

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.

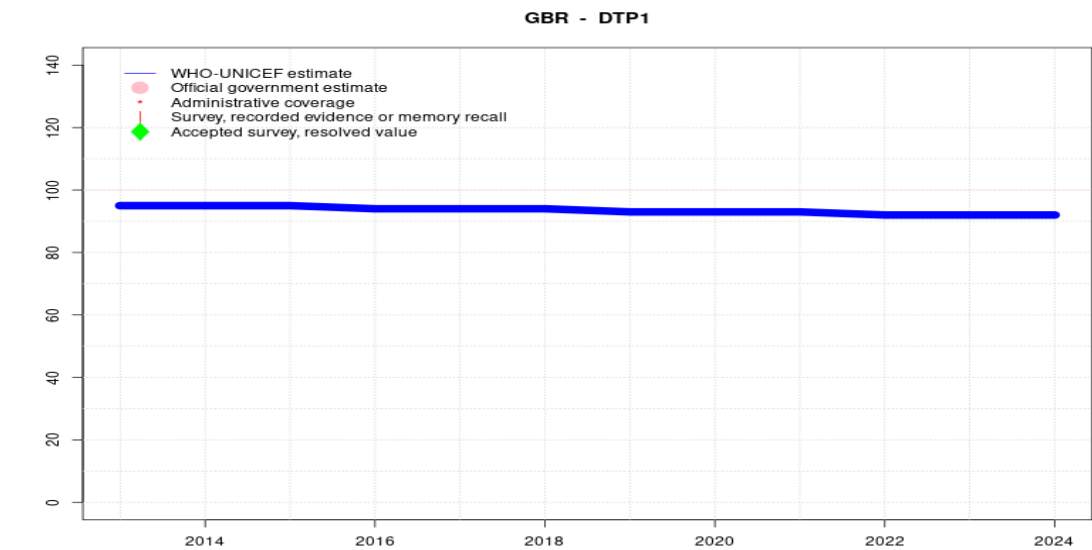
PCV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect 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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United Kingdom of Great Britain and Northern Ireland - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	95	95	95	94	94	94	93	93	93	92	92	92
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
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.

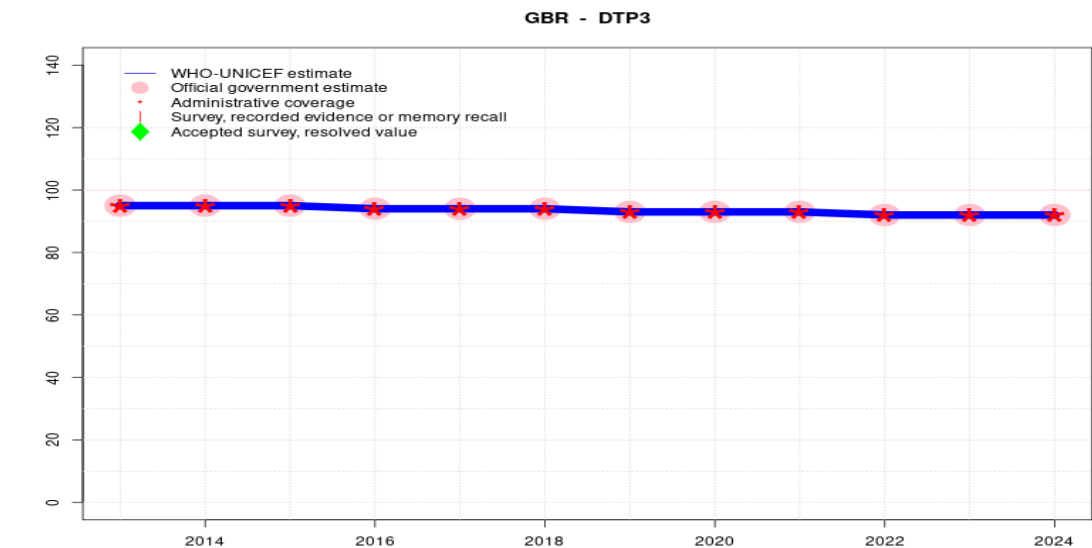
Description:

