

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.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

ANTECEDENTES Cada año, la OMS y UNICEF revisan conjuntamente los informes presentados por los Estados Miembros relativos a la cobertura nacional de inmunización, los informes finales de encuestas de cobertura, así como los datos identificados en la literatura gris y publicada. Sobre la base de esos datos, y teniendo debidamente en cuenta los posibles sesgos e información de expertos locales, la OMS y el UNICEF tratan de distinguir entre las situaciones en que los datos empíricos disponibles reflejan con exactitud el desempeño del sistema de inmunización y aquellas en que los datos puedan estar comprometidos y presentar una visión distorsionada de la cobertura.

Las estimaciones de cobertura de la OMS y UNICEF son específicas para cada país; es decir, los datos de cada país se revisan individualmente y, en ausencia de datos, no se toman prestados datos de otros países. Las estimaciones no se basan en ajustes ad hoc de los datos notificados y en algunos casos solo se dispone de datos empíricos de una única fuente, habitualmente los datos de cobertura notificados a nivel nacional. En los casos en que no se dispone de datos para una combinación determinada de país/vacuna/año, se consideran los datos de años anteriores y posteriores y se realiza una interpolación para estimar la cobertura del año(s) faltante(s). En los casos en que se cuenta con diversas fuentes de datos y éstos muestran una gran diferencia, se intenta identificar la estimación más cercana a la realidad teniendo en cuenta los posibles sesgos de los datos disponibles. Para leer la metodología, véase:

* 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.

FUENTES DE DATOS

Cobertura ADMINISTRATIVA: Datos reportados por las autoridades nacionales en base a informes administrativos agregados procedentes de proveedores de servicios sanitarios sobre el número de dosis administradas durante un periodo determinado (datos del numerador) y datos sobre la población meta (datos del denominador). La cobertura administrativa puede estar sesgada por inexactitudes en el numerador y/o denominador.

Cobertura OFICIAL: Cobertura comunicada por las autoridades nacionales como la estimación que refleja su evaluación de la cobertura más probable usualmente basada en cualquier combinación de cobertura administrativa, estimaciones basadas en encuestas u otras fuentes de datos o ajustes. La metodología para determinar la cobertura OFICIAL puede variar de un país a otro.

Cobertura de ENCUESTA: Basada en la cobertura estimada a partir de encuestas de hogares para la población de niños de 6-11, 12-23 o 24-35 meses, tras una revisión de los métodos y los resultados de la encuesta. La información se basa en la combinación de datos de vacunación extraídas de algún documento (tarjeta de vacunación, registros) o de lo que pueda recordar el responsable del niño. Los resultados de una encuesta se consideran para la cohorte de nacimiento de la mayoría de los niños en función del periodo de recopilación de datos y la edad de los niños incluidos.

ABREVIATURAS Y DEFINICIONES

BCG: porcentaje de recién nacidos que recibieron una dosis de la vacuna Bacillus Calmette-Guerin, contra formas severas de tuberculosis.

DTP1 / DTP3 (del inglés diphtheria-tetanus-pertussis): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª / 3ª dosis, respectivamente, de una vacuna que contiene toxoide diftérico y tetánico y vacuna contra la tos ferina (Pertussis).

POL3: porcentaje de recién nacidos supervivientes (al año) que recibieron la 3ª dosis de una vacuna antipoliomielítica, ya sea vacuna antipoliomielítica oral o inactivada.

IPV1 (del inglés inactivated polio vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron al menos una dosis de vacuna antipoliomielítica inactivada. Las estimaciones de la OMS y UNICEF para IPV1 reflejan la cobertura con al menos una dosis rutinaria de IPV entre los lactantes ¡ 1 año de edad en los países que utilizan un esquema de vacunación que recomienda (i) una serie primaria de tres dosis de vacuna antipoliomielítica oral (OPV) más al menos una dosis de IPV (cuando se da OPV en rutina o en campañas) o (ii) un calendario secuencial que comienza con IPV seguida de OPV. Para los países que utilizan únicamente IPV y no OPV, la estimación de la OMS y UNICEF para IPV1 corresponde a la cobertura de la 1ª dosis de IPV.

La producción de estimaciones de cobertura de la VPI, que comienza en 2015, no supone ningún cambio en los niveles de cobertura estimados para la tercera dosis de vacuna antipoliomielítica (POL3). Para los países que recomiendan una serie primaria de tres dosis de IPV, sin OPV, la cobertura POL3 estimada por la OMS y UNICEF es equivalente a la cobertura estimada con tres dosis de IPV. Para los países con un calendario secuencial, la cobertura POL3 estimada se basa en la de la tercera dosis de cualquier vacuna antipoliomielítica.

IPV2: porcentaje de recién nacidos supervivientes (al año) que recibieron una 2ª dosis de vacuna antipoliomielítica inactivada. Solo se producen estimaciones de cobertura IPV2 para los países que además de IPV recomiendan alguna dosis de OPV.

MCV1 (del inglés measles-containing vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª dosis de alguna vacuna antisarampionosa. En países en los que el esquema nacional de vacunación recomienda la 1ª dosis vacuna antisarampionosa a partir de los 12 meses de edad, en función de la epidemiología de la enfermedad en el país, las estimaciones de cobertura reflejan el porcentaje de niños que recibieron la 1ª dosis de vacuna antisarampionosa según la edad recomendada.

MCV2: porcentaje de niños que recibieron la 2ª dosis de alguna vacuna antisarampionosa según el calendario recomendado a nivel nacional.

RCV1 (del inglés rubella-containing vaccine): porcentaje de recién nacidos supervivientes (al año), o según la edad recomendada, que recibieron la 1ª dosis de alguna vacuna contra la rubéola. Las estimaciones de cobertura contra la rubéola se basan en las estimaciones de la OMS y UNICEF para la vacuna antisarampionosa correspondiente a la primera vacuna combinada contra el sarampión y la rubéola. La estimación de la OMS y UNICEF no considera la cobertura contra la rubéola notificada.

HEPBB: porcentaje de recién nacidos que recibieron una dosis de vacuna contra la hepatitis B dentro de las primeras 24 horas después del nacimiento. Las estimaciones de cobertura de hepatitis B del recién nacido sólo se elaboran para los países que recomiendan esta dosis de manera universal y no para los países que recomiendan una dosis al nacer solo para recién nacidos de madres infectadas por el virus de la hepatitis B o cuando no hay información suficiente para determinar si la vacunación se administra dentro de las primeras 24 horas después del nacimiento.

