

Equatorial Guinea: WHO and UNICEF estimates of immunization coverage: 2024 revision

BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

* Burton et al. 2009. Bull World Health Organ. * Burton et al. 2012. PLoS One.
* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 6-11, 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS AND DEFINITIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

POL3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants < 1 year of age. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (POL3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated POL3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated POL3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

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

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration in the production of the estimate.

HEPB3: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HEPB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HEPB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

HIB3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

ROTAC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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

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

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

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 1^a / 3^a 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 3^a 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 1^a 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 2^a 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 1^a dosis de alguna vacuna antisarampionosa. En países en los que el esquema nacional de vacunación recomienda la 1^a 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 1^a dosis de vacuna antisarampionosa según la edad recomendada.

MCV2: porcentaje de niños que recibieron la 2^a 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 1^a 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 3^a dosis de una vacuna contra la hepatitis B tras la dosis de nacimiento.

HIB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3^a 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 2^a o la 3^a dosis dependiendo de la vacuna utilizada.

PCV3 (del inglés pneumococcal conjugate vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la 3^a 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.

NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture.

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

* 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.

SOURCES DE DONNÉES

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

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

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

ABRÉVIATIONS ET DÉFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

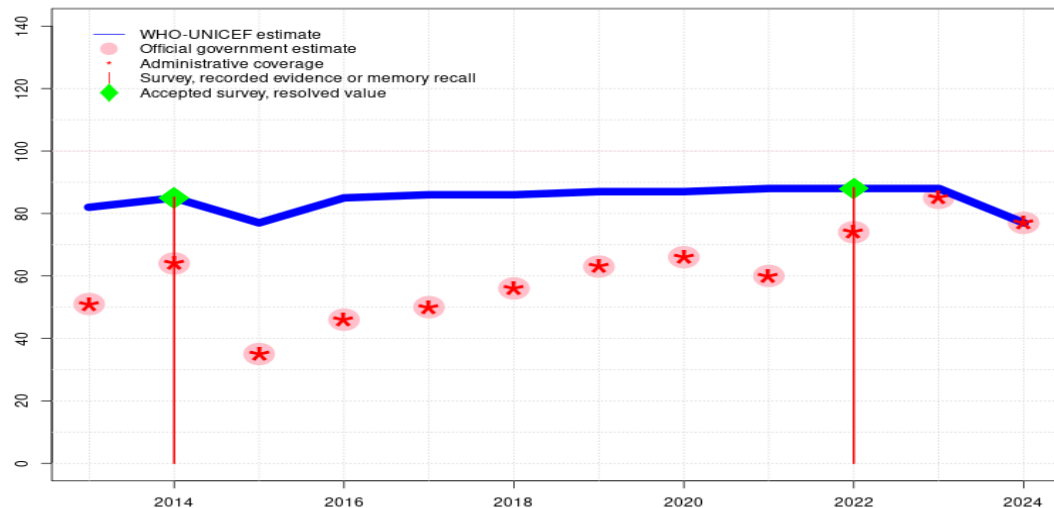
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la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

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

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

Equatorial Guinea - BCG

GNQ - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	85	77	85	86	86	87	87	88	88	88	77
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	51	64	35	46	50	56	63	66	60	74	85	77
Administrative	51	64	35	46	50	56	63	66	60	74	85	77
Survey	-	85	-	-	-	-	-	-	-	88	-	-

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.

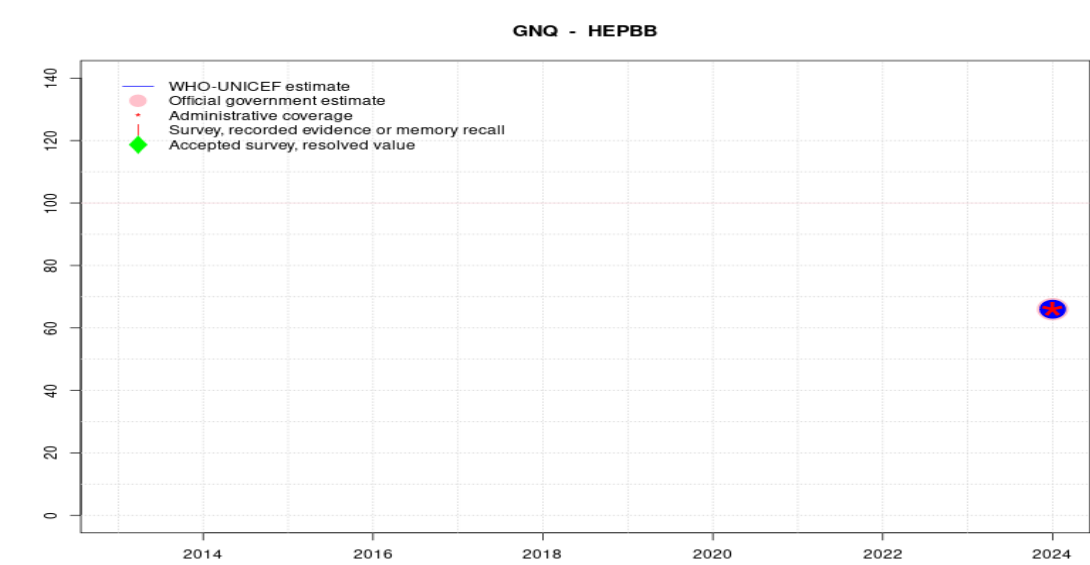
Description:

