

**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.

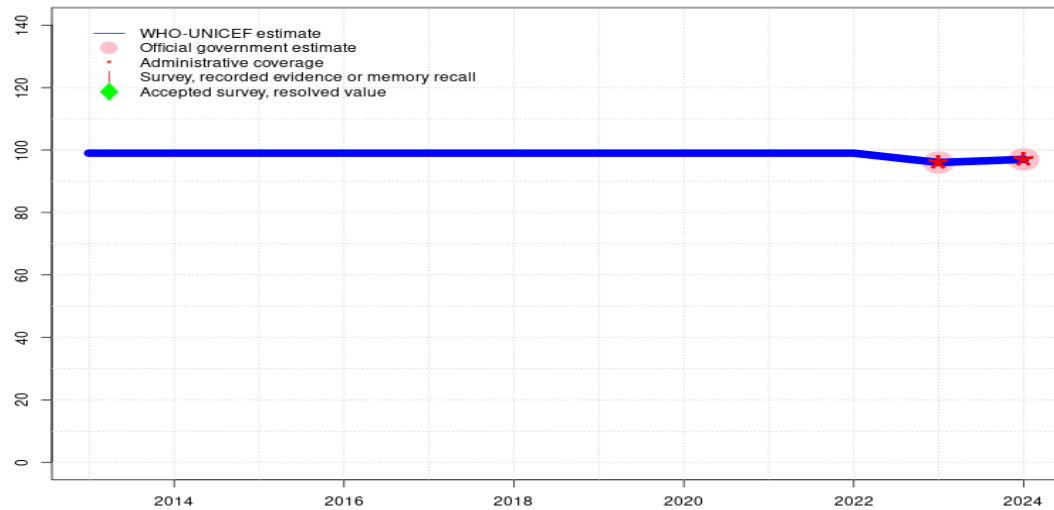
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**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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# Czechia - DTP1

CZE - DTP1



## Description:

2024: Estimate informed by reported data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-

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

2022: Estimate of 99 percent assigned by working group. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. GoC=No accepted empirical data

2021: Reported data calibrated to 1997 and 2022 levels. Reported 2021 reflects 2018 programme performance. GoC=No accepted empirical data

2020: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2019: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2018: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2017: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2016: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2015: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2014: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2013: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

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

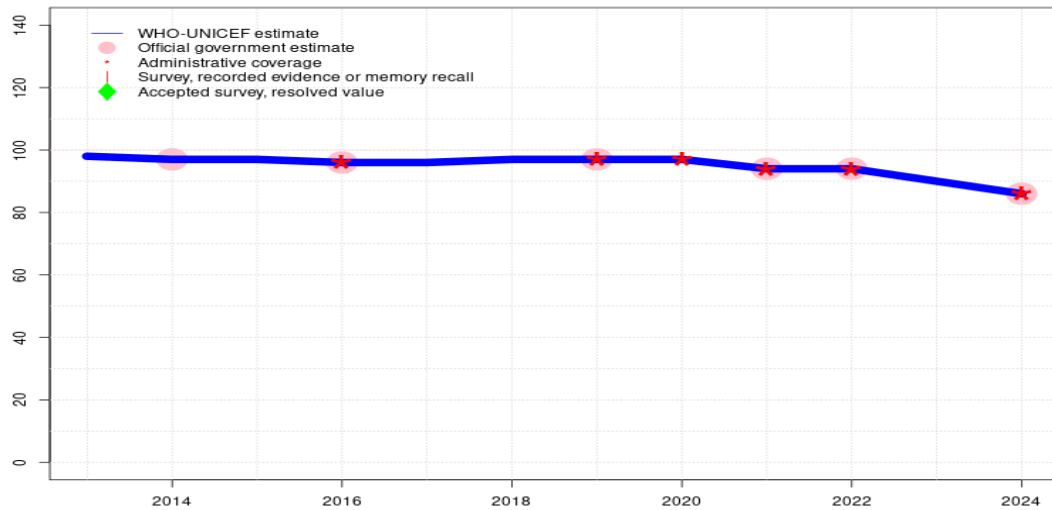
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Czechia - DTP3

