

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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

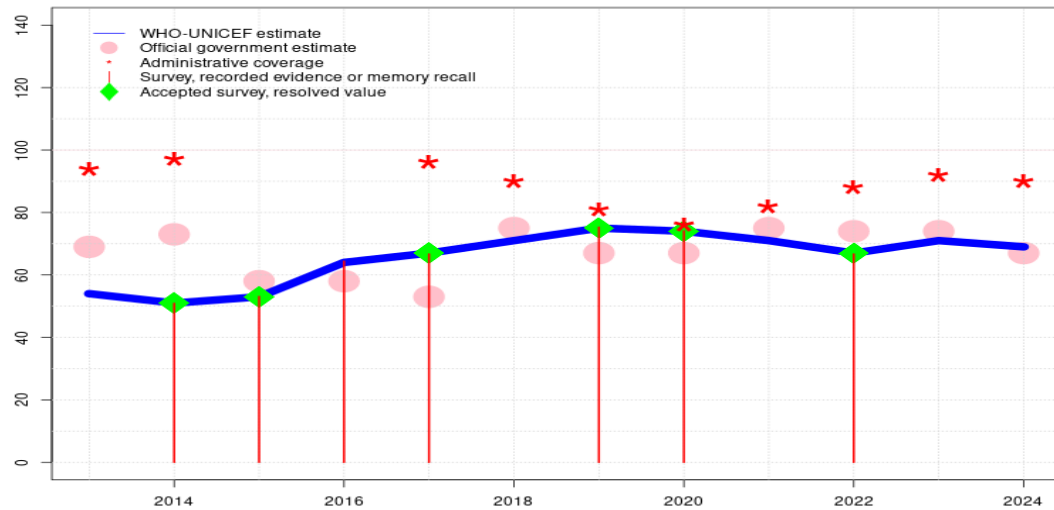
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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Nigeria - BCG

NGA - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	54	51	53	64	67	71	75	74	71	67	71	69
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	69	73	58	58	53	75	67	67	75	74	74	67
Administrative	94	97	-	-	96	90	81	76	82	88	92	90
Survey	-	51	53	64	67	-	75	74	-	67	-	-

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.

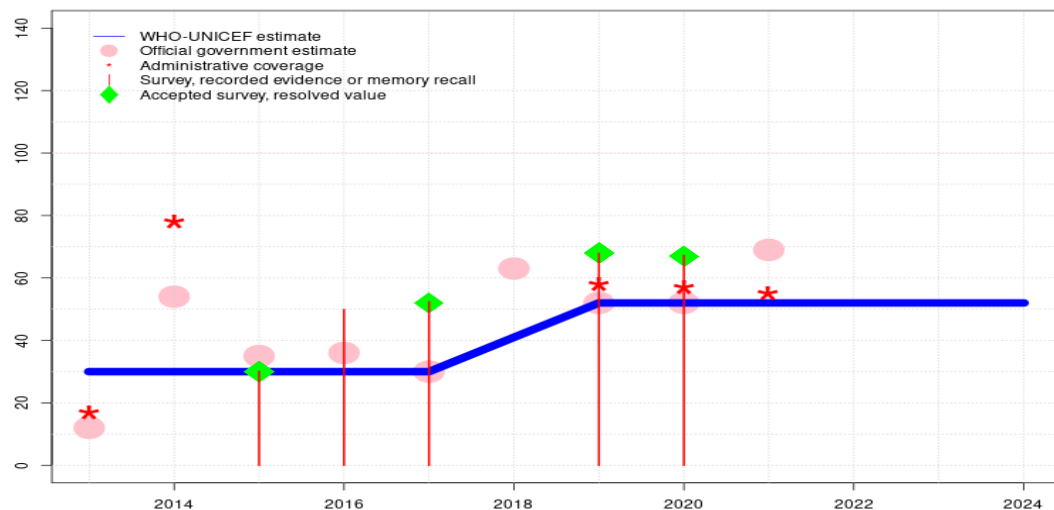
Description:

- 2024: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Programme reported vaccine stock-out at the subnational level. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 71 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-
- 2022: Estimate of 67 percent assigned by working group. Estimate based on survey results. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 67 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2020 and 2022 levels. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate of 71 percent changed from previous revision value of 74 percent. GoC=Assigned by working group.
- 2020: Estimate of 74 percent assigned by working group. Estimated coverage informed by 2021 MICS/NICS results for 2020 birth cohort. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: D-R-
- 2019: Estimate informed by 2021 MICS/NICS results for the 2019 birth cohort. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between 2017 and 2019 levels. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Official estimates based on a review of strategic plan targets, 2018 Nutrition and Health Survey results, and routine immunization lot-quality assurance survey results. Estimate challenged by: D-R-

- 2017: Estimate of 67 percent assigned by working group. Estimate informed by survey result. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports national level stockout of unspecified duration. Estimate challenged by: D-R-S-
- 2016: Estimate of 64 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Reported official government estimate received July 2017 is based on preliminary 2016-17 MICS/NICS results applied to the 2016 birth cohort. Estimate challenged by: R-S-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 53 percent based on 1 survey(s). Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Reported official government estimate received July 2017 is based on preliminary 2016-17 MICS/NICS results applied to the 2015 birth cohort. Estimate challenged by: R-S-
- 2014: Estimate of 51 percent assigned by working group. Estimate based on results from the 2016-17 MICS/NICS survey. Reported data excluded. Official government estimate based on an adjustment to the administrative data based on a correction factor of 75 percent that was derived from observation of a community survey showing that 69 percent of infants were fully vaccinated. Nearly three-quarters of community survey respondents were from northern states observed to have lower routine immunization coverage. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2010 and 2014 levels. Reported data excluded. Official government estimate based on administrative data adjusted to the mean using a 2014 DQS verification factor and results from a community survey. Estimate of 54 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-

Nigeria - HEPBB

NGA - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	30	30	30	30	30	41	52	52	52	52	52	52
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	12	54	35	36	30	63	52	52	69	-	-	-
Administrative	17	78	-	-	-	-	58	57	55	-	-	-
Survey	-	-	30	50	52	-	68	67	-	-	-	-

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: Estimated coverage informed by prior year estimate. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Official estimate based on the results of the most recent survey at the time of reporting. GoC=No accepted empirical data
- 2023: Estimated coverage informed by prior year estimate. Official estimate based on the results of the most recent survey at the time of reporting. GoC=No accepted empirical data
- 2022: Estimated coverage informed by prior year estimate. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: S-
- 2021: The country official 2021 reported coverage is based on the 2021 MICS NICS survey, which largely reflects coverage achieved in the 2020 birth cohort. Estimated coverage is informed by an extrapolation from the estimated value for 2020. Reported administrative coverage reflects doses delivered in health facilities. Reported data excluded due to sudden change in coverage from 52 to 69 percent. Estimate challenged by: D-R-S-
- 2020: Reported official coverage is based on survey results while administrative coverage reflects doses delivered in health facilities. Estimated coverage is informed by reported official. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: D-R-S-
- 2019: Estimate of 52 percent assigned by working group. Estimate is exceptionally based on reported official coverage. Official coverage informed by results of a 2017 survey and may reflect doses administered after 24 hours. Reported administrative coverage reflects doses delivered in health facilities. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-S-
- 2018: Estimate informed by interpolation between 2017 and 2019 levels. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Reported data excluded due to an increase from 30 percent to 63 percent with decrease to 52 percent. Estimate challenged by: R-S-
- 2017: Estimate of 30 percent assigned by working group. Estimate based on results of the 2016-17 MICS/NICS survey. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: R-S-
- 2016: Estimate of 30 percent assigned by working group. Estimate based on results of the 2016-17 MICS/NICS survey. Nigeria Demographic and Health Survey 2018 results ig-

nored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: R-S-

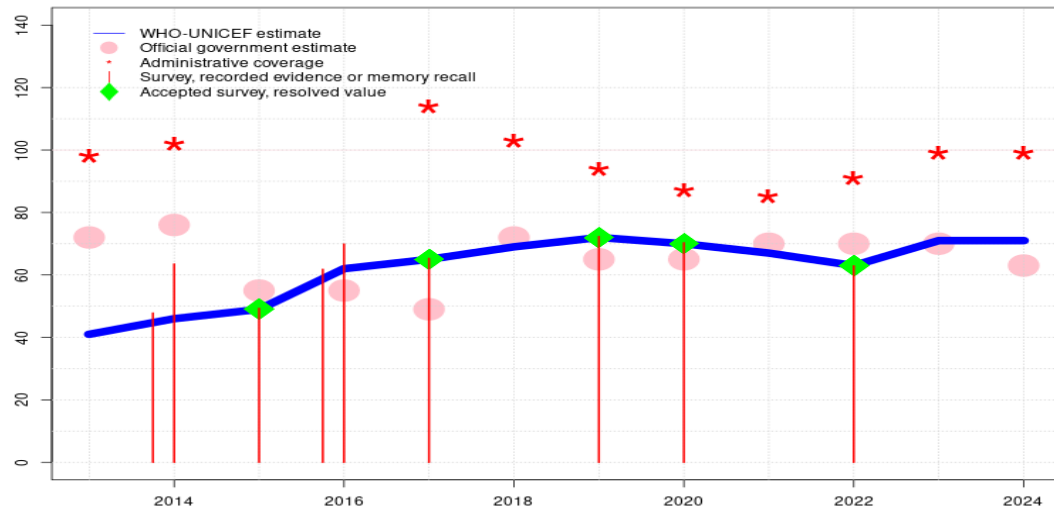
2015: Estimate of 30 percent assigned by working group. Estimate based on results of the 2016-17 MICS/NICS survey. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: R-S-

2014: Estimate informed by interpolation between 2010 and 2015 levels. Estimate informed by interpolation between survey results. Reported data excluded. Official government estimate based on an adjustment to the administrative data based on a correction factor of 75 percent that was derived from observation of a community survey showing that 69 percent of infants were fully vaccinated. Nearly three-quarters of community survey respondents were from northern states observed to have lower routine immunization coverage. Reported data excluded due to an increase from 12 percent to 54 percent with decrease to 35 percent. Estimate challenged by: D-R-