- 2024: Estimate based on reported data. Estimate challenged by: D-S-
- 2023: Estimate based on previous year estimate. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 88 percent based on 1 survey(s). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 85 percent assigned by working group. Estimate informed by survey estimated coverage for 2014. Reported number of doses in 2016 are similar to that reported in 2014 at the time of the survey. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and

Equatorial Guinea - BCG

2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2015: Programme reports district level stockout of unknown duration. Estimate informed by the change in recomputed coverage between 2014 and 2015, using the reported number of doses and an independent denominator, applied to survey result in 2014. Reported data excluded due to decline in reported coverage from 64 percent to 35 percent with increase to 46 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Reported data excluded due to an increase from 51 percent to 64 percent with decrease to 35 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2013: Reported data calibrated to 2010 and 2014 levels. Reported data excluded. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - HEPBB



Description:

2024: Estimate informed by reported data. Hepatitis B birth dose introduced in 2024. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	-	66
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	66
Administrative	-	-	-	-	-	-	-	-	-	-	-	66
Survey	-	-	-	-	-	-	-	-	-	-	-	-

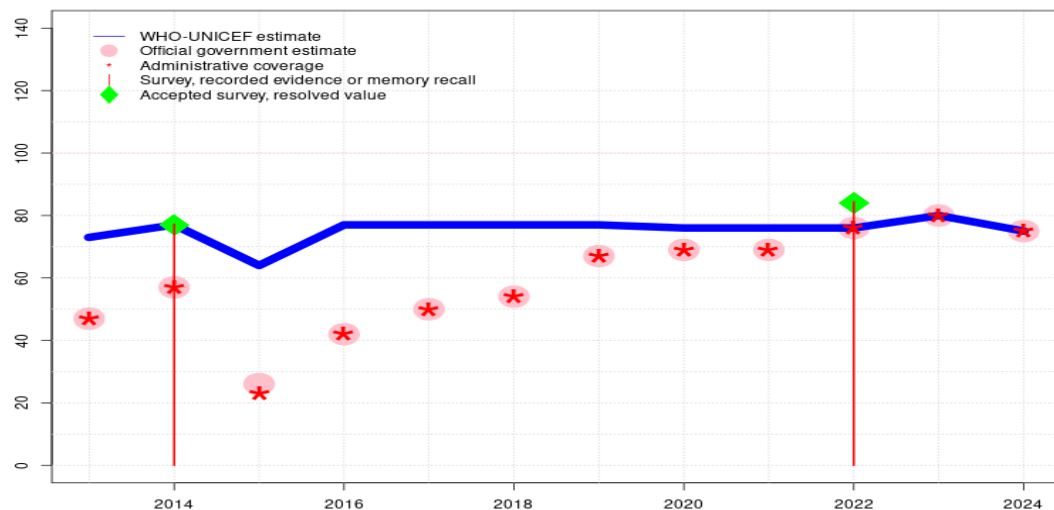
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Equatorial Guinea - DTP1

GNQ - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	73	77	64	77	77	77	77	76	76	76	80	75
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	47	57	26	42	50	54	67	69	69	76	80	75
Administrative	47	57	23	42	50	54	67	69	69	76	80	75
Survey	-	77	-	-	-	-	-	-	-	84	-	-

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. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 77 percent assigned by working group. Estimate informed by survey value for 2014. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2015: Programme reports four months stockout of DTP-HepB-Hib vaccine. Estimate informed

Equatorial Guinea - DTP1

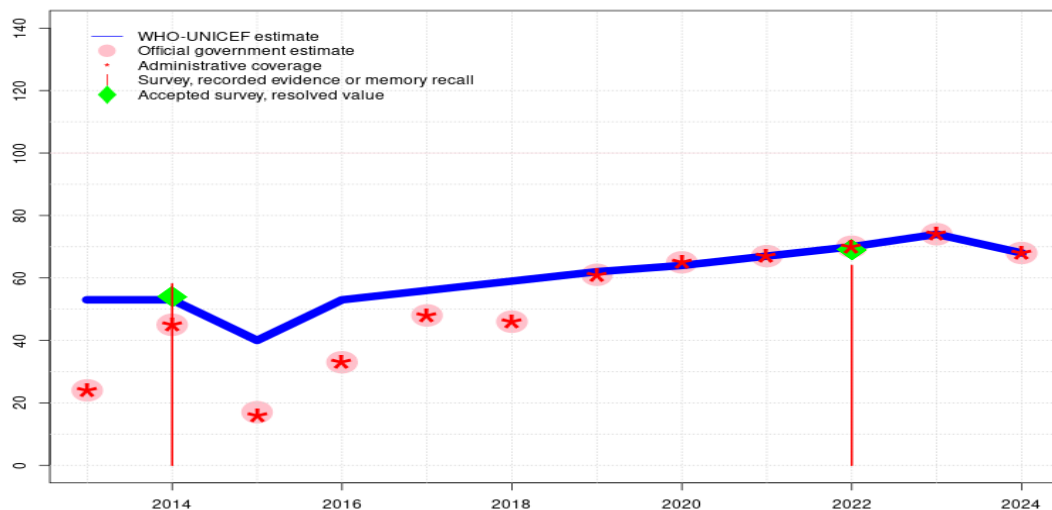
by the change in recomputed coverage between 2014 and 2015, using the reported number of doses and an independent denominator, applied to survey result in 2014. Reported data excluded due to decline in reported coverage from 57 percent to 26 percent with increase to 42 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 77 percent based on 1 survey(s). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2013: Reported data calibrated to 2010 and 2014 levels. Reported data excluded. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - DTP3

