

Saint Lucia: 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.

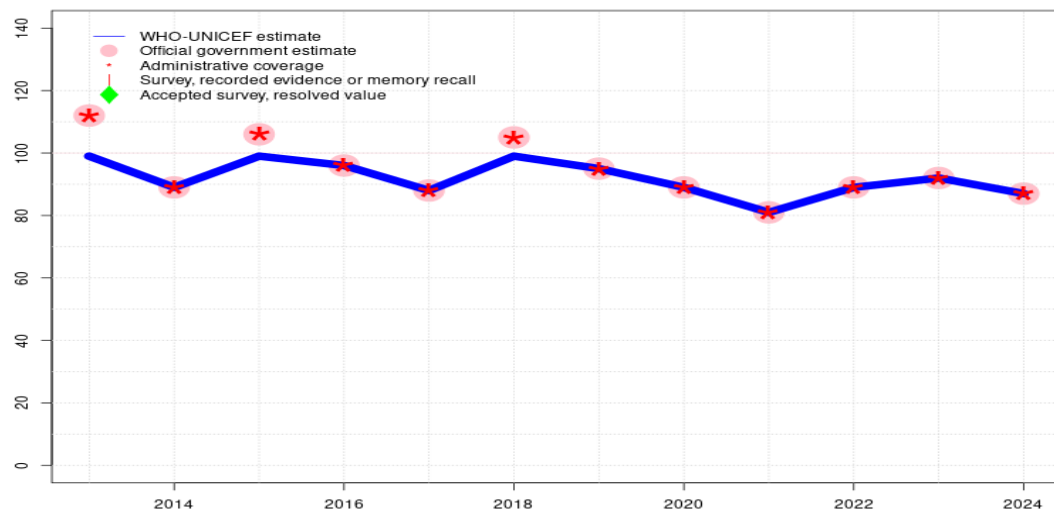
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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.

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Saint Lucia - BCG

LCA - BCG



Description:

- 2024: Estimate informed by reported data. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports five month vaccine stockout at national level. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. 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. Programme reports three months vaccine stockout of BCG vaccine at national level. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	89	99	96	88	99	95	89	81	89	92	87
Estimate GoC	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●	●
Official	112	89	106	96	88	105	95	89	81	89	92	87
Administrative	112	89	106	96	88	105	95	89	81	89	92	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

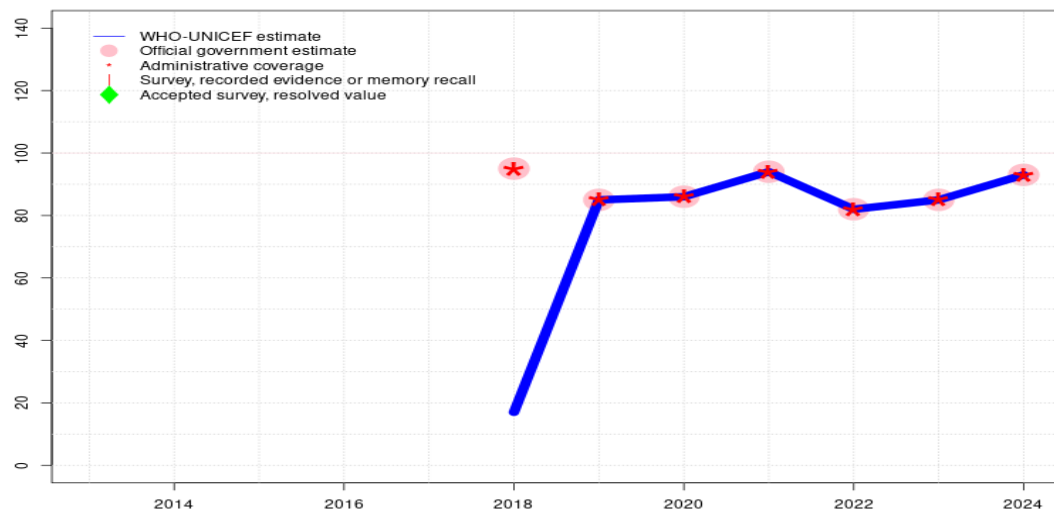
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Saint Lucia - HEPBB

