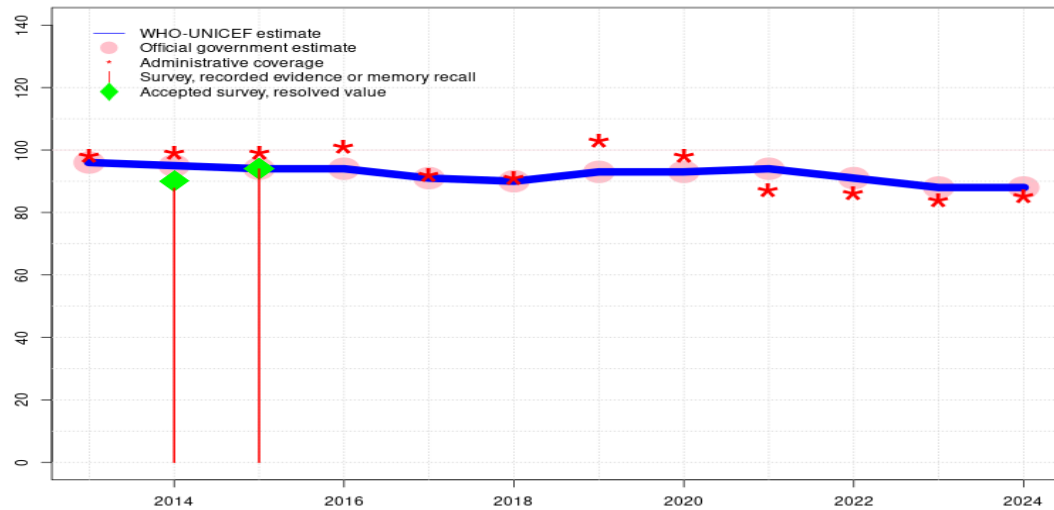
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Burundi - PCV3

BDI - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	95	94	94	91	90	93	93	94	91	88	88
Estimate GoC	●	●	●	●	●	●●	●●	●●	●●	●●	●●	●●
Official	96	95	94	94	91	90	93	93	94	91	88	88
Administrative	98	99	99	101	92	91	103	98	87	86	84	85
Survey	-	88	94	-	-	-	-	-	-	-	-	-

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.

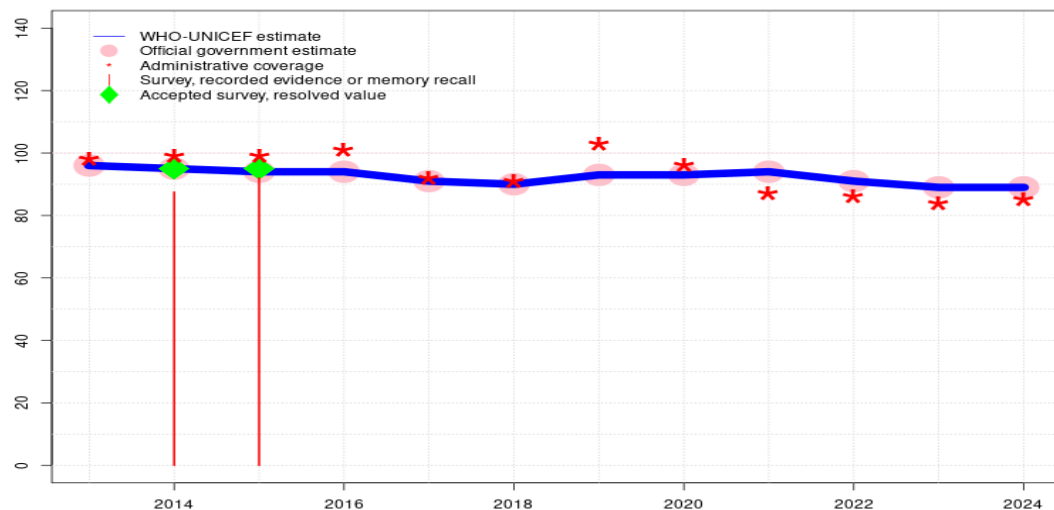
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 88 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 record or recall results of 88 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 53 percent. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-