2013: Estimate informed by interpolation between 2010 and 2015 levels. Estimate informed by interpolation between survey results. Reported data excluded. Official government estimate based on administrative data adjusted to the mean using a 2014 DQS verification factor and results from a community survey. Estimate challenged by: D-R-

Nigeria - DTP1

NGA - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	41	46	49	62	65	69	72	70	67	63	71	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	72	76	55	55	49	72	65	65	70	70	70	63
Administrative	98	102	-	-	114	103	94	87	85	91	99	99
Survey	-	*	49	*	65	-	72	70	-	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: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-

2023: Reported data calibrated to 2022 levels. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 71 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-

2022: Estimate of 63 percent assigned by working group. Estimate based on survey results. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 63 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-

2021: Estimate informed by interpolation between 2020 and 2022 levels. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate of 67 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-

2020: Estimated coverage informed by 2021 MICS/NICS results for 2020 birth cohort. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: D-

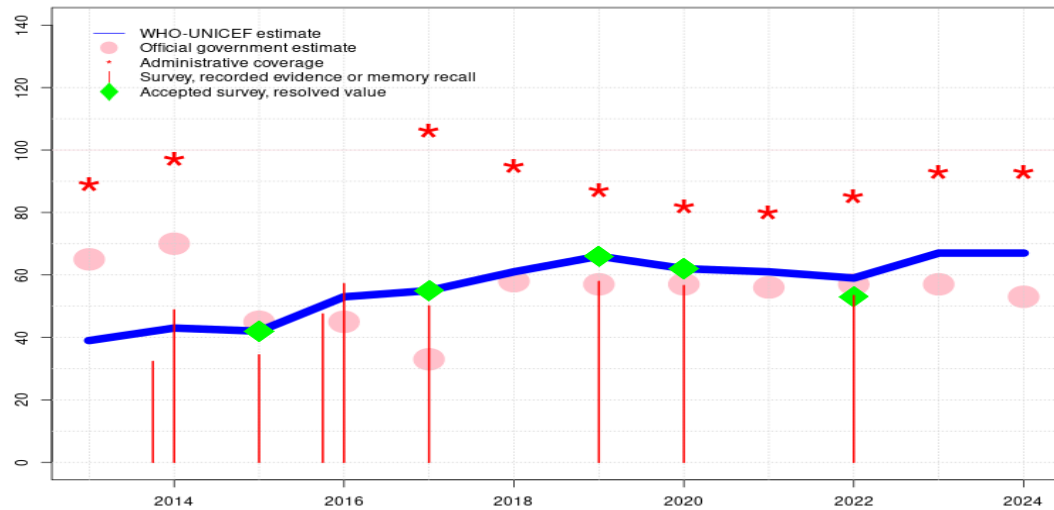
2019: Estimate of 72 percent assigned by working group. Estimate informed by 2021 MICS/NICS results for the 2019 birth cohort. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-

2018: Estimate informed by interpolation between 2017 and 2019 levels. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Official estimates based on a review of strategic plan targets, 2018 Nutrition and Health Survey results, and routine immunization lot-quality assurance survey results. Sharp increases between 2015 and 2016-18

- period may be partially explained by the timing of survey fieldwork vis-a-vis investments and activity to improve routine immunization. Estimate challenged by: D-R-
- 2017: Estimate of 65 percent assigned by working group. Estimate informed by survey result. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: D-R-S-
- 2016: Estimate of 62 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria National Nutrition and Health Survey (NNHS) 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: R-S-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 49 percent based on 1 survey(s). Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: R-S-
- 2014: Reported data calibrated to 2010 and 2015 levels. Nigeria National Nutrition and Health Survey, 2015 results ignored by working group. The results of the 2015 Nigeria National Nutrition and Health Survey are presented such that coverage by card and by recall cannot be assessed and thus are not considered. Nigeria Multiple Indicator Cluster Survey 2016-2017 results ignored by working group. The results of the 2015 Nigeria National Nutrition and Health Survey are presented such that coverage by card and by recall cannot be assessed and thus are not considered. Reported data excluded. Official government estimate based on an adjustment to the administrative data based on a correction factor of 75 percent that was derived from observation of a community survey showing that 69 percent of infants were fully vaccinated. Nearly three-quarters of community survey respondents were from northern states observed to have lower routine immunization coverage. Estimate of 46 percent changed from previous revision value of 48 percent. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2010 and 2015 levels. Reported data excluded. Official government estimate based on administrative data adjusted to the mean using a 2014 DQS verification factor and results from a community survey. Administrative data documents recovery from pentavalent DTP-HepB-Hib and MCV stockout. Estimate of 41 percent changed from previous revision value of 49 percent. Estimate challenged by: D-R-

Nigeria - DTP3

NGA - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	39	43	42	53	55	61	66	62	61	59	67	67
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	65	70	45	45	33	58	57	57	56	57	57	53
Administrative	89	97	-	-	106	95	87	82	80	85	93	93
Survey	-	*	34	*	50	-	58	57	-	53	-	-

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: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-S-

2023: Reported data calibrated to 2022 levels. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 67 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-

2022: Estimate of 59 percent assigned by working group. Estimate based on survey results. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between DTP1 and DTP3 in admin data applied to survey results by card or recall. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 59 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-

2021: Estimate informed by interpolation between 2020 and 2022 levels. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate of 61 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-

2020: Estimate of 62 percent assigned by working group. Estimated coverage informed by 2021 MICS/NICS results adjusted for recall bias for 2020 birth cohort. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 57 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 47 percent. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: D-R-

2019: Estimate of 66 percent assigned by working group. Estimate informed by 2021 MICS/NICS results adjusted for recall for the 2019 birth cohort. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 58 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 72 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 41 percent. Reported data excluded.

Nigeria - DTP3

Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-S-

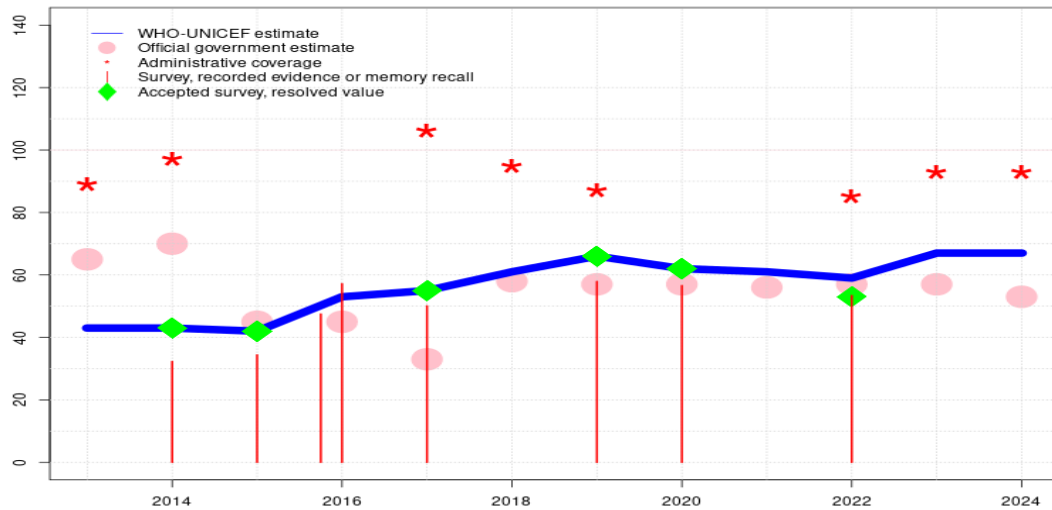
- 2018: Estimate informed by interpolation between 2017 and 2019 levels. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Official estimates based on a review of strategic plan targets, 2018 Nutrition and Health Survey results, and routine immunization lot-quality assurance survey results. Sharp increases between 2015 and 2016 may be partially explained by the timing of survey fieldwork vis-a-vis investments and activity to improve routine immunization. Estimate challenged by: D-R-
- 2017: Estimate of 55 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 record or recall results of 50 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 65 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 32 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Reported data excluded due to decline in reported coverage from 45 percent to 33 percent with increase to 58 percent. Estimate challenged by: D-R-S-
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria National Nutrition and Health Survey (NNHS) 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria Demographic and Health Survey 2018 record or recall results of 48 percent modified for recall bias to 53 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 28 percent and 3rd dose record only coverage of 24 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: R-S-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 42 percent based on 1 survey(s). Nigeria Multiple Indicator Cluster Survey 2016-2017 record or recall results of 34 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 49 percent, 1st dose record only coverage of 27 percent and 3rd dose record only coverage of 23 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: R-S-
- 2014: Estimate of 43 percent assigned by working group. Estimate informed by survey coverage

level. Nigeria National Nutrition and Health Survey, 2015 results ignored by working group. The results of the 2015 Nigeria National Nutrition and Health Survey are presented such that recall bias cannot be assessed and thus are not considered. Nigeria Multiple Indicator Cluster Survey 2016-2017 results ignored by working group. The results of the 2015 Nigeria National Nutrition and Health Survey are presented such that recall bias cannot be assessed and thus are not considered. Nigeria Multiple Indicator Cluster Survey 2016-2017 record or recall results of 32 percent modified for recall bias to 43 percent based on 1st dose record or recall coverage of 48 percent, 1st dose record only coverage of 18 percent and 3rd dose record only coverage of 16 percent. Reported data excluded. Official government estimate based on an adjustment to the administrative data based on a correction factor of 75 percent that was derived from observation of a community survey showing that 69 percent of infants were fully vaccinated. Nearly three-quarters of community survey respondents were from northern states observed to have lower routine immunization coverage. Estimate challenged by: D-R-

- 2013: Reported data calibrated to 2010 and 2014 levels. Reported data excluded. Official government estimate based on administrative data adjusted to the mean using a 2014 DQS verification factor and results from a community survey. Administrative data documents recovery from pentavalent DTP-HepB-Hib and MCV stockout. Estimate of 39 percent changed from previous revision value of 43 percent. Estimate challenged by: D-R-

Nigeria - HEPB3

NGA - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	43	43	42	53	55	61	66	62	61	59	67	67
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	65	70	45	45	33	58	57	57	56	57	57	53
Administrative	89	97	-	-	106	95	87	-	-	85	93	93
Survey	-	32	34	*	50	-	58	57	-	53	-	-

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: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-S-

2023: Reported data calibrated to 2022 levels. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 67 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-

2022: Estimate of 59 percent assigned by working group. Estimate based on survey results. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between HepB1 and HepB3 in admin data applied to survey results by card or recall. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 59 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-

2021: Estimate informed by interpolation between 2020 and 2022 levels. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate of 61 percent changed from previous revision value of 62 percent. Estimate challenged by: R-

2020: Estimate of 62 percent assigned by working group. Estimated coverage informed by 2021 MICS/NICS results adjusted for recall bias for 2020 birth cohort. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 57 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 47 percent. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: R-

2019: Estimate of 66 percent assigned by working group. Estimate informed by 2021 MICS/NICS results adjusted for recall for the 2019 birth cohort. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 58 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 72 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 41 percent. Reported data excluded.

Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-S-

2018: Estimate informed by interpolation between 2017 and 2019 levels. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Official estimates based on a review of strategic plan targets, 2018 Nutrition and Health Survey results, and routine immunization lot-quality assurance survey results. Sharp increases between 2015 and 2016-18 period may be partially explained by the timing of survey fieldwork vis-a-vis investments and activity to improve routine immunization. Estimate challenged by: D-R-

2017: Estimate of 55 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 record or recall results of 50 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 65 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 32 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Reported data excluded due to decline in reported coverage from 45 percent to 33 percent with increase to 58 percent. Estimate challenged by: D-R-S-

2016: Estimate of 53 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria National Nutrition and Health Survey (NNHS) 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria Demographic and Health Survey 2018 record or recall results of 48 percent modified for recall bias to 53 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 28 percent and 3rd dose record only coverage of 24 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: R-S-

2015: Estimate of 42 percent assigned by working group. Estimate informed by survey result. Nigeria Multiple Indicator Cluster Survey 2016-2017 record or recall results of 34 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 49 percent, 1st dose record only coverage of 27 percent and 3rd dose record only coverage of 23 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: R-S-

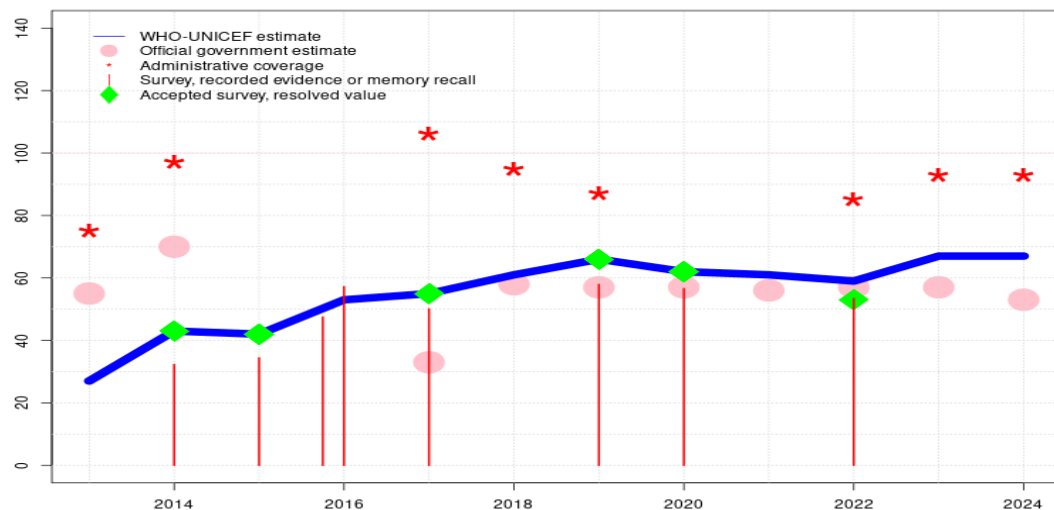
2014: Estimate of 43 percent assigned by working group. Estimate informed by survey cover-

age level. Nigeria Multiple Indicator Cluster Survey 2016-2017 record or recall results of 32 percent modified for recall bias to 43 percent based on 1st dose record or recall coverage of 48 percent, 1st dose record only coverage of 18 percent and 3rd dose record only coverage of 16 percent. Reported data excluded. Official government estimate based on an adjustment to the administrative data based on a correction factor of 75 percent that was derived from observation of a community survey showing that 69 percent of infants were fully vaccinated. Nearly three-quarters of community survey respondents were from northern states observed to have lower routine immunization coverage. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2014 levels. Reported data excluded. Official government estimate based on administrative data adjusted to the mean using a 2014 DQS verification factor and results from a community survey. Administrative data documents recovery from pentavalent DTP-HepB-Hib and MCV stockout. Estimate challenged by: D-R-

Nigeria - Hib3

NGA - Hib3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	27	43	42	53	55	61	66	62	61	59	67	67
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	55	70	-	-	33	58	57	57	56	57	57	53
Administrative	75	97	-	-	106	95	87	-	-	85	93	93
Survey	-	32	34	*	50	-	58	57	-	53	-	-

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: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-S-
- 2023: Reported data calibrated to 2022 levels. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 67 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-
- 2022: Estimate of 59 percent assigned by working group. Estimate based on survey results. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between Hib1 and Hib3 in admin data applied to survey results by card or recall. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 59 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2020 and 2022 levels. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate of 61 percent changed from previous revision value of 62 percent. Estimate challenged by: R-
- 2020: Estimate of 62 percent assigned by working group. Estimated coverage informed by 2021 MICS/NICS results adjusted for recall bias for 2020 birth cohort. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 57 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 47 percent. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: R-
- 2019: Estimate of 66 percent assigned by working group. Estimate informed by 2021 MICS/NICS results adjusted for recall for the 2019 birth cohort. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 58 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 72 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 41 percent. Reported data excluded.

Nigeria - Hib3

Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-S-

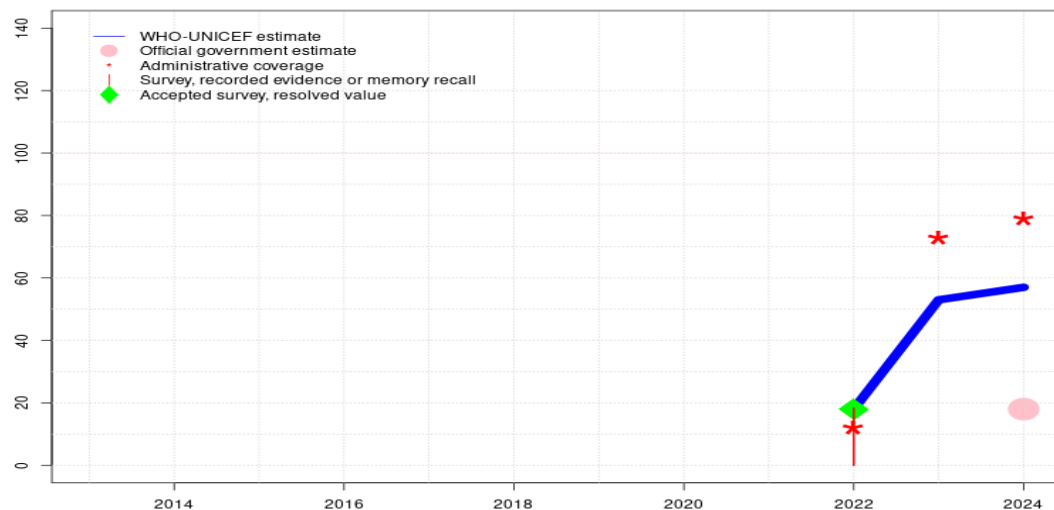
- 2018: Estimate informed by interpolation between 2017 and 2019 levels. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Official estimates based on a review of strategic plan targets, 2018 Nutrition and Health Survey results, and routine immunization lot-quality assurance survey results. Sharp increases between 2015 and 2016-18 period may be partially explained by the timing of survey fieldwork vis-a-vis investments and activity to improve routine immunization. Estimate challenged by: D-R-S-
- 2017: Estimate of 55 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 record or recall results of 50 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 65 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 32 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: D-R-S-
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria National Nutrition and Health Survey (NNHS) 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria Demographic and Health Survey 2018 record or recall results of 48 percent modified for recall bias to 53 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 28 percent and 3rd dose record only coverage of 24 percent. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: S-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 42 percent based on 1 survey(s). Nigeria Multiple Indicator Cluster Survey 2016-2017 record or recall results of 34 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 49 percent, 1st dose record only coverage of 27 percent and 3rd dose record only coverage of 23 percent. Estimate challenged by: S-
- 2014: Estimate of 43 percent assigned by working group. Estimate informed by survey coverage level. Nigeria Multiple Indicator Cluster Survey 2016-2017 record or recall results of 32 percent modified for recall bias to 43 percent based on 1st dose record or recall coverage of 48 percent, 1st dose record only coverage of 18 percent and 3rd dose record only coverage of 16 percent. Reported data excluded. Official government estimate based

on an adjustment to the administrative data based on a correction factor of 75 percent that was derived from observation of a community survey showing that 69 percent of infants were fully vaccinated. Nearly three-quarters of community survey respondents were from northern states observed to have lower routine immunization coverage. Estimate challenged by: D-R-