LCA - HEPBB



Description:

- 2024: Estimate informed by reported data. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. Estimate informed by reported data following introduction. GoC=R+ D+
- 2018: Programme reports 95 percent coverage achieved in 18 percent of the national target population. Estimated coverage reflects annual coverage achieved in the national target population. Hepatitis birth dose introduced in November 2018. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	17	85	86	94	82	85	93
Estimate GoC	-	-	-	-	-	•	••	••	•	••	•	•
Official	-	-	-	-	-	95	85	86	94	82	85	93
Administrative	-	-	-	-	-	95	85	86	94	82	85	93
Survey	-	-	-	-	-	-	-	-	-	-	-	-

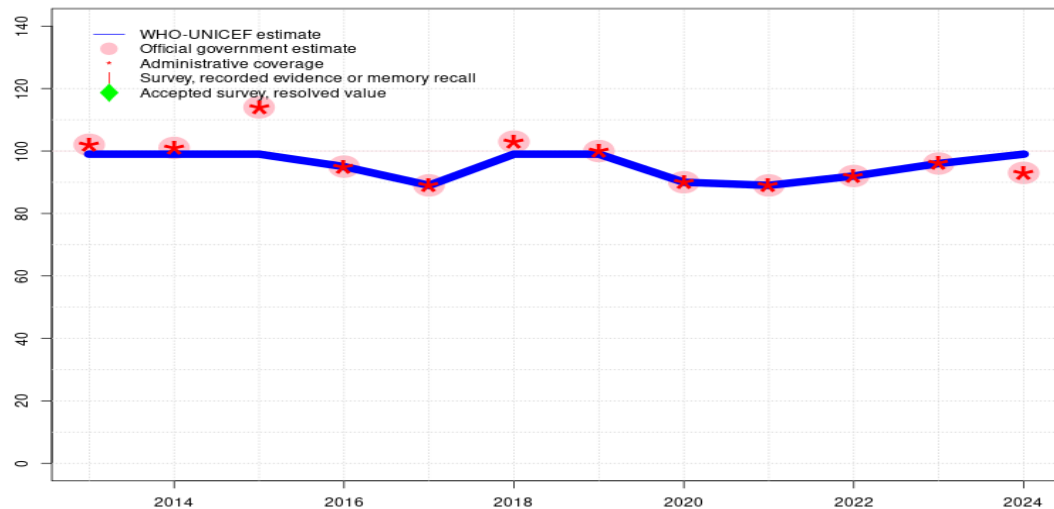
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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Saint Lucia - DTP1

LCA - DTP1



Description:

- 2024: Estimate based on DTP3 coverage of 100. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-R-
- 2023: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months national stockout. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by estimated DTP3 adjusted for dropout. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	95	89	99	99	90	89	92	96	99
Estimate GoC	•	••	••	••	••	•	••	••	••	••	•	•
Official	102	101	114	95	89	103	100	90	89	92	96	93
Administrative	102	101	114	95	89	103	100	90	89	92	96	93
Survey	-	-	-	-	-	-	-	-	-	-	-	-

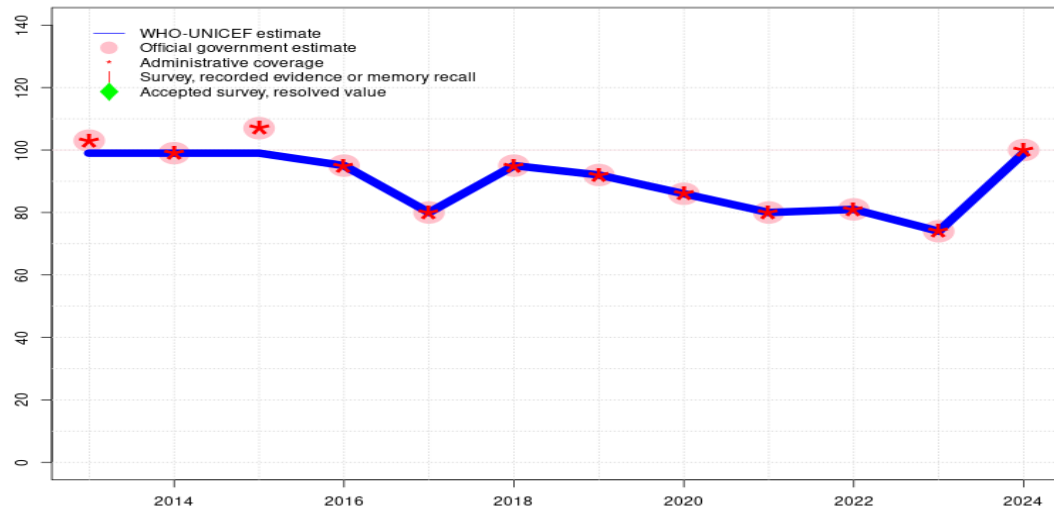
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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Saint Lucia - DTP3