GNQ - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	53	53	40	53	56	59	62	64	67	70	74	68
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	24	45	17	33	48	46	61	65	67	70	74	68
Administrative	24	45	16	33	48	46	61	65	67	70	74	68
Survey	-	58	-	-	-	-	-	-	-	64	-	-

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. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 69 percent based on 1 survey(s). Immunization Coverage Survey Among Children Aged 6-23 Months, Equatorial Guinea, 2024 record or recall results of 64 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 62 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by survey result for 2014. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained

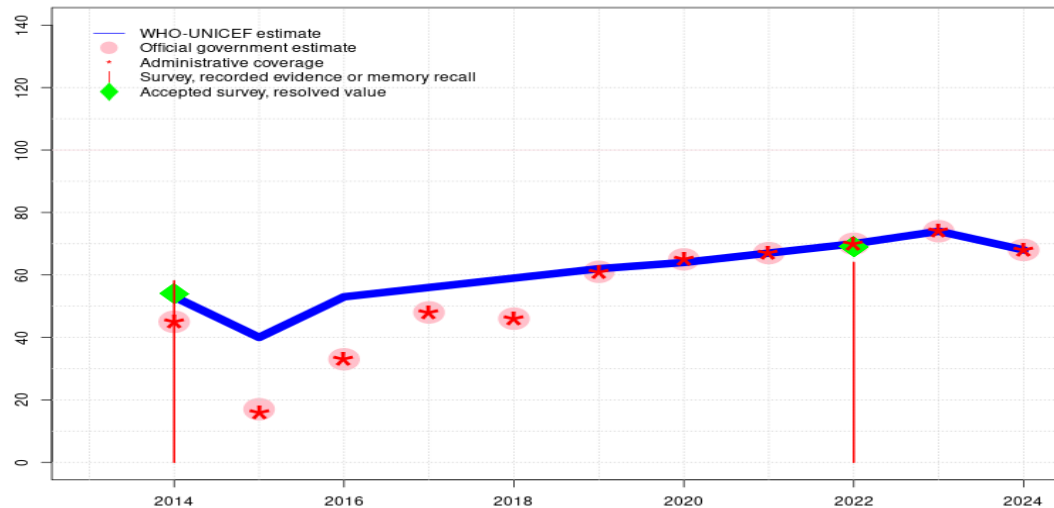
Equatorial Guinea - DTP3

increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

- 2015: Programme reports four months stockout of DTP-HepB-Hib vaccine. Estimate informed by the change in recomputed coverage between 2014 and 2015, using the reported number of doses and an independent denominator, applied to survey result in 2014. Reported data excluded due to decline in reported coverage from 45 percent to 17 percent with increase to 33 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2014: Estimate of 53 percent assigned by working group. Estimate informed by survey. EPI External Revue 2016 - National Coverage survey record or recall results of 58 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 23 percent. Reported data excluded due to an increase from 24 percent to 45 percent with decrease to 17 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2013: Reported data calibrated to 2010 and 2014 levels. Reported data excluded. Reported data excluded due to decline in reported coverage from 41 percent to 24 percent with increase to 45 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - HEPB3

GNQ - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	53	40	53	56	59	62	64	67	70	74	68
Estimate GoC	-	●	●	●	●	●	●	●	●	●	●	●
Official	-	45	17	33	48	46	61	65	67	70	74	68
Administrative	-	45	16	33	48	46	61	65	67	70	74	68
Survey	-	58	-	-	-	-	-	-	-	64	-	-

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. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 69 percent based on 1 survey(s). Immunization Coverage Survey Among Children Aged 6-23 Months, Equatorial Guinea, 2024 record or recall results of 64 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 62 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained

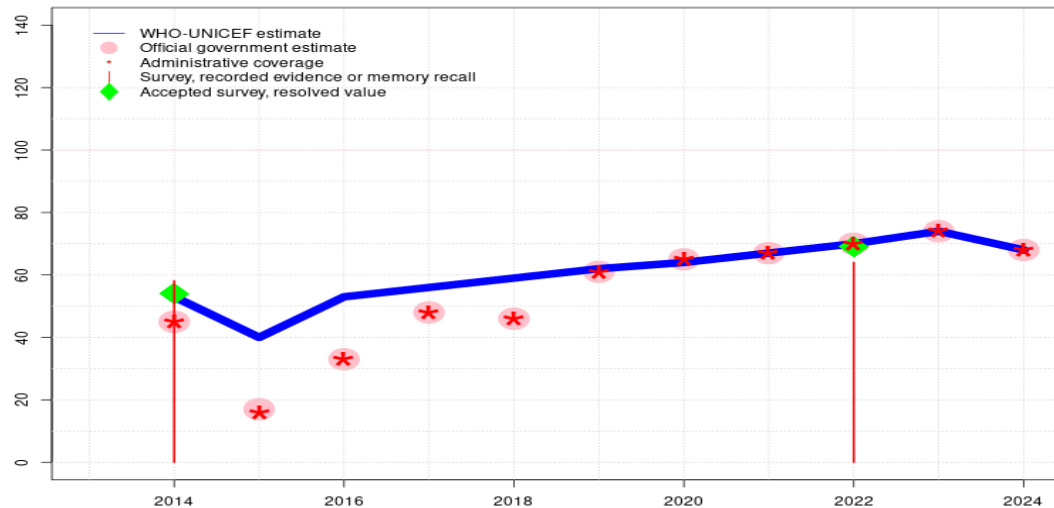
increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2015: Programme reports four months stockout of DTP-HepB-Hib vaccine. Estimate follows DTP level. Reported data excluded due to decline in reported coverage from 45 percent to 17 percent with increase to 33 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2014: Estimate of 53 percent assigned by working group. HepB containing vaccine introduced in 2013 in pentavalent DTP-HepB-Hib. Reporting began during 2014. Estimate informed by estimated DTP coverage level. EPI External Revue 2016 - National Coverage survey record or recall results of 58 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 23 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - Hib3

GNQ - Hib3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	53	40	53	56	59	62	64	67	70	74	68
Estimate GoC	-	●	●	●	●	●	●	●	●	●	●	●
Official	-	45	17	33	48	46	61	65	67	70	74	68
Administrative	-	45	16	33	48	46	61	65	67	70	74	68
Survey	-	58	-	-	-	-	-	-	-	64	-	-

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. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 69 percent based on 1 survey(s). Immunization Coverage Survey Among Children Aged 6-23 Months, Equatorial Guinea, 2024 record or recall results of 64 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 62 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained

Equatorial Guinea - Hib3

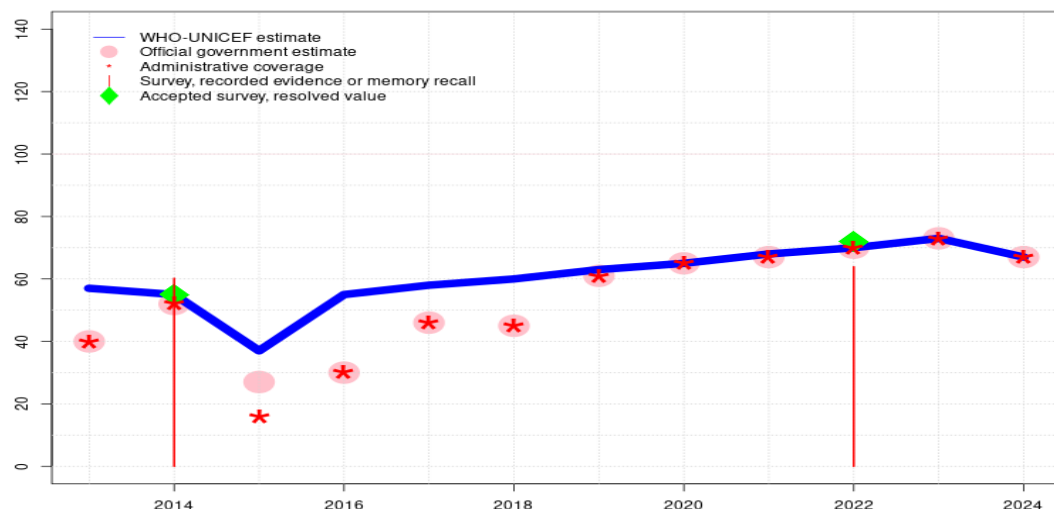
increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2015: Programme reports four months stockout of DTP-HepB-Hib vaccine. Estimate follows DTP level. Reported data excluded due to decline in reported coverage from 45 percent to 17 percent with increase to 33 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2014: Estimate of 53 percent assigned by working group. Hib containing vaccine introduced in 2013 in pentavalent DTP-HepB-Hib. Reporting began during 2014. Estimate informed by estimated DTP coverage level. EPI External Revue 2016 - National Coverage survey record or recall results of 58 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 23 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - POL3