- 2024: Estimate based on DTP3 coverage of 92. GoC=No accepted empirical data
- 2023: Estimate based on DTP3 coverage of 92. Estimate of 92 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2022: Estimate based on DTP3 coverage of 92. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. Estimate of 92 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2021: Estimate based on DTP3 coverage of 93. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2020: Estimate based on DTP3 coverage of 93. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2019: Estimate based on DTP3 coverage of 93. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2018: Estimate informed by estimated DTP3 coverage assuming zero dropout. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2017: Estimate informed by estimated DTP3 coverage assuming zero dropout. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2016: Estimate informed by estimated DTP3 coverage assuming zero dropout. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data

United Kingdom of Great Britain and Northern Ireland - DTP1

- 2015: Estimate informed by estimated DTP3 coverage assuming zero dropout. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2014: Estimate informed by estimated DTP3 coverage assuming zero dropout. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2013: Estimate informed by estimated DTP3 coverage assuming zero dropout. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data

United Kingdom of Great Britain and Northern Ireland - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	95	95	95	94	94	94	93	93	93	92	92	92
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	••
Official	95	95	95	94	94	94	93	93	93	92	92	92
Administrative	95	95	95	94	94	94	93	93	93	92	92	92
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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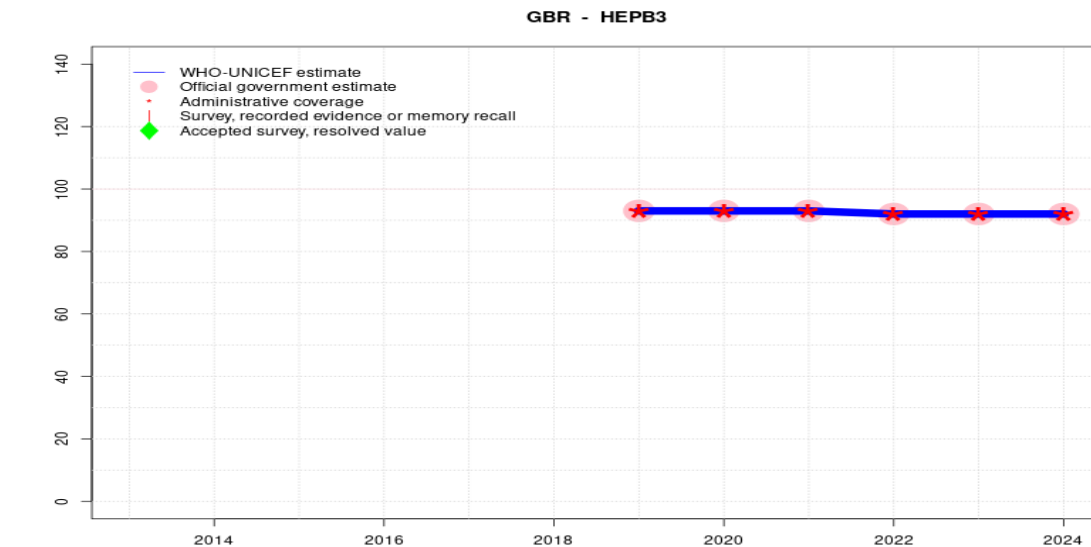
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. 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 reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

United Kingdom of Great Britain and Northern Ireland - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	93	93	93	92	92	92
Estimate GoC	-	-	-	-	-	-	●●	●●	●●	●●	●●	●●
Official	-	-	-	-	-	-	93	93	93	92	92	92
Administrative	-	-	-	-	-	-	93	93	93	92	92	92
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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Description:

2024: Estimate informed by reported data. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

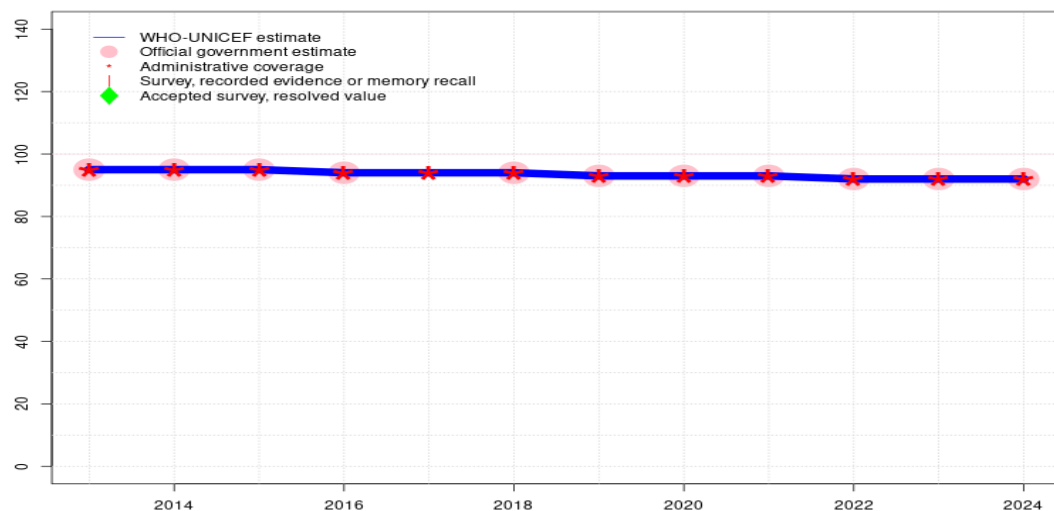
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2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. GoC=R+ D+