# Burundi - POL3

BDI - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	95	94	94	91	90	93	93	94	91	89	89
Estimate GoC	•	•	•	•	•	••	••	••	••	••	••	••
Official	96	95	94	94	91	90	93	93	94	91	89	89
Administrative	98	99	99	101	92	91	103	96	87	86	84	85
Survey	-	88	92	-	-	-	-	-	-	-	-	-

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.

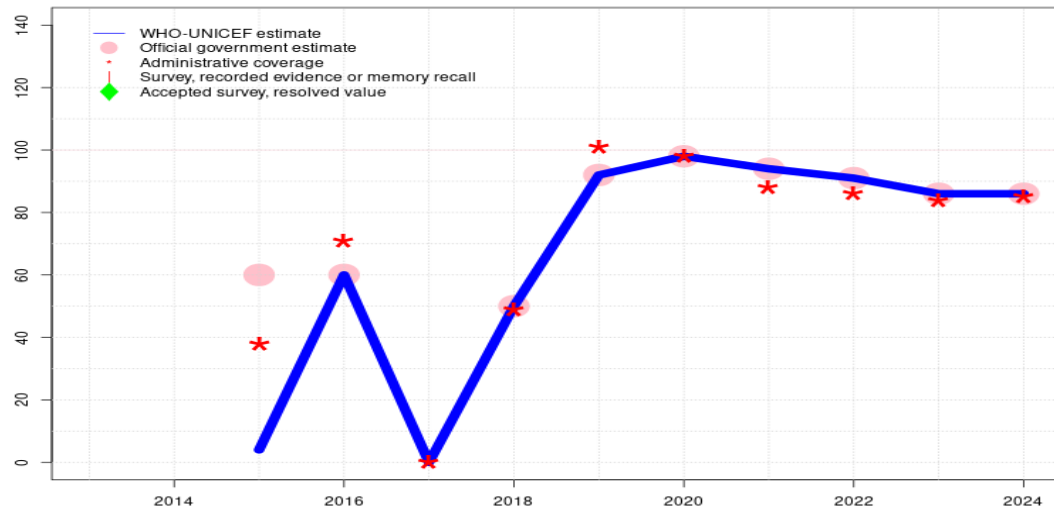
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 88 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 record or recall results of 92 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 99 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 80 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 record or recall results of 88 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 59 percent. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-

# Burundi - IPV1

BDI - IPV1



## Description:

- 2024: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 88 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported administrative data. Programme reports 12 months IPV stockout. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate informed by reported data following introduction. GoC=R+ D+
- 2015: Inactivated polio vaccine introduced in November 2015. Programme reports 38 percent coverage in 13 percent of the target population. Estimates based on coverage achieved in the total annual national target population. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	4	60	0	50	92	98	94	91	86	86
Estimate GoC	-	-	•	••	••	••	••	••	••	••	••	••
Official	-	-	60	60	-	50	92	98	94	91	86	86
Administrative	-	-	38	71	0	49	101	98	88	86	84	85
Survey	-	-	-	-	-	-	-	-	-	-	-	-