CZE - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	97	97	96	96	97	97	97	94	94	90	86
Estimate GoC	•	••	•	••	•	•	••	••	•	•	•	•
Official	-	97	-	96	-	-	97	-	94	94	-	86
Administrative	-	-	-	96	-	-	97	97	94	94	-	86
Survey	-	-	-	-	-	-	-	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

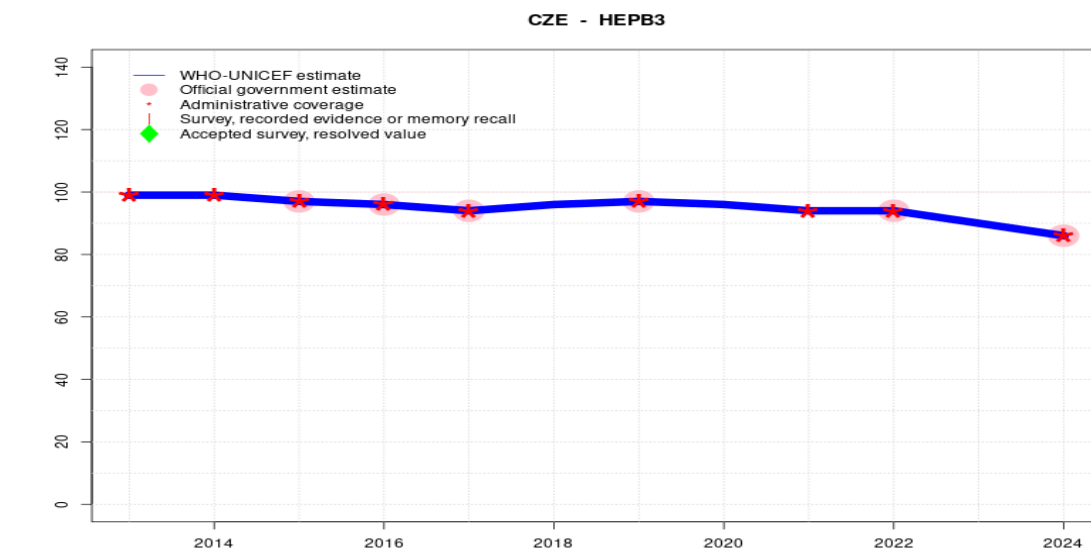
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. From 2022, a new nationwide electronic immunization register was launched, which does not collect data for the third dose of multi-dose vaccines. Estimate of 90 percent changed from previous revision value of 94 percent. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-
- 2020: Estimate informed by reported administrative data. GoC=R+
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by interpolation between reported data. Programme reports 92 percent coverage for the fourth dose recommended at 5 years. GoC=No accepted empirical data
- 2017: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2014: Estimate informed by reported data. GoC=R+
- 2013: Estimate informed by interpolation between reported data. GoC=No accepted empirical data

# Czechia - HEPB3



## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. From 2022, a new nationwide electronic immunization register was launched, which does not collect data for the third dose of multi-dose vaccines. Estimate of 90 percent changed from previous revision value of 94 percent. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+
- 2014: Estimate informed by reported administrative data. GoC=R+
- 2013: Estimate informed by reported administrative data. GoC=R+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	97	96	94	96	97	96	94	94	90	86
Estimate GoC	●●	●●	●●	●●	●●	●	●●	●	●	●	●	●
Official	-	-	97	96	94	-	97	-	-	94	-	86
Administrative	99	99	97	96	94	-	97	-	94	94	-	86
Survey	-	-	-	-	-	-	-	-	-	-	-	-