2019: Estimate informed by reported data. Hepatitis B universal vaccination as an hexavalent vaccine DTaP-HepB-IPV-Hib started in 2017. Reporting started in 2019. GoC=R+ D+

United Kingdom of Great Britain and Northern Ireland - HIB3

GBR - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	95	95	95	94	94	94	93	93	93	92	92	92
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	••
Official	95	95	95	94	-	94	93	93	93	92	92	92
Administrative	95	95	95	94	94	94	93	93	93	92	92	92
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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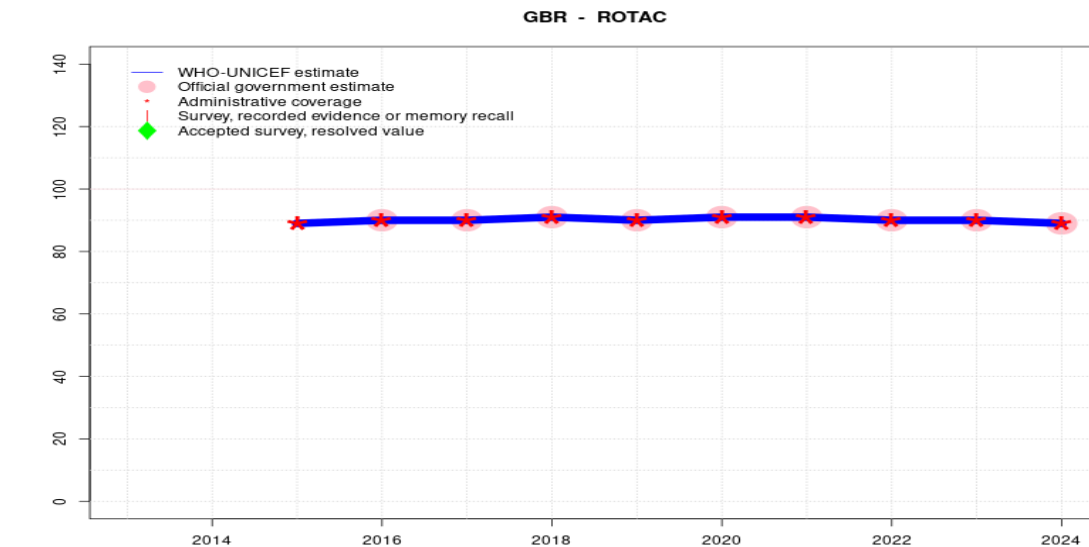
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- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate 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+

United Kingdom of Great Britain and Northern Ireland - ROTAC



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

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Description:

2024: Estimate informed by reported data. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

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2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. GoC=R+ D+

