

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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FUENTES DE DATOS

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

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

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

ABREVIATURAS Y DEFINICIONES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

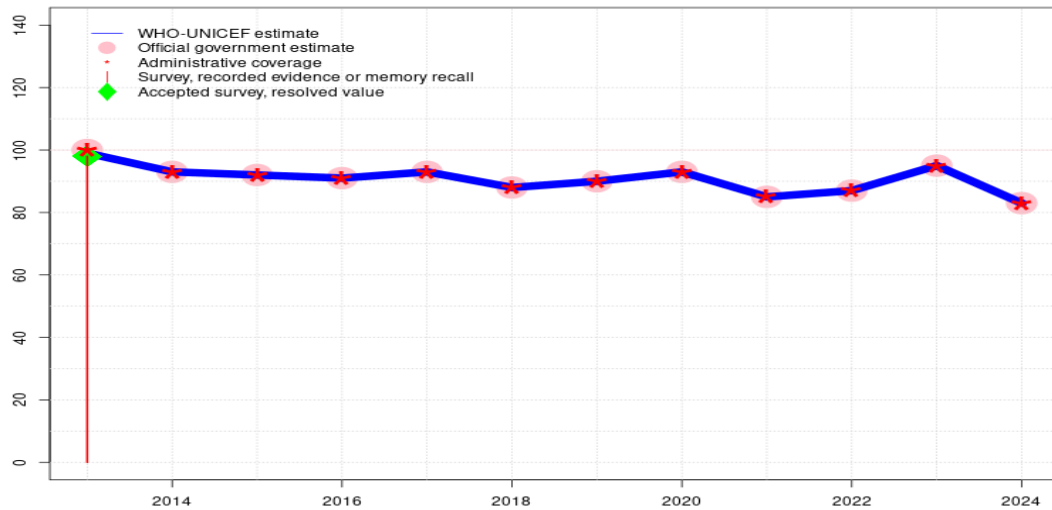
YFV (del inglés yellow fever vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones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

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

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

Guatemala - BCG

GTM - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	93	92	91	93	88	90	93	85	87	95	83
Estimate GoC	•••	•••	•••	••	••	••	••	••	••	••	•	•
Official	100	93	92	91	93	88	90	93	85	87	95	83
Administrative	100	93	92	91	93	88	90	93	85	87	95	83
Survey	98	-	-	-	-	-	-	-	-	-	-	-

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

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

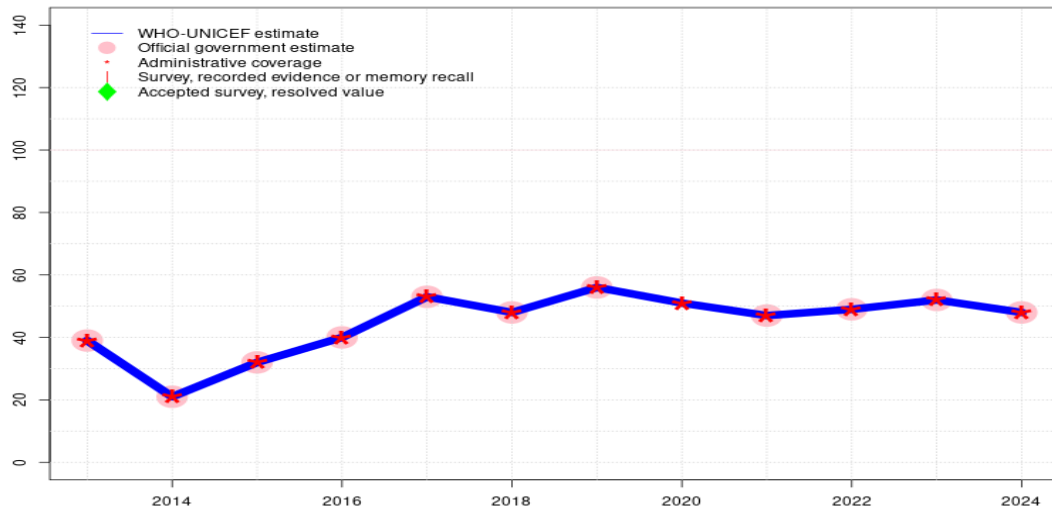
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 95 percent changed from previous revision value of 88 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports one month stockout. Reported data are provisional. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports five month stockout of BCG vaccine at national level. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

Guatemala - HEPBB

GTM - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	39	21	32	40	53	48	56	51	47	49	52	48
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	39	21	32	40	53	48	56	-	47	49	52	48
Administrative	39	21	32	40	53	48	56	51	47	49	52	48
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