GNQ - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	57	55	37	55	58	60	63	65	68	70	73	67
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	40	52	27	30	46	45	61	65	67	70	73	67
Administrative	40	52	16	30	46	45	61	65	67	70	73	67
Survey	-	60	-	-	-	-	-	-	-	64	-	-

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. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 72 percent based on 1 survey(s). Immunization Coverage Survey Among Children Aged 6-23 Months, Equatorial Guinea, 2024 record or recall results of 64 percent modified for recall bias to 72 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 61 percent. Programme reports a one month vaccine stockout at the national level. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 55 percent assigned by working group. Estimate informed by survey result for 2014. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over

time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

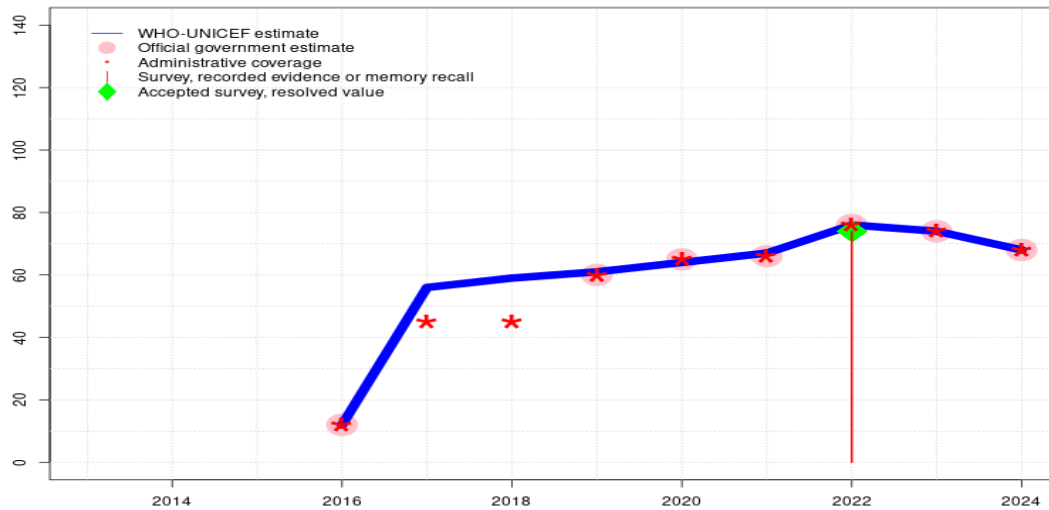
2015: Estimate informed by the change in recomputed coverage between 2014 and 2015, using the reported number of doses and an independent denominator, applied to survey result in 2014. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2014: Estimate of 55 percent assigned by working group. Estimate informed by survey. EPI External Revue 2016 - National Coverage survey record or recall results of 60 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 74 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 23 percent. Reported data excluded due to an increase from 40 percent to 52 percent with decrease to 27 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2013: Reported data calibrated to 2010 and 2014 levels. Reported data excluded. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - IPV1

GNQ - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	12	56	59	61	64	67	76	74	68
Estimate GoC	-	-	-	●	●	●	●	●	●	●	●	●
Official	-	-	-	12	-	-	60	65	66	76	74	68
Administrative	-	-	-	12	45	45	60	65	66	76	74	68
Survey	-	-	-	-	-	-	-	-	-	74	-	-

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.

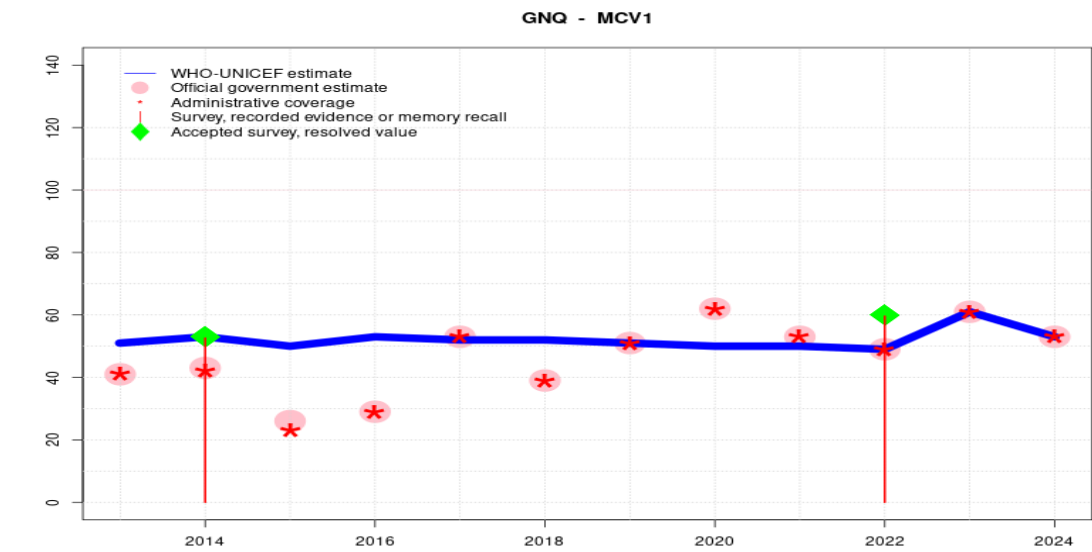
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 74 percent based on 1 survey(s). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by estimated DTP3 coverage. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate of 64 percent assigned by working group. Estimate informed by estimated DTP3 coverage. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2017 and 2020 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2017 and 2020 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate of 56 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate is exceptionally based on reported data during introduction year. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. Inactivated polio vaccine introduced in 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	51	53	50	53	52	52	51	50	50	49	61	53
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	41	43	26	29	53	39	51	62	53	49	61	53
Administrative	41	42	23	29	53	39	51	62	53	49	61	53
Survey	-	53	-	-	-	-	-	-	-	60	-	-