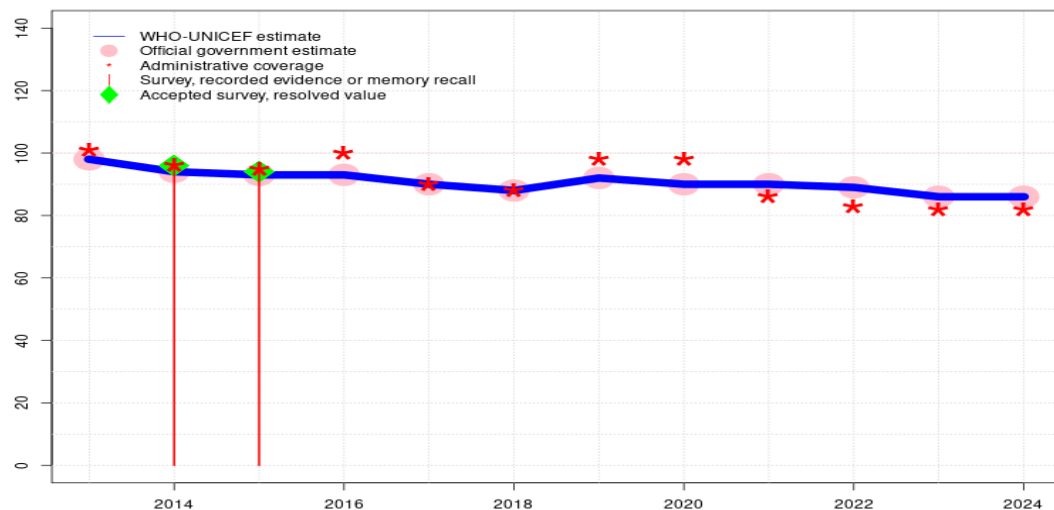
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Burundi - MCV1

BDI - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	94	93	93	90	88	92	90	90	89	86	86
Estimate GoC	●	●	●	●●●	●	●	●●	●●	●●	●●	●●	●●
Official	98	94	93	93	90	88	92	90	90	89	86	86
Administrative	101	96	95	100	90	88	98	98	86	83	82	82
Survey	-	96	94	-	-	-	-	-	-	-	-	-

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.

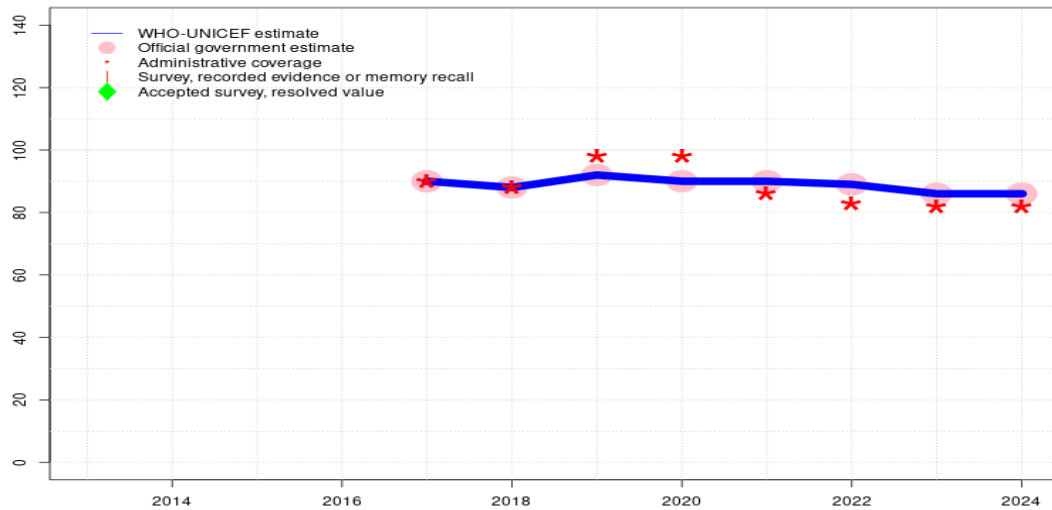
## Description:

- 2024: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 88 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Estimate challenged by: D-



# Burundi - RCV1

BDI - RCV1



## Description:

- 2024: Estimate based on estimated MCV1. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 88 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Rubella vaccine introduced in 2017 as MR and recommended at 9 and 18 months. Estimate challenged by: D-