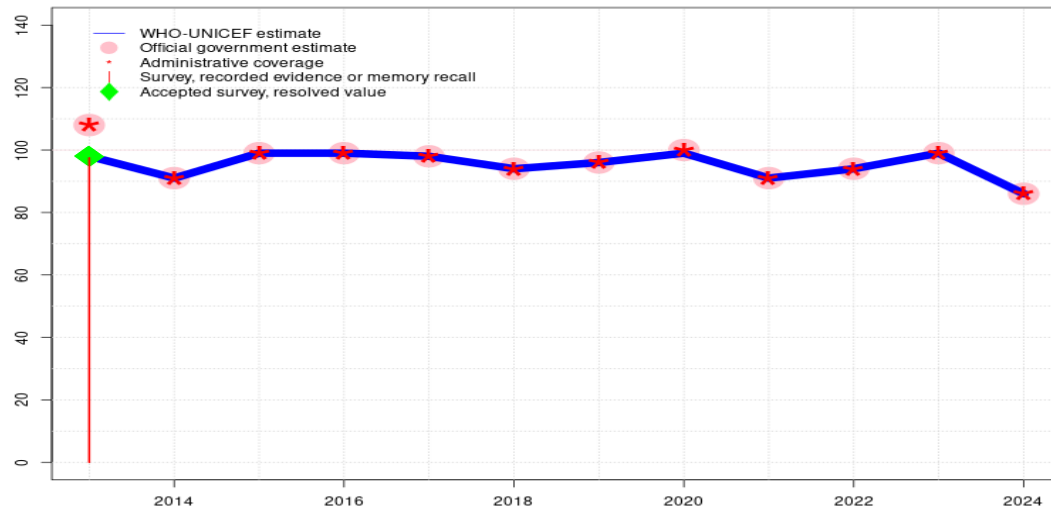
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 52 percent changed from previous revision value of 48 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. Estimate of 49 percent changed from previous revision value of 48 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. Programme reports one month vaccine stock-out at national level. Estimate of 47 percent changed from previous revision value of 48 percent. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. Programme reports a two months stockout of AD syringes at the national level. Programme reports a one month vaccine stockout at national level. Estimate of 51 percent changed from previous revision value of 48 percent. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate of 56 percent changed from previous revision value of 48 percent. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

Guatemala - DTP1

GTM - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	91	99	99	98	94	96	99	91	94	99	86
Estimate GoC	•	••	•••	••	•	••	••	••	••	••	•	••
Official	108	91	99	99	98	94	96	100	91	94	99	86
Administrative	108	91	99	99	98	94	96	100	91	94	99	86
Survey	98	-	-	-	-	-	-	-	-	-	-	-

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

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

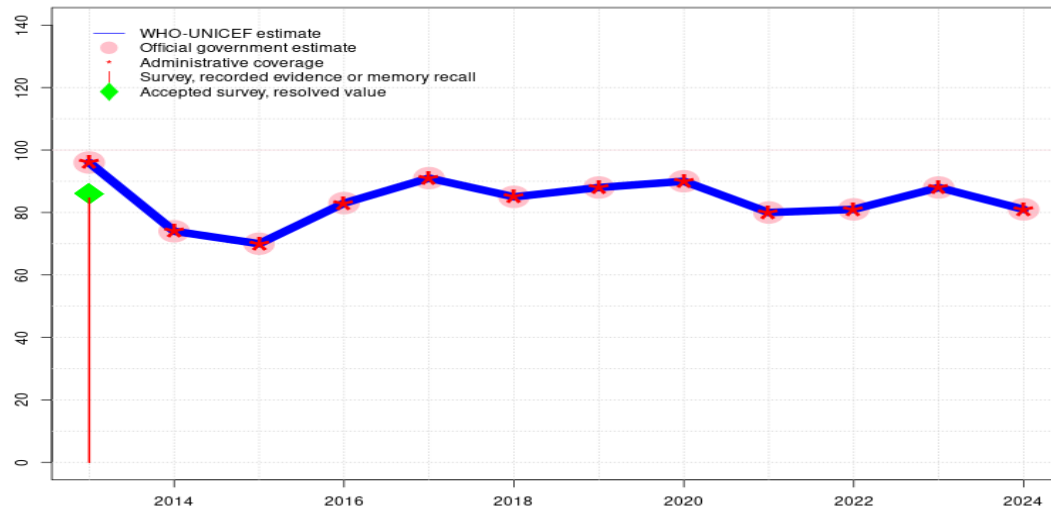
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 99 percent changed from previous revision value of 94 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months vaccine stockout. Reported data are provisional and suggest recovery from the stockout during 2014. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports nine months vaccine stockout of DTP containing vaccine at national level. GoC=R+ S+ D+
- 2013: Estimate informed by estimated DTP3 coverage adjusted for dropout. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-

Guatemala - DTP3

GTM - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	74	70	83	91	85	88	90	80	81	88	81
Estimate GoC	●●●	●	●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	96	74	70	83	91	85	88	90	80	81	88	81
Administrative	96	74	70	83	91	85	88	90	80	81	88	81
Survey	85	-	-	-	-	-	-	-	-	-	-	-

