

**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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**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.

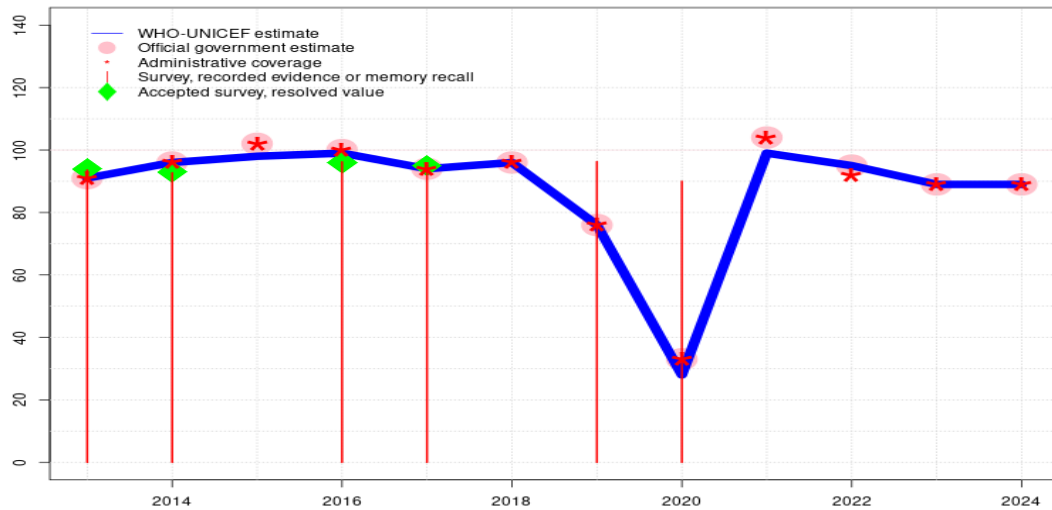
**YFV (del inglés yellow fever vaccine):** porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones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

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# Mexico - BCG

MEX - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	91	96	98	99	94	96	76	28	99	95	89	89
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●	●	●●	●●	●●	●●
Official	91	96	102	100	94	96	76	33	104	95	89	89
Administrative	91	96	102	100	94	96	76	33	104	92	89	89
Survey	94	93	-	96	95	-	96	90	-	-	-	-

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.

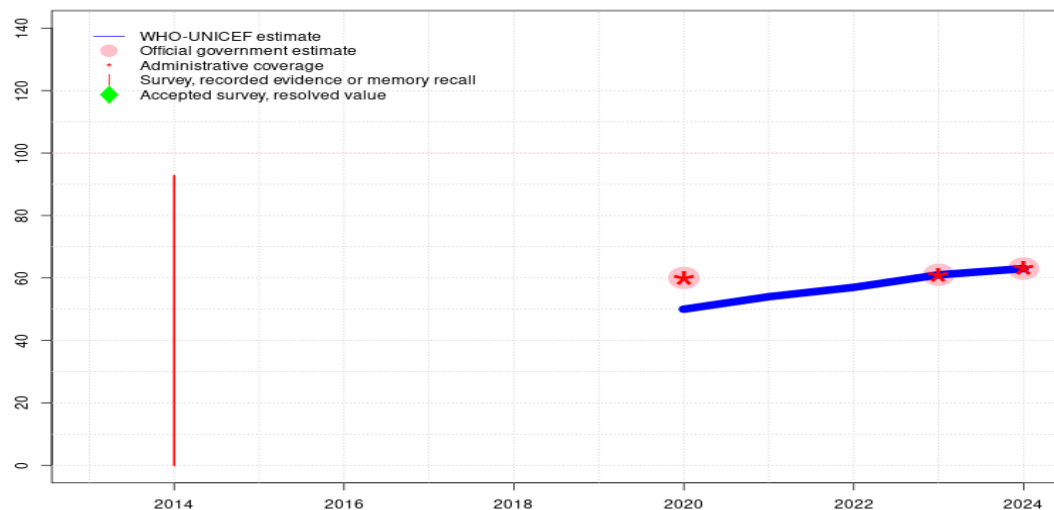
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage may be an overestimate as reported coverage appears to include doses administered during catch-up activities. GoC=R+ D+
- 2020: Estimate is based on reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Reported data excluded due to decline in reported coverage from 76 percent to 33 percent with increase to 104 percent. Estimate challenged by: R-
- 2019: Estimate informed by reported data. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results appear to have missed the impacts of the reported vaccine stockout. Programme reports a twelve month national level vaccine stockout. Estimate challenged by: S-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate. GoC=R+ S+ D+

# Mexico - HEPBB

MEX - HEPBB



## Description:

- 2024: Estimate informed by reported data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Reported data calibrated to 2020 and 2023 levels. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=No accepted empirical data
- 2021: Reported data calibrated to 2020 and 2023 levels. GoC=No accepted empirical data
- 2020: Estimate of 50 percent assigned by working group. Vaccine dose introduced in 2005. Reporting for doses administered within 24 hours of birth started in 2020. Estimate informed by reported number of doses administered and a recalculated target population using information from the 2019 and 2021 reported target population. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	50	54	57	61	63
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●●	●●
Official	-	-	-	-	-	-	-	60	-	-	61	63
Administrative	-	-	-	-	-	-	-	60	-	-	61	63
Survey	-	93	-	-	-	-	-	-	-	-	-	-

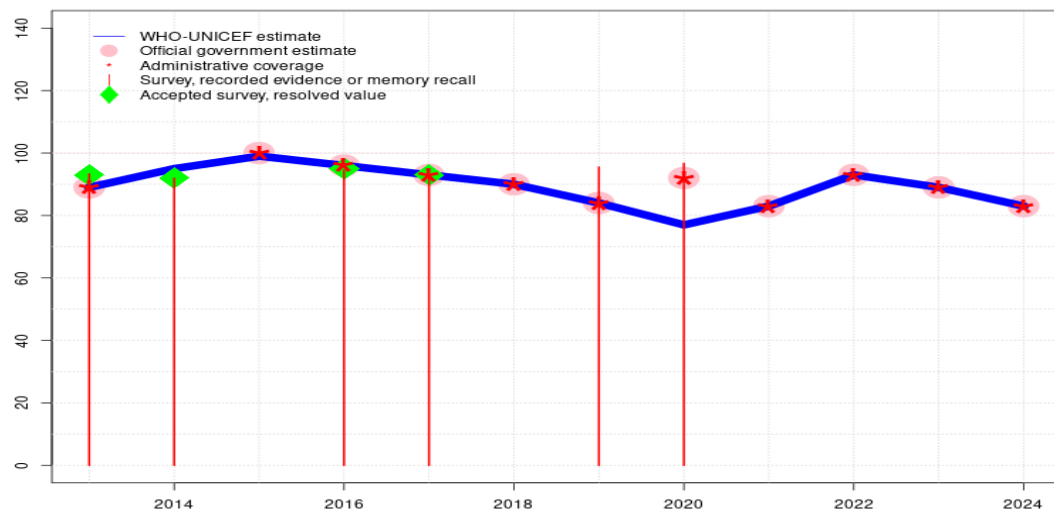
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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# Mexico - DTP1