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:

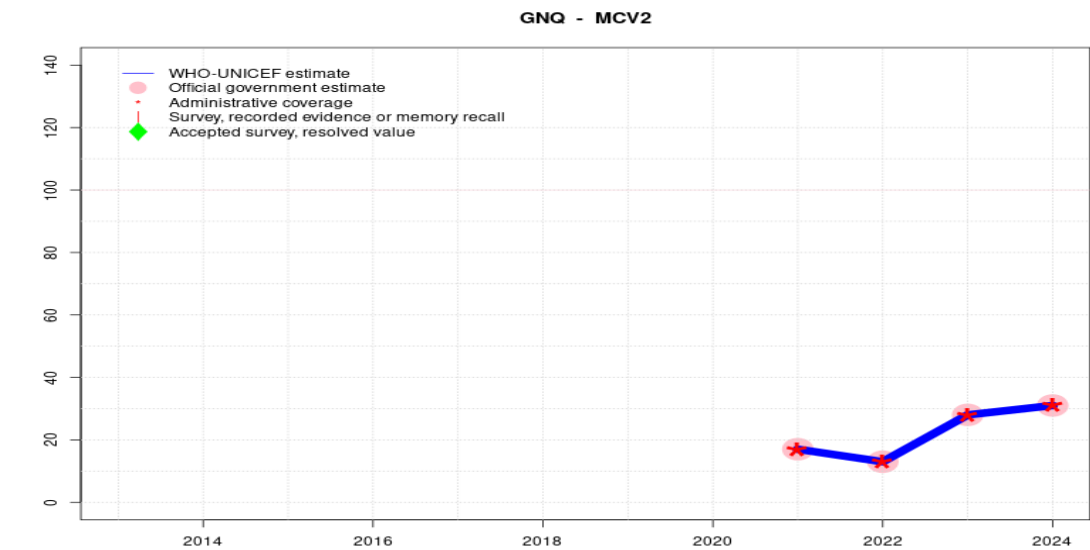
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Survey supports reported data. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Reported data excluded due to decline in reported coverage from 53 percent to 39 percent with increase to 51 percent. WHO and UNICEF received a sub-national EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Reported data excluded due to an increase from 29 percent to 53 percent with decrease to 39 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by survey result for 2014. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - MCV1

lenges in routine monitoring system.

- 2015: Estimate informed by the change in recomputed coverage between 2014 and 2015, using the reported number of doses and an independent denominator, applied to survey result in 2014. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2014: Estimate of 53 percent assigned by working group. Estimate informed by survey result. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2013: Reported data calibrated to 2010 and 2014 levels. Reported data excluded. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - MCV2



Description:

2024: Estimate informed by reported data. Reported target population declined 22 percent between 2023 and 2024. Estimate challenged by: D-

2023: Estimate informed by reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-

2022: Estimate informed by reported data. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2021: Estimate informed by reported data. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. Second dose of measles containing vaccine introduced in 2021. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

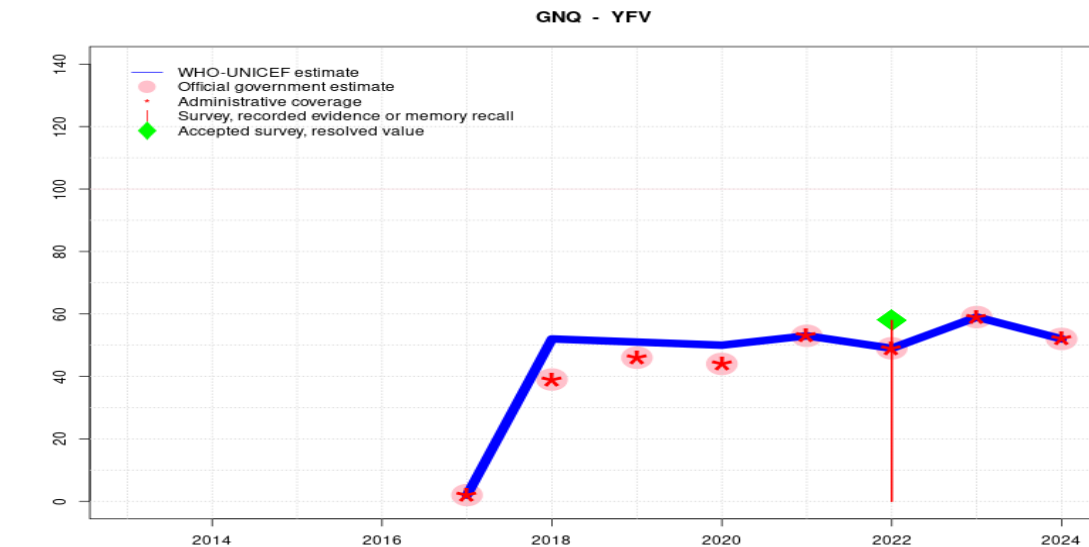
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	17	13	28	31
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●
Official	-	-	-	-	-	-	-	-	17	13	28	31
Administrative	-	-	-	-	-	-	-	-	17	13	28	31
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Equatorial Guinea - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	2	52	51	50	53	49	59	52
Estimate GoC	-	-	-	-	•	•	•	•	•	•	•	•
Official	-	-	-	-	2	39	46	44	53	49	59	52
Administrative	-	-	-	-	2	39	46	44	53	49	59	52
Survey	-	-	-	-	-	-	-	-	-	58	-	-