- 2013: Estimate informed by interpolation between 2012 and 2014 levels. Reported data excluded. Official government estimate based on administrative data adjusted to the mean using a 2014 DQS verification factor and results from a community survey. Administrative data documents recovery from pentavalent DTP-HepB-Hib and MCV stockout. Estimate may overestimate coverage as DTP-HepB-Hib continued to be introduced across the country during the year but was not nationally available in all areas until 2014. Estimate challenged by: D-R-S-

Nigeria - ROTAC

NGA - ROTAC



Description:

- 2024: Estimate is based on the relationship between reported admin coverage for DTP3 and RotaC applied to the DTP3 estimated coverage. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Programme reported vaccine stock-out at the subnational level. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-S-
- 2023: Estimate informed by the relationship between reported administrative data for DTP3 and RotaC applied to the estimated DTP3 coverage. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 53 percent changed from previous revision value of 49 percent. Estimate challenged by: D-R-S-
- 2022: Estimate of 18 percent assigned by working group. Estimate based on survey results. Rotavirus vaccine introduced in June 2022. Estimate is exceptionally based on reported administrative data. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 18 percent changed from previous revision value of 12 percent. GoC=Assigned by working group. Consistency with other antigens during introduction period.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	18	53	57
Estimate GoC	-	-	-	-	-	-	-	-	-	●	●	●
Official	-	-	-	-	-	-	-	-	-	-	-	18
Administrative	-	-	-	-	-	-	-	-	-	12	73	79
Survey	-	-	-	-	-	-	-	-	-	18	-	-

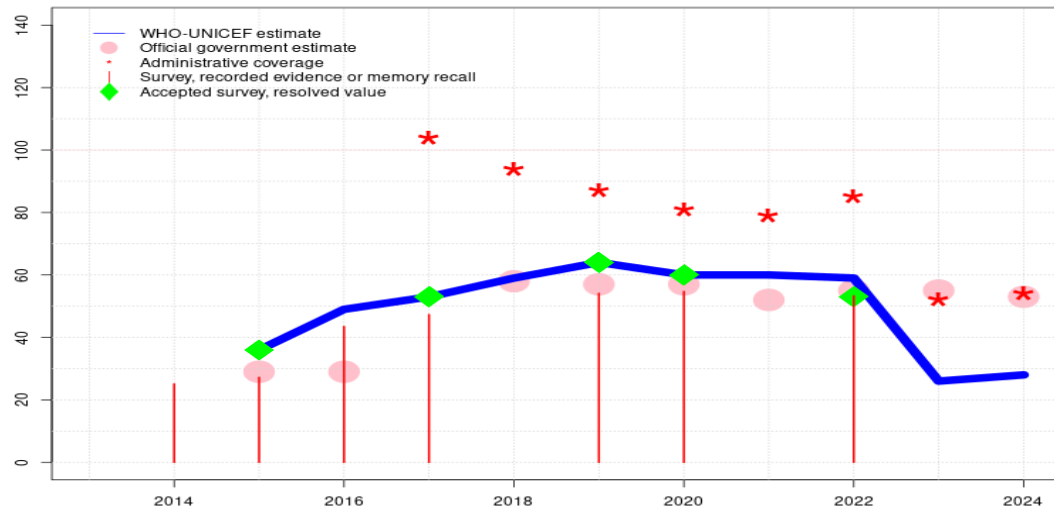
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Nigeria - PCV3

NGA - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	36	49	53	59	64	60	60	59	26	28
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	29	29	-	58	57	57	52	55	55	53
Administrative	-	-	-	-	104	94	87	81	79	85	52	54
Survey	-	25	27	44	47	-	54	55	-	53	-	-

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: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Programme reported vaccine stock-out at the subnational level. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-S-

2023: Reported data calibrated to 2022 levels. Programme reports a one month vaccine stockout at national level. Unexplained 38 percent decline in reported doses administered. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 26 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-S-

2022: Estimate of 59 percent assigned by working group. Estimate based on survey results. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate is based on the relationship between reported admin coverage for DTP3 and PCV3 applied to the DTP3 estimated coverage. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Note that reported official coverage reflects crude survey results for the 3rd dose that do not account for recall bias in the absence of documented evidence of vaccination. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 59 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-

2021: Estimate informed by interpolation between 2020 and 2022 levels. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate challenged by: D-R-

2020: Estimate of 60 percent assigned by working group. Estimated coverage informed by 2021 MICS/NICS results adjusted for recall bias for 2020 birth cohort. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 55 percent modified for recall bias to 60 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 47 percent. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: D-R-

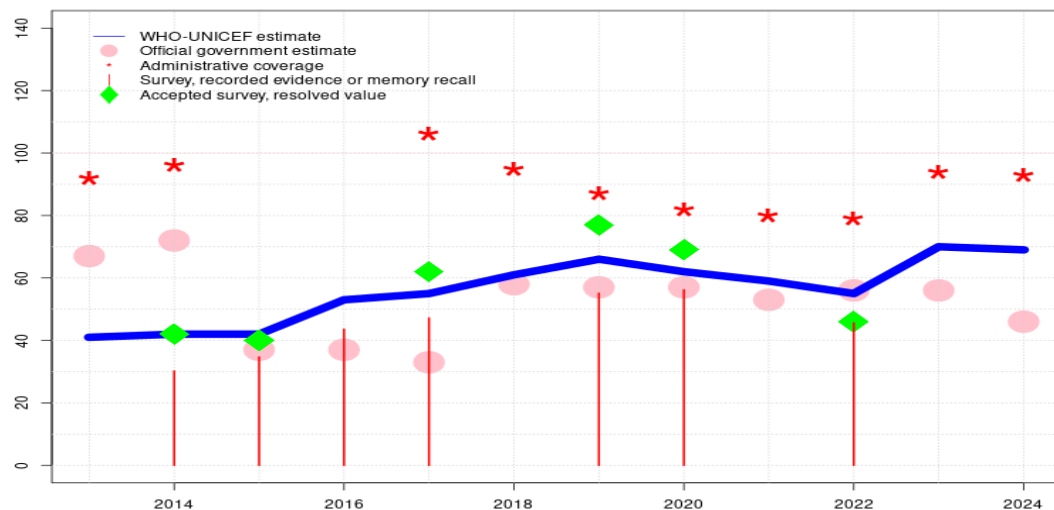
2019: Estimate of 64 percent assigned by working group. Estimate informed by 2021 MICS/NICS results adjusted for recall for the 2019 birth cohort. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 54 percent modified for recall bias to 64 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 41 percent. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improve-

ments can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-S-

- 2018: Estimate informed by interpolation between 2017 and 2019 levels. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Official estimates based on a review of strategic plan targets, 2018 Nutrition and Health Survey results, and routine immunization lot-quality assurance survey results. Estimate challenged by: D-R-
- 2017: Estimate of 53 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 record or recall results of 47 percent modified for recall bias to 53 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 36 percent and 3rd dose record only coverage of 31 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Reported data excluded because 104 percent greater than 100 percent. Reported data excluded due to an increase from 29 percent to 104 percent with decrease to 58 percent. Estimate challenged by: D-R-S-
- 2016: Estimate of 49 percent assigned by working group. Estimate informed by survey result. Nigeria Demographic and Health Survey 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria Demographic and Health Survey 2018 record or recall results of 44 percent modified for recall bias to 49 percent based on 1st dose record or recall coverage of 58 percent, 1st dose record only coverage of 26 percent and 3rd dose record only coverage of 22 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Reported official government estimate received June 2017 is based on preliminary 2016-17 MICS/NICS results applied to the 2015 birth cohort. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: R-S-
- 2015: Estimate based on results of the 2016-17 MICS/NICS survey adjusted for recall bias. Nigeria Multiple Indicator Cluster Survey 2016-2017 record or recall results of 27 percent modified for recall bias to 36 percent based on 1st dose record or recall coverage of 40 percent, 1st dose record only coverage of 19 percent and 3rd dose record only coverage of 17 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Pneumococcal conjugate vaccine introduced in 2015. Estimate challenged by: R-S-

Nigeria - POL3

NGA - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	41	42	42	53	55	61	66	62	59	55	70	69
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	67	72	37	37	33	58	57	57	53	56	56	46
Administrative	92	96	-	-	106	95	87	82	80	79	94	93
Survey	-	30	35	44	47	-	55	56	-	46	-	-

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: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Programme reported vaccine stock-out at the subnational level. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-S-
- 2023: Reported data calibrated to 2022 levels. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 70 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-
- 2022: Estimate of 55 percent assigned by working group. Estimate based on survey results. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate is based on the relationship between reported admin coverage for DTP3 and Pol3 applied to the DTP3 estimated coverage. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Note that reported official coverage reflects crude survey results for the 3rd dose that do not account for recall bias in the absence of documented evidence of vaccination. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 55 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-
- 2021: Estimate informed by interpolation between 2020 and 2022 levels. Difference in trend in estimated coverage since 2017 for DTP3 and Polio3 reflects differences in recent survey coverage values for these vaccine-dose combinations, which are typically administered at the same visit. Estimated coverage levels for polio reflect those achieved through routine service delivery. The number of children protected from polio is likely higher than that suggested by routine coverage due to the frequent numbers of vaccination campaigns conducted in the country. Nonetheless, efforts to increase the reach of routine services are important. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate of 59 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-
- 2020: Estimate of 62 percent assigned by working group. Estimated coverage informed by estimated DTP3 adjusted for recall bias. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 56 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 54 percent