MEX - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	89	95	99	96	93	90	84	77	83	93	89	83
Estimate GoC	●●●	●●	●●●	●●●	●●●	●●●	●●●	●	●●	●●	●●	●●
Official	89	-	100	96	93	90	84	92	83	93	89	83
Administrative	89	-	100	96	93	90	84	92	83	93	89	83
Survey	93	92	-	95	93	-	96	97	-	-	-	-

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.
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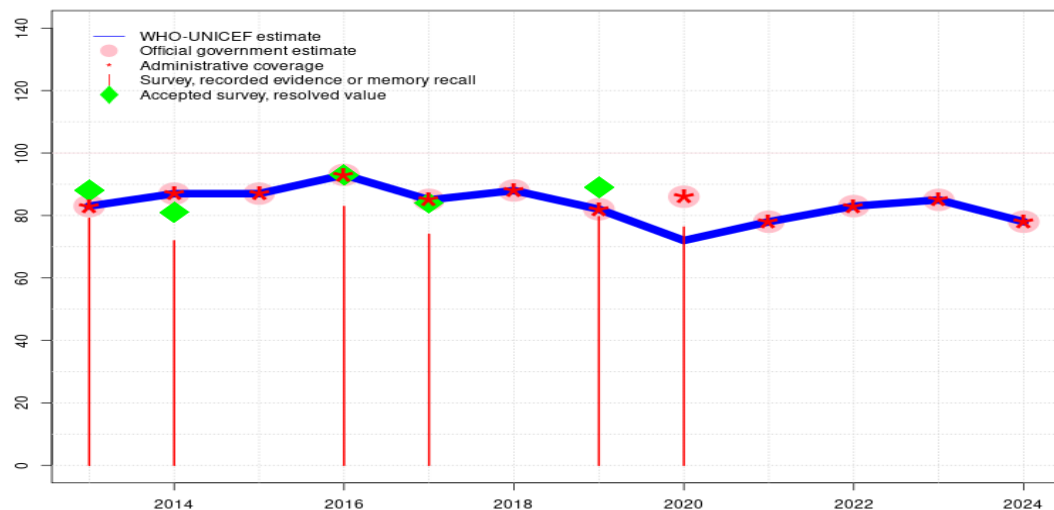
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- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Estimate challenged by: R-
- 2019: Estimate informed by reported data. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results appear to have missed the impacts of the reported vaccine stockout. Programme reports a four months national level vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 1 survey(s). Programme reports district level stockouts of unknown duration for DTaP-Hib-IPV. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). GoC=S+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate. Estimate of 89 percent changed from previous revision value of 90 percent. GoC=R+ S+ D+



# Mexico - DTP3

MEX - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	83	87	87	93	85	88	82	72	78	83	85	78
Estimate GoC	•••	•••	•••	•	•••	•••	•••	•	•	••	••	••
Official	83	87	87	93	85	88	82	86	78	83	85	78
Administrative	83	87	87	93	85	88	82	86	78	83	85	78
Survey	79	72	-	83	74	-	80	76	-	-	-	-

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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- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 76 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 43 percent. Estimate challenged by: R-S-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 89 percent based on 1 survey(s). National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 80 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 40 percent. Programme reports a four months national level vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 74 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 44 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 83 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 46 percent. Programme reports district level stockouts of unknown duration for DTaP-Hib-IPV. The increase in reported coverage is exceptionally high at such levels of coverage due in part to a nearly 9 percent increase in the reported number of children vaccinated with three doses of DTP containing vaccine combined with a decrease in the reported target population. The increase in coverage from 2015 to 2016 is not supported by survey results for the 2014 birth cohort nor is it explained by intensification of delivery activity. Estimate challenged by: S-
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 81 percent



# Mexico - DTP3

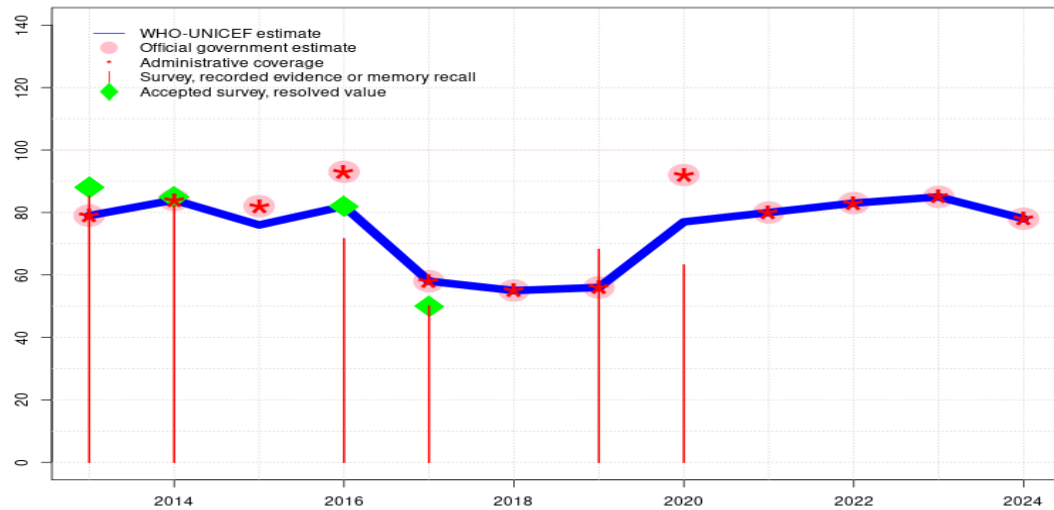
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based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 72 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 65 percent. GoC=R+ S+ D+

2013: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 79 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 69 percent. The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate. GoC=R+ S+ D+

# Mexico - HEPB3

MEX - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	79	84	76	82	58	55	56	77	80	83	85	78
Estimate GoC	●●●	●●●	●	●	●	●	●●●	●	●●	●●	●●	●●
Official	79	84	82	93	58	55	56	92	80	83	85	78
Administrative	79	84	82	93	58	55	56	92	80	83	85	78
Survey	85	82	-	72	50	-	68	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. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Reported data excluded due to an increase from 56 percent to 92 percent with decrease to 80 percent. Estimate challenged by: R-
- 2019: Estimate informed by reported data. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results appear to have missed the impacts of the reported vaccine stockout. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 68 percent modified for recall bias to 71 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 32 percent. Programme reports four months vaccine stockout at national level. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 50 percent based on 1 survey(s). Country reports HepB vaccine stockout from September to November 2017. Estimate challenged by: S-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 82 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 72 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 48 percent and 3rd dose record only coverage of 41 percent. Estimate informed by reported data to remain consistent with other vaccines. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 and 2016 levels. Estimate challenged by: R-S-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 85 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 82 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 68 percent. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 88 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 85 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 69 percent. The method to obtain administrative coverage