HEPB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de una vacuna contra la hepatitis B tras la dosis de nacimiento.

HIB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de la vacuna contra Haemophilus influenzae tipo b.

ROTAC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis recomendada de la vacuna contra el rotavirus, que puede ser la 2ª o la 3ª dosis dependiendo de la vacuna utilizada.

PCV3 (del inglés pneumococcal conjugate vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la 3ª dosis de la vacuna antineumocócica conjugada. En los países en los

que el esquema nacional de vacunación recomienda dos dosis para lactantes y una dosis de refuerzo a los 12 meses o más tarde en función de la epidemiología de la enfermedad en el país, las estimaciones de cobertura pueden reflejar el porcentaje de recién nacidos supervivientes (al año) si no se notifica la cobertura de la dosis de refuerzo.

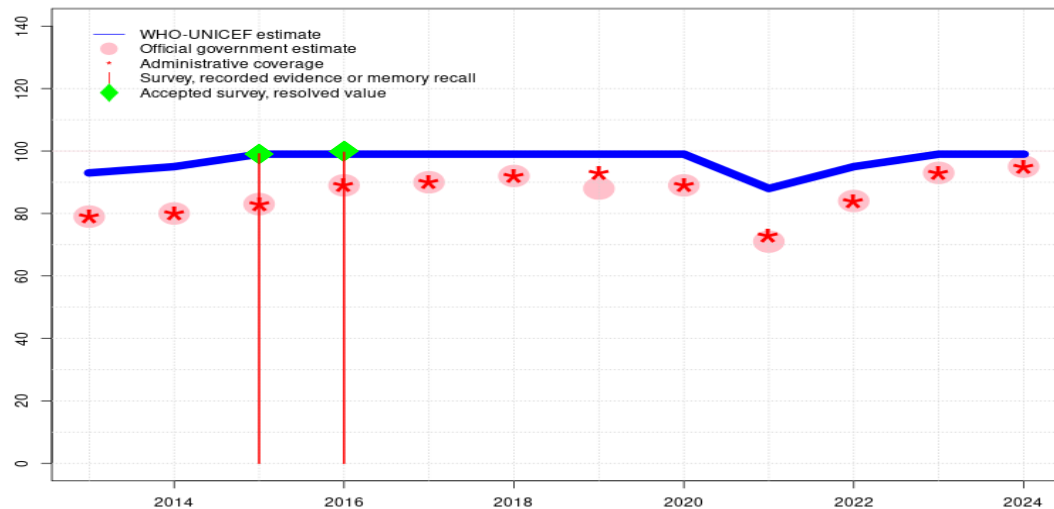
YFV (del inglés yellow fever vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones de cobertura se anualizan para toda la cohorte de recién nacidos supervivientes.

MENGA: porcentaje de niños que recibieron una dosis de la vacuna conjugada antimeningocócica A. Las estimaciones de cobertura MENGA son únicamente elaboradas para los países del cinturón de la meningitis de África subsahariana.

Descargo de responsabilidad: La Organización Mundial de la Salud y el Fondo de las Naciones Unidas para la Infancia han tomado todas las precauciones razonables para verificar la información contenida en esta publicación. No obstante, el material publicado se distribuye sin garantía de ningún tipo, ni expresa ni implícita. La responsabilidad de la interpretación y el uso del material recae en el lector. En ningún caso la Organización Mundial de la Salud o el Fondo de las Naciones Unidas para la Infancia serán responsables de potenciales daños derivados de su uso.

Costa Rica - BCG

CRI - BCG



Description:

- 2024: Reported data calibrated to 2016 levels. Reported target population decline of over 8 percent between 2023 and 2024. 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. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2021: Estimate for 2021 based on decline in the reported administrative coverage between 2020 and 2021 applied to the estimated coverage for 2020. Reported data excluded due to decline in reported coverage from 89 percent to 71 percent with increase to 84 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 100 percent based on 1 survey(s). Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2014: Reported data calibrated to 1997 and 2015 levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 1997 and 2015 levels. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	95	99	99	99	99	99	99	88	95	99	99
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	79	80	83	89	90	92	88	89	71	84	93	95
Administrative	79	80	83	89	90	92	93	89	73	84	93	95
Survey	-	-	99	100	-	-	-	-	-	-	-	-

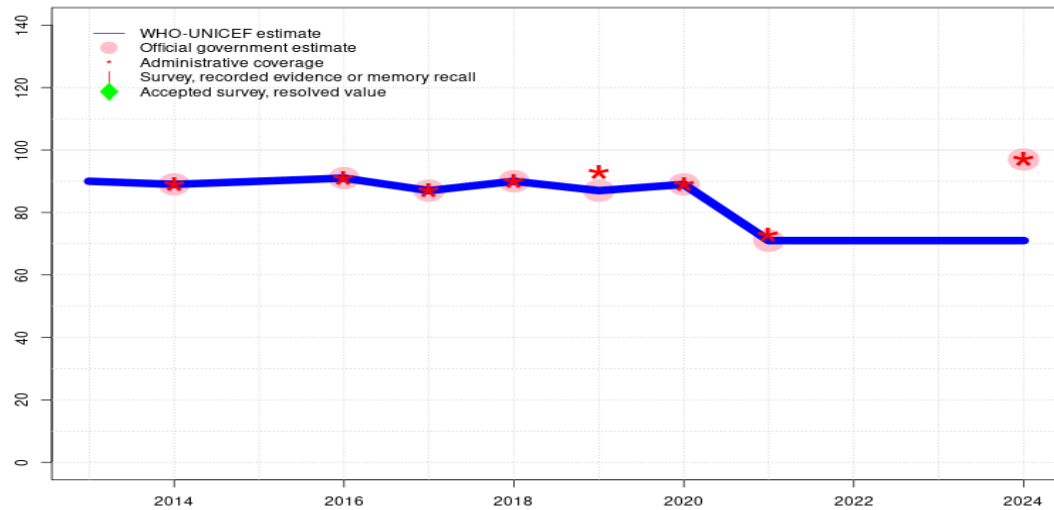
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Costa Rica - HEPBB

CRI - HEPBB



Description:

2024: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained increase in reported coverage. Reported target population decline of over 8 percent between 2023 and 2024. 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. Estimate challenged by: D-

2023: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2022: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

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. 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 interpolation between reported data. GoC=No accepted empirical data

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	89	90	91	87	90	87	89	71	71	71	71
Estimate GoC	•	••	•	••	••	••	••	••	••	•	•	•
Official	-	89	-	91	87	90	87	89	71	-	-	97
Administrative	-	89	-	91	87	90	93	89	73	-	-	97
Survey	-	-	-	-	-	-	-	-	-	-	-	-

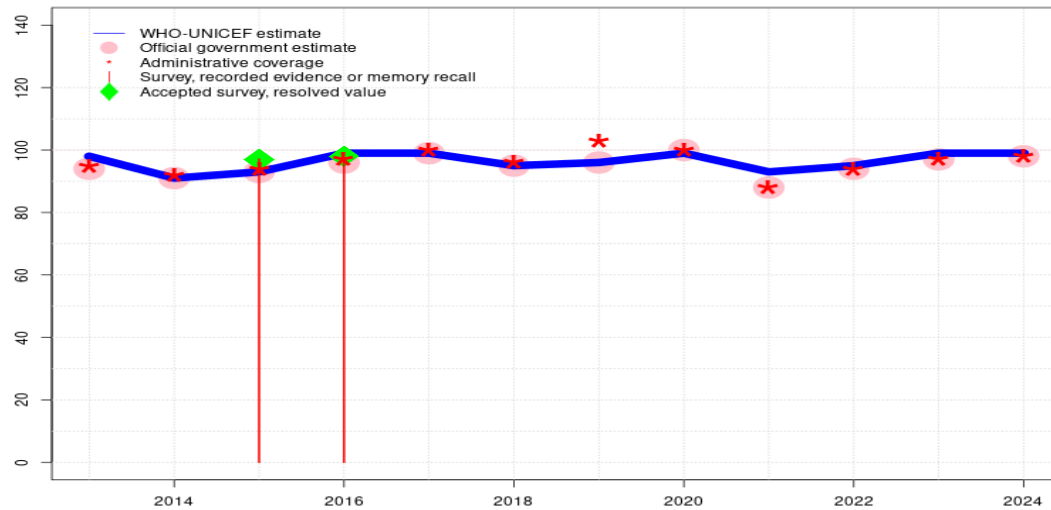
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Costa Rica - DTP1

CRI - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	91	93	99	99	95	96	99	93	95	99	99
Estimate GoC	•	•••	•••	•	•••	•••	••	••	•	•	•	•
Official	94	91	93	96	99	95	96	100	88	94	97	98
Administrative	95	92	94	97	100	96	103	100	88	94	97	98
Survey	-	-	97	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.

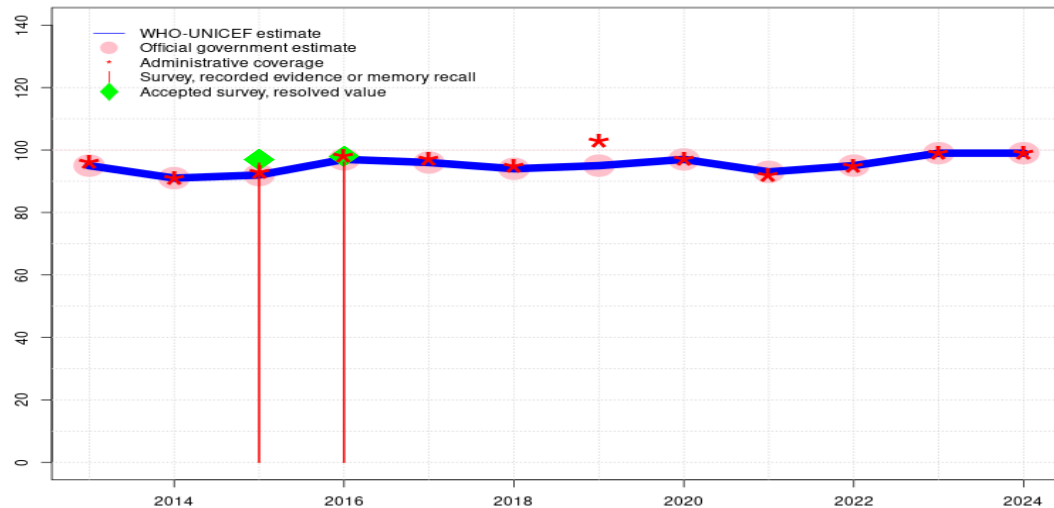
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on DTP3 coverage of 99. Reported target population decline of over 8 percent between 2023 and 2024. 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. Estimate challenged by: D-R-
- 2023: Estimate based on DTP3 coverage of 99. Estimate challenged by: R-
- 2022: Estimate based on DTP3 coverage of 95. Programme reports one month vaccine stockout at national level. Estimate of 95 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2021: Estimate based on DTP3 coverage of 93. Estimate of 93 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 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+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-

Costa Rica - DTP3

CRI - DTP3



Description:

- 2024: Estimate informed by reported data. Reported target population decline of over 8 percent between 2023 and 2024. 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. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ 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+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Costa Rica Multiple Indicator Cluster Survey 2018 record or recall results of 96 percent modified for recall bias to 98 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 90 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Costa Rica Multiple Indicator Cluster Survey 2018 record or recall results of 96 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 90 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+