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

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

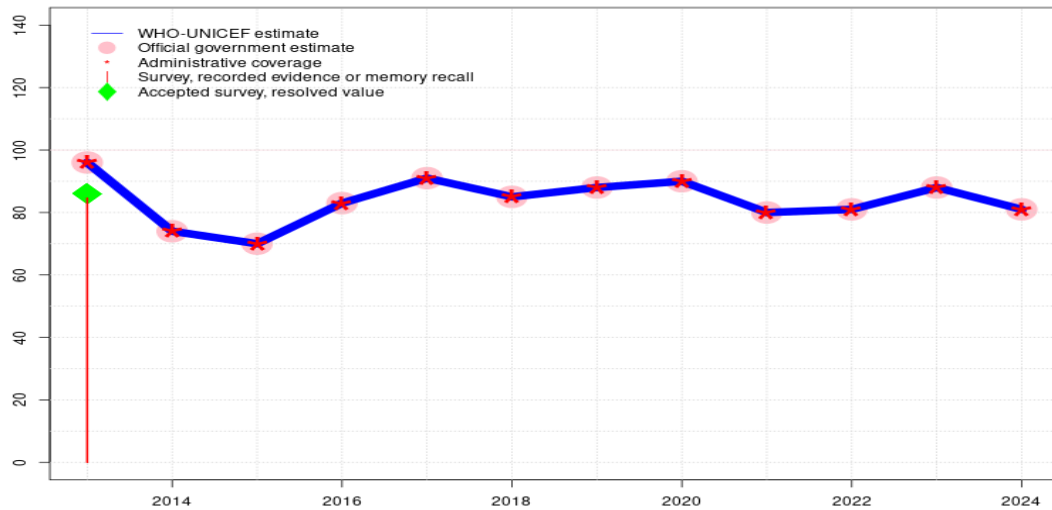
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 88 percent changed from previous revision value of 83 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months vaccine stockout. Reported data are provisional. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports nine months vaccine stockout of DTP containing vaccine at national level. Estimate challenged by: S-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Guatemala Demographic and Health Survey 2014-2015 record or recall results of 85 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 79 percent. GoC=R+ S+ D+

Guatemala - HEPB3

GTM - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	74	70	83	91	85	88	90	80	81	88	81
Estimate GoC	●●●	●	●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	96	74	70	83	91	85	88	90	80	81	88	81
Administrative	96	74	70	83	91	85	88	90	80	81	88	81
Survey	85	-	-	-	-	-	-	-	-	-	-	-

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

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

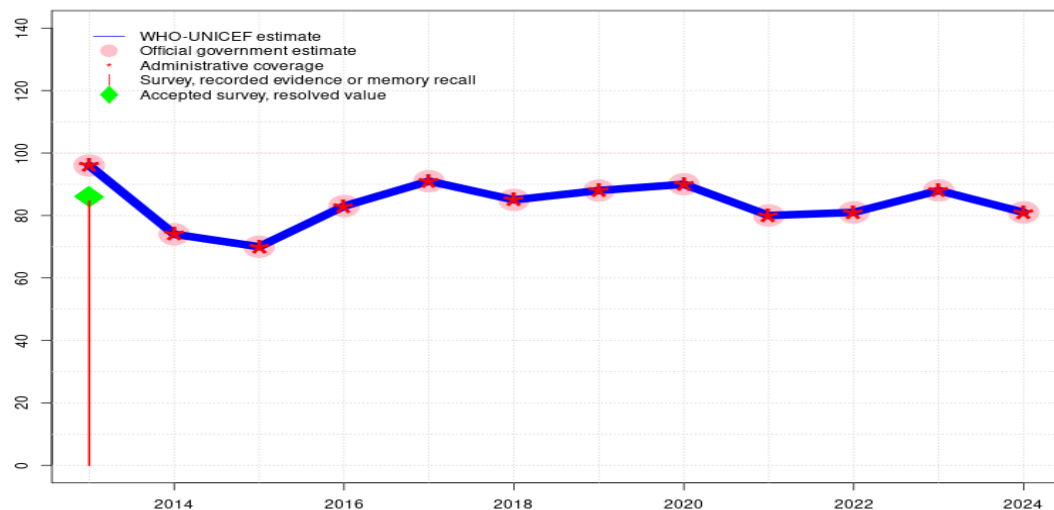
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 88 percent changed from previous revision value of 83 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months stockout. Reported data are provisional. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports nine months stockout of DTP containing vaccine at national level. Estimate challenged by: S-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Guatemala Demographic and Health Survey 2014-2015 record or recall results of 85 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 79 percent. Programme reports a five months stockout at national level. GoC=R+ S+ D+

Guatemala - HIB3

GTM - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	74	70	83	91	85	88	90	80	81	88	81
Estimate GoC	•••	•	•	••	••	••	••	••	••	••	••	••
Official	96	74	70	83	91	85	88	90	80	81	88	81
Administrative	96	74	70	83	91	85	88	90	80	81	88	81
Survey	85	-	-	-	-	-	-	-	-	-	-	-

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

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

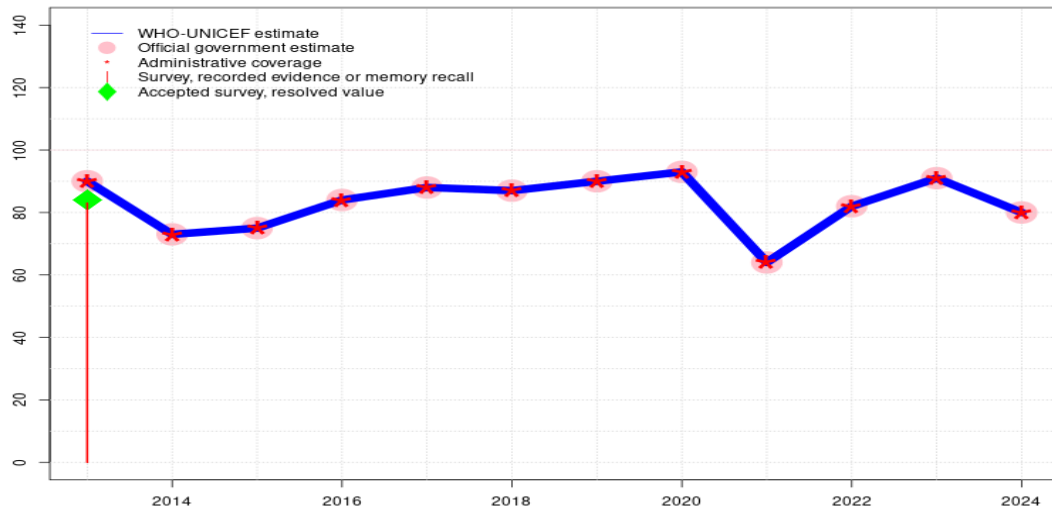
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 88 percent changed from previous revision value of 83 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months stockout. Reported data are provisional. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports nine months stockout of DTP containing vaccine at national level. Estimate challenged by: S-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Guatemala Demographic and Health Survey 2014-2015 record or recall results of 85 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 79 percent. GoC=R+ S+ D+