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. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Programme reports a one month vaccine stockout at national level. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 58 percent based on 1 survey(s). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by reported data. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by estimated MCV1 coverage. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by estimated MCV1 coverage. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by estimated MCV1 coverage. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate is exceptionally based on reported data. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Yellow fever vaccine introduced in 2017. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - Survey Details

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

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

2022 Enquete de couverture vaccinale chez les enfants de 6-23 mois, Equatorial Guinea, 2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.6	12-23 m	780	72
BCG	Record	73.8	12-23 m	780	72
BCG	Record or Recall	88.3	12-23 m	780	72
BCG	Record2	5.7	12-23 m	780	72
DTP1	Recall	13.8	12-23 m	780	72
DTP1	Record	74.6	12-23 m	780	72
DTP1	Record or Recall	84.4	12-23 m	780	72
DTP1	Record2	5.6	12-23 m	780	72
DTP3	Recall	2.8	12-23 m	780	72
DTP3	Record	61.8	12-23 m	780	72
DTP3	Record or Recall	64	12-23 m	780	72
DTP3	Record2	3.2	12-23 m	780	72
HEPB1	Recall	13.8	12-23 m	780	72
HEPB1	Record	74.6	12-23 m	780	72
HEPB1	Record or Recall	84.4	12-23 m	780	72
HEPB1	Record2	5.6	12-23 m	780	72
HEPB3	Recall	2.8	12-23 m	780	72
HEPB3	Record	61.8	12-23 m	780	72

HEPB3	Record or Recall	64	12-23 m	780	72
HEPB3	Record2	3.2	12-23 m	780	72
HIB1	Recall	13.8	12-23 m	780	72
HIB1	Record	74.6	12-23 m	780	72
HIB1	Record or Recall	84.4	12-23 m	780	72
HIB1	Record2	5.6	12-23 m	780	72
HIB3	Recall	2.8	12-23 m	780	72
HIB3	Record	61.8	12-23 m	780	72
HIB3	Record or Recall	64	12-23 m	780	72
HIB3	Record2	3.2	12-23 m	780	72
IPV1	Recall	14.5	12-23 m	780	72
IPV1	Record	61.9	12-23 m	780	72
IPV1	Record or Recall	73.9	12-23 m	780	72
IPV1	Record2	3.3	12-23 m	780	72
MCV1	Recall	8.7	12-23 m	780	72
MCV1	Record	51.8	12-23 m	780	72
MCV1	Record or Recall	59.6	12-23 m	780	72
MCV1	Record2	1.3	12-23 m	780	72
MCV2	Recall	6.1	18-23 m	363	-
MCV2	Record	21.1	18-23 m	363	-
MCV2	Record or Recall	26.7	18-23 m	363	-
MCV2	Record2	0.4	18-23 m	363	-
POL1	Recall	18.4	12-23 m	780	72
POL1	Record	74.9	12-23 m	780	72
POL1	Record or Recall	88.2	12-23 m	780	72
POL1	Record2	6	12-23 m	780	72
POL3	Recall	4.5	12-23 m	780	72
POL3	Record	60.5	12-23 m	780	72
POL3	Record or Recall	63.9	12-23 m	780	72
POL3	Record2	3.5	12-23 m	780	72
YFV	Recall	8.3	12-23 m	780	72
YFV	Record	50.5	12-23 m	780	72
YFV	Record or Recall	57.9	12-23 m	780	72
YFV	Record2	1.3	12-23 m	780	72