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

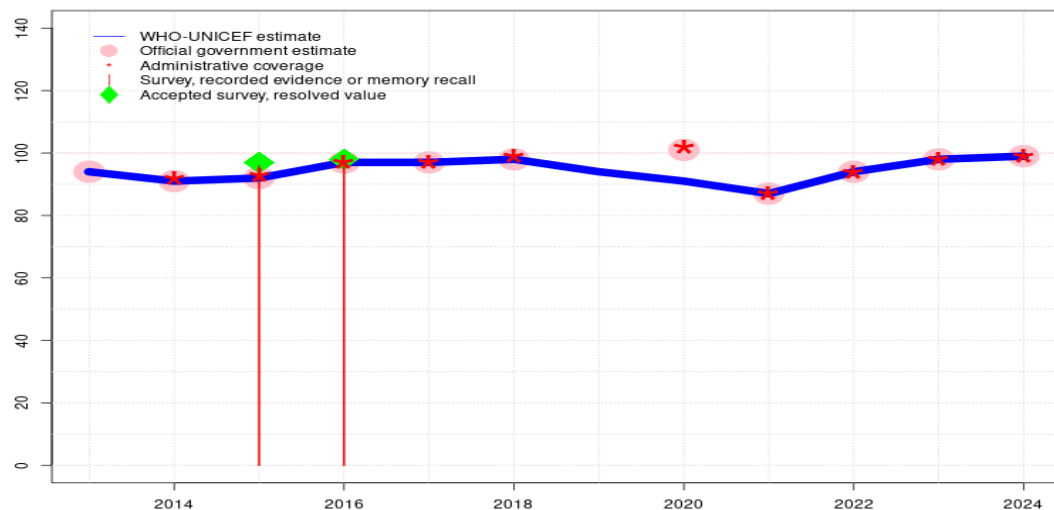
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Costa Rica - HEPB3

CRI - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	94	91	92	97	97	98	94	91	87	94	98	99
Estimate GoC	•	•••	•••	•••	•••	•••	•	•	••	••	••	•
Official	94	91	92	97	97	98	-	101	87	94	98	99
Administrative	191	92	93	97	97	99	-	102	87	94	98	99
Survey	-	-	96	96	-	-	-	-	-	-	-	-

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.

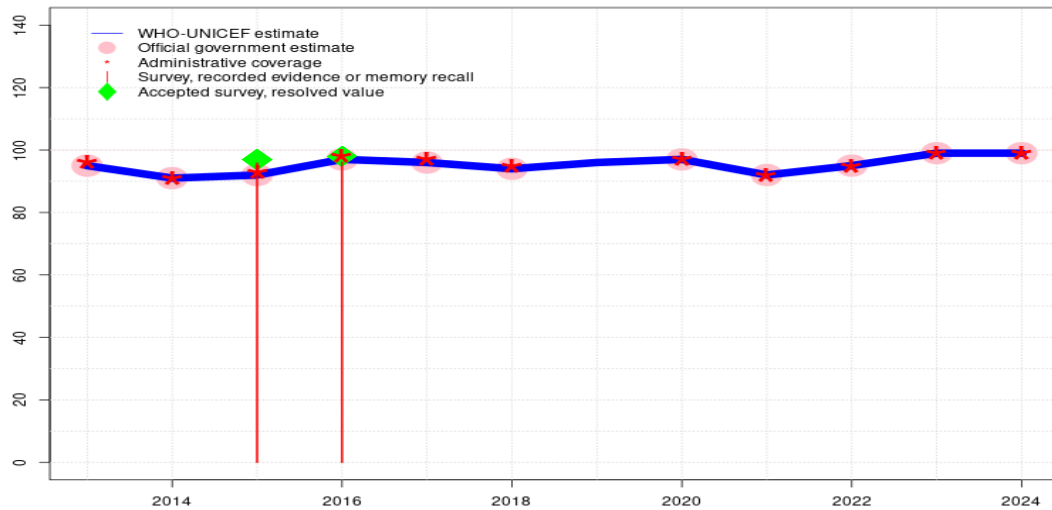
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Reported target population decline of over 8 percent between 2023 and 2024. 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. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports two months HepB monovalent vaccine stockout at national level. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-
- 2019: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). Costa Rica Multiple Indicator Cluster Survey 2018 record or recall results of 96 percent modified for recall bias to 98 percent based on 1st dose record or recall coverage of 99 percent, 1st dose record only coverage of 91 percent and 3rd dose record only coverage of 90 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Costa Rica Multiple Indicator Cluster Survey 2018 record or recall results of 96 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 99 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 90 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Estimate challenged by: D-

Costa Rica - HIB3

CRI - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	95	91	92	97	96	94	96	97	92	95	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●	●●	●●	●●	●●	●●
Official	95	91	92	97	96	94	-	97	92	95	99	99
Administrative	96	91	93	98	97	95	-	97	92	95	99	99
Survey	-	-	96	96	-	-	-	-	-	-	-	-

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.

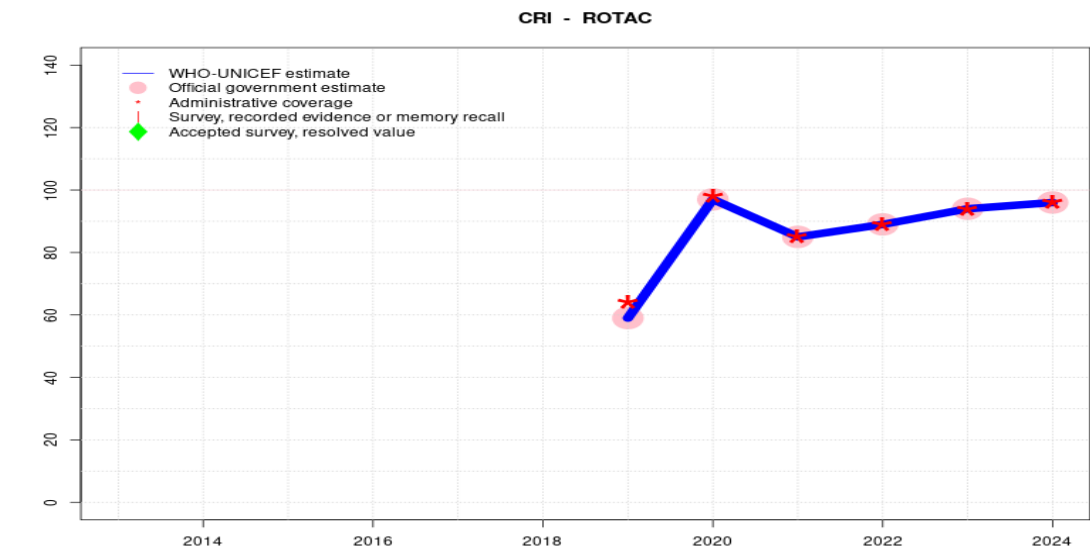
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. Reported target population decline of over 8 percent between 2023 and 2024. 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. 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. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). Costa Rica Multiple Indicator Cluster Survey 2018 record or recall results of 96 percent modified for recall bias to 98 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 90 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Costa Rica Multiple Indicator Cluster Survey 2018 record or recall results of 96 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 90 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+