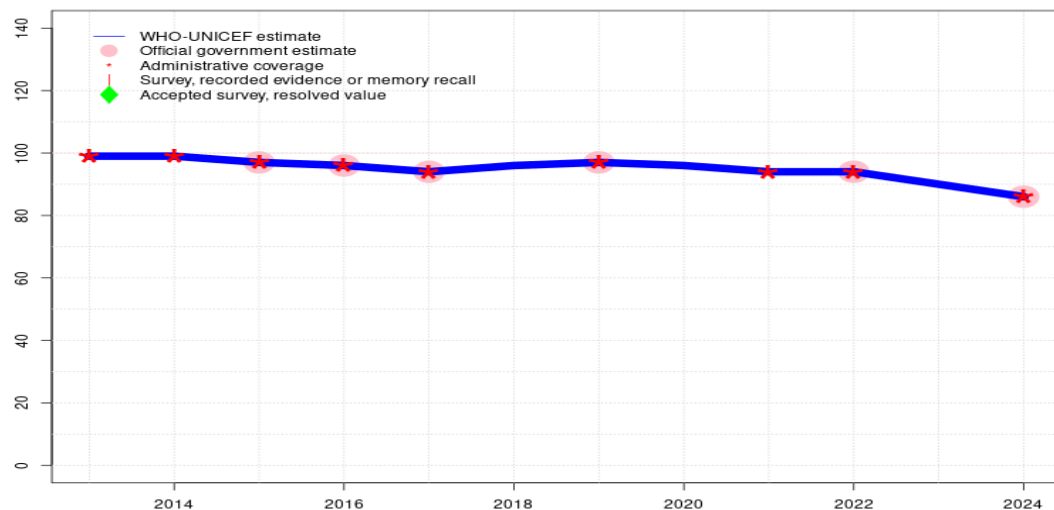
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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# Czechia - HIB3

CZE - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	97	96	94	96	97	96	94	94	90	86
Estimate GoC	●●	●●	●●	●●	●●	●	●●	●	●	●	●	●
Official	-	-	97	96	94	-	97	-	-	94	-	86
Administrative	99	99	97	96	94	-	97	-	94	94	-	86
Survey	-	-	-	-	-	-	-	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

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

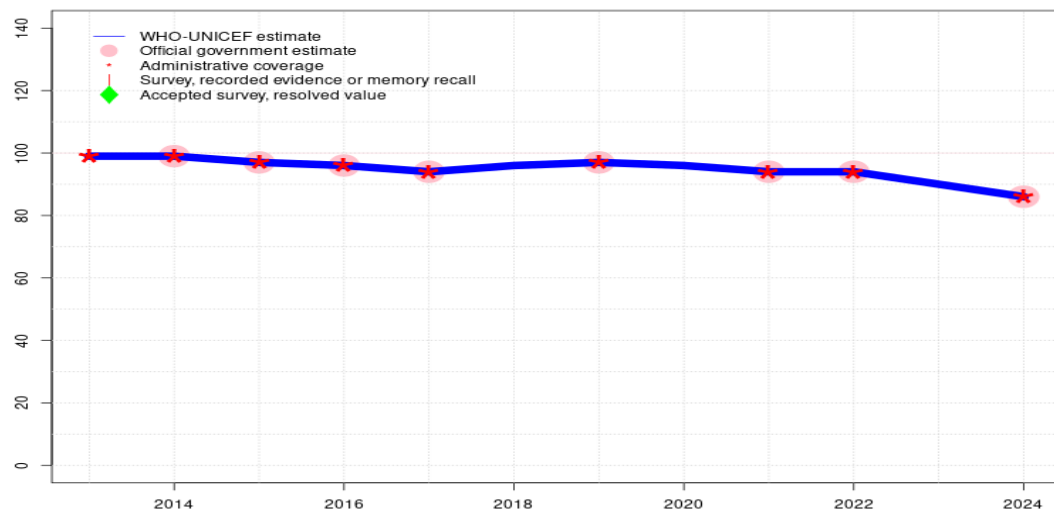
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## Description:

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- 2023: Estimate informed by interpolation between reported data. From 2022, a new nationwide electronic immunization register was launched, which does not collect data for the third dose of multi-dose vaccines. Estimate of 90 percent changed from previous revision value of 94 percent. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+
- 2014: Estimate informed by reported administrative data. GoC=R+
- 2013: Estimate informed by reported administrative data. GoC=R+

# Czechia - POL3

CZE - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	97	96	94	96	97	96	94	94	90	86
Estimate GoC	●●	●●	●●	●●	●●	●	●●	●	●	●	●	●
Official	-	99	97	96	94	-	97	-	94	94	-	86
Administrative	99	99	97	96	94	-	97	-	94	94	-	86
Survey	-	-	-	-	-	-	-	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