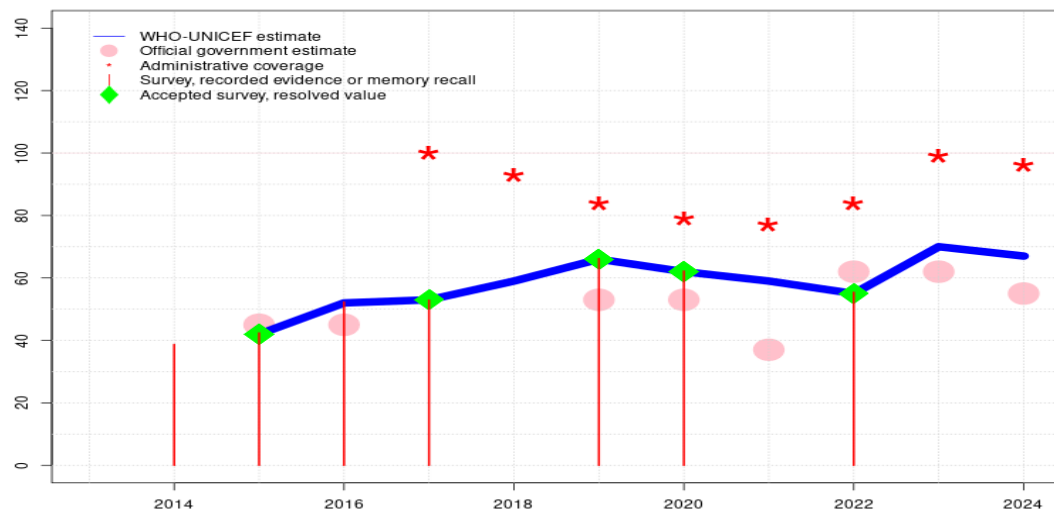
and 3rd dose record only coverage of 48 percent. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: D-R-S-

- 2019: Estimate of 66 percent assigned by working group. Estimate informed by survey results for DTP3 adjusted for recall. Nigeria Multiple Indicator Cluster Survey 2021 record or recall results of 55 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 42 percent. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-S-
- 2018: Estimate informed by interpolation between 2017 and 2019 levels. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: D-R-S-
- 2017: Estimate of 55 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Nigeria Demographic and Health Survey 2018 record or recall results of 47 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 74 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 32 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: D-R-S-
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Nigeria Demographic and Health Survey 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria Demographic and Health Survey 2018 record or recall results of 44 percent modified for recall bias to 61 percent based on 1st dose record or recall coverage of 71 percent, 1st dose record only coverage of 28 percent and 3rd dose record only coverage of 24 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: R-S-
- 2015: Estimate of 42 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Nigeria Multiple Indicator Cluster Survey 2016-2017 record or recall results of 35 percent modified for recall bias to 40 percent based on 1st dose record or recall coverage of 50 percent, 1st dose record only coverage of 26 percent and 3rd dose record only coverage of 21 percent. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: R-S-

- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 42 percent based on 1 survey(s). Nigeria Multiple Indicator Cluster Survey 2016-2017 record or recall results of 30 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 48 percent, 1st dose record only coverage of 17 percent and 3rd dose record only coverage of 15 percent. Reported data excluded. Official government estimate based on an adjustment to the administrative data based on a correction factor of 75 percent that was derived from observation of a community survey showing that 69 percent of infants were fully vaccinated. Nearly three-quarters of community survey respondents were from northern states observed to have lower routine immunization coverage. Estimate of 42 percent changed from previous revision value of 40 percent. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2014 levels. Reported data excluded. Official government estimate based on administrative data adjusted to the mean using a 2014 DQS verification factor and results from a community survey. Estimate of 41 percent changed from previous revision value of 40 percent. Estimate challenged by: D-R-

Nigeria - IPV1

NGA - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	42	52	53	59	66	62	59	55	70	67
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	45	45	-	-	53	53	37	62	62	55
Administrative	-	-	-	-	100	93	84	79	77	84	99	96
Survey	-	39	42	52	53	-	66	62	-	55	-	-

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.

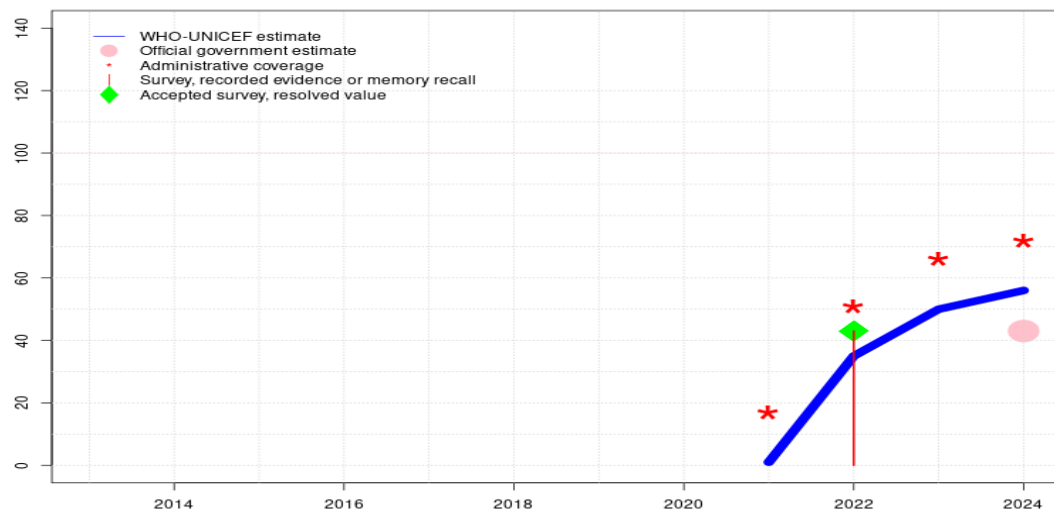
Description:

- 2024: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Programme reported vaccine stock-out at the subnational level. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-S-
- 2023: Reported data calibrated to 2022 levels. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 70 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-
- 2022: Estimate of 55 percent assigned by working group. Estimate based on survey results. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 55 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2020 and 2022 levels. Reported data excluded due to decline in reported coverage from 53 percent to 37 percent with increase to 84 percent. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate of 59 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-
- 2020: Estimate of 62 percent assigned by working group. Estimate is informed by 2021 MICS/NICS results for 2020 birth cohort. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: D-R-
- 2019: Estimate is informed by 2021 MICS/NICS results for 2019 birth cohort. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-S-
- 2018: Estimate is informed by interpolation between estimated coverage levels in 2017 and 2019. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate

- challenged by: D-R-
- 2017: Estimate is informed by survey result. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: D-R-S-
- 2016: Estimate is informed by survey result. Nigeria Demographic and Health Survey 2018 results ignored by working group. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: R-
- 2015: Estimate is informed by survey result. Inactivated polio vaccine introduced in early 2015. Government reports an exceptionally high year-to-year increase in the number of surviving infants compared to the UN Population Division. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: R-S-

Nigeria - IPV2

NGA - IPV2



Description:

- 2024: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Programme reported vaccine stock-out at the subnational level. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-S-
- 2023: Reported data calibrated to 2022 levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 50 percent changed from previous revision value of 44 percent. Estimate challenged by: D-R-
- 2022: Estimate of 35 percent assigned by working group. Estimate based on survey results. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate is based on the relationship between reported admin coverage for DTP3 and IPV2 applied to the DTP3 estimated coverage. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 35 percent changed from previous revision value of 37 percent. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2022 levels. Second dose of inactivated polio vaccine introduced in 2021 and recommended at 14 weeks of age. Estimate is exceptionally based on reported data during introduction. Estimate of 1 percent changed from previous revision value of 17 percent. Estimate challenged by: D-R-S-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	1	35	50	56
Estimate GoC	-	-	-	-	-	-	-	-	•	•	•	•
Official	-	-	-	-	-	-	-	-	-	-	-	43
Administrative	-	-	-	-	-	-	-	-	17	51	66	72
Survey	-	-	-	-	-	-	-	-	-	43	-	-

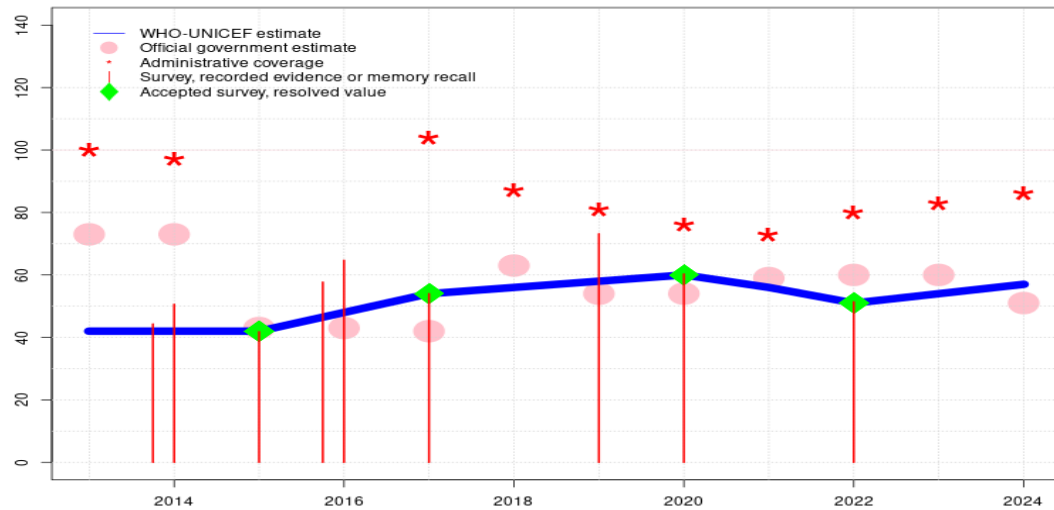
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Nigeria - MCV1

NGA - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	42	42	42	48	54	56	58	60	56	51	54	57
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	73	73	43	43	42	63	54	54	59	60	60	51
Administrative	100	97	-	-	104	87	81	76	73	80	83	86
Survey	-	*	42	*	54	-	73	60	-	51	-	-

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: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Programme reported vaccine stock-out at the subnational level. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 54 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-
- 2022: Estimate of 51 percent assigned by working group. Estimate based on survey results. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Programme reports one month vaccine stockout at national and subnational levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 51 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2020 and 2022 levels. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate of 56 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-
- 2020: Estimate of 60 percent assigned by working group. Estimated coverage informed by 2021 MICS/NICS results for 2020 birth cohort. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2020 levels. Nigeria Multiple Indicator Cluster Survey 2021 results ignored by working group. Survey results for 2019 birth cohort likely reflect the contribution of a large measles-yellow fever-meningitis campaign conducted in the northern states rather than routine vaccination coverage. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2020 levels. Reported data excluded.

Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Official estimates based on a review of strategic plan targets, 2018 Nutrition and Health Survey results, and routine immunization lot-quality assurance survey results. Sharp increases between 2015 and 2016-18 period may be partially explained by the timing of survey fieldwork vis-a-vis investments and activity to improve routine immunization. Estimate challenged by: D-R-

2017: Estimate of 54 percent assigned by working group. Estimate informed by survey result. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: D-R-S-

2016: Reported data calibrated to 2015 and 2017 levels. Nigeria Demographic and Health Survey 2018 results ignored by working group. Survey results likely include campaign doses. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Nigeria National Nutrition and Health Survey (NNHS) 2018 results ignored by working group. Survey results likely include campaign doses. Results from the National Nutrition and Health Survey are ignored because of differences in sampling methods when compared with those used by the Demographic and Health Survey in neighbouring years. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: R-

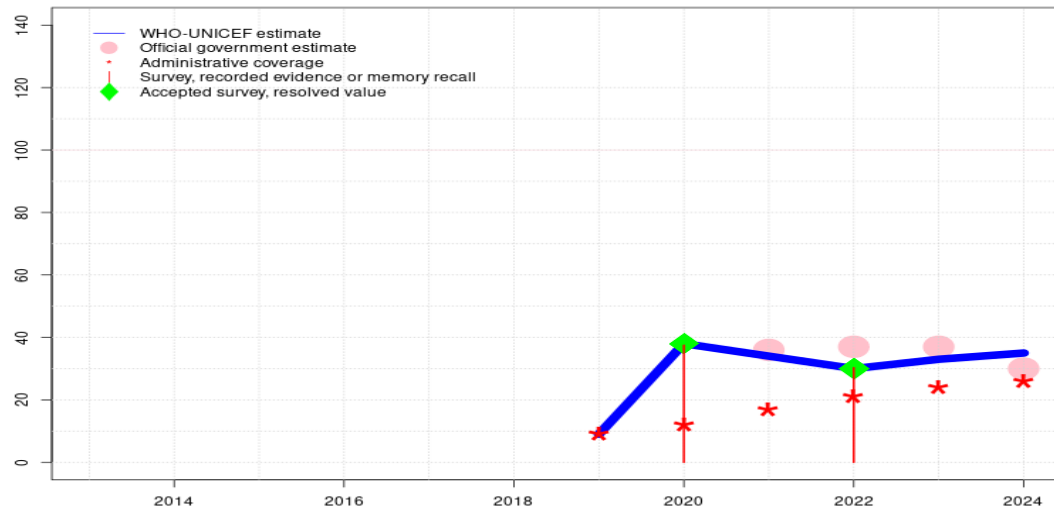
2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 42 percent based on 1 survey(s). Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: R-S-

2014: Reported data calibrated to 2010 and 2015 levels. Nigeria National Nutrition and Health Survey, 2015 results ignored by working group. The results of the 2015 Nigeria National Nutrition and Health Survey are presented such that coverage by card and by recall cannot be assessed and thus are not considered. Nigeria Multiple Indicator Cluster Survey 2016-2017 results ignored by working group. The results of the 2015 Nigeria National Nutrition and Health Survey are presented such that coverage by card and by recall cannot be assessed and thus are not considered. Reported data excluded. Official government estimate based on an adjustment to the administrative data based on a correction factor of 75 percent that was derived from observation of a community survey showing that 69 percent of infants were fully vaccinated. Nearly three-quarters of community survey respondents were from northern states observed to have lower routine immunization coverage. Estimate of 42 percent changed from previous revision value of 44 percent. Estimate challenged by: D-R-

2013: Reported data calibrated to 2010 and 2015 levels. Reported data excluded. Official government estimate based on administrative data adjusted to the mean using a 2014 DQS verification factor and results from a community survey. Administrative data documents recovery from pentavalent DTP-HepB-Hib and MCV stockout. Estimate of 42 percent changed from previous revision value of 43 percent. Estimate challenged by: D-R-

Nigeria - MCV2

NGA - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	9	38	34	30	33	35
Estimate GoC	-	-	-	-	-	-	●	●	●	●	●	●
Official	-	-	-	-	-	-	-	-	36	37	37	30
Administrative	-	-	-	-	-	-	9	12	17	21	24	26
Survey	-	-	-	-	-	-	-	38	-	30	-	-

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.

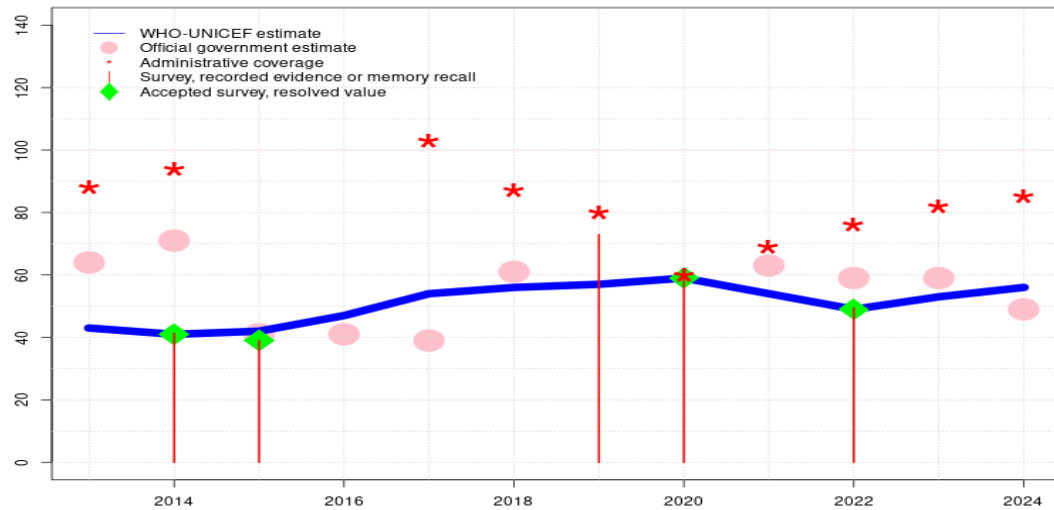
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2022 levels. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Programme reported vaccine stock-out at the subnational level. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 33 percent changed from previous revision value of 38 percent. Estimate challenged by: R-
- 2022: Estimate of 30 percent assigned by working group. Estimate based on survey results. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Programme reports one month vaccine stockout at national and subnational levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 30 percent changed from previous revision value of 38 percent. Estimate challenged by: R-
- 2021: Estimate informed by interpolation between 2020 and 2022 levels. Estimate of 34 percent changed from previous revision value of 38 percent. Estimate challenged by: D-R-
- 2020: Estimate of 38 percent assigned by working group. The country official 2021 reported coverage informed by the 2021 MICS NICS survey, which largely reflects coverage achieved in the 2020 birth cohort. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: D-R-
- 2019: Second dose of measles containing vaccine introduced in October 2019. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. GoC=Assigned by working group. Consistency with other antigens.

Nigeria - YFV

NGA - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	43	41	42	47	54	56	57	59	54	49	53	56
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	64	71	41	41	39	61	-	-	63	59	59	49
Administrative	88	94	-	-	103	87	80	60	69	76	82	85
Survey	-	41	39	-	-	-	73	59	-	49	-	-

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 is based on the relationship between reported admin coverage for MCV1 and YFV applied to the MCV1 estimated coverage. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Programme reported vaccine stock-out at the subnational level. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-

2023: Estimate is based on the relationship between reported admin coverage for MCV1 and YFV applied to the MCV1 estimated coverage. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 53 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 49 percent based on 1 survey(s). Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 49 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

2021: Estimate informed by interpolation between 2020 and 2022 levels. The appearance of declines in administrative coverage from 2017 to 2021 may reflect transitions from DVDMT to DHIS2 that was fully implemented in 2019 as well as activities to improve data quality rather than true declines in coverage. Estimate of 54 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

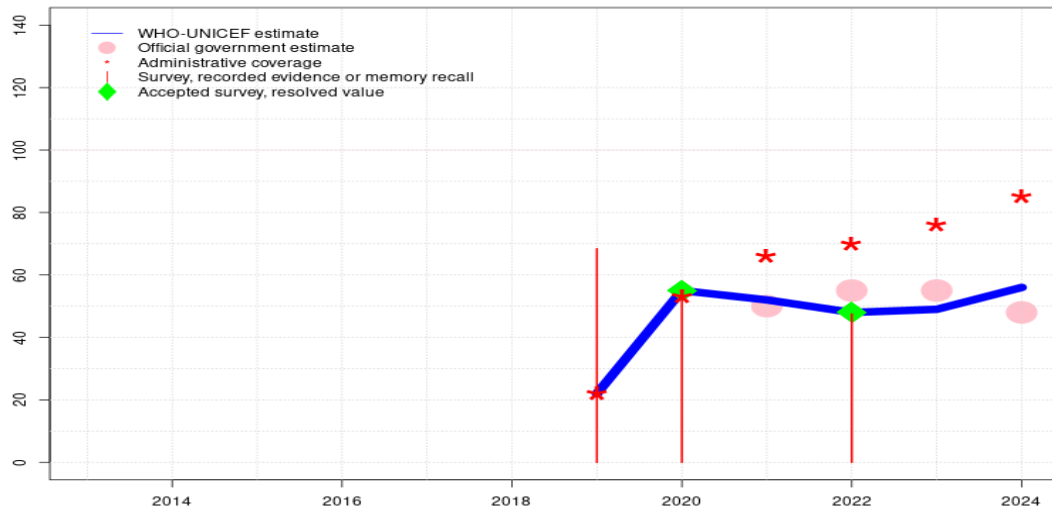
2020: Estimate of 59 percent assigned by working group. Estimated coverage informed by 2021 MICS/NICS results for 2020 birth cohort. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. GoC=Assigned by working group. Consistency with other antigens.