Costa Rica - ROTAC



Description:

2024: Estimate informed by reported data. Reported target population decline of over 8 percent between 2023 and 2024. 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. 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. GoC=R+ D+

2020: Estimate informed by reported data. Substantial year-to-year increase in coverage is accepted during the introduction period. GoC=R+ D+

2019: Estimate informed by reported data. Rotavirus vaccine introduced in February 2019. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	59	97	85	89	94	96
Estimate GoC	-	-	-	-	-	-	●●	●●	●●	●●	●●	●
Official	-	-	-	-	-	-	59	97	85	89	94	96
Administrative	-	-	-	-	-	-	64	98	85	89	94	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

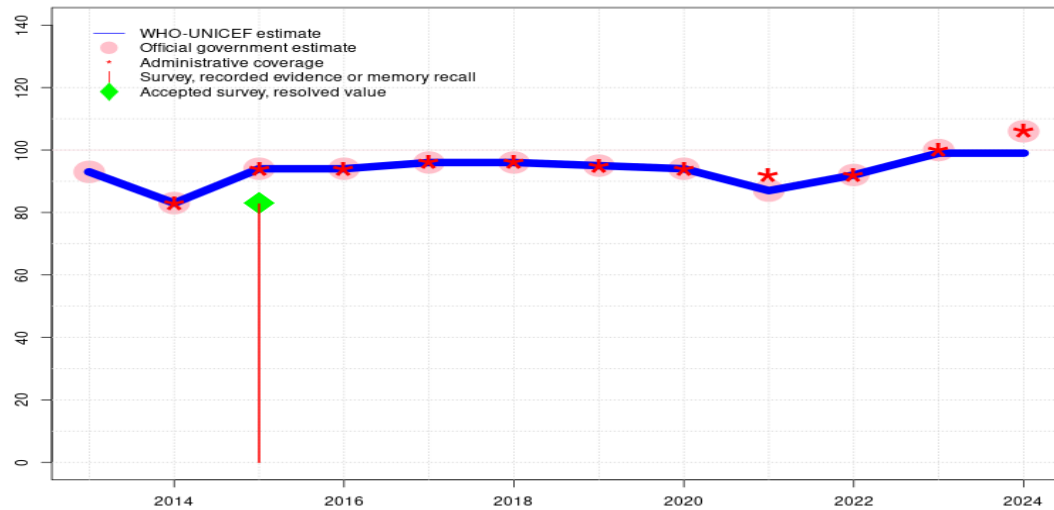
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Costa Rica - PCV3

CRI - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	83	94	94	96	96	95	94	87	92	99	99
Estimate GoC	••	•••	•••	•••	•••	••	••	•	•	••	••	••
Official	93	83	94	94	96	96	95	94	87	92	100	106
Administrative	-	83	94	94	96	96	95	94	92	92	100	106
Survey	-	-	83	-	-	-	-	-	-	-	-	-

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 based on extrapolation from data reported by national government. Reported data excluded because 106 percent greater than 100 percent. Reported target population decline of over 8 percent between 2023 and 2024. 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. 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. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

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

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

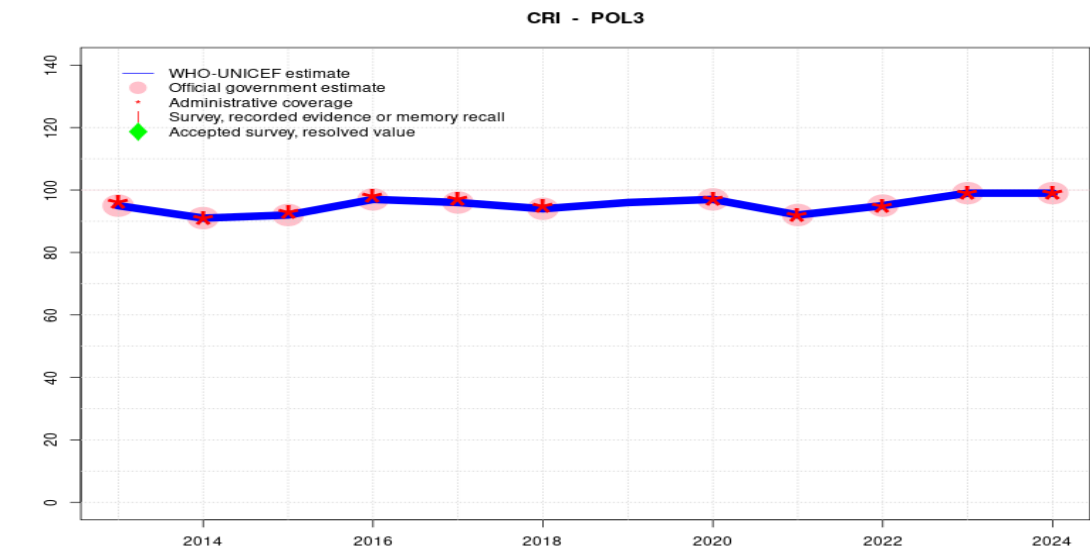
2017: Estimate informed by reported data. GoC=Assigned by working group. Survey supports reported data in 2015 given vaccine schedule transition.

2016: Estimate informed by reported data. GoC=Assigned by working group. Survey supports reported data in 2015 given vaccine schedule transition.

2015: Estimate informed by reported second dose of PCV. Survey supports reported during a period of schedule transition. GoC=Assigned by working group. Survey supports reported data in 2015 given vaccine schedule transition.