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

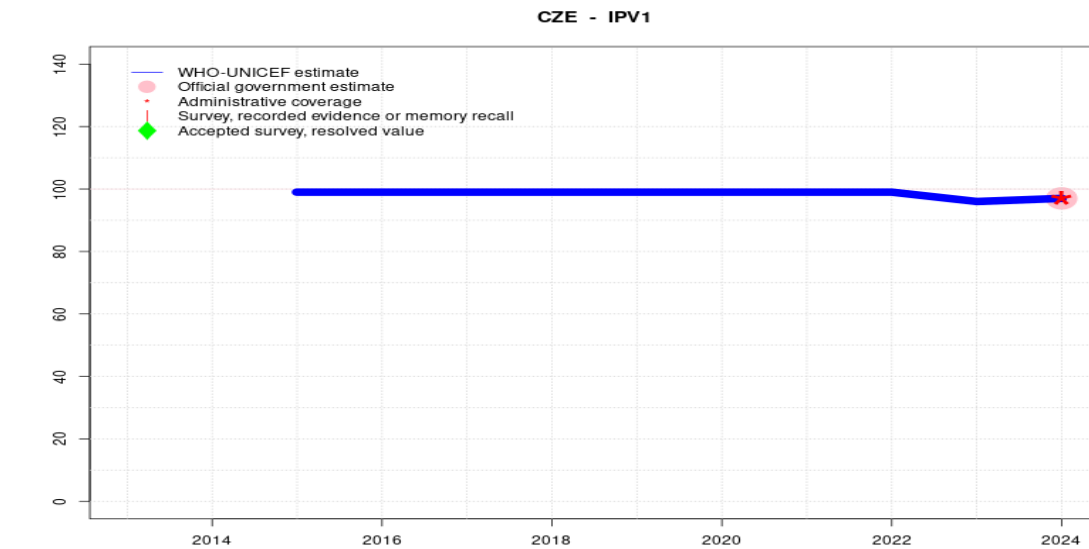
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

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- 2023: Estimate informed by interpolation between reported data. From 2022, a new nationwide electronic immunization register was launched, which does not collect data for the third dose of multi-dose vaccines. Estimate of 90 percent changed from previous revision value of 94 percent. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+
- 2014: Estimate informed by reported data. GoC=R+
- 2013: Estimate informed by reported administrative data. GoC=R+



# Czechia - IPV1



## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by estimated DTP1 coverage. GoC=No accepted empirical data
- 2022: Estimate informed by estimated DTP1 coverage. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. GoC=No accepted empirical data
- 2021: Estimate based on estimated DTP1 coverage. Reported 2021 reflects 2018 programme performance. GoC=No accepted empirical data
- 2020: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data
- 2019: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data
- 2018: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data
- 2017: Estimate informed by estimated DTP1 coverage. GoC=No accepted empirical data
- 2016: Estimates based on DTP1 coverage GoC=No accepted empirical data
- 2015: Estimates based on DTP1 coverage GoC=No accepted empirical data

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	99	99	99	99	99	99	99	99	96	97
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	-	-	-	-	-	-	-	97
Administrative	-	-	-	-	-	-	-	-	-	-	-	97
Survey	-	-	-	-	-	-	-	-	-	-	-	-