Guatemala - ROTAC

GTM - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	73	75	84	88	87	90	93	64	82	91	80
Estimate GoC	●●●	●	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	90	73	75	84	88	87	90	93	64	82	91	80
Administrative	90	73	75	84	88	87	90	93	64	82	91	80
Survey	83	-	-	-	-	-	-	-	-	-	-	-

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

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

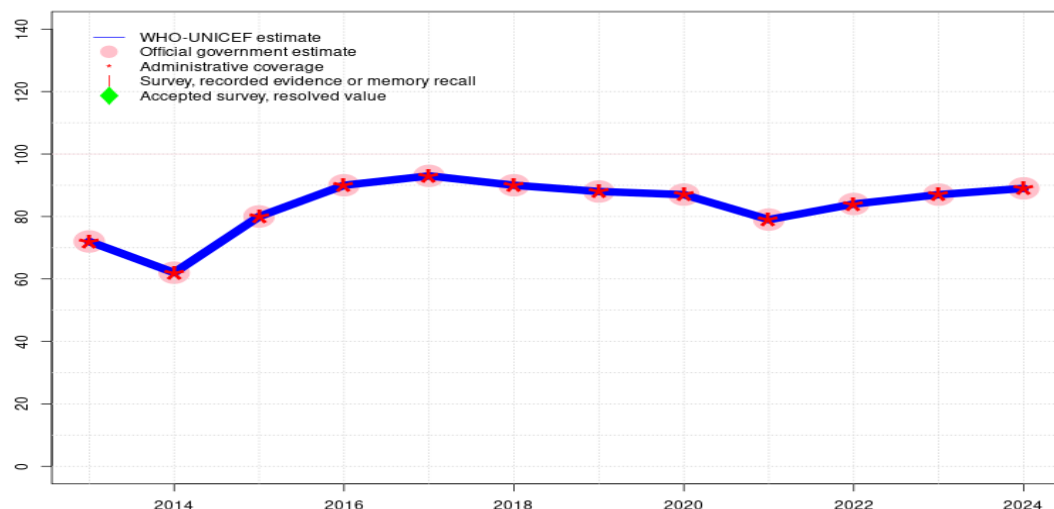
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 91 percent changed from previous revision value of 86 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Reported data suggests increase in coverage despite report of one month national level stockout. Reported data are provisional. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports three and a half month stockout of rotavirus vaccine at national level. Estimate challenged by: S-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Guatemala Demographic and Health Survey 2014-2015 record or recall results of 83 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 77 percent. Estimate of 90 percent changed from previous revision value of 81 percent. GoC=R+ S+ D+

Guatemala - PCV3

GTM - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	72	62	80	90	93	90	88	87	79	84	87	89
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	72	62	80	90	93	90	88	87	79	84	87	89
Administrative	72	62	80	90	93	90	88	87	79	84	87	89
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

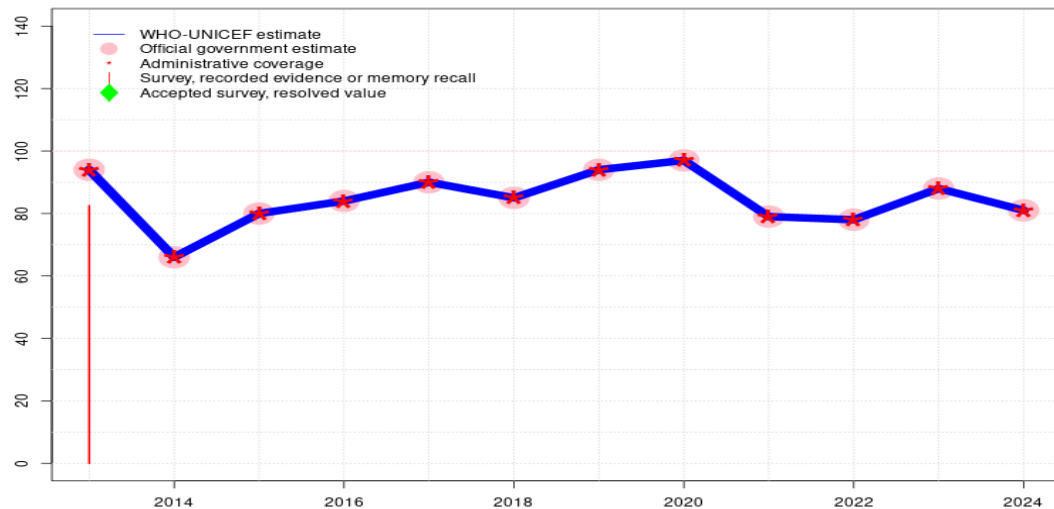
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. Programme reports a two months vaccine stockout at national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months stockout. Reported data are provisional. GoC=R+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports five months stockout of PcV vaccine at national level. GoC=R+ D+
- 2013: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in November 2012. Reporting started in 2013. GoC=R+ D+