2014 Revue Externe 2016 du PEV - Enquete de Couverture Vaccinale

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	28.7	12-23 m	1890	41

Equatorial Guinea - Survey Details

BCG	Record or Recall	85.2	12-23 m	1890	41
DTP1	Record	32.5	12-23 m	1890	41
DTP1	Record or Recall	77.2	12-23 m	1890	41
DTP3	Record	22.5	12-23 m	1890	41
DTP3	Record or Recall	58.1	12-23 m	1890	41
HEPB1	Record	32.5	12-23 m	1890	41
HEPB1	Record or Recall	77.2	12-23 m	1890	41
HEPB3	Record	22.5	12-23 m	1890	41
HEPB3	Record or Recall	58.1	12-23 m	1890	41
HIB1	Record	32.5	12-23 m	1890	41
HIB1	Record or Recall	77.2	12-23 m	1890	41
HIB3	Record	22.5	12-23 m	1890	41
HIB3	Record or Recall	58.1	12-23 m	1890	41
MCV1	Record	18.9	12-23 m	1890	41
MCV1	Record or Recall	52.6	12-23 m	1890	41
POL1	Record	31	12-23 m	1890	41
POL1	Record or Recall	74.3	12-23 m	1890	41
POL3	Record	22.6	12-23 m	1890	41
POL3	Record or Recall	60.2	12-23 m	1890	41

2010 Guinée Équatoriale Enquête Démographique et de Santé 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	34.2	12-23 m	332	37
BCG	Record	36.8	12-23 m	197	37
BCG	Record or Recall	70.8	12-23 m	529	37
BCG	Record or Recall<12m	70.8	12-23 m	529	37
DTP1	Recall	26	12-23 m	332	37
DTP1	Record	33	12-23 m	197	37
DTP1	Record or Recall	58.9	12-23 m	529	37
DTP1	Record or Recall<12m	58.6	12-23 m	529	37
DTP3	Recall	11.9	12-23 m	332	37
DTP3	Record	30.2	12-23 m	197	37
DTP3	Record or Recall	41	12-23 m	529	37
DTP3	Record or Recall<12m	41	12-23 m	529	37
MCV1	Recall	17	12-23 m	332	37
MCV1	Record	27.4	12-23 m	197	37
MCV1	Record or Recall	44.4	12-23 m	529	37
MCV1	Record or Recall<12m	40.3	12-23 m	529	37

POL1	Recall	29.5	12-23 m	332	37
POL1	Record	34.9	12-23 m	197	37
POL1	Record or Recall	64.4	12-23 m	529	37
POL1	Record or Recall<12m	64	12-23 m	529	37
POL3	Recall	2.3	12-23 m	332	37
POL3	Record	31.5	12-23 m	197	37
POL3	Record or Recall	33.8	12-23 m	529	37
POL3	Record or Recall<12m	33	12-23 m	529	37

2009 Guinée Équatoriale Enquête Démographique et de Santé 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	70.8	24-35 m	499	-
DTP1	Record or Recall<12m	53.5	24-35 m	499	-
DTP3	Record or Recall<12m	31	24-35 m	499	-
HEPB1	Record or Recall<12m	53.5	24-35 m	499	-
HEPB3	Record or Recall<12m	31	24-35 m	499	-
HIB1	Record or Recall<12m	53.5	24-35 m	499	-
HIB3	Record or Recall<12m	31	24-35 m	499	-
MCV1	Record or Recall<12m	41.3	24-35 m	499	-
POL1	Record or Recall<12m	62.6	24-35 m	499	-
POL3	Record or Recall<12m	25.4	24-35 m	499	-

2008 Guinée Équatoriale Enquête Démographique et de Santé 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	66.5	36-47 m	460	-
DTP1	Record or Recall<12m	55.2	36-47 m	460	-
DTP3	Record or Recall<12m	32.2	36-47 m	460	-
HEPB1	Record or Recall<12m	55.2	36-47 m	460	-
HEPB3	Record or Recall<12m	32.2	36-47 m	460	-
HIB1	Record or Recall<12m	55.2	36-47 m	460	-
HIB3	Record or Recall<12m	32.2	36-47 m	460	-
MCV1	Record or Recall<12m	37.1	36-47 m	460	-
POL1	Record or Recall<12m	59	36-47 m	460	-
POL3	Record or Recall<12m	23.3	36-47 m	460	-

2007 Guinée Équatoriale Enquête Démographique et de Santé 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	62.4	48-59 m	399	-
DTP1	Record or Recall<12m	47.8	48-59 m	399	-
DTP3	Record or Recall<12m	27.3	48-59 m	399	-
HEPB1	Record or Recall<12m	47.8	48-59 m	399	-
HEPB3	Record or Recall<12m	27.3	48-59 m	399	-
HIB1	Record or Recall<12m	47.8	48-59 m	399	-
HIB3	Record or Recall<12m	27.3	48-59 m	399	-
MCV1	Record or Recall<12m	30.6	48-59 m	399	-
POL1	Record or Recall<12m	56	48-59 m	399	-
POL3	Record or Recall<12m	20.9	48-59 m	399	-

1999 Equatorial Guinea MICS 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	73.2	12-23 m	457	42
DTP1	Record or Recall	65	12-23 m	457	42
DTP3	Record or Recall	32.9	12-23 m	457	42
MCV1	Record or Recall	50.8	12-23 m	457	42
POL1	Record or Recall	75.8	12-23 m	457	42
POL3	Record or Recall	38.7	12-23 m	457	42

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