LCA - DTP3



Description:

- 2024: Estimate informed by reported data. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	95	80	95	92	86	80	81	74	99
Estimate GoC	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●●	●
Official	103	99	107	95	80	95	92	86	80	81	74	100
Administrative	103	99	107	95	80	95	92	86	80	81	74	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

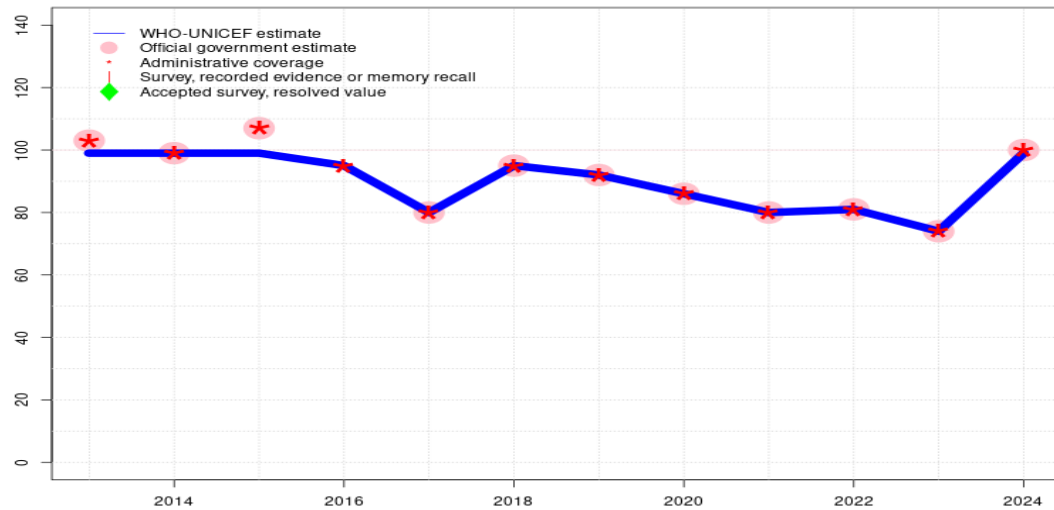
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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Saint Lucia - HEPB3

LCA - HEPB3



Description:

- 2024: Estimate informed by reported data. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2016: Estimate informed by reported administrative data. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	95	80	95	92	86	80	81	74	99
Estimate GoC	●●	●●	●●	●●	●	●	●●	●●	●●	●●	●●	●
Official	103	99	107	-	80	95	92	86	80	81	74	100
Administrative	103	99	107	95	80	95	92	86	80	81	74	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