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

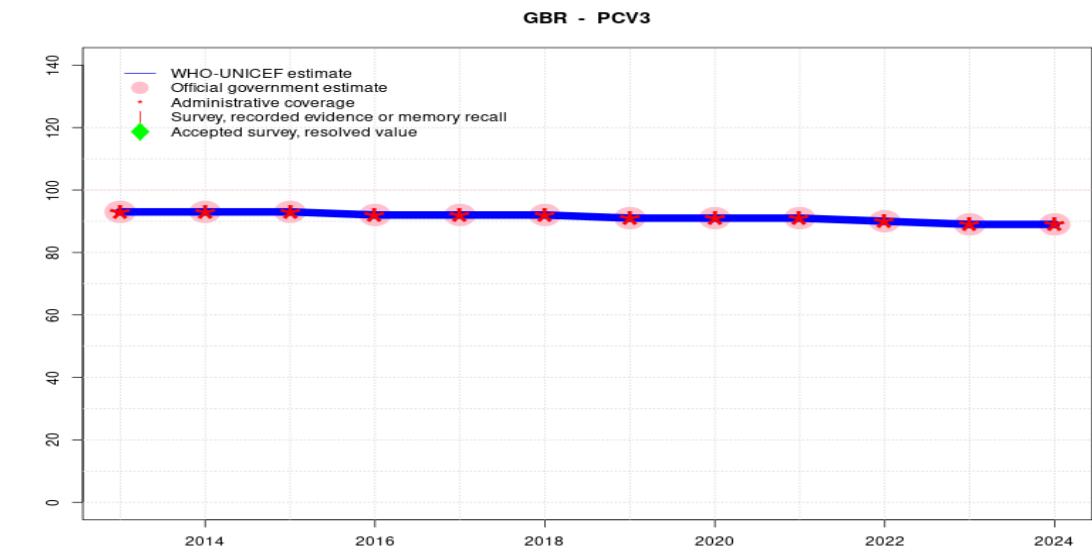
2018: Estimate informed by reported data. GoC=R+ D+

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

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

2015: Estimate informed by reported administrative data. Rotavirus vaccine introduced in 2013. Reporting started in 2015. Coverage for rotavirus vaccine was collected for children with a 1st birthday in the evaluation quarter 1 July to 30 September 2015 only. GoC=R+

United Kingdom of Great Britain and Northern Ireland - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	93	93	92	92	92	91	91	91	90	89	89
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	93	93	93	92	92	92	91	91	91	90	89	89
Administrative	93	93	93	92	92	92	91	91	91	90	89	89
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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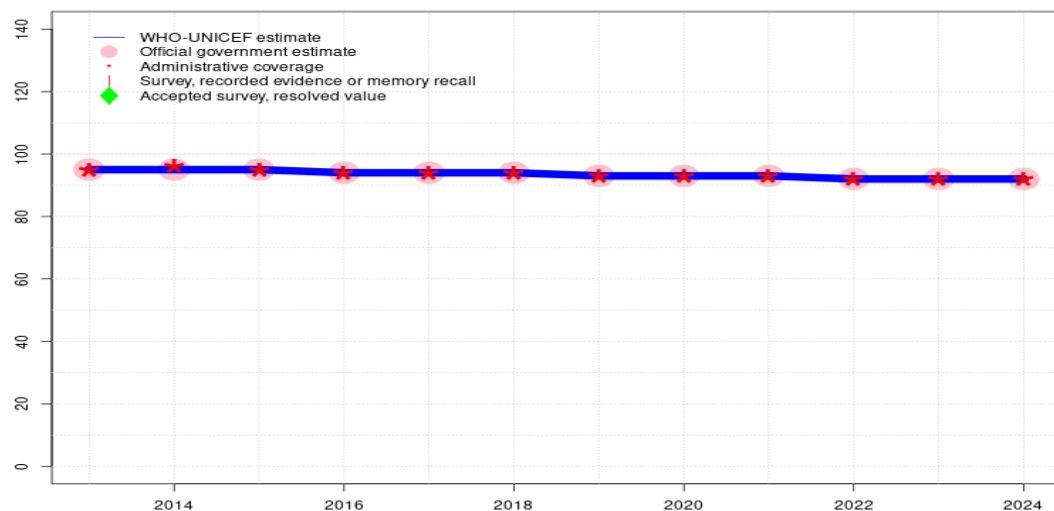
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Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. 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 reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

United Kingdom of Great Britain and Northern Ireland - POL3

GBR - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	95	95	95	94	94	94	93	93	93	92	92	92
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	••
Official	95	95	95	94	94	94	93	93	93	92	92	92
Administrative	95	96	95	94	94	94	93	93	93	92	92	92
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.