2014: Estimate informed by reported data. GoC=R+ S+ D+

2013: Estimate informed by reported data. Presentation changed from a 3+1 (2,4,6 months and 15 months of age) dose, 7 valent presentation to a 2+1 (2,4 months and 15 months of age) dose, 13 valent presentation in 2012. Estimate of 93 percent changed from previous revision value of 94 percent. GoC=R+ S+



Description:

2024: Estimate informed by reported data. Reported target population decline of over 8 percent between 2023 and 2024. 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. 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. GoC=R+ D+

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

2019: Estimate informed by interpolation between reported data. GoC=No accepted empirical data

2018: Estimate informed by reported data. Programme reports three months vaccine stockout. 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 reported data. GoC=R+ D+

2014: Estimate informed by reported data. 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	95	91	92	97	96	94	96	97	92	95	99	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	95	91	92	97	96	94	-	97	92	95	99	99
Administrative	96	91	93	98	97	95	-	97	92	95	99	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

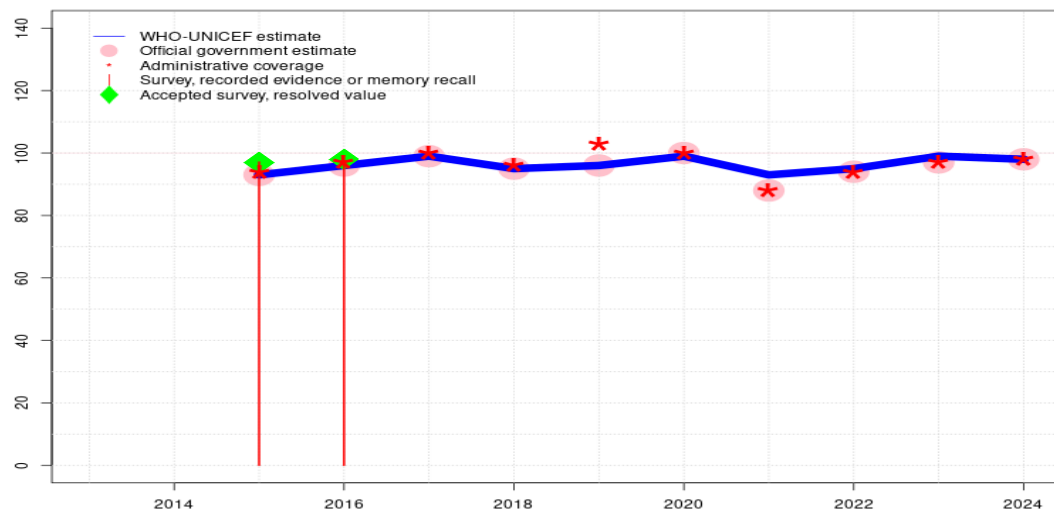
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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.

Costa Rica - IPV1

CRI - IPV1



Description:

- 2024: Estimate informed by reported data. Reported target population decline of over 8 percent between 2023 and 2024. 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. Estimate challenged by: D-
- 2023: Estimate informed by estimated DTP1 coverage level. Estimate challenged by: R-
- 2022: Estimate informed by estimated DTP1 coverage level (vaccine presentation is DTP-Hib-IPV) . Estimate of 95 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2021: Estimate informed by estimated DTP1 coverage level. Estimate of 93 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate based on estimated DTP1 coverage. Estimate challenged by: R-
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	93	96	99	95	96	99	93	95	99	98
Estimate GoC	-	-	●●●	●●●	●●●	●	●●	●●	●	●	●	●
Official	-	-	93	96	99	95	96	100	88	94	97	98
Administrative	-	-	94	97	100	96	103	100	88	94	97	98
Survey	-	-	97	98	-	-	-	-	-	-	-	-

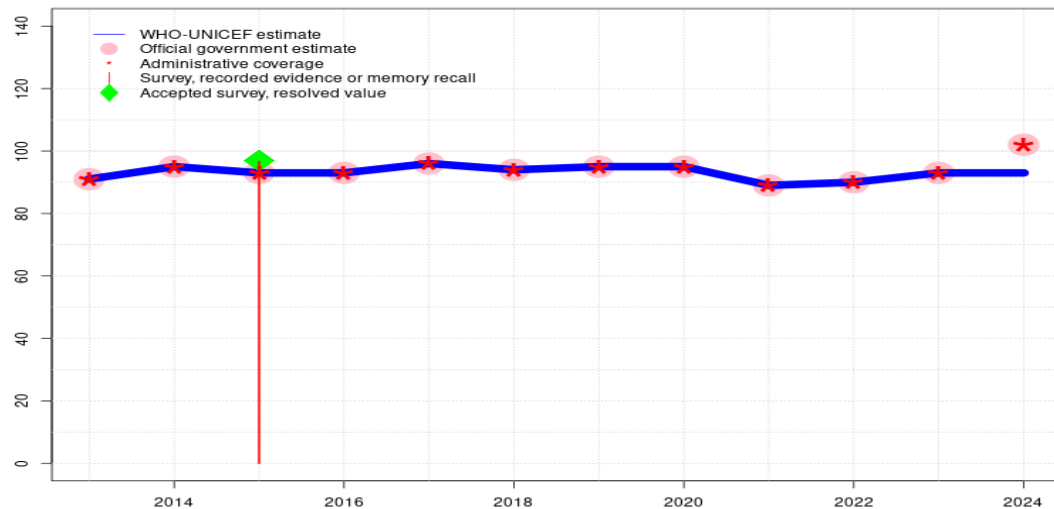
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Costa Rica - MCV1

CRI - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	91	95	93	93	96	94	95	95	89	90	93	93
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●●	●	●●	●●	●●	●●
Official	91	95	93	93	96	94	95	95	89	90	93	102
Administrative	91	95	93	93	96	94	95	95	89	90	93	102
Survey	-	-	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 based on extrapolation from data reported by national government. Reported data excluded because 102 percent greater than 100 percent. Reported target population decline of over 8 percent between 2023 and 2024. 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. 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. GoC=R+ D+

2020: Estimate informed by reported data. Estimate challenged by: 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+ S+ D+

2016: Estimate informed by reported data. GoC=R+ S+ D+

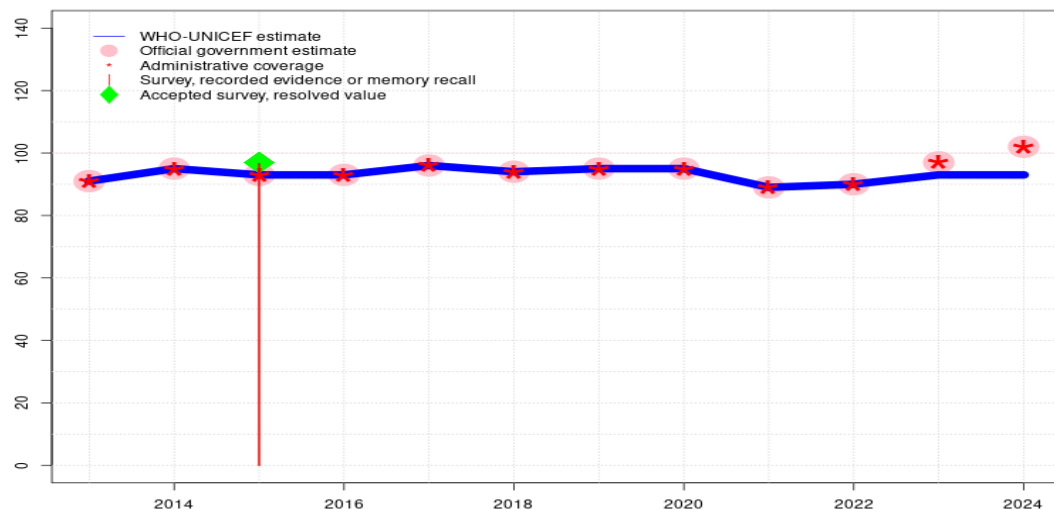
2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