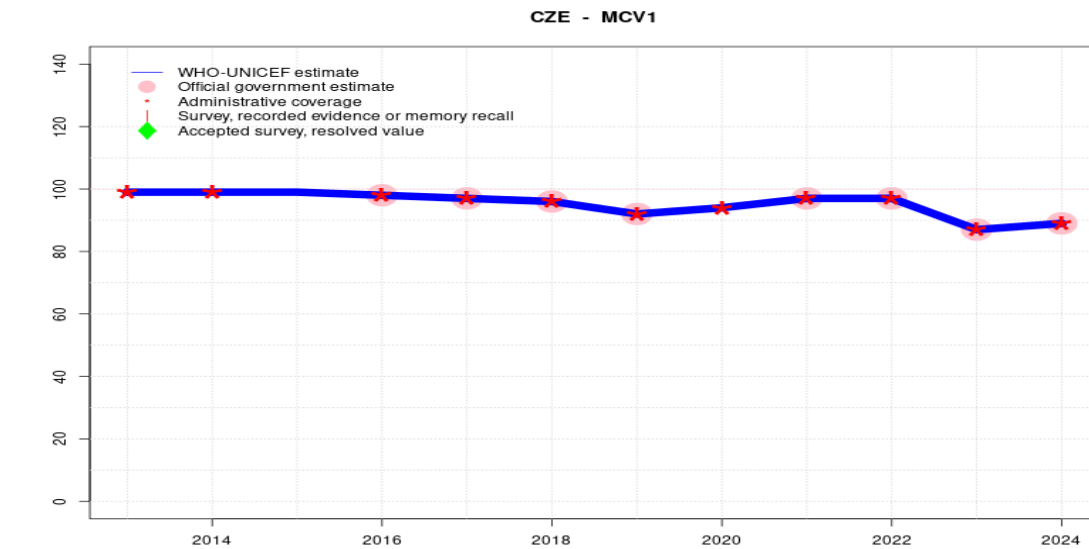
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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



# Czechia - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	98	97	96	92	94	97	97	87	89
Estimate GoC	●●	●●	●	●●	●●	●●	●●	●●	●	●	●	●
Official	-	-	-	98	97	96	92	-	97	97	87	89
Administrative	99	99	-	98	97	96	92	94	97	97	87	89
Survey	-	-	-	-	-	-	-	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

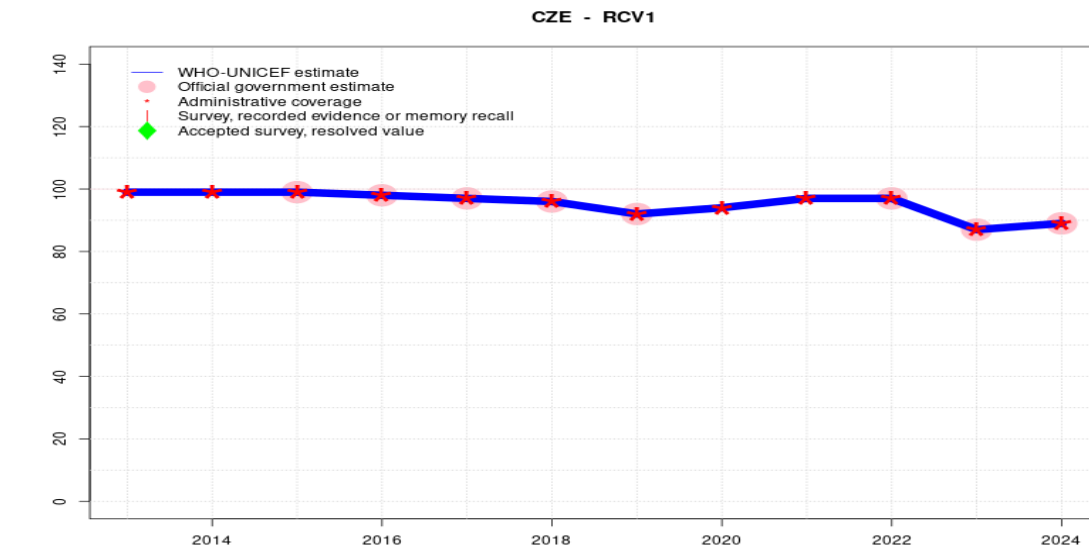
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-
- 2020: Estimate informed by reported administrative data. GoC=R+
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. GoC=R+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2014: Estimate informed by reported administrative data. GoC=R+
- 2013: Estimate informed by reported administrative data. GoC=R+

# Czechia - RCV1



## Description:

2024: Estimate based on estimated MCV1. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-

2023: Estimate based on estimated MCV1. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-