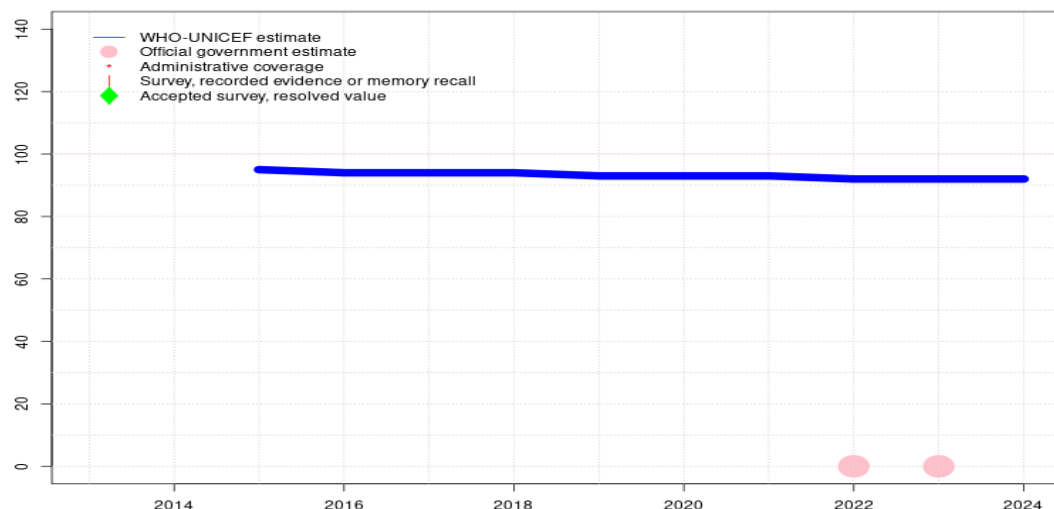
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. 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 reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

United Kingdom of Great Britain and Northern Ireland - IPV1

GBR - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	95	94	94	94	93	93	93	92	92	92
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	-	-	-	-	-	0	0	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
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.

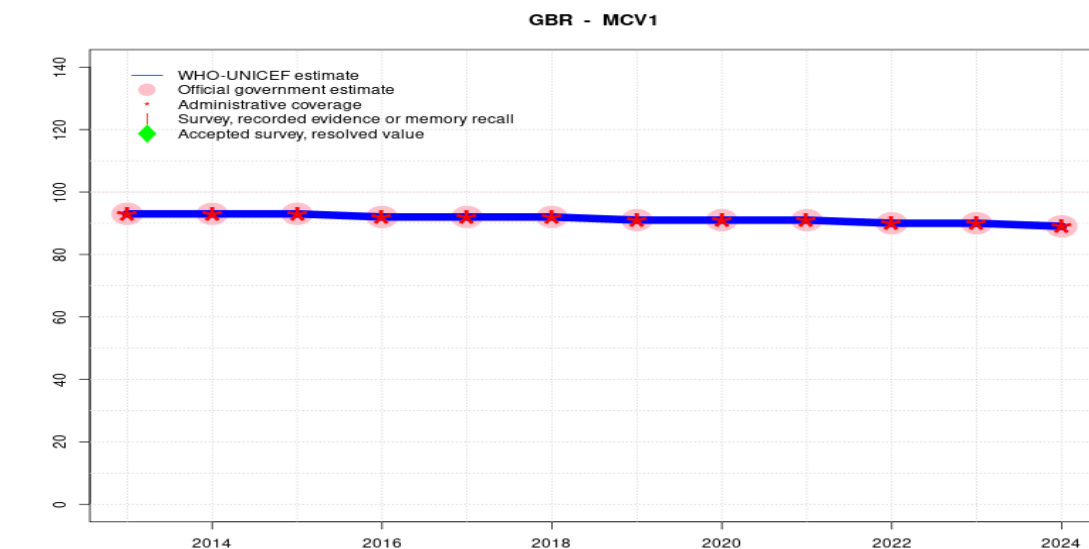
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 estimated DTP1 coverage. GoC=No accepted empirical data
- 2023: Estimate informed by estimated DTP1 coverage. Estimate of 92 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2022: Estimate informed by estimated DTP1 coverage. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. Estimate of 92 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2021: Estimate based on estimated DTP1 coverage. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2020: Estimate based on estimated DTP1 coverage. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2019: Estimate based on estimated DTP1 coverage. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2018: Estimate based on estimated DTP1 coverage. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2017: Estimate based on estimated DTP1 coverage. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2016: Estimate based on estimated DTP1 coverage. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2015: Estimate based on estimated DTP1 coverage. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data

United Kingdom of Great Britain and Northern Ireland - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	93	93	92	92	92	91	91	91	90	90	89
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	••
Official	93	93	93	92	92	92	91	91	91	90	90	89
Administrative	93	93	93	92	92	92	91	91	91	90	90	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.