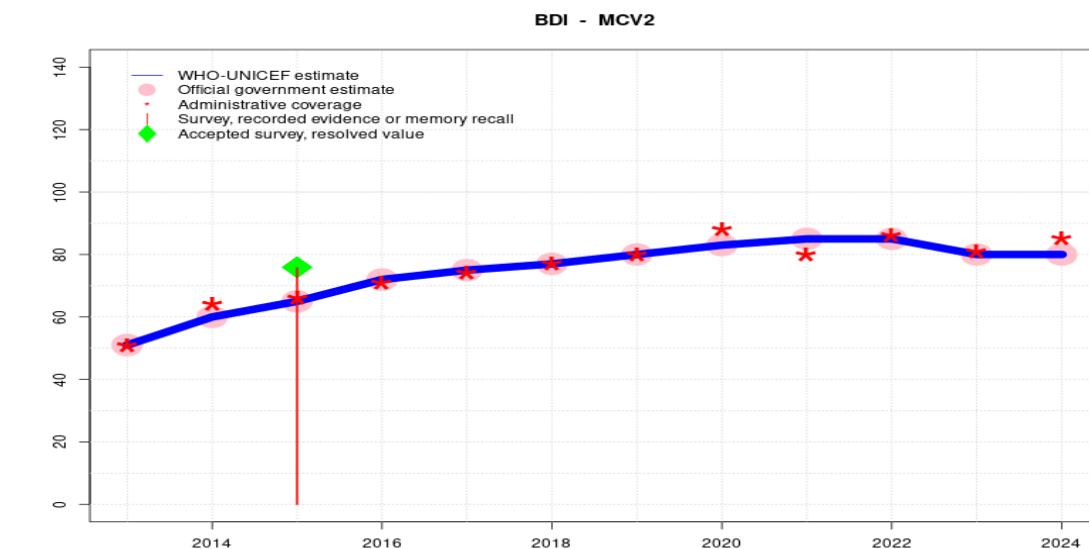
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	90	88	92	90	90	89	86	86
Estimate GoC	-	-	-	-	•	•	••	••	••	••	••	••
Official	-	-	-	-	90	88	92	90	90	89	86	86
Administrative	-	-	-	-	90	88	98	98	86	83	82	82
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

# Burundi - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	51	60	65	72	75	77	80	83	85	85	80	80
Estimate GoC	•	•	•	•	•	•	•	••	••	••	••	•
Official	51	60	65	72	75	77	80	83	85	85	80	80
Administrative	51	64	66	71	74	77	80	88	80	86	81	85
Survey	-	-	76	-	-	-	-	-	-	-	-	-

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 data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 88 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported coverage for vaccine to vaccine consistency. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data. Estimate challenged by: D-S-
- 2013: Estimate informed by reported data. Relationship between births and surviving infants is inconsistent with external sources suggesting that surviving infants are underestimated. Second dose of measles containing vaccine introduced in 2013. Estimate challenged by: D-S-



# Burundi - Survey Details

**NOTE** A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2022 Enquete post campagne vaccinale de suivi contre la rougeole et la rubeole couplee a l'enquete nationale de couvrtnure vaccinale de routine (ENCV), 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV2	Record	75.8	12-23 m	4766	90

2021 Enquete post campagne vaccinale de suivi contre la rougeole et la rubeole couplee a l'enquete nationale de couvrtnure vaccinale de routine (ENCV), 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	89	12-23 m	4766	90
DTP1	Record	88.7	12-23 m	4766	90
DTP3	Record	88.6	12-23 m	4766	90
HEPB1	Record	88.7	12-23 m	4766	90
HEPB3	Record	88.6	12-23 m	4766	90
HIB1	Record	88.7	12-23 m	4766	90
HIB3	Record	88.6	12-23 m	4766	90
IPV1	Record	85.7	12-23 m	4766	90