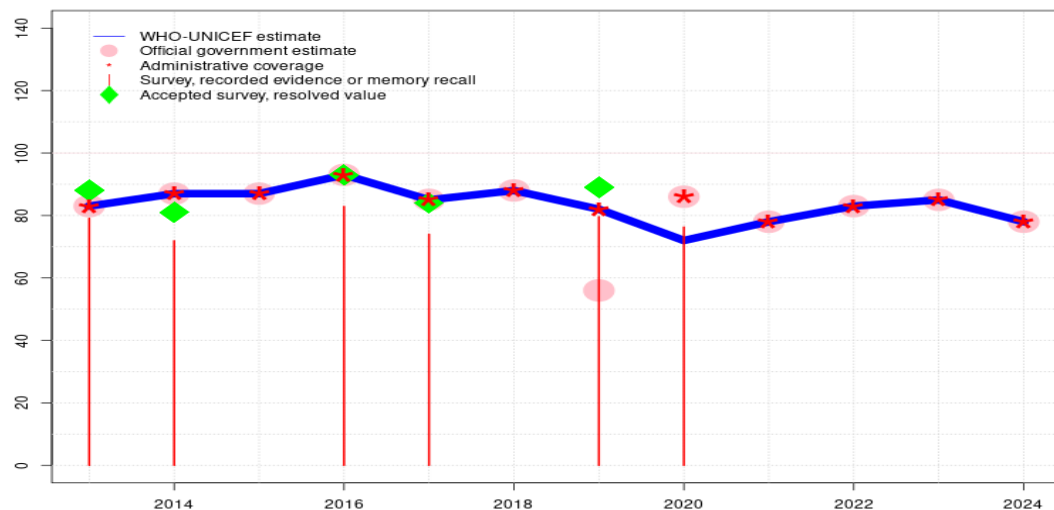
# Mexico - HEPB3

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changed in 2013. Estimate informed by official government estimate. Estimate of 79 percent changed from previous revision value of 82 percent. GoC=R+ S+ D+

# Mexico - HIB3

MEX - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	83	87	87	93	85	88	82	72	78	83	85	78
Estimate GoC	•••	•••	•••	•	•••	•••	•••	•	•	••	••	••
Official	83	87	87	93	85	88	56	86	78	83	85	78
Administrative	83	87	87	93	85	88	82	86	78	83	85	78
Survey	79	72	-	83	74	-	80	76	-	-	-	-

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. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 76 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 43 percent. Estimate challenged by: R-S-
- 2019: Estimate informed by reported administrative data supported by survey.Survey evidence of 89 percent based on 1 survey(s). National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 80 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 40 percent. Adjustments made to reported official coverage are unexplained. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 74 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 44 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 83 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 46 percent. Programme reports district level stockouts of unknown duration for DTaP-Hib-IPV. Estimate challenged by: S-
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 81 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 72 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 65 percent. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 88 percent

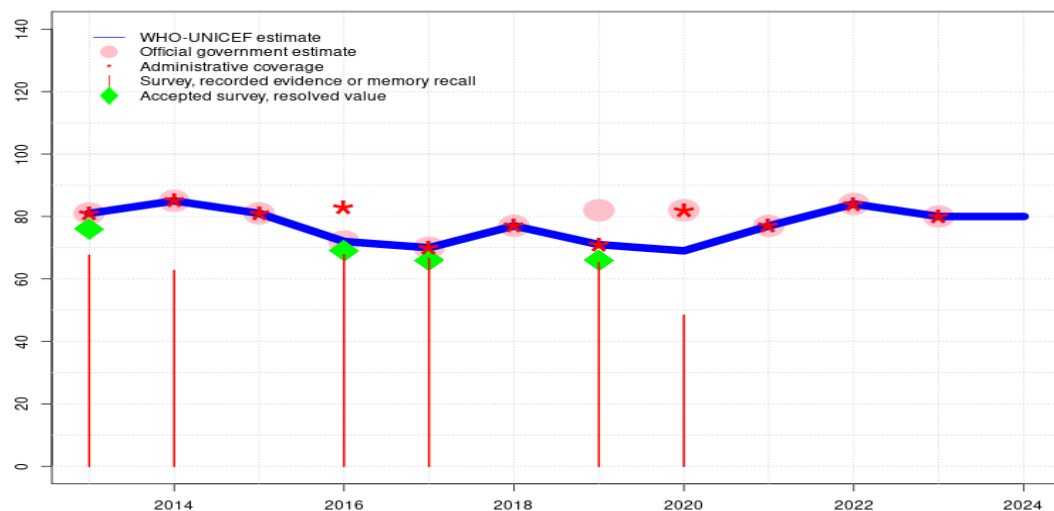
# Mexico - Hib3

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based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 79 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 69 percent. The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate. GoC=R+ S+ D+

# Mexico - ROTAC

MEX - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	81	85	81	72	70	77	71	69	77	84	80	80
Estimate GoC	●●●	●	●	●	●●●	●	●●●	●	●	●●	●●	●
Official	81	85	81	72	70	77	82	82	77	84	80	-
Administrative	81	85	81	83	70	77	71	82	77	84	80	-
Survey	68	63	-	68	67	-	65	48	-	-	-	-

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 extrapolation from data reported by national government. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate is informed by reported data. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 48 percent modified for recall bias to 38 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 44 percent and 3rd dose record only coverage of 18 percent. Estimate informed by reported data consistent with other antigens. Estimate challenged by: R-
- 2019: Estimate informed by reported administrative data supported by survey.Survey evidence of 66 percent based on 1 survey(s). National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 65 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 30 percent. Unexplained official estimate and estimate inconsistent with other vaccine doses. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 66 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 67 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 35 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 69 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 68 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 46 percent and 3rd dose record only coverage of 34 percent. Programme reports district level stockouts of unknown duration for rotavirus vaccine. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results adjusted for recall bias inconsistent with those of neighbouring cohort despite similar levels of coverage based on documented evidence. Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 63

# Mexico - ROTAC

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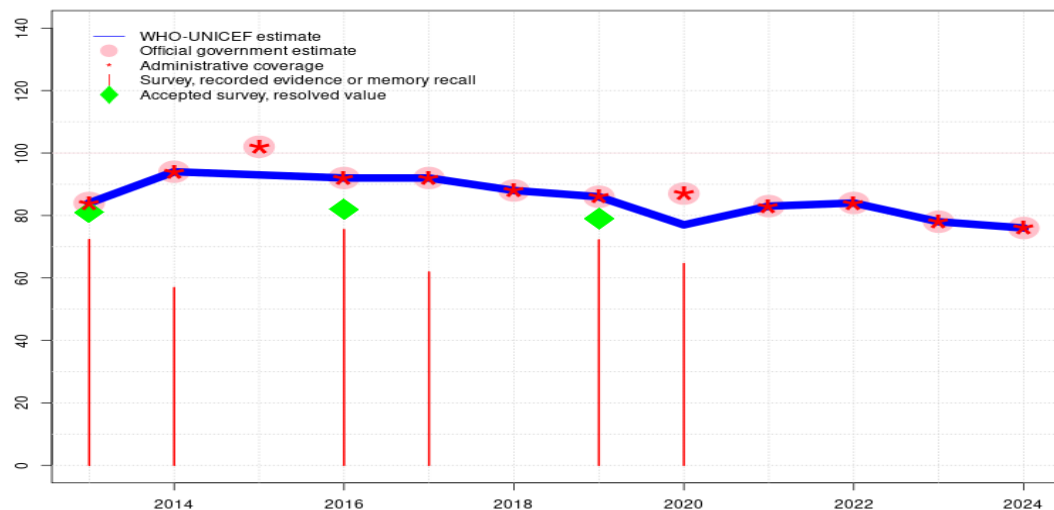
percent modified for recall bias to 70 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 72 percent and 3rd dose record only coverage of 56 percent. Estimate challenged by: S-