Guatemala - POL3

GTM - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	94	66	80	84	90	85	94	97	79	78	88	81
Estimate GoC	●●●	●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	94	66	80	84	90	85	94	97	79	78	88	81
Administrative	94	66	80	84	90	85	94	97	79	78	88	81
Survey	83	-	-	-	-	-	-	-	-	-	-	-

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

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

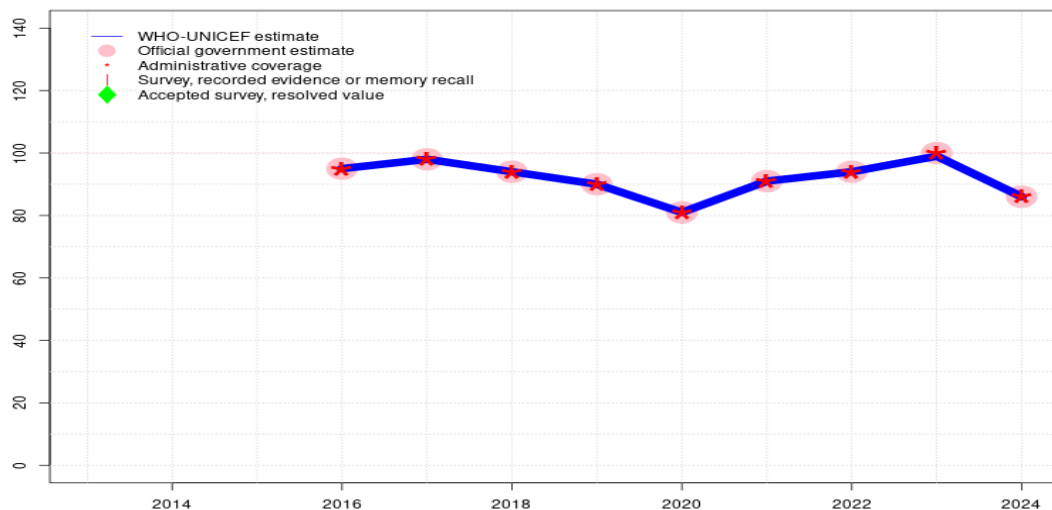
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 88 percent changed from previous revision value of 84 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. Programme reports two months vaccine stockout at national level. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. Estimate of 97 percent changed from previous revision value of 89 percent. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 88 percent. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme recovered from prior year stockout. Reported data are provisional. GoC=R+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports six months stockout of polio vaccine at national level. Estimate challenged by: S-
- 2013: Estimate informed by reported data. Guatemala Demographic and Health Survey 2014-2015 results ignored by working group. Survey results inconsistent with those of prior year cohort and with results for third dose of DTP containing vaccine. GoC=R+ S+ D+

Guatemala - IPV1

GTM - IPV1



Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 99 percent changed from previous revision value of 94 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 91 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. Estimate of 91 percent changed from previous revision value of 89 percent. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Inactivated polio vaccine introduced in January 2016. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	95	98	94	90	81	91	94	99	86
Estimate GoC	-	-	-	●●	●●	●●	●●	●●	●●	●●	●	●●
Official	-	-	-	95	98	94	90	81	91	94	100	86
Administrative	-	-	-	95	98	94	90	81	91	94	100	86
Survey	-	-	-	-	-	-	-	-	-	-	-	-

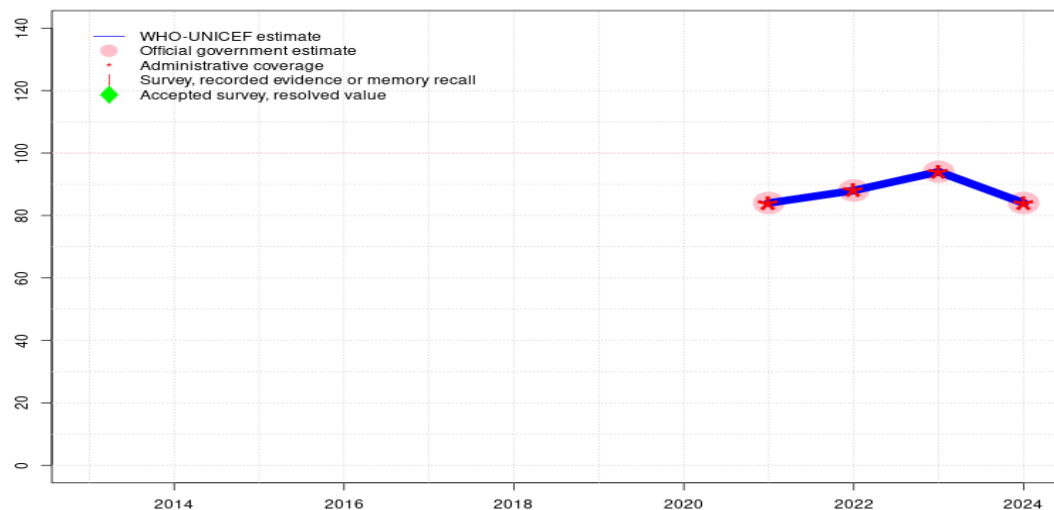
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Guatemala - IPV2