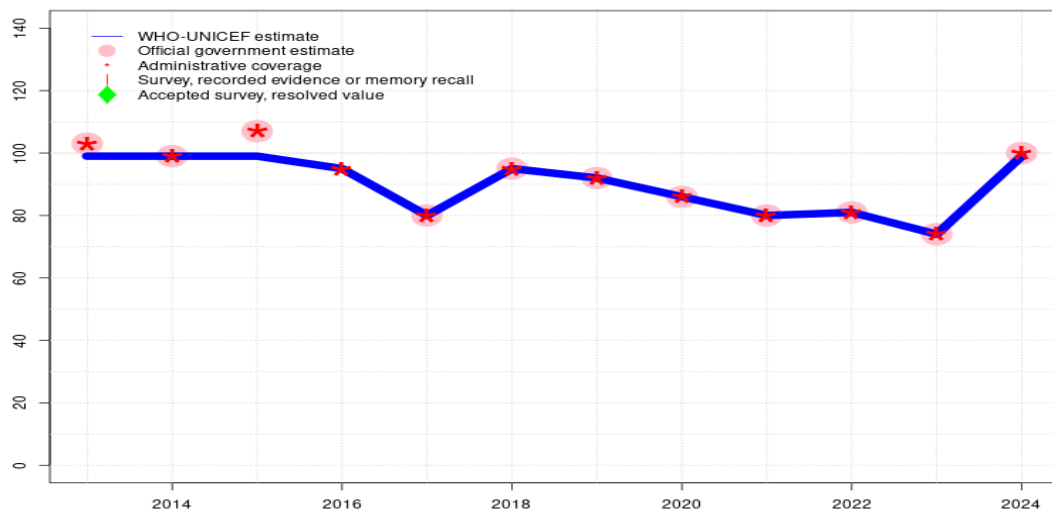
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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Saint Lucia - HIB3

LCA - HIB3



Description:

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- 2023: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2016: Estimate informed by reported administrative data. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	95	80	95	92	86	80	81	74	99
Estimate GoC	●●	●●	●●	●●	●	●	●●	●●	●●	●●	●●	●
Official	103	99	107	-	80	95	92	86	80	81	74	100
Administrative	103	99	107	95	80	95	92	86	80	81	74	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

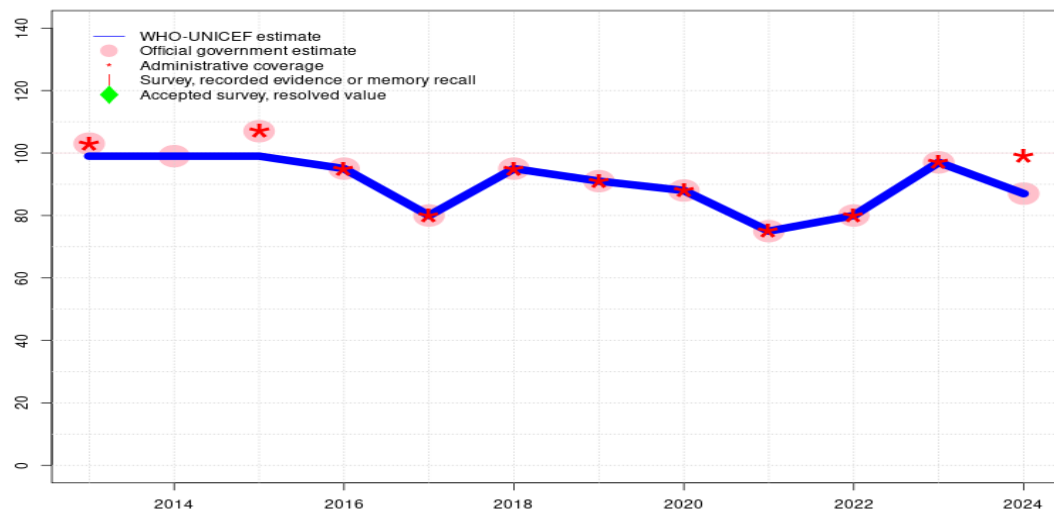
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Saint Lucia - POL3

LCA - POL3



Description:

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- 2023: Estimate informed by reported data. Estimate challenged by: 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. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. Programme reports one month national level vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	95	80	95	91	88	75	80	97	87
Estimate GoC	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●	●
Official	103	99	107	95	80	95	91	88	75	80	97	87
Administrative	103	-	107	95	80	95	91	88	75	80	97	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