2013: Estimate informed by reported data supported by survey. Survey evidence of 76 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 68 percent modified for recall bias to 76 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 71 percent and 3rd dose record only coverage of 59 percent. The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate. GoC=R+ S+ D+



# Mexico - PCV3

MEX - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	84	94	93	92	92	88	86	77	83	84	78	76
Estimate GoC	●●●	●	●	●●●	●	●●●	●●●	●	●●●	●●	●●	●●
Official	84	94	102	92	92	88	86	87	83	84	78	76
Administrative	84	94	102	92	92	88	86	87	83	84	78	76
Survey	72	57	-	76	62	-	72	65	-	-	-	-

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. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate is informed by reported data. GoC=R+ S+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 65 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 37 percent. Estimate challenged by: R-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 79 percent based on 1 survey(s). National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 72 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 36 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National Health and Survey Survey, 2018 results ignored by working group. Survey results inconsistent with those of other antigens and there is no identified explanation for the deviation from the survey results for the prior cohort year. National Health and Survey Survey, 2018 record or recall results of 62 percent modified for recall bias to 67 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 36 percent. Estimate challenged by: S-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 82 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 76 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 48 percent and 3rd dose record only coverage of 42 percent. GoC=R+ S+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results for children 12-23 months likely underestimate coverage based on recommended age of administration. Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 57 percent modified for

# Mexico - PCV3

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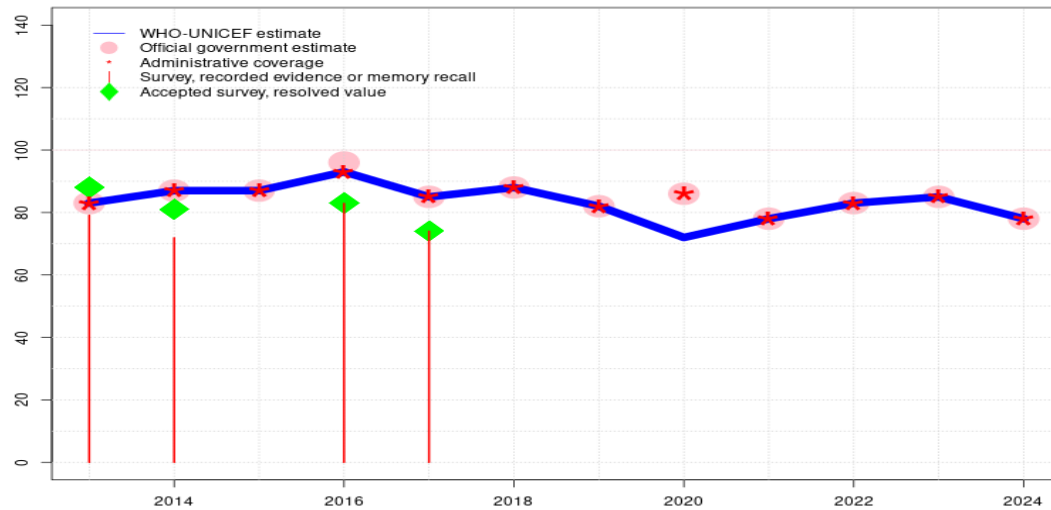
recall bias to 63 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 51 percent.

Estimate challenged by: S-

2013: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 72 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 72 percent and 3rd dose record only coverage of 64 percent. The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate.  $GoC=R+S+D$

# Mexico - POL3

MEX - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	83	87	87	93	85	88	82	72	78	83	85	78
Estimate GoC	•••	•••	•	•	•	•	•••	•	••	••	••	••
Official	83	87	87	96	85	88	82	86	78	83	85	78
Administrative	83	87	87	93	85	88	82	86	78	83	85	78
Survey	79	72	-	83	74	-	-	-	-	-	-	-

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

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

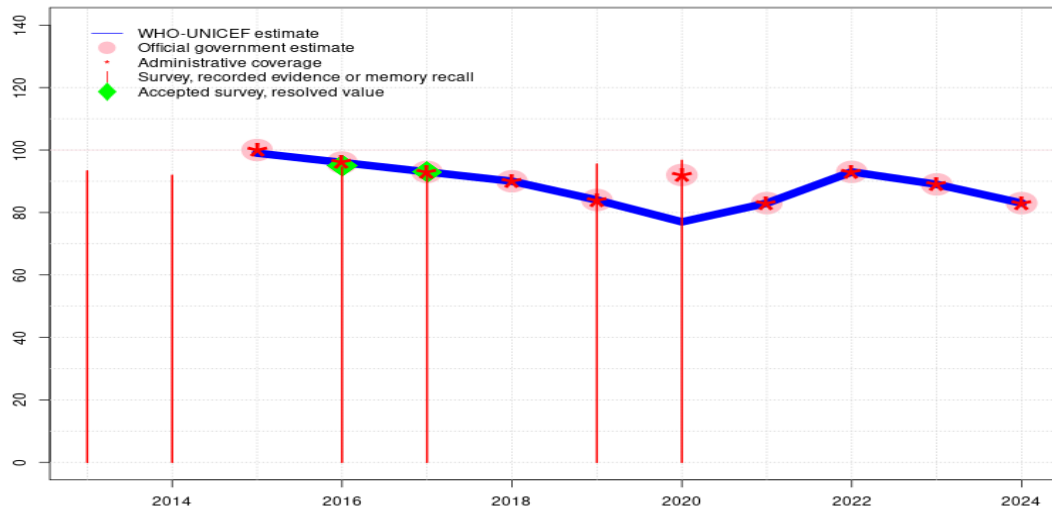
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. Estimate challenged by: R-
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey. Estimate challenged by: S-
- 2016: Estimate informed by reported administrative data supported by survey.Survey evidence of 83 percent based on 1 survey(s). Consistency with DTP3. Estimate challenged by: S-
- 2015: Estimate informed by reported data. Estimate challenged by: S-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 81 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 72 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 65 percent. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 88 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 79 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 69 percent. The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate. GoC=R+ S+ D+

# Mexico - IPV1

MEX - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	99	96	93	90	84	77	83	93	89	83
Estimate GoC	-	-	●●●	●●●	●●●	●●●	●●●	●	●●	●●	●●	●●
Official	-	-	100	96	93	90	84	92	83	93	89	83
Administrative	-	-	100	96	93	90	84	92	83	93	89	83
Survey	93	92	-	95	93	-	96	97	-	-	-	-

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.