2019: Estimate informed by interpolation between 2017 and 2020 levels. Nigeria Multiple Indicator Cluster Survey 2021 results ignored by working group. Survey results for 2019 birth cohort likely reflect the contribution of a large measles-yellow fever-meningitis campaign conducted in the northern states rather than routine vaccination coverage. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. Reported data excluded due to an increase from 61 percent to 80 percent with decrease to 60 percent. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach

- and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2020 levels. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Official estimates based on a review of strategic plan targets, 2018 Nutrition and Health Survey results, and routine immunization lot-quality assurance survey results. Estimate challenged by: D-R-
- 2017: Estimate of 54 percent assigned by working group. Estimate informed by estimated MCV1. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: D-R-S-
- 2016: Estimate of 47 percent assigned by working group. Estimate informed by estimated MCV1 level. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Programme reports district level vaccine supply disruptions for all vaccines in the infant immunization series. Estimate challenged by: R-
- 2015: Estimate informed by estimated MCV1. Reported data excluded. Programme acknowledges challenges in data quality impacting on administrative coverage levels, including delays and incomplete reporting. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 41 percent based on 1 survey(s). Reported data excluded. Official government estimate based on an adjustment to the administrative data based on a correction factor of 75 percent that was derived from observation of a community survey showing that 69 percent of infants were fully vaccinated. Nearly three-quarters of community survey respondents were from northern states observed to have lower routine immunization coverage. Estimate challenged by: D-R-
- 2013: Estimate of 43 percent assigned by working group. Estimate informed by estimated MCV1 coverage level. Reported data excluded. Official government estimate based on administrative data adjusted to the mean using a 2014 DQS verification factor and results from a community survey. Estimate of 43 percent changed from previous revision value of 47 percent. Estimate challenged by: D-R-

Nigeria - MENGA

NGA - MENGA



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	22	55	52	48	49	56
Estimate GoC	-	-	-	-	-	-	•	•	•	•	•	•
Official	-	-	-	-	-	-	-	-	50	55	55	48
Administrative	-	-	-	-	-	-	22	53	66	70	76	85
Survey	-	-	-	-	-	-	68	55	-	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 is based on the relationship between reported admin coverage for MCV1 and Meningitis A applied to the MCV1 estimated coverage. Alongside continued implementation of the national data quality improvement plan activities, WHO and UNICEF encourage continued efforts to independently assess the quality of the administrative recording and reporting system at all levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported admin coverage for MCV1 and Meningitis A applied to the MCV1 estimated coverage. Official reported coverage informed by the survey result for the youngest annual cohort (the 2020 cohort) from the 2021 MICS/NICS survey. Reported data suggests increases in the number of doses administered from levels reported for 2022; however, it remains unclear whether the transition to DHIS2 has matured sufficiently to monitor trends in coverage administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 49 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-
- 2022: Estimate of 48 percent assigned by working group. Estimate based on survey results. Official estimate based on the results of the most recent survey at the time of reporting. Estimate of 48 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2020 and 2022 levels. Estimate of 52 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-
- 2020: Estimate of 55 percent assigned by working group. Estimated coverage informed by 2021 MICS/NICS results for 2020 birth cohort. Reported data excluded. Reported coverage reflects results of a survey for the 2017 birth cohort. Coverage declines were noted mostly between March and May 2020 but immunization activities were enhanced starting in July 2020. Official estimate is based on latest survey results. Estimate challenged by: R-
- 2019: Estimate exceptionally based on reported data during introduction. Nigeria Multiple Indicator Cluster Survey 2021 results ignored by working group. Survey may overestimate coverage achieved during vaccine introduction and possible catch-up campaign activities. Reported data excluded. Country notes progress from levels observed in the 2016-17 MICS/NICS. These improvements can be seen in the 2018 NDHS results. Meningitis A vaccine introduced in 2019. During 2015-2019, the Government of Nigeria implemented numerous activities to improve the reach and quality of service delivery, including the Optimized Integrated Routine Immunization Sessions (OIRIS), improvements that tend to be reflected in improved coverage levels that are supported by results of DHS and MICS surveys. Estimate challenged by: R-S-

Nigeria - Survey Details

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

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

2022 Nigeria Demographic and Health Survey (Key Indicators Report) 2023-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	66.7	12-23 m	5121	50
DTP1	Record or Recall	62.9	12-23 m	5121	50
DTP3	Record or Recall	53.4	12-23 m	5121	50
HEPB1	Record or Recall	62.9	12-23 m	5121	50
HEPB3	Record or Recall	53.4	12-23 m	5121	50
HIB1	Record or Recall	62.9	12-23 m	5121	50
HIB3	Record or Recall	53.4	12-23 m	5121	50
IPV1	Record or Recall	55.4	12-23 m	5121	50
IPV2	Record or Recall	43	12-23 m	5121	50
MCV1	Record or Recall	51.4	12-23 m	5121	50
MCV2	Record or Recall	30.3	24-35 m	4680	34
MENGA	Record or Recall	47.5	12-23 m	5121	50
PCV1	Record or Recall	63	12-23 m	5121	50
PCV3	Record or Recall	53.3	12-23 m	5121	50
POL1	Record or Recall	64.8	12-23 m	5121	50
POL3	Record or Recall	45.6	12-23 m	5121	50
ROTAC	Record or Recall	18.3	12-23 m	5121	50
YFV	Record or Recall	49.4	12-23 m	5121	50

2020 Nigeria Multiple Indicator Cluster Survey 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	18.9	12-23 m	2489	56
BCG	Record	55.1	12-23 m	3163	56
BCG	Record or Recall	74.1	12-23 m	5652	56
BCG	Record or Recall<12m	73.2	12-23 m	-	56
DTP1	Recall	16.9	12-23 m	2489	56
DTP1	Record	53.4	12-23 m	3163	56
DTP1	Record or Recall	70.3	12-23 m	5652	56
DTP1	Record or Recall<12m	68	12-23 m	-	56
DTP3	Recall	9.2	12-23 m	2489	56
DTP3	Record	47.4	12-23 m	3163	56
DTP3	Record or Recall	56.6	12-23 m	5652	56
DTP3	Record or Recall<12m	54.3	12-23 m	-	56
HEPB1	Recall	16.9	12-23 m	2489	56
HEPB1	Record	53.4	12-23 m	3163	56
HEPB1	Record or Recall	70.3	12-23 m	5652	56
HEPB1	Record or Recall<12m	68	12-23 m	-	56
HEPB3	Recall	9.2	12-23 m	2489	56
HEPB3	Record	47.4	12-23 m	3163	56
HEPB3	Record or Recall	56.6	12-23 m	5652	56
HEPB3	Record or Recall<12m	54.3	12-23 m	-	56
HEPB3	Record	17.3	12-23 m	2489	56
HEPB3	Record	49.9	12-23 m	3163	56
HEPB3	Record or Recall	67.2	12-23 m	5652	56
HIB1	Recall	16.9	12-23 m	2489	56
HIB1	Record	53.4	12-23 m	3163	56
HIB1	Record or Recall	70.3	12-23 m	5652	56
HIB1	Record or Recall<12m	68	12-23 m	-	56
HIB3	Recall	9.2	12-23 m	2489	56
HIB3	Record	47.4	12-23 m	3163	56
HIB3	Record or Recall	56.6	12-23 m	5652	56
HIB3	Record or Recall<12m	54.3	12-23 m	-	56
IPV1	Recall	17.5	12-23 m	2489	56
IPV1	Record	44.7	12-23 m	3163	56
IPV1	Record or Recall	62.2	12-23 m	5652	56
IPV1	Record or Recall<12m	60.6	12-23 m	-	56
MCV1	Recall	18.8	12-23 m	2489	56
MCV1	Record	41.6	12-23 m	3163	56

Nigeria - Survey Details

MCV1	Record or Recall	60.3	12-23 m	5652	56	DTP1	Record	45.3	24-35 m	2877	-
MCV1	Record or Recall<12m	54	12-23 m	-	56	DTP1	Record or Recall	72.3	24-35 m	6100	-
MCV2	Recall	18.9	24-35 m	3223	-	DTP1	Record or Recall<12m	68.5	24-35 m	-	-
MCV2	Record	18.6	24-35 m	2877	-	DTP3	Recall	16.6	24-35 m	3223	-
MCV2	Record or Recall	37.5	24-35 m	6100	-	DTP3	Record	41.2	24-35 m	2877	-
MCV2	Record or Recall<12m	4.1	24-35 m	-	-	DTP3	Record or Recall	57.9	24-35 m	6100	-
MENGA	Recall	17.4	12-23 m	2489	56	DTP3	Record or Recall<12m	54	24-35 m	-	-
MENGA	Record	37.5	12-23 m	3163	56	HEPB1	Recall	27	24-35 m	3223	-
MENGA	Record or Recall	54.9	12-23 m	5652	56	HEPB1	Record	45.3	24-35 m	2877	-
MENGA	Record or Recall<12m	49.3	12-23 m	-	56	HEPB1	Record or Recall	72.3	24-35 m	6100	-
PCV1	Recall	15.6	12-23 m	2489	56	HEPB1	Record or Recall<12m	68.5	24-35 m	-	-
PCV1	Record	53.5	12-23 m	3163	56	HEPB3	Recall	16.6	24-35 m	3223	-
PCV1	Record or Recall	69.1	12-23 m	5652	56	HEPB3	Record	41.2	24-35 m	2877	-
PCV1	Record or Recall<12m	67.2	12-23 m	-	56	HEPB3	Record or Recall	57.9	24-35 m	6100	-
PCV3	Recall	7.3	12-23 m	2489	56	HEPB3	Record or Recall<12m	54	24-35 m	-	-
PCV3	Record	47.4	12-23 m	3163	56	HEPBB	Recall	26.4	24-35 m	3223	-
PCV3	Record or Recall	54.7	12-23 m	5652	56	HEPBB	Record	41.5	24-35 m	2877	-
PCV3	Record or Recall<12m	52.8	12-23 m	-	56	HEPBB	Record or Recall	67.9	24-35 m	6100	-
POL1	Recall	24.4	12-23 m	2489	56	HIB1	Recall	27	24-35 m	3223	-
POL1	Record	53.6	12-23 m	3163	56	HIB1	Record	45.3	24-35 m	2877	-
POL1	Record or Recall	78	12-23 m	5652	56	HIB1	Record or Recall	72.3	24-35 m	6100	-
POL1	Record or Recall<12m	75	12-23 m	-	56	HIB1	Record or Recall<12m	68.5	24-35 m	-	-
POL3	Recall	8.5	12-23 m	2489	56	HIB3	Recall	16.6	24-35 m	3223	-
POL3	Record	47.7	12-23 m	3163	56	HIB3	Record	41.2	24-35 m	2877	-
POL3	Record or Recall	56.2	12-23 m	5652	56	HIB3	Record or Recall	57.9	24-35 m	6100	-
POL3	Record or Recall<12m	53.8	12-23 m	-	56	HIB3	Record or Recall<12m	54	24-35 m	-	-
YFV	Recall	18.1	12-23 m	2489	56	IPV1	Recall	26.8	24-35 m	3223	-
YFV	Record	40.8	12-23 m	3163	56	IPV1	Record	39.3	24-35 m	2877	-
YFV	Record or Recall	58.9	12-23 m	5652	56	IPV1	Record or Recall	66.2	24-35 m	6100	-
YFV	Record or Recall<12m	53.9	12-23 m	-	56	IPV1	Record or Recall<12m	61.5	24-35 m	-	-