GTM - IPV2



Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 94 percent changed from previous revision value of 89 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate of 88 percent changed from previous revision value of 86 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. Second dose of inactivated polio vaccine introduced prior to 2021. Estimate of 84 percent changed from previous revision value of 83 percent. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	84	88	94	84
Estimate GoC	-	-	-	-	-	-	-	-	●●	●●	●●	●●
Official	-	-	-	-	-	-	-	-	84	88	94	84
Administrative	-	-	-	-	-	-	-	-	84	88	94	84
Survey	-	-	-	-	-	-	-	-	-	-	-	-

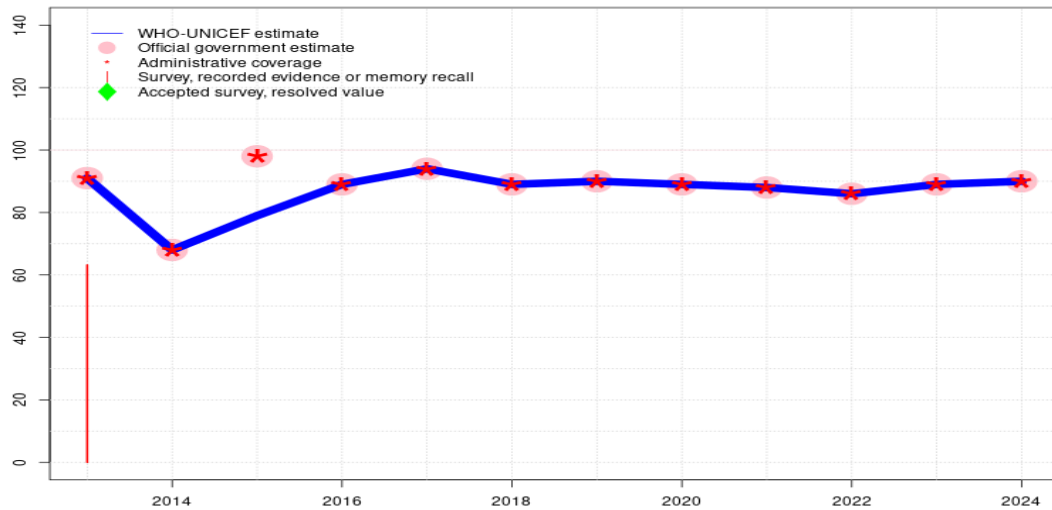
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Guatemala - MCV1

GTM - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	91	68	79	89	94	89	90	89	88	86	89	90
Estimate GoC	●●●	●	●	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	91	68	98	89	94	89	90	89	88	86	89	90
Administrative	91	68	98	89	94	89	90	89	88	86	89	90
Survey	63	-	-	-	-	-	-	-	-	-	-	-

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

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

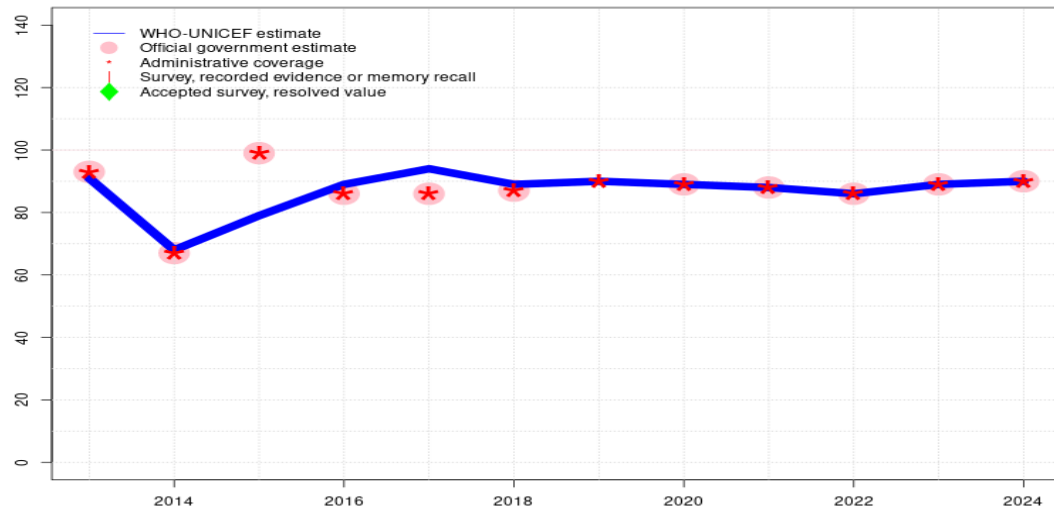
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 89 percent changed from previous revision value of 88 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded. Reported data suggests increase in coverage following supply disruptions in 2014 despite report of two months national level stockout during 2015. Reported coverage likely reflect doses delivered to children beyond the target age range. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports seven months stockout of measles containing vaccine at national level. Estimate challenged by: S-
- 2013: Estimate informed by reported data. Guatemala Demographic and Health Survey 2014-2015 results ignored by working group. Survey results likely underestimate actual coverage given survey cohort and recommended age at vaccination for MCV1. GoC=R+ S+ D+