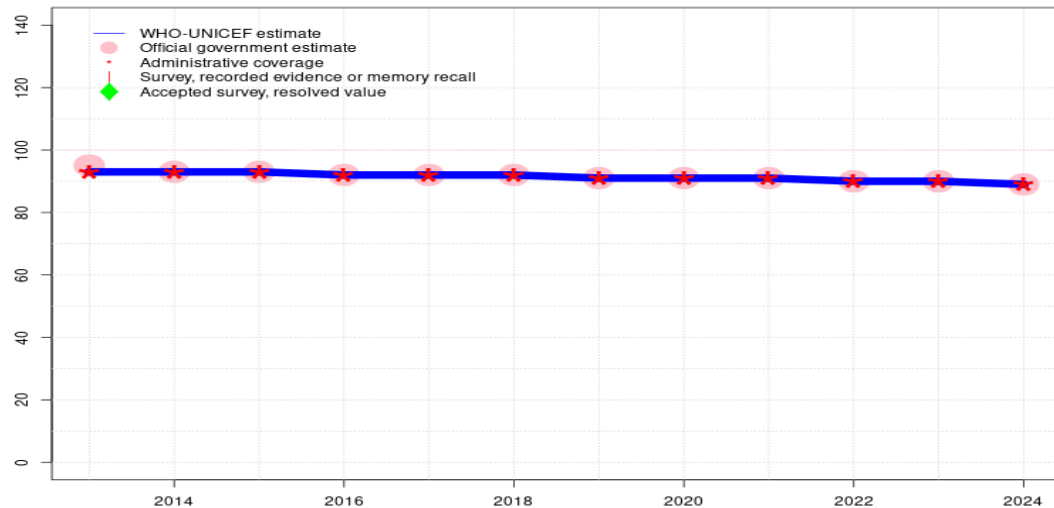
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. 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 reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

United Kingdom of Great Britain and Northern Ireland - RCV1

GBR - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	93	93	92	92	92	91	91	91	90	90	89
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	93	93	92	92	92	91	91	91	90	90	89
Administrative	93	93	93	92	92	92	91	91	91	90	90	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.

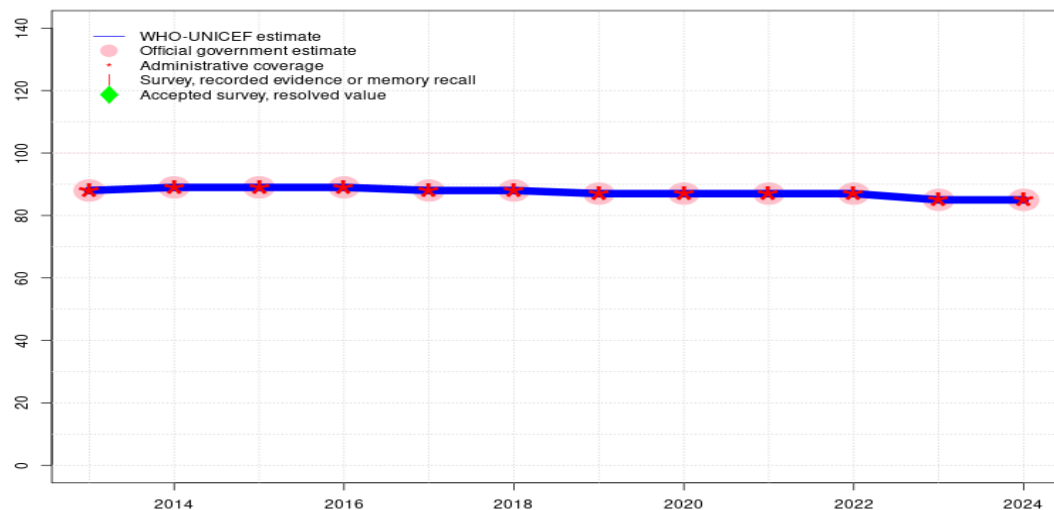
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated MCV1. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ D+
- 2013: Estimate based on estimated MCV1. GoC=R+ D+

United Kingdom of Great Britain and Northern Ireland - MCV2

GBR - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	88	89	89	89	88	88	87	87	87	87	85	85
Estimate GoC	••	••	••	••	••	•	•	•	•	•	•	•
Official	88	89	89	89	88	88	87	87	87	87	85	85
Administrative	88	89	89	89	88	88	87	87	87	87	85	85
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. Estimate challenged by: D-
- 2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. Estimate challenged by: D-
- 2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: 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+

Further information and estimates for previous years are available at:

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

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