MCV1	Record	85.9	12-23 m	4766	90
MCV2	Record	77.6	24-35 m	4308	84
PCV1	Record	88.9	12-23 m	4766	90
PCV3	Record	88.2	12-23 m	4766	90
POL1	Record	89.1	12-23 m	4766	90
POL3	Record	88.1	12-23 m	4766	90
RCV1	Record	85.9	12-23 m	4766	90
ROTAC	Record	88.6	12-23 m	4766	90

## 2015 Burundi Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	16.4	12-23 m	455	83
BCG	Record	81.3	12-23 m	2226	83
BCG	Record or Recall	97.7	12-23 m	2681	83
BCG	Record or Recall<12m	97.5	12-23 m	2681	83
DTP1	Recall	16.4	12-23 m	455	83
DTP1	Record	82.8	12-23 m	2226	83
DTP1	Record or Recall	99.2	12-23 m	2681	83
DTP1	Record or Recall<12m	99	12-23 m	2681	83
DTP3	Recall	15.7	12-23 m	455	83
DTP3	Record	80.8	12-23 m	2226	83
DTP3	Record or Recall	96.5	12-23 m	2681	83
DTP3	Record or Recall<12m	95.9	12-23 m	2681	83
HEPB1	Recall	16.4	12-23 m	455	83
HEPB1	Record	82.8	12-23 m	2226	83
HEPB1	Record or Recall	99.2	12-23 m	2681	83
HEPB1	Record or Recall<12m	99	12-23 m	2681	83
HEPB3	Recall	15.7	12-23 m	455	83
HEPB3	Record	80.8	12-23 m	2226	83
HEPB3	Record or Recall	96.5	12-23 m	2681	83
HEPB3	Record or Recall<12m	95.9	12-23 m	2681	83
HIB1	Recall	16.4	12-23 m	455	83
HIB1	Record	82.8	12-23 m	2226	83
HIB1	Record or Recall	99.2	12-23 m	2681	83
HIB1	Record or Recall<12m	99	12-23 m	2681	83
HIB3	Recall	15.7	12-23 m	455	83
HIB3	Record	80.8	12-23 m	2226	83
HIB3	Record or Recall	96.5	12-23 m	2681	83