Guatemala - RCV1

GTM - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	91	68	79	89	94	89	90	89	88	86	89	90
Estimate GoC	●●●	●	●	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	93	67	99	86	86	87	-	89	88	86	89	90
Administrative	93	67	99	86	86	87	90	89	88	86	89	90
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

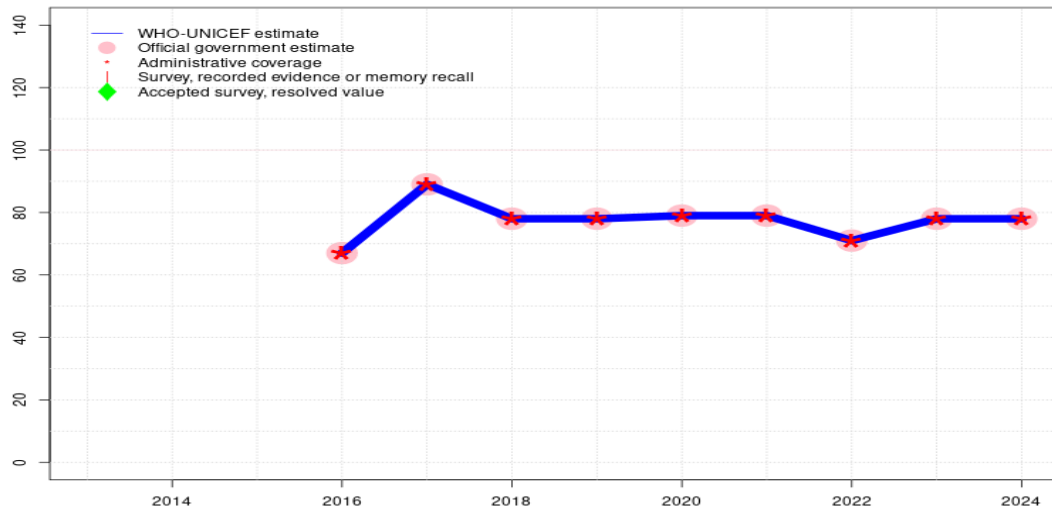
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 89 percent changed from previous revision value of 88 percent. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. Reported data excluded due to an increase from 67 percent to 99 percent with decrease to 86 percent. Estimate challenged by: D-
- 2014: Estimate based on estimated MCV1. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Estimate challenged by: S-
- 2013: Estimate based on estimated MCV1. GoC=R+ S+ D+

Guatemala - MCV2

GTM - MCV2



Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 78 percent changed from previous revision value of 77 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Roll out after introduction. GoC=R+ D+
- 2016: Estimate informed by reported data. Second dose of measles containing vaccine introduced in January 2016. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	67	89	78	78	79	79	71	78	78
Estimate GoC	-	-	-	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	-	-	-	67	89	78	78	79	79	71	78	78
Administrative	-	-	-	67	89	78	78	79	79	71	78	78
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.

Guatemala - 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.

2013 VI Encuesta Nacional de Salud Materno Infantil 2014-2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	89.5	12-23 m	2186	91
BCG	Record or Recall	98	12-23 m	2391	91
BCG	Record or Recall<12m	97.9	12-23 m	2391	91
DTP1	Record	89.5	12-23 m	2186	91
DTP1	Record or Recall	97.5	12-23 m	2391	91
DTP1	Record or Recall<12m	97.1	12-23 m	2391	91
DTP3	Record	78.6	12-23 m	2186	91
DTP3	Record or Recall	84.6	12-23 m	2391	91
DTP3	Record or Recall<12m	79	12-23 m	2391	91
HEPB1	Record	89.5	12-23 m	2186	91
HEPB1	Record or Recall	97.5	12-23 m	2391	91
HEPB1	Record or Recall<12m	97.1	12-23 m	2391	91
HEPB3	Record	78.6	12-23 m	2186	91
HEPB3	Record or Recall	84.6	12-23 m	2391	91
HEPB3	Record or Recall<12m	79	12-23 m	2391	91
HIB1	Record	89.5	12-23 m	2186	91
HIB1	Record or Recall	97.5	12-23 m	2391	91
HIB1	Record or Recall<12m	97.1	12-23 m	2391	91
HIB3	Record	78.6	12-23 m	2186	91

HIB3	Record or Recall	84.6	12-23 m	2391	91
HIB3	Record or Recall<12m	79	12-23 m	2391	91
MCV1	Record	57.9	12-23 m	2186	91
MCV1	Record or Recall	63.2	12-23 m	2391	91
MCV1	Record or Recall<18m	60.9	12-23 m	2391	91
PCV1	Record	82.4	12-23 m	2186	91
PCV1	Record or Recall	88.6	12-23 m	2391	91
PCV1	Record or Recall<12m	87	12-23 m	2391	91
POL1	Record	89.6	12-23 m	2186	91
POL1	Record or Recall	97.6	12-23 m	2391	91
POL1	Record or Recall<12m	97.1	12-23 m	2391	91
POL3	Record	76.1	12-23 m	2186	91
POL3	Record or Recall	82.5	12-23 m	2391	91
POL3	Record or Recall<12m	74.7	12-23 m	2391	91
ROTAC	Record	77	12-23 m	2186	91
ROTAC	Record or Recall	83	12-23 m	2391	91
ROTAC	Record or Recall<12m	82.8	12-23 m	2391	91