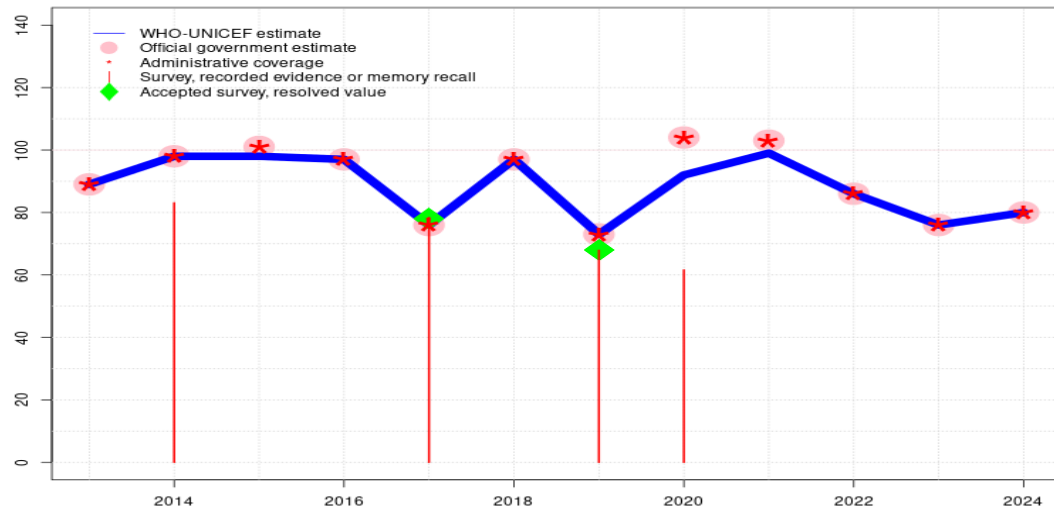
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Estimate challenged by: R-
- 2019: Estimate informed by reported data. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results appear to have missed the impacts of the reported vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 1 survey(s). Programme reports district level stockouts of unknown duration for DTaP-Hib-IPV. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+

# Mexico - MCV1

MEX - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	89	98	98	97	76	97	73	92	99	86	76	80
Estimate GoC	••	••	•	•	•••	•	•••	•	•	••	••	••
Official	89	98	101	97	76	97	73	104	103	86	76	80
Administrative	89	98	101	97	76	97	73	104	103	86	76	80
Survey	-	83	-	-	78	-	68	62	-	-	-	-

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.

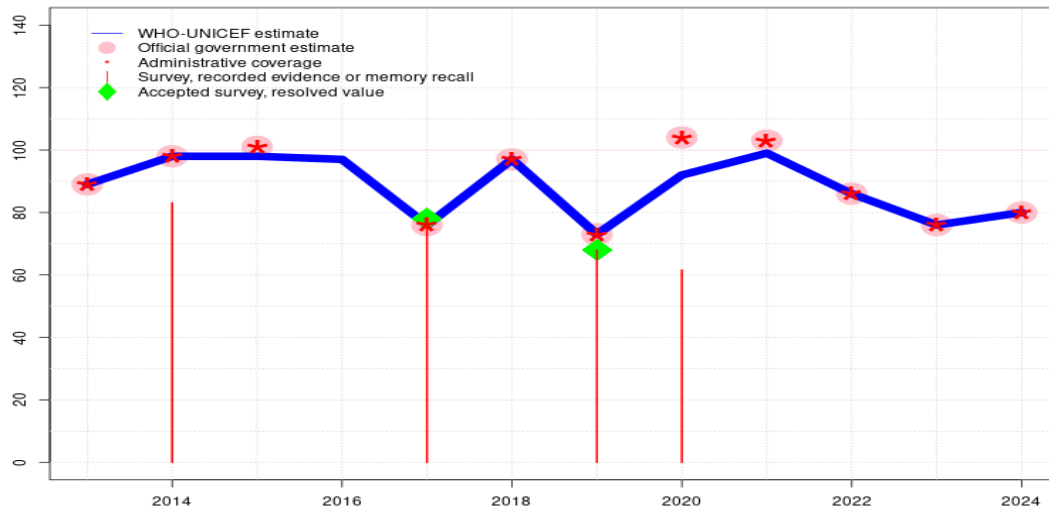
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Country reports 12 month vaccine stockout. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. Unexplained decline in reported coverage from 2021 to 2022. From 2022, the recommended age for MCV is changing from 12 months (MCV1) / 6 years (MCV2) to 12 months (MCV1) / 18 months (MCV2). GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports conducting catch-up activities during 2021 and doses administered during these activities are included with routine doses. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: R-S-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 68 percent based on 1 survey(s). Programme reports a six month national level vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Country reports vaccine stockout from March to July 2018 and efforts to catch up afterwards. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 78 percent based on 1 survey(s). Country reports delays in vaccine supply in 2017. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme reports district level stockouts of unknown duration for measles containing vaccine. Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged by: S-
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. Estimate of 98 percent changed from previous revision value of 97 percent. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results inconsistent with those of other antigens vis-à-vis reported data. Estimate of 98 percent changed from previous revision value of 97 percent. GoC=R+ D+
- 2013: Estimate informed by reported data. The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate. GoC=R+ D+

# Mexico - RCV1

MEX - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	89	98	98	97	76	97	73	92	99	86	76	80
Estimate GoC	••	••	•	•	•••	•	•••	•	•	••	••	••
Official	89	98	101	-	76	97	73	104	103	86	76	80
Administrative	89	98	101	-	76	97	73	104	103	86	76	80
Survey	-	83	-	-	78	-	68	62	-	-	-	-

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.