# Burundi - Survey Details

HIB3	Record or Recall<12m	95.9	12-23 m	2681	83	DTP1	Record or Recall	98.8	24-35 m	2443	-
MCV1	Recall	15.2	12-23 m	455	83	DTP1	Record or Recall<12m	98.2	24-35 m	2443	-
MCV1	Record	78.6	12-23 m	2226	83	DTP3	Recall	36.8	24-35 m	957	-
MCV1	Record or Recall	93.8	12-23 m	2681	83	DTP3	Record	59.9	24-35 m	1486	-
MCV1	Record or Recall<12m	92	12-23 m	2681	83	DTP3	Record or Recall	96.7	24-35 m	2443	-
MCV2	Recall	29.9	24-35 m	957	-	DTP3	Record or Recall<12m	95.8	24-35 m	2443	-
MCV2	Record	45.8	24-35 m	1486	-	HEPB1	Recall	38.2	24-35 m	957	-
MCV2	Record or Recall	75.7	24-35 m	2443	-	HEPB1	Record	60.6	24-35 m	1486	-
MCV2	Record or Recall<12m	74.3	24-35 m	2443	-	HEPB1	Record or Recall	98.8	24-35 m	2443	-
PCV1	Recall	16.1	12-23 m	455	83	HEPB1	Record or Recall<12m	98.2	24-35 m	2443	-
PCV1	Record	81.6	12-23 m	2226	83	HEPB3	Recall	36.8	24-35 m	957	-
PCV1	Record or Recall	97.7	12-23 m	2681	83	HEPB3	Record	59.9	24-35 m	1486	-
PCV1	Record or Recall<12m	97.5	12-23 m	2681	83	HEPB3	Record or Recall	96.7	24-35 m	2443	-
PCV3	Recall	14.7	12-23 m	455	83	HEPB3	Record or Recall<12m	95.8	24-35 m	2443	-
PCV3	Record	79.3	12-23 m	2226	83	HIB1	Recall	38.2	24-35 m	957	-
PCV3	Record or Recall	93.9	12-23 m	2681	83	HIB1	Record	60.6	24-35 m	1486	-
PCV3	Record or Recall<12m	93.2	12-23 m	2681	83	HIB1	Record or Recall	98.8	24-35 m	2443	-
POL1	Recall	16.1	12-23 m	455	83	HIB1	Record or Recall<12m	98.2	24-35 m	2443	-
POL1	Record	82.5	12-23 m	2226	83	HIB3	Recall	36.8	24-35 m	957	-
POL1	Record or Recall	98.6	12-23 m	2681	83	HIB3	Record	59.9	24-35 m	1486	-
POL1	Record or Recall<12m	98.5	12-23 m	2681	83	HIB3	Record or Recall	96.7	24-35 m	2443	-
POL3	Recall	12.1	12-23 m	455	83	HIB3	Record or Recall<12m	95.8	24-35 m	2443	-
POL3	Record	79.9	12-23 m	2226	83	MCV1	Recall	36.7	24-35 m	957	-
POL3	Record or Recall	92	12-23 m	2681	83	MCV1	Record	59.5	24-35 m	1486	-
POL3	Record or Recall<12m	91.5	12-23 m	2681	83	MCV1	Record or Recall	96.1	24-35 m	2443	-
ROTAC	Recall	15	12-23 m	455	83	MCV1	Record or Recall<12m	92.8	24-35 m	2443	-
ROTAC	Record	74.9	12-23 m	2226	83	PCV1	Recall	37.2	24-35 m	957	-
ROTAC	Record or Recall	90	12-23 m	2681	83	PCV1	Record	54.4	24-35 m	1486	-
ROTAC	Record or Recall<12m	89.2	12-23 m	2681	83	PCV1	Record or Recall	91.6	24-35 m	2443	-

## 2014 Burundi Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen						
BCG	Recall	38	24-35 m	957	-	PCV1	Record or Recall<12m	90.9	24-35 m	2443	-
BCG	Record	60.1	24-35 m	1486	-	PCV3	Recall	34.6	24-35 m	957	-
BCG	Record or Recall	98	24-35 m	2443	-	PCV3	Record	53.1	24-35 m	1486	-
BCG	Record or Recall<12m	97.4	24-35 m	2443	-	PCV3	Record or Recall	87.7	24-35 m	2443	-
DTP1	Recall	38.2	24-35 m	957	-	PCV3	Record or Recall<12m	87	24-35 m	2443	-
DTP1	Record	60.6	24-35 m	1486	-	POL1	Recall	37.5	24-35 m	957	-
						POL1	Record	60.6	24-35 m	1486	-
						POL1	Record or Recall	98.1	24-35 m	2443	-
						POL1	Record or Recall<12m	97.5	24-35 m	2443	-
						POL3	Recall	28	24-35 m	957	-
						POL3	Record	59.4	24-35 m	1486	-

# Burundi - Survey Details

POL3	Record or Recall	87.5	24-35 m	2443	-
POL3	Record or Recall<12m	86.6	24-35 m	2443	-
ROTAC	Recall	33.8	24-35 m	957	-
ROTAC	Record	50.6	24-35 m	1486	-
ROTAC	Record or Recall	84.5	24-35 m	2443	-
ROTAC	Record or Recall<12m	83.4	24-35 m	2443	-