2012 VI Encuesta Nacional de Salud Materno Infantil 2014-2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	88.1	18-29 m	2186	-
BCG	Record or Recall	98.2	18-29 m	2446	-
BCG	Record or Recall<12m	98	18-29 m	2446	-
DTP1	Record	88.8	18-29 m	2186	-
DTP1	Record or Recall	98.6	18-29 m	2446	-
DTP1	Record or Recall<12m	98.3	18-29 m	2446	-
DTP3	Record	84.9	18-29 m	2186	-
DTP3	Record or Recall	93	18-29 m	2446	-
DTP3	Record or Recall<12m	88	18-29 m	2446	-
HEPB1	Record	88.8	18-29 m	2186	-
HEPB1	Record or Recall	98.6	18-29 m	2446	-
HEPB1	Record or Recall<12m	98.3	18-29 m	2446	-
HEPB3	Record	84.9	18-29 m	2186	-
HEPB3	Record or Recall	93	18-29 m	2446	-
HEPB3	Record or Recall<12m	88	18-29 m	2446	-
HIB1	Record	88.8	18-29 m	2186	-
HIB1	Record or Recall	98.6	18-29 m	2446	-
HIB1	Record or Recall<12m	98.3	18-29 m	2446	-

Guatemala - Survey Details

HIB3	Record	84.9	18-29 m	2186	-
HIB3	Record or Recall	93	18-29 m	2446	-
HIB3	Record or Recall<12m	88	18-29 m	2446	-
MCV1	Record	80.1	18-29 m	2186	-
MCV1	Record or Recall	88.4	18-29 m	2446	-
MCV1	Record or Recall<18m	84.3	18-29 m	2446	-
PCV1	Record	41.4	18-29 m	2186	-
PCV1	Record or Recall	45.5	18-29 m	2446	-
PCV1	Record or Recall<12m	44.6	18-29 m	2446	-
POL1	Record	88.9	18-29 m	2186	-
POL1	Record or Recall	98.7	18-29 m	2446	-
POL1	Record or Recall<12m	98.4	18-29 m	2446	-
POL3	Record	84.7	18-29 m	2186	-
POL3	Record or Recall	93.1	18-29 m	2446	-
POL3	Record or Recall<12m	87.7	18-29 m	2446	-
ROTAC	Record	39.1	18-29 m	2186	-
ROTAC	Record or Recall	42.7	18-29 m	2446	-
ROTAC	Record or Recall<12m	42.5	18-29 m	2446	-

2007 Guatemala, Encuesta Nacional de Salud Materno Infantil 2008-2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	96.7	12-23 m	1861	87
DTP1	Record or Recall	95.7	12-23 m	1861	87
DTP3	Record or Recall	84.3	12-23 m	1861	87
POL1	Record or Recall	95.7	12-23 m	1861	87
POL3	Record or Recall	85.2	12-23 m	1861	87

2006 Guatemala, Encuesta Nacional de Salud Materno Infantil 2008-2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall	89.7	24-35 m	1861	-

2001 Guatemala, Encuesta Nacional de Salud Materno Infantil 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	91.9	12-23 m	1487	69
DTP1	Record or Recall	93	12-23 m	1487	69
DTP3	Record or Recall	76.7	12-23 m	1487	69
MCV1	Record or Recall	74.7	12-23 m	1487	69
POL1	Record or Recall	94.3	12-23 m	1487	69
POL3	Record or Recall	78.1	12-23 m	1487	69

1998 Guatemala, Encuesta Nacional de Salud Materno Infantil 1998-1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.5	12-23 m	848	68
BCG	Record	64.9	12-23 m	848	68
BCG	Record or Recall	90.4	12-23 m	848	68
BCG	Record or Recall<12m	82.1	12-23 m	848	68
DTP1	Recall	26.1	12-23 m	848	68
DTP1	Record	66.3	12-23 m	848	68
DTP1	Record or Recall	92.4	12-23 m	848	68
DTP1	Record or Recall<12m	87.5	12-23 m	848	68
DTP3	Recall	14.7	12-23 m	848	68
DTP3	Record	55.7	12-23 m	848	68
DTP3	Record or Recall	70.4	12-23 m	848	68
DTP3	Record or Recall<12m	54.5	12-23 m	848	68
MCV1	Recall	21.6	12-23 m	848	68
MCV1	Record	58.9	12-23 m	848	68
MCV1	Record or Recall	80.6	12-23 m	848	68
MCV1	Record or Recall<12m	53	12-23 m	848	68
POL1	Recall	25.1	12-23 m	848	68
POL1	Record	66.6	12-23 m	848	68
POL1	Record or Recall	91.7	12-23 m	848	68
POL1	Record or Recall<12m	59.2	12-23 m	848	68
POL3	Recall	10.5	12-23 m	848	68
POL3	Record	56.2	12-23 m	848	68
POL3	Record or Recall	66.7	12-23 m	848	68
POL3	Record or Recall<12m	52.2	12-23 m	848	68

1997 Guatemala, Encuesta Nacional de Salud Materno Infantil 1998-1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen	MCV1	Record or Recall<12m	48.5	24-35 m	868	-
BCG	Record or Recall<12m	77.2	24-35 m	868	-	POL1	Record or Recall<12m	80.7	24-35 m	868	-
DTP1	Record or Recall<12m	80.2	24-35 m	868	-	POL3	Record or Recall<12m	48.7	24-35 m	868	-
DTP3	Record or Recall<12m	50.8	24-35 m	868	-						

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