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

Costa Rica - RCV1

CRI - RCV1



Description:

2024: Estimate based on estimated MCV1. Reported data excluded because 102 percent greater than 100 percent. Reported target population decline of over 8 percent between 2023 and 2024. 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. 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. GoC=R+ D+

2020: Estimate based on estimated MCV1. Estimate challenged by: D-

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

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

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

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

2015: Estimate based on estimated MCV1. GoC=R+ S+ D+

2014: Estimate based on estimated MCV1. GoC=R+ S+ D+

2013: Estimate based on estimated MCV1. GoC=R+ S+ D+

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

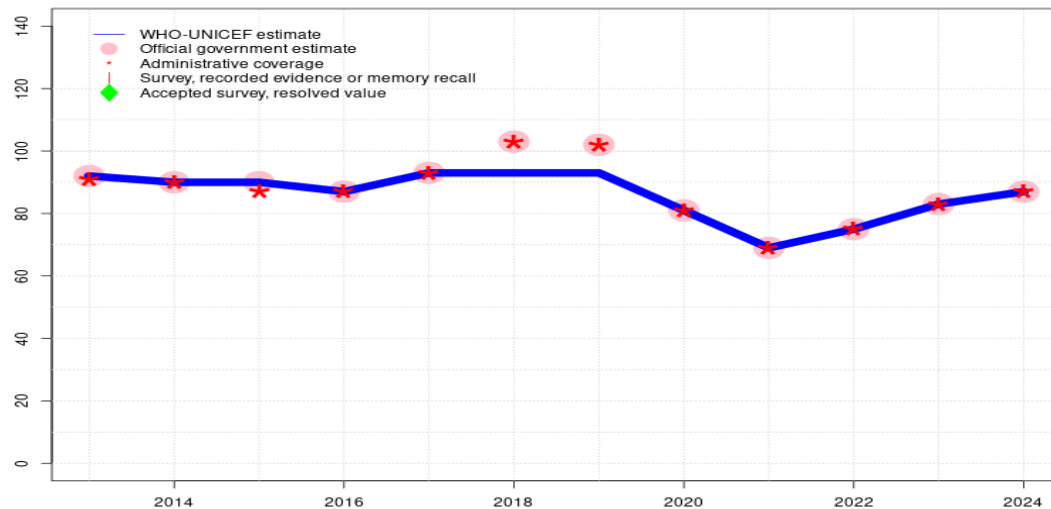
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Costa Rica - MCV2

CRI - MCV2



Description:

- 2024: Estimate informed by reported data. Reported target population decline of over 8 percent between 2023 and 2024. 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. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate based exceptionally on the reported coverage for MCV2 given a change in the recommended age from 7 years to 4 years in 2021. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-R-
- 2018: Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-R-
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. 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	92	90	90	87	93	93	93	81	69	75	83	87
Estimate GoC	●●	●●	●●	●●	●●	●	●	●	●	●	●	●
Official	92	90	90	87	93	103	102	81	69	75	83	87
Administrative	91	90	87	87	93	103	102	81	69	75	83	87
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.

Costa Rica - 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.

2016 Costa Rica Encuesta de Mujeres, Nin`ez y Adolescencia 2018 (EMNA)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	7.8	12-23 m	80782	92
BCG	Record	91.8	12-23 m	80782	92
BCG	Record or Recall	99.6	12-23 m	80782	92
BCG	Record or Recall<12m	99.6	12-23 m	80782	92
DTP1	Recall	7.6	12-23 m	80782	92
DTP1	Record	90	12-23 m	80782	92
DTP1	Record or Recall	97.6	12-23 m	80782	92
DTP1	Record or Recall<12m	97.6	12-23 m	80782	92
DTP3	Recall	6.3	12-23 m	80782	92
DTP3	Record	89.7	12-23 m	80782	92
DTP3	Record or Recall	96.1	12-23 m	80782	92
DTP3	Record or Recall<12m	94.5	12-23 m	80782	92
HEPB1	Recall	7.4	12-23 m	80782	92
HEPB1	Record	91.2	12-23 m	80782	92
HEPB1	Record or Recall	98.6	12-23 m	80782	92
HEPB1	Record or Recall<12m	98.5	12-23 m	80782	92
HEPB3	Recall	6.2	12-23 m	80782	92
HEPB3	Record	89.9	12-23 m	80782	92
HEPB3	Record or Recall	96	12-23 m	80782	92

HEPB3	Record or Recall<12m	94.8	12-23 m	80782	92
HIB1	Recall	7.6	12-23 m	80782	92
HIB1	Record	90	12-23 m	80782	92
HIB1	Record or Recall	97.6	12-23 m	80782	92
HIB1	Record or Recall<12m	97.6	12-23 m	80782	92
HIB3	Recall	6.3	12-23 m	80782	92
HIB3	Record	89.7	12-23 m	80782	92
HIB3	Record or Recall	96.1	12-23 m	80782	92
HIB3	Record or Recall<12m	94.5	12-23 m	80782	92
IPV1	Recall	7.6	12-23 m	80782	92
IPV1	Record	90	12-23 m	80782	92
IPV1	Record or Recall	97.6	12-23 m	80782	92
IPV1	Record or Recall<12m	97.6	12-23 m	80782	92
PCV1	Recall	6.1	12-23 m	80782	92
PCV1	Record	90.1	12-23 m	80782	92
PCV1	Record or Recall	96.2	12-23 m	80782	92
PCV1	Record or Recall<12m	96.2	12-23 m	80782	92