2011 Enquête de Couverture Vaccinale de Routine et apres une Campagne de Suivi de Vaccination Contre la Rougeole Couplee a l'Administration de la Vitamine A, de l'Albendazole et du Praziquantel 2012 (ENCV 2012)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	69.3	12-23 m	-	51
BCG	Record	29	12-23 m	-	51
BCG	Record or Recall	98.3	12-23 m	5951	51
BCG	Record or Recall<12m	97.6	12-23 m	5951	51
DTP1	Recall	70	12-23 m	-	51
DTP1	Record	29	12-23 m	-	51
DTP1	Record or Recall	99	12-23 m	5951	51
DTP1	Record or Recall<12m	97.2	12-23 m	5951	51
DTP3	Recall	69.3	12-23 m	-	51
DTP3	Record	29	12-23 m	-	51
DTP3	Record or Recall	98.3	12-23 m	5951	51
DTP3	Record or Recall<12m	95.9	12-23 m	5951	51
HEPB1	Recall	70	12-23 m	-	51
HEPB1	Record	29	12-23 m	-	51
HEPB1	Record or Recall	99	12-23 m	5951	51
HEPB1	Record or Recall<12m	97.2	12-23 m	5951	51
HEPB3	Recall	69.3	12-23 m	-	51
HEPB3	Record	29	12-23 m	-	51
HEPB3	Record or Recall	98.3	12-23 m	5951	51
HEPB3	Record or Recall<12m	95.9	12-23 m	5951	51
HIB1	Recall	70	12-23 m	-	51
HIB1	Record	29	12-23 m	-	51
HIB1	Record or Recall	99	12-23 m	5951	51
HIB1	Record or Recall<12m	97.2	12-23 m	5951	51
HIB3	Recall	69.3	12-23 m	-	51

HIB3	Record	29	12-23 m	-	51
HIB3	Record or Recall	98.3	12-23 m	5951	51
HIB3	Record or Recall<12m	95.9	12-23 m	5951	51
MCV1	Recall	68.6	12-23 m	-	51
MCV1	Record	28.5	12-23 m	-	51
MCV1	Record or Recall	97	12-23 m	5951	51
MCV1	Record or Recall<12m	93.2	12-23 m	5951	51
POL1	Recall	70.1	12-23 m	-	51
POL1	Record	28.9	12-23 m	-	51
POL1	Record or Recall	99.1	12-23 m	5951	51
POL1	Record or Recall<12m	97.6	12-23 m	5951	51
POL3	Recall	69.6	12-23 m	-	51
POL3	Record	28.8	12-23 m	-	51
POL3	Record or Recall	98.3	12-23 m	5951	51
POL3	Record or Recall<12m	95.9	12-23 m	5951	51

2009 Enquête Démographique et de Santé Burundi 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	37.3	12-23 m	591	62
BCG	Record	61.7	12-23 m	961	62
BCG	Record or Recall	98.9	12-23 m	1552	62
BCG	Record or Recall<12m	98.8	12-23 m	1552	62
DTP1	Recall	37.2	12-23 m	591	62
DTP1	Record	61.8	12-23 m	961	62
DTP1	Record or Recall	99	12-23 m	1552	62
DTP1	Record or Recall<12m	98.8	12-23 m	1552	62
DTP3	Recall	34.7	12-23 m	591	62
DTP3	Record	60.6	12-23 m	961	62
DTP3	Record or Recall	95.4	12-23 m	1552	62
DTP3	Record or Recall<12m	94.6	12-23 m	1552	62
HEPB1	Recall	37.2	12-23 m	591	62
HEPB1	Record	61.8	12-23 m	961	62
HEPB1	Record or Recall	99	12-23 m	1552	62
HEPB1	Record or Recall<12m	98.8	12-23 m	1552	62
HEPB3	Recall	34.7	12-23 m	591	62
HEPB3	Record	60.6	12-23 m	961	62
HEPB3	Record or Recall	95.4	12-23 m	1552	62
HEPB3	Record or Recall<12m	94.6	12-23 m	1552	62