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

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

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

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

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

2015: Estimate based on estimated MCV1. GoC=No accepted empirical data

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

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

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	98	97	96	92	94	97	97	87	89
Estimate GoC	●●	●●	●	●●	●●	●●	●●	●●	●	●	●	●
Official	-	-	99	98	97	96	92	-	-	97	87	89
Administrative	99	99	99	98	97	96	92	94	97	97	87	89
Survey	-	-	-	-	-	-	-	-	-	-	-	-

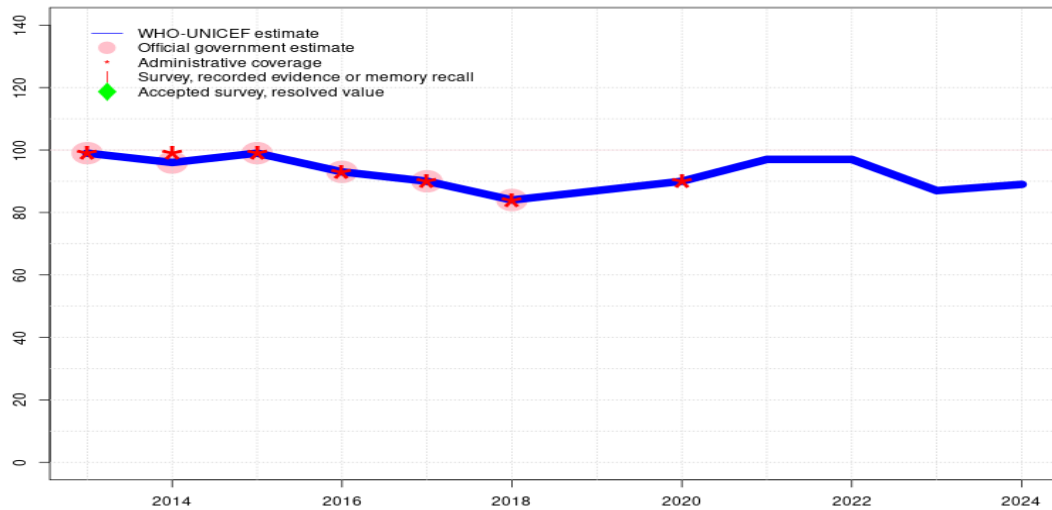
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Czechia - MCV2

CZE - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	96	99	93	90	84	87	90	97	97	87	89
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●	●	●	●
Official	99	96	99	93	90	84	-	-	-	-	-	-
Administrative	99	99	99	93	90	84	-	90	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

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

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

## Description:

- 2024: Estimated coverage may represent an overestimate. In absence of reported MCV2 data, it uses MCV1 assuming no drop-out. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. GoC=No accepted empirical data
- 2023: Estimated coverage may represent an overestimate. In absence of reported MCV2 data, it uses MCV1 assuming no drop-out. Estimate of 87 percent changed from previous revision value of 90 percent. GoC=No accepted empirical data
- 2022: Estimated coverage may represent an overestimate. In absence of reported MCV2 data, it uses MCV1 assuming no drop-out. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate of 97 percent changed from previous revision value of 90 percent. GoC=No accepted empirical data
- 2021: As of 2020, data on the coverage of the second dose of vaccines containing measles are not available, as the annual administrative estimates of vaccination coverage in children have been terminated in the Czech Republic. Estimated coverage may represent an overestimate. In absence of reported MCV2 data, it uses MCV1 assuming no drop-out. Reported 2021 reflects 2018 programme performance. Estimate of 97 percent changed from previous revision value of 90 percent. GoC=No accepted empirical data
- 2020: Estimate informed by reported administrative data. GoC=R+
- 2019: Estimate informed by interpolation between reported data. Data will be available in the years 2020-21 due to a legislative change in January 2018 whereby the 2nd dose of measles containing vaccine (MMR) is recommended for administration in the 5th to 6th year of life. GoC=No accepted empirical data
- 2018: Estimate informed by reported data. GoC=R+
- 2017: Estimate informed by reported data. GoC=R+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+
- 2014: Estimate informed by reported data. GoC=R+
- 2013: Estimate informed by reported data. GoC=R+

Further information and estimates for previous years are available at:

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

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