2015 Costa Rica Encuesta de Mujeres, Nin`ez y Adolescencia 2018 (EMNA)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	7.2	24-35 m	75418	-
BCG	Record	91.9	24-35 m	75418	-
BCG	Record or Recall	99.1	24-35 m	75418	-
BCG	Record or Recall<12m	98.8	24-35 m	75418	-
DTP1	Recall	6.8	24-35 m	75418	-
DTP1	Record	90.3	24-35 m	75418	-
DTP1	Record or Recall	97.1	24-35 m	75418	-
DTP1	Record or Recall<12m	96.9	24-35 m	75418	-
DTP3	Recall	5.5	24-35 m	75418	-
DTP3	Record	90.3	24-35 m	75418	-
DTP3	Record or Recall	95.8	24-35 m	75418	-
DTP3	Record or Recall<12m	95.2	24-35 m	75418	-
HEPB1	Recall	7	24-35 m	75418	-
HEPB1	Record	91.6	24-35 m	75418	-
HEPB1	Record or Recall	98.6	24-35 m	75418	-
HEPB1	Record or Recall<12m	98.4	24-35 m	75418	-
HEPB3	Recall	5.4	24-35 m	75418	-
HEPB3	Record	90.4	24-35 m	75418	-

Costa Rica - Survey Details

HEPB3	Record or Recall	95.8	24-35 m	75418	-	DTP1	Record	92.5	18-29 m	-	94
HEPB3	Record or Recall<12m	95.7	24-35 m	75418	-	DTP1	Record or Recall	98.8	18-29 m	437	94
HIB1	Recall	6.8	24-35 m	75418	-	DTP1	Record or Recall<12m	95.8	18-29 m	437	94
HIB1	Record	90.3	24-35 m	75418	-	DTP3	Recall	1.9	18-29 m	-	94
HIB1	Record or Recall	97.1	24-35 m	75418	-	DTP3	Record	92.3	18-29 m	-	94
HIB1	Record or Recall<12m	96.9	24-35 m	75418	-	DTP3	Record or Recall	94.2	18-29 m	437	94
HIB3	Recall	5.5	24-35 m	75418	-	DTP3	Record or Recall<12m	92.2	18-29 m	437	94
HIB3	Record	90.3	24-35 m	75418	-	HEPB1	Recall	2.6	18-29 m	-	94
HIB3	Record or Recall	95.8	24-35 m	75418	-	HEPB1	Record	95.7	18-29 m	-	94
HIB3	Record or Recall<12m	95.2	24-35 m	75418	-	HEPB1	Record or Recall	98.4	18-29 m	437	94
IPV1	Recall	6.8	24-35 m	75418	-	HEPB1	Record or Recall<12m	96.7	18-29 m	437	94
IPV1	Record	90.3	24-35 m	75418	-	HEPB3	Recall	1.9	18-29 m	-	94
IPV1	Record or Recall	97.1	24-35 m	75418	-	HEPB3	Record	90.8	18-29 m	-	94
IPV1	Record or Recall<12m	96.9	24-35 m	75418	-	HEPB3	Record or Recall	92.7	18-29 m	437	94
MCV1	Recall	6.3	24-35 m	75418	-	HEPB3	Record or Recall<12m	88.6	18-29 m	437	94
MCV1	Record	90.2	24-35 m	75418	-	HEPBB	Recall	3.4	18-29 m	-	94
MCV1	Record or Recall	96.6	24-35 m	75418	-	HEPBB	Record	94	18-29 m	-	94
MCV1	Record or Recall<12m	95.8	24-35 m	75418	-	HEPBB	Record or Recall	97.4	18-29 m	437	94
PCV1	Recall	6.3	24-35 m	75418	-	HEPBB	Record or Recall<12m	97.4	18-29 m	437	94
PCV1	Record	91.9	24-35 m	75418	-	HIB1	Recall	3.7	18-29 m	-	94
PCV1	Record or Recall	98.2	24-35 m	75418	-	HIB1	Record	93.6	18-29 m	-	94
PCV1	Record or Recall<12m	97.9	24-35 m	75418	-	HIB1	Record or Recall	97.3	18-29 m	437	94
PCV3	Recall	5.1	24-35 m	75418	-	HIB1	Record or Recall<12m	96.1	18-29 m	437	94
PCV3	Record	77.6	24-35 m	75418	-	HIB3	Recall	1.7	18-29 m	-	94
PCV3	Record or Recall	82.7	24-35 m	75418	-	HIB3	Record	90.6	18-29 m	-	94
PCV3	Record or Recall<12m	81.3	24-35 m	75418	-	HIB3	Record or Recall	92.3	18-29 m	437	94
RCV1	Recall	6.3	24-35 m	75418	-	HIB3	Record or Recall<12m	88.2	18-29 m	437	94
RCV1	Record	90.2	24-35 m	75418	-	MCV1	Recall	5.5	18-29 m	-	94
RCV1	Record or Recall	96.6	24-35 m	75418	-	MCV1	Record	91.8	18-29 m	-	94
RCV1	Record or Recall<12m	95.8	24-35 m	75418	-	MCV1	Record or Recall	97.3	18-29 m	437	94

2010 Costa Rica Encuesta de Indicadores Múltiples por Conglomerados 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	6.6	18-29 m	-	94
BCG	Record	93.3	18-29 m	-	94
BCG	Record or Recall	99.9	18-29 m	437	94
BCG	Record or Recall<12m	99.5	18-29 m	437	94
DTP1	Recall	6.3	18-29 m	-	94

PCV1	Record or Recall<12m	94.2	18-29 m	437	94
PCV3	Recall	1.6	18-29 m	-	94
PCV3	Record	91	18-29 m	-	94
PCV3	Record or Recall	92.6	18-29 m	437	94
PCV3	Record or Recall<12m	89.4	18-29 m	437	94
POL1	Recall	5.6	18-29 m	-	94

POL1	Record	94	18-29 m	-	94	POL3	Record	90.9	18-29 m	-	94
POL1	Record or Recall	99.6	18-29 m	437	94	POL3	Record or Recall	95.2	18-29 m	437	94
POL1	Record or Recall<12m	99.2	18-29 m	437	94	POL3	Record or Recall<12m	92.7	18-29 m	437	94
POL3	Recall	4.3	18-29 m	-	94						

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