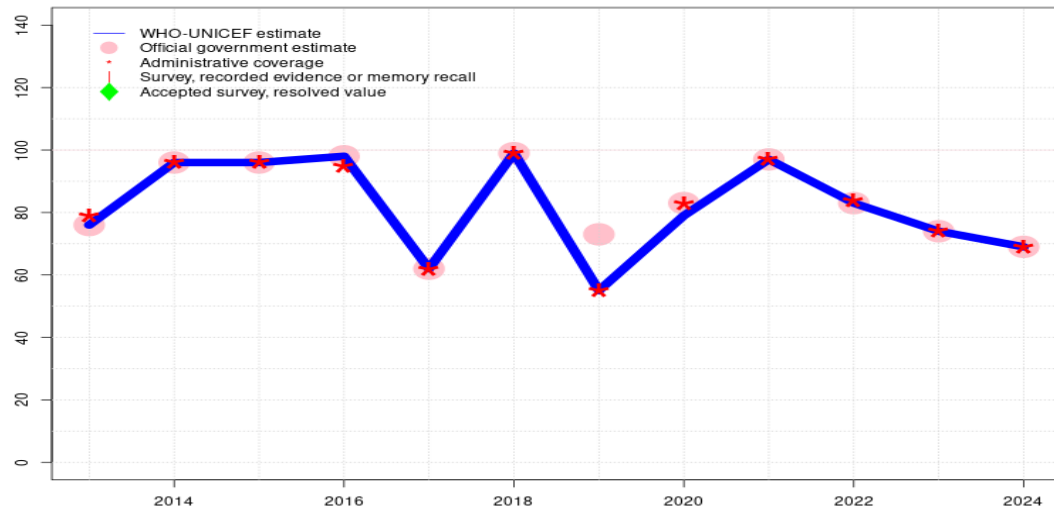
## Description:

- 2024: Estimate based on estimated MCV1. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Country reports 12 month vaccine stockout. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: R-S-
- 2019: Estimate based on estimated MCV1. Reported data excluded due to decline in reported coverage from 97 percent to 73 percent with increase to 104 percent. GoC=R+ S+ D+
- 2018: Estimate based on estimated MCV1. Reported data excluded due to an increase from 76 percent to 97 percent with decrease to 73 percent. Estimate challenged by: S-
- 2017: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2016: Estimate based on estimated MCV1. Programme reports district level stockouts of unknown duration for rubella containing vaccine. Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged by: S-
- 2015: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. Estimate of 98 percent changed from previous revision value of 97 percent. Estimate challenged by: S-
- 2014: Estimate based on estimated MCV1. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results inconsistent with those of other antigens vis-à-vis reported data. Estimate of 98 percent changed from previous revision value of 97 percent. GoC=R+ D+
- 2013: Estimate based on estimated MCV1. The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate. GoC=R+ D+



# Mexico - MCV2

MEX - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	76	96	96	98	62	99	55	79	97	83	74	69
Estimate GoC	••	••	••	••	••	••	••	•	••	••	••	••
Official	76	96	96	98	62	99	73	83	97	83	74	69
Administrative	79	96	96	95	62	99	55	83	97	84	74	69
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. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Country reports 12 month vaccine stockout. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. Unexplained decline in reported coverage from 2021 to 2022. From 2022, the recommended age for MCV is changing from 12 months (MCV1) / 6 years (MCV2) to 12 months (MCV1) / 18 months (MCV2). Estimate of 83 percent changed from previous revision value of 82 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports conducting catch-up activities during 2021 and doses administered during these activities are included with routine doses. GoC=R+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. Estimate challenged by: R-
- 2019: Estimate informed by reported administrative data. Programme reports a six month national level vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Country reports vaccine stockout from March to July 2018 and efforts to catch up afterwards. GoC=R+ D+
- 2017: Estimate informed by reported data. Country reports delays in vaccine supply in 2017. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports district level stockouts of unknown duration for measles containing vaccine. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate of 96 percent changed from previous revision value of 95 percent. GoC=R+ D+
- 2013: Estimate informed by reported data. Observed greater decline in reported coverage for second dose of measles containing vaccine compared to other vaccines is unexplained. The method to obtain administrative coverage changed in 2013. Estimate informed by official government estimate. GoC=R+ D+



# Mexico - 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.

## 2020 Encuesta Nacional de Salud y Nutrición (ENSANUT) 2021 sobre COVID-19

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	47.6	12-23 m	1841	46
BCG	Record	42.5	12-23 m	1841	46
BCG	Record or Recall	90	12-23 m	1841	46
DTP1	Recall	49.6	12-23 m	1841	46
DTP1	Record	47.2	12-23 m	1841	46
DTP1	Record or Recall	96.7	12-23 m	1841	46
DTP3	Recall	32.9	12-23 m	1841	46
DTP3	Record	43.4	12-23 m	1841	46
DTP3	Record or Recall	76.3	12-23 m	1841	46
HEPB1	Recall	49.9	12-23 m	1841	46
HEPB1	Record	45.9	12-23 m	1841	46
HEPB1	Record or Recall	95.7	12-23 m	1841	46
HEPB3	Recall	33	12-23 m	1841	46
HEPB3	Record	30.2	12-23 m	1841	46
HEPB3	Record or Recall	63.2	12-23 m	1841	46
HIB1	Recall	49.6	12-23 m	1841	46
HIB1	Record	47.2	12-23 m	1841	46
HIB1	Record or Recall	96.7	12-23 m	1841	46

HIB3	Recall	32.9	12-23 m	1841	46
HIB3	Record	43.4	12-23 m	1841	46
HIB3	Record or Recall	76.3	12-23 m	1841	46
IPV1	Recall	49.6	12-23 m	1841	46
IPV1	Record	47.2	12-23 m	1841	46
IPV1	Record or Recall	96.7	12-23 m	1841	46
MCV1	Recall	23.6	12-23 m	1841	46
MCV1	Record	38	12-23 m	1841	46
MCV1	Record or Recall	61.6	12-23 m	1841	46
PCV1	Recall	46	12-23 m	1841	46
PCV1	Record	47.1	12-23 m	1841	46
PCV1	Record or Recall	93.1	12-23 m	1841	46
PCV3	Recall	28.1	12-23 m	1841	46
PCV3	Record	36.6	12-23 m	1841	46
PCV3	Record or Recall	64.6	12-23 m	1841	46
RCV1	Recall	23.6	12-23 m	1841	46
RCV1	Record	38	12-23 m	1841	46
RCV1	Record or Recall	61.6	12-23 m	1841	46
ROTAC	Recall	30.8	12-23 m	1841	46
ROTAC	Record	17.7	12-23 m	1841	46
ROTAC	Record or Recall	48.4	12-23 m	1841	46

## 2019 Encuesta Nacional de Salud y Nutrición (ENSANUT) 2021 sobre COVID-19

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	53.1	24-35 m	2164	-
BCG	Record	43.2	24-35 m	2164	-
BCG	Record or Recall	96.3	24-35 m	2164	-
DTP1	Recall	52.4	24-35 m	2164	-
DTP1	Record	43.1	24-35 m	2164	-
DTP1	Record or Recall	95.5	24-35 m	2164	-
DTP3	Recall	39.9	24-35 m	2164	-
DTP3	Record	39.7	24-35 m	2164	-
DTP3	Record or Recall	79.6	24-35 m	2164	-
HEPB1	Recall	52.7	24-35 m	2164	-
HEPB1	Record	42.8	24-35 m	2164	-
HEPB1	Record or Recall	95.5	24-35 m	2164	-
HEPB3	Recall	35.9	24-35 m	2164	-