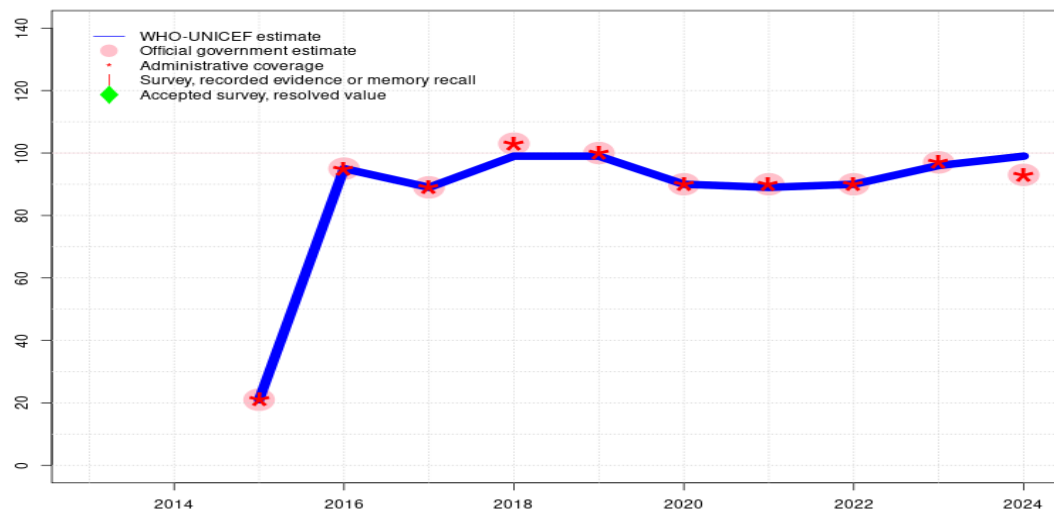
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Saint Lucia - IPV1

LCA - IPV1



Description:

- 2024: Estimate is based on DTP1 estimated coverage, as vaccines are recommended at the same age. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-R-
- 2023: Estimate is based on estimated DTP1 coverage. Programme reports two months vaccine stockout at national level. Estimate of 96 percent changed from previous revision value of 97 percent. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data. Programme reports four months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate is based on the estimated DTP1 coverage. Estimate of 89 percent changed from previous revision value of 90 percent. Estimate challenged by: R-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. Programme reports one month national level vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. Country reports stockout of two months. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Inactivated polio vaccine introduced in November 2015. GoC=R+ D+

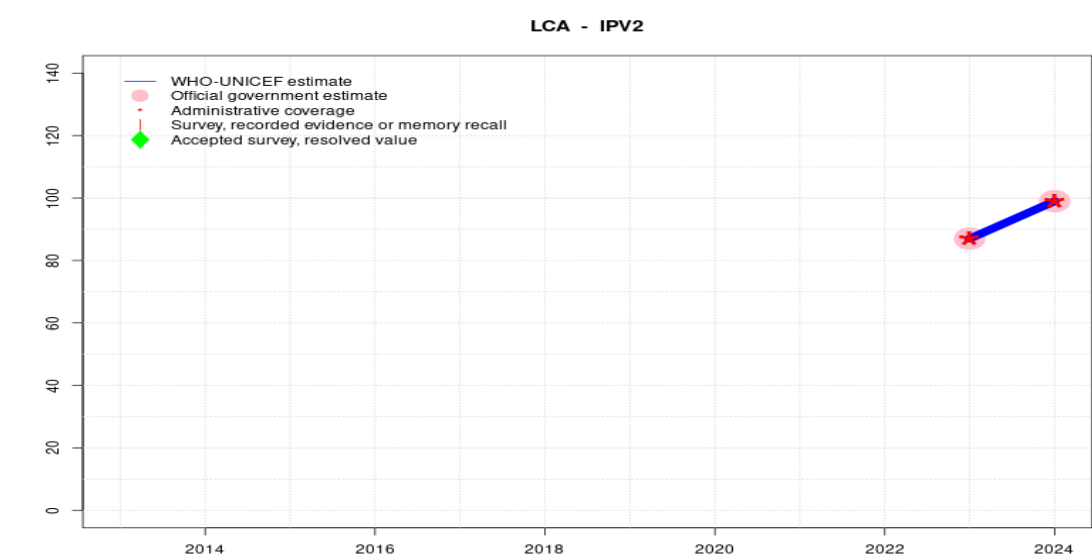
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	21	95	89	99	99	90	89	90	96	99
Estimate GoC	-	-	••	••	••	•	••	••	•	••	•	•
Official	-	-	21	95	89	103	100	90	90	90	97	93
Administrative	-	-	21	95	89	103	100	90	90	90	97	93
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Saint Lucia - IPV2