HIB1	Recall	37.2	12-23 m	591	62
HIB1	Record	61.8	12-23 m	961	62
HIB1	Record or Recall	99	12-23 m	1552	62
HIB1	Record or Recall<12m	98.8	12-23 m	1552	62
HIB3	Recall	34.7	12-23 m	591	62
HIB3	Record	60.6	12-23 m	961	62
HIB3	Record or Recall	95.4	12-23 m	1552	62
HIB3	Record or Recall<12m	94.6	12-23 m	1552	62
MCV1	Recall	35	12-23 m	591	62
MCV1	Record	59.3	12-23 m	961	62
MCV1	Record or Recall	94.3	12-23 m	1552	62
MCV1	Record or Recall<12m	88.8	12-23 m	1552	62
POL1	Recall	36.7	12-23 m	591	62
POL1	Record	61.8	12-23 m	961	62
POL1	Record or Recall	98.6	12-23 m	1552	62
POL1	Record or Recall<12m	98.3	12-23 m	1552	62
POL3	Recall	27.1	12-23 m	591	62
POL3	Record	60.3	12-23 m	961	62
POL3	Record or Recall	87.4	12-23 m	1552	62
POL3	Record or Recall<12m	87	12-23 m	1552	62

2004 Enquête Nationale d'Évaluation des Conditions de vie de l'Enfant et de la Femme au Burundi - 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.3	12-23 m	1453	64
BCG	Record	62.4	12-23 m	1453	64
BCG	Record or Recall	90.7	12-23 m	1453	64
BCG	Record or Recall<12m	90.2	12-23 m	1453	64
DTP1	Recall	27.5	12-23 m	1453	64
DTP1	Record	47.4	12-23 m	1453	64
DTP1	Record or Recall	74.9	12-23 m	1453	64
DTP1	Record or Recall<12m	73.9	12-23 m	1453	64
DTP3	Recall	18.6	12-23 m	1453	64
DTP3	Record	44.1	12-23 m	1453	64
DTP3	Record or Recall	62.7	12-23 m	1453	64
DTP3	Record or Recall<12m	60.1	12-23 m	1453	64

MCV1	Recall	27.2	12-23 m	1453	64
MCV1	Record	50.8	12-23 m	1453	64
MCV1	Record or Recall	77.9	12-23 m	1453	64
MCV1	Record or Recall<12m	68.8	12-23 m	1453	64
POL1	Recall	27.7	12-23 m	1453	64
POL1	Record	62.6	12-23 m	1453	64
POL1	Record or Recall	90.3	12-23 m	1453	64
POL1	Record or Recall<12m	89.1	12-23 m	1453	64
POL3	Recall	16.6	12-23 m	1453	64
POL3	Record	54.4	12-23 m	1453	64
POL3	Record or Recall	71	12-23 m	1453	64
POL3	Record or Recall<12m	67.5	12-23 m	1453	64

1999 Enquête Nationale d'Evaluation des Conditions de vie de l'Enfant et de la Femme au Burundi (ENECEF-BURUNDI 2000), Rapport Préliminaire

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	23.1	12-23 m	-	62
BCG	Record	61.2	12-23 m	-	62
BCG	Record or Recall	84.3	12-23 m	598	62
DTP1	Recall	24.4	12-23 m	-	62
DTP1	Record	61.5	12-23 m	-	62
DTP1	Record or Recall	86	12-23 m	598	62
DTP3	Recall	17.2	12-23 m	-	62
DTP3	Record	57.2	12-23 m	-	62
DTP3	Record or Recall	72.8	12-23 m	598	62
MCV1	Recall	23.1	12-23 m	-	62
MCV1	Record	51.7	12-23 m	-	62
MCV1	Record or Recall	69.9	12-23 m	598	62
POL1	Recall	26.9	12-23 m	-	62
POL1	Record	60.4	12-23 m	-	62
POL1	Record or Recall	87	12-23 m	598	62
POL3	Recall	16.1	12-23 m	-	62
POL3	Record	48.5	12-23 m	-	62
POL3	Record or Recall	62.8	12-23 m	598	62

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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>