# Mexico - Survey Details

HEPB3	Record	32.3	24-35 m	2164	-
HEPB3	Record or Recall	68.2	24-35 m	2164	-
HIB1	Recall	52.4	24-35 m	2164	-
HIB1	Record	43.1	24-35 m	2164	-
HIB1	Record or Recall	95.5	24-35 m	2164	-
HIB3	Recall	39.9	24-35 m	2164	-
HIB3	Record	39.7	24-35 m	2164	-
HIB3	Record or Recall	79.6	24-35 m	2164	-
IPV1	Recall	52.4	24-35 m	2164	-
IPV1	Record	43.1	24-35 m	2164	-
IPV1	Record or Recall	95.5	24-35 m	2164	-
MCV1	Recall	29.6	24-35 m	2164	-
MCV1	Record	38.3	24-35 m	2164	-
MCV1	Record or Recall	67.9	24-35 m	2164	-
PCV1	Recall	50.7	24-35 m	2164	-
PCV1	Record	43.2	24-35 m	2164	-
PCV1	Record or Recall	93.9	24-35 m	2164	-
PCV3	Recall	36	24-35 m	2164	-
PCV3	Record	36.2	24-35 m	2164	-
PCV3	Record or Recall	72.2	24-35 m	2164	-
RCV1	Recall	29.6	24-35 m	2164	-
RCV1	Record	38.3	24-35 m	2164	-
RCV1	Record or Recall	67.9	24-35 m	2164	-
ROTAC	Recall	35.6	24-35 m	2164	-
ROTAC	Record	29.7	24-35 m	2164	-
ROTAC	Record or Recall	65.3	24-35 m	2164	-

## 2017 Encuesta Nacional de Salud y Nutrición (ENSANUT) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	45.5	12-23 m	1979	-
BCG	Record	49.6	12-23 m	1979	-
BCG	Record or Recall	95.1	12-23 m	1979	-
DTP1	Recall	43.6	12-23 m	1979	-
DTP1	Record	49	12-23 m	1979	-
DTP1	Record or Recall	92.5	12-23 m	1979	-
DTP3	Recall	30.4	12-23 m	1979	-
DTP3	Record	43.6	12-23 m	1979	-
DTP3	Record or Recall	74	12-23 m	1979	-

HEPB1	Recall	44.8	12-23 m	1979	-
HEPB1	Record	46.5	12-23 m	1979	-
HEPB1	Record or Recall	91.4	12-23 m	1979	-
HEPB3	Recall	23.9	12-23 m	1979	-
HEPB3	Record	26.1	12-23 m	1979	-
HEPB3	Record or Recall	50.1	12-23 m	1979	-
HIB1	Recall	43.6	12-23 m	1979	-
HIB1	Record	49	12-23 m	1979	-
HIB1	Record or Recall	92.5	12-23 m	1979	-
HIB3	Recall	30.4	12-23 m	1979	-
HIB3	Record	43.6	12-23 m	1979	-
HIB3	Record or Recall	74	12-23 m	1979	-
IPV1	Recall	43.6	12-23 m	1979	-
IPV1	Record	49	12-23 m	1979	-
IPV1	Record or Recall	92.5	12-23 m	1979	-
MCV1	Recall	36.8	24-35 m	1999	-
MCV1	Record	41.6	24-35 m	1999	-
MCV1	Record or Recall	78.4	24-35 m	1999	-
PCV1	Recall	42.2	12-23 m	1979	-
PCV1	Record	48.7	12-23 m	1979	-
PCV1	Record or Recall	90.9	12-23 m	1979	-
PCV3	Recall	26.4	12-23 m	1979	-
PCV3	Record	35.5	12-23 m	1979	-
PCV3	Record or Recall	61.9	12-23 m	1979	-
POL3	Recall	30.4	12-23 m	1979	-
POL3	Record	43.6	12-23 m	1979	-
POL3	Record or Recall	74	12-23 m	1979	-
RCV1	Recall	36.8	24-35 m	1999	-
RCV1	Record	41.6	24-35 m	1999	-
RCV1	Record or Recall	78.4	24-35 m	1999	-
ROTAC	Recall	31.3	12-23 m	1979	-
ROTAC	Record	35.3	12-23 m	1979	-
ROTAC	Record or Recall	66.6	12-23 m	1979	-

## 2016 Encuesta Nacional de Salud y Nutrición (ENSANUT) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	48.5	24-35 m	1999	-
BCG	Record	47.6	24-35 m	1999	-

# Mexico - Survey Details

BCG	Record or Recall	96.2	24-35 m	1999	-	BCG	Record or Recall	92.7	12-23 m	1440	75
DTP1	Recall	47.1	24-35 m	1999	-	BCG	Record or Recall<12m	92.6	12-23 m	1440	75
DTP1	Record	47.4	24-35 m	1999	-	DTP1	Record	73.6	12-23 m	1440	75
DTP1	Record or Recall	94.5	24-35 m	1999	-	DTP1	Record or Recall	91.9	12-23 m	1440	75
DTP3	Recall	37	24-35 m	1999	-	DTP1	Record or Recall<12m	91.4	12-23 m	1440	75
DTP3	Record	46	24-35 m	1999	-	DTP3	Record	64.9	12-23 m	1440	75
DTP3	Record or Recall	82.9	24-35 m	1999	-	DTP3	Record or Recall	71.9	12-23 m	1440	75
HEPB1	Recall	48.5	24-35 m	1999	-	DTP3	Record or Recall<12m	69.1	12-23 m	1440	75
HEPB1	Record	47.6	24-35 m	1999	-	HEPB1	Record	74	12-23 m	1440	75
HEPB1	Record or Recall	96.1	24-35 m	1999	-	HEPB1	Record or Recall	92.8	12-23 m	1440	75
HEPB3	Recall	30.9	24-35 m	1999	-	HEPB1	Record or Recall<12m	92.6	12-23 m	1440	75
HEPB3	Record	40.7	24-35 m	1999	-	HEPB3	Record	67.8	12-23 m	1440	75
HEPB3	Record or Recall	71.6	24-35 m	1999	-	HEPB3	Record or Recall	82.2	12-23 m	1440	75
HIB1	Recall	47.1	24-35 m	1999	-	HEPB3	Record or Recall<12m	76.9	12-23 m	1440	75
HIB1	Record	47.4	24-35 m	1999	-	HEPBB	Record	74	12-23 m	1440	75
HIB1	Record or Recall	94.5	24-35 m	1999	-	HEPBB	Record or Recall	92.8	12-23 m	1440	75
HIB3	Recall	37	24-35 m	1999	-	HEPBB	Record or Recall<12m	92.6	12-23 m	1440	75
HIB3	Record	46	24-35 m	1999	-	HIB1	Record	73.6	12-23 m	1440	75
HIB3	Record or Recall	82.9	24-35 m	1999	-	HIB1	Record or Recall	91.9	12-23 m	1440	75
IPV1	Recall	47.1	24-35 m	1999	-	HIB1	Record or Recall<12m	91.4	12-23 m	1440	75
IPV1	Record	47.4	24-35 m	1999	-	HIB3	Record	64.9	12-23 m	1440	75
IPV1	Record or Recall	94.5	24-35 m	1999	-	HIB3	Record or Recall	71.9	12-23 m	1440	75
PCV1	Recall	46.2	24-35 m	1999	-	HIB3	Record or Recall<12m	69.1	12-23 m	1440	75
PCV1	Record	47.7	24-35 m	1999	-	IPV1	Record	73.6	12-23 m	1440	75
PCV1	Record or Recall	93.9	24-35 m	1999	-	IPV1	Record or Recall	91.9	12-23 m	1440	75
PCV3	Recall	33.5	24-35 m	1999	-	IPV1	Record or Recall<12m	91.4	12-23 m	1440	75
PCV3	Record	42	24-35 m	1999	-	MCV1	Record	64.3	24-35 m	1799	-
PCV3	Record or Recall	75.5	24-35 m	1999	-	MCV1	Record or Recall	83.1	24-35 m	1799	-
POL3	Recall	37	24-35 m	1999	-	MCV1	Record or Recall<12m	81.9	24-35 m	1799	-
POL3	Record	46	24-35 m	1999	-	PCV1	Record	74	12-23 m	1440	75
POL3	Record or Recall	82.9	24-35 m	1999	-	PCV1	Record or Recall	91.6	12-23 m	1440	75
ROTAC	Recall	34.1	24-35 m	1999	-	PCV1	Record or Recall<12m	90.5	12-23 m	1440	75
ROTAC	Record	33.6	24-35 m	1999	-	PCV3	Record	51.4	12-23 m	1440	75
ROTAC	Record or Recall	67.7	24-35 m	1999	-	PCV3	Record or Recall	56.9	12-23 m	1440	75
						POL1	Record	73.6	12-23 m	1440	75
						POL1	Record or Recall	91.9	12-23 m	1440	75
						POL1	Record or Recall<12m	91.4	12-23 m	1440	75
						POL3	Record	64.9	12-23 m	1440	75
						POL3	Record or Recall	71.9	12-23 m	1440	75
						POL3	Record or Recall<12m	69.1	12-23 m	1440	75