Description:

2024: Estimate informed by reported data. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-

2023: Estimate informed by reported data. Second dose of IPV introduced in January 2023. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	87	99
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●	●
Official	-	-	-	-	-	-	-	-	-	-	87	99
Administrative	-	-	-	-	-	-	-	-	-	-	87	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

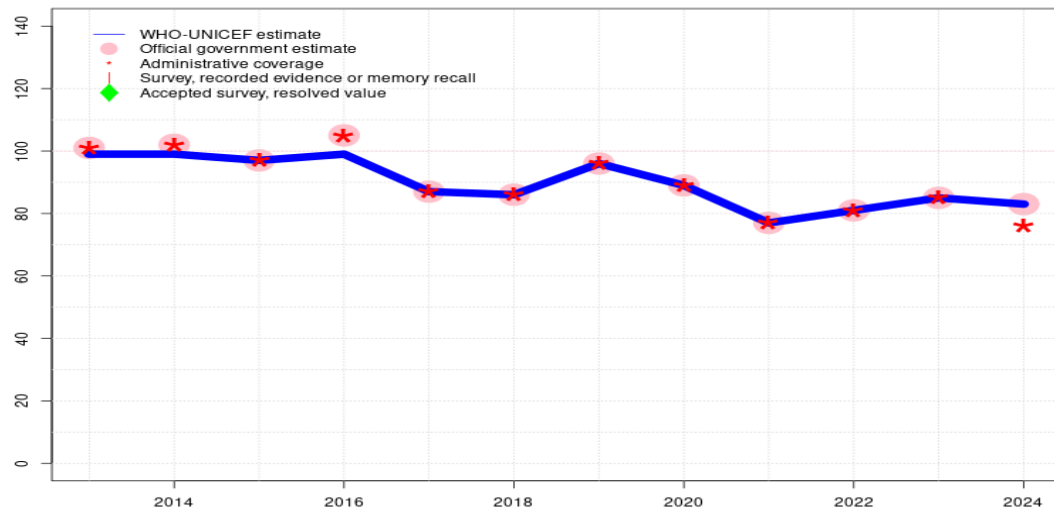
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Saint Lucia - MCV1

LCA - MCV1



Description:

- 2024: Estimate informed by reported data. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports two months vaccine stockout at the national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. Programme reports two months national level vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	97	99	87	86	96	89	77	81	85	83
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●	●
Official	101	102	97	105	87	86	96	89	77	81	85	83
Administrative	101	102	97	105	87	86	96	89	77	81	85	76
Survey	-	-	-	-	-	-	-	-	-	-	-	-

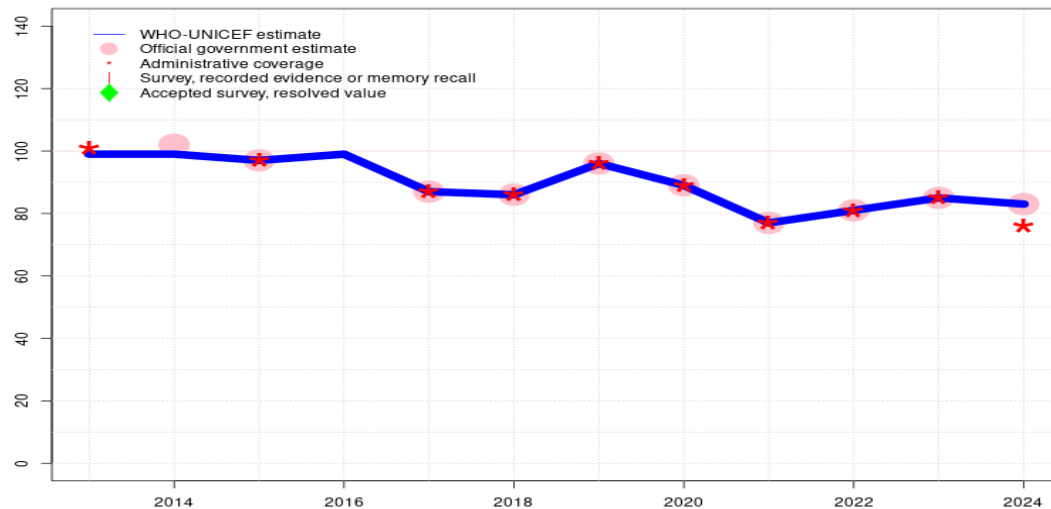
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Saint Lucia - RCV1