2014 Mexico: Encuesta Nacional de Ninos, Ninas y Mujeres 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	74.4	12-23 m	1440	75

# Mexico - Survey Details

RCV1	Record	64.3	24-35 m	1799	-
RCV1	Record or Recall	83.1	24-35 m	1799	-
RCV1	Record or Recall<12m	81.9	24-35 m	1799	-
ROTAC	Record	56.4	12-23 m	1440	75
ROTAC	Record or Recall	62.7	12-23 m	1440	75
ROTAC	Record or Recall<12m	61.9	12-23 m	1440	75

2013 Mexico: Encuesta Nacional de Ninos, Ninas y Mujeres 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	72.2	24-35 m	1799	-
BCG	Record or Recall	93.6	24-35 m	1799	-
BCG	Record or Recall<12m	93.1	24-35 m	1799	-
DTP1	Record	72.6	24-35 m	1799	-
DTP1	Record or Recall	93.3	24-35 m	1799	-
DTP1	Record or Recall<12m	91.5	24-35 m	1799	-
DTP3	Record	68.7	24-35 m	1799	-
DTP3	Record or Recall	79.1	24-35 m	1799	-
DTP3	Record or Recall<12m	69.2	24-35 m	1799	-
HEPB1	Record	72.6	24-35 m	1799	-
HEPB1	Record or Recall	93.1	24-35 m	1799	-
HEPB1	Record or Recall<12m	92	24-35 m	1799	-
HEPB3	Record	68.7	24-35 m	1799	-
HEPB3	Record or Recall	85.1	24-35 m	1799	-
HEPB3	Record or Recall<12m	76	24-35 m	1799	-
HIB1	Record	72.6	24-35 m	1799	-
HIB1	Record or Recall	93.3	24-35 m	1799	-
HIB1	Record or Recall<12m	91.5	24-35 m	1799	-
HIB3	Record	68.7	24-35 m	1799	-
HIB3	Record or Recall	79.1	24-35 m	1799	-
HIB3	Record or Recall<12m	69.2	24-35 m	1799	-
IPV1	Record	72.6	24-35 m	1799	-
IPV1	Record or Recall	93.3	24-35 m	1799	-
IPV1	Record or Recall<12m	91.5	24-35 m	1799	-
PCV1	Record	72.3	24-35 m	1799	-
PCV1	Record or Recall	91	24-35 m	1799	-
PCV1	Record or Recall<12m	89.9	24-35 m	1799	-
PCV3	Record	63.9	24-35 m	1799	-
PCV3	Record or Recall	72.3	24-35 m	1799	-

PCV3	Record or Recall<12m	70.6	24-35 m	1799	-
POL1	Record	72.6	24-35 m	1799	-
POL1	Record or Recall	93.3	24-35 m	1799	-
POL1	Record or Recall<12m	91.5	24-35 m	1799	-
POL3	Record	68.7	24-35 m	1799	-
POL3	Record or Recall	79.1	24-35 m	1799	-
POL3	Record or Recall<12m	69.2	24-35 m	1799	-
ROTAC	Record	58.9	24-35 m	1799	-
ROTAC	Record or Recall	67.6	24-35 m	1799	-
ROTAC	Record or Recall<12m	55.1	24-35 m	1799	-

2011 Encuesta Nacional de Salud y Nutrición 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	98.3	12-23 m	743	64
DTP3	Recall	78.8	12-23 m	743	64
HEPB3	Recall	36.6	12-23 m	743	64
HIB3	Recall	78.8	12-23 m	743	64
MCV1	Recall	86.5	12-23 m	743	64
PCV3	Recall	86.3	12-23 m	743	64
POL3	Recall	78.8	12-23 m	743	64
ROTAC	Recall	81.2	12-23 m	743	64

2010 Encuesta Nacional de Salud y Nutrición 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	98.2	12-35 m	1591	-
BCG	Record	96.7	12-35 m	2801	-
DTP3	Recall	81	12-35 m	1591	-
DTP3	Record	90.2	12-35 m	2801	-
HEPB3	Recall	36.5	12-35 m	1591	-
HEPB3	Record	94.7	12-35 m	2801	-
HIB3	Recall	81	12-35 m	1591	-
HIB3	Record	90.2	12-35 m	2801	-
MCV1	Recall	91.3	12-35 m	1591	-
MCV1	Record	81.2	12-35 m	2801	-
PCV3	Recall	86.5	12-35 m	1591	-

PCV3	Record	87.6	12-35 m	2801	-
POL3	Recall	81	12-35 m	1591	-
POL3	Record	90.2	12-35 m	2801	-
ROTAC	Recall	84.3	12-35 m	1591	-
ROTAC	Record	76.8	12-35 m	2801	-

2005 Encuesta Nacional de Salud y Nutrición 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record	81.2	0-12 m	-	-

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

2004 Encuesta Nacional de Salud y Nutrición 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	96.8	12-35 m	-	85
DTP3	Record	92.9	12-35 m	-	85
HEPB3	Record	92.9	12-35 m	-	85
HIB3	Record	92.9	12-35 m	-	85
POL3	Record	96.1	12-35 m	-	85