LCA - RCV1



Description:

2024: Estimate based on estimated MCV1. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-

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

2022: Estimate based on estimated MCV1. GoC=R+ D+

2021: Estimate based on estimated MCV1. GoC=R+ D+

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

2019: Estimate based on estimated MCV1. Programme reports four months supply disruption of disposable syringes. Estimate challenged by: D-

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

2017: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

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

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

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

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

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	97	99	87	86	96	89	77	81	85	83
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●	●
Official	-	102	97	-	87	86	96	89	77	81	85	83
Administrative	101	-	97	-	87	86	96	89	77	81	85	76
Survey	-	-	-	-	-	-	-	-	-	-	-	-

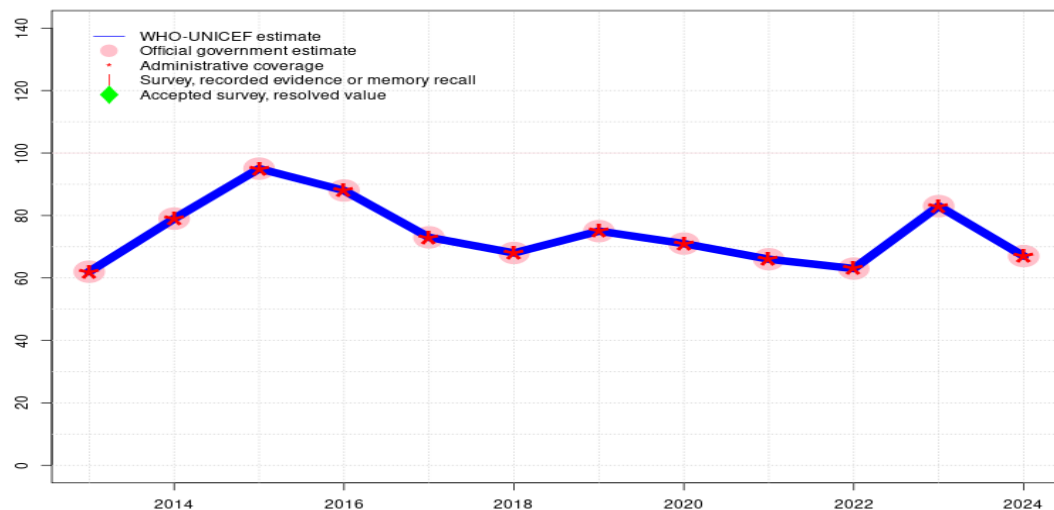
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Saint Lucia - MCV2

LCA - MCV2



Description:

- 2024: Estimate informed by reported data. Decline of over 19 percent for the reported target population for vaccines recommended in the first year of life between 2023 and 2024. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports two months vaccine stockout at the national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports four months supply disruption of disposable syringes. Programme reports two months national level vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Reported coverage does not reflect doses administered late, e.g., after 24 month of age. GoC=R+ D+
- 2017: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate informed by reported data. Recommended age for MMR2 changed from pre-school age to 18 months. GoC=R+ D+
- 2015: Estimate informed by reported data. Increase in coverage may reflect doses administered during vaccination intensification activities. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	62	79	95	88	73	68	75	71	66	63	83	67
Estimate GoC	●●	●●	●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	62	79	95	88	73	68	75	71	66	63	83	67
Administrative	62	79	95	88	73	68	75	71	66	63	83	67
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.

Further information and estimates for previous years are available at:

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

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