2019 Nigeria Multiple Indicator Cluster Survey 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	29.4	24-35 m	3223	-
BCG	Record	45.8	24-35 m	2877	-
BCG	Record or Recall	75.3	24-35 m	6100	-
BCG	Record or Recall<12m	72.8	24-35 m	-	-
DTP1	Recall	27	24-35 m	3223	-

MCV1	Recall	35.5	24-35 m	3223	-
MCV1	Record	37.8	24-35 m	2877	-
MCV1	Record or Recall	73.2	24-35 m	6100	-
MCV1	Record or Recall<12m	59.9	24-35 m	-	-
MENGA	Recall	36.1	24-35 m	3223	-
MENGA	Record	32.3	24-35 m	2877	-
MENGA	Record or Recall	68.4	24-35 m	6100	-
MENGA	Record or Recall<12m	55.2	24-35 m	-	-
PCV1	Recall	24.8	24-35 m	3223	-
PCV1	Record	45.3	24-35 m	2877	-

Nigeria - Survey Details

PCV1	Record or Recall	70.1	24-35 m	6100	-
PCV1	Record or Recall<12m	66.3	24-35 m	-	-
PCV3	Recall	12.8	24-35 m	3223	-
PCV3	Record	41.3	24-35 m	2877	-
PCV3	Record or Recall	54.1	24-35 m	6100	-
PCV3	Record or Recall<12m	50.4	24-35 m	-	-
POL1	Recall	37.9	24-35 m	3223	-
POL1	Record	45.4	24-35 m	2877	-
POL1	Record or Recall	83.3	24-35 m	6100	-
POL1	Record or Recall<12m	77.5	24-35 m	-	-
POL3	Recall	13.6	24-35 m	3223	-
POL3	Record	41.5	24-35 m	2877	-
POL3	Record or Recall	55.1	24-35 m	6100	-
POL3	Record or Recall<12m	51.1	24-35 m	-	-
YFV	Recall	36	24-35 m	3223	-
YFV	Record	36.9	24-35 m	2877	-
YFV	Record or Recall	72.9	24-35 m	6100	-
YFV	Record or Recall<12m	61	24-35 m	-	-

HEPB3	Record	32.2	12-23 m	2459	40
HEPB3	Record or Recall	50.1	12-23 m	6143	40
HEPB3	Record or Recall<12m	48.3	12-23 m	6143	40
HEPBB	Recall	22.6	12-23 m	3684	40
HEPBB	Record	29.8	12-23 m	2459	40
HEPBB	Record or Recall	52.4	12-23 m	6143	40
HEPBB	Record or Recall<12m	52.2	12-23 m	6143	40
HIB1	Recall	27.4	12-23 m	3684	40
HIB1	Record	37.9	12-23 m	2459	40
HIB1	Record or Recall	65.3	12-23 m	6143	40
HIB1	Record or Recall<12m	64.5	12-23 m	6143	40
HIB3	Recall	17.8	12-23 m	3684	40
HIB3	Record	32.2	12-23 m	2459	40
HIB3	Record or Recall	50.1	12-23 m	6143	40
HIB3	Record or Recall<12m	48.3	12-23 m	6143	40
IPV1	Recall	23.7	12-23 m	3684	40
IPV1	Record	29.1	12-23 m	2459	40
IPV1	Record or Recall	52.9	12-23 m	6143	40
IPV1	Record or Recall<12m	51	12-23 m	6143	40
MCV1	Recall	25.3	12-23 m	3684	40
MCV1	Record	28.7	12-23 m	2459	40
MCV1	Record or Recall	54	12-23 m	6143	40
MCV1	Record or Recall<12m	48.5	12-23 m	6143	40
PCV1	Recall	25.1	12-23 m	3684	40
PCV1	Record	36.3	12-23 m	2459	40
PCV1	Record or Recall	61.5	12-23 m	6143	40
PCV1	Record or Recall<12m	60.4	12-23 m	6143	40
PCV3	Recall	16.7	12-23 m	3684	40
PCV3	Record	30.7	12-23 m	2459	40
PCV3	Record or Recall	47.3	12-23 m	6143	40
PCV3	Record or Recall<12m	45.5	12-23 m	6143	40
POL1	Recall	35.2	12-23 m	3684	40
POL1	Record	38.4	12-23 m	2459	40
POL1	Record or Recall	73.6	12-23 m	6143	40
POL1	Record or Recall<12m	72.7	12-23 m	6143	40
POL3	Recall	15	12-23 m	3684	40
POL3	Record	32.2	12-23 m	2459	40
POL3	Record or Recall	47.2	12-23 m	6143	40
POL3	Record or Recall<12m	45.6	12-23 m	6143	40

2017 Nigeria Demographic and Health Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.9	12-23 m	3684	40
BCG	Record	37.7	12-23 m	2459	40
BCG	Record or Recall	66.7	12-23 m	6143	40
BCG	Record or Recall<12m	66	12-23 m	6143	40
DTP1	Recall	27.4	12-23 m	3684	40
DTP1	Record	37.9	12-23 m	2459	40
DTP1	Record or Recall	65.3	12-23 m	6143	40
DTP1	Record or Recall<12m	64.5	12-23 m	6143	40
DTP3	Recall	17.8	12-23 m	3684	40
DTP3	Record	32.2	12-23 m	2459	40
DTP3	Record or Recall	50.1	12-23 m	6143	40
DTP3	Record or Recall<12m	48.3	12-23 m	6143	40
HEPB1	Recall	27.4	12-23 m	3684	40
HEPB1	Record	37.9	12-23 m	2459	40
HEPB1	Record or Recall	65.3	12-23 m	6143	40
HEPB1	Record or Recall<12m	64.5	12-23 m	6143	40
HEPB3	Recall	17.8	12-23 m	3684	40

Nigeria - Survey Details

2016 Nigeria Demographic and Health Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	36.5	24-35 m	4120	-
BCG	Record	27.9	24-35 m	1715	-
BCG	Record or Recall	64.4	24-35 m	5835	-
BCG	Record or Recall<12m	63.2	24-35 m	5835	-
DTP1	Recall	34.3	24-35 m	4120	-
DTP1	Record	27.5	24-35 m	1715	-
DTP1	Record or Recall	61.8	24-35 m	5835	-
DTP1	Record or Recall<12m	60.4	24-35 m	5835	-
DTP3	Recall	23.2	24-35 m	4120	-
DTP3	Record	24.4	24-35 m	1715	-
DTP3	Record or Recall	47.5	24-35 m	5835	-
DTP3	Record or Recall<12m	45.4	24-35 m	5835	-
HEPB1	Recall	34.3	24-35 m	4120	-
HEPB1	Record	27.5	24-35 m	1715	-
HEPB1	Record or Recall	61.8	24-35 m	5835	-
HEPB1	Record or Recall<12m	60.4	24-35 m	5835	-
HEPB3	Recall	23.2	24-35 m	4120	-
HEPB3	Record	24.4	24-35 m	1715	-
HEPB3	Record or Recall	47.5	24-35 m	5835	-
HEPB3	Record or Recall<12m	45.4	24-35 m	5835	-
HEPB3	Record	28.5	24-35 m	4120	-
HEPB3	Record	21.5	24-35 m	1715	-
HEPB3	Record or Recall	49.9	24-35 m	5835	-
HEPB3	Record or Recall<12m	48.8	24-35 m	5835	-
HIB1	Recall	34.3	24-35 m	4120	-
HIB1	Record	27.5	24-35 m	1715	-
HIB1	Record or Recall	61.8	24-35 m	5835	-
HIB1	Record or Recall<12m	60.4	24-35 m	5835	-
HIB3	Recall	23.2	24-35 m	4120	-
HIB3	Record	24.4	24-35 m	1715	-
HIB3	Record or Recall	47.5	24-35 m	5835	-
HIB3	Record or Recall<12m	45.4	24-35 m	5835	-
IPV1	Recall	30.7	24-35 m	4120	-
IPV1	Record	21.7	24-35 m	1715	-
IPV1	Record or Recall	52.3	24-35 m	5835	-
IPV1	Record or Recall<12m	49.1	24-35 m	5835	-
MCV1	Recall	35.1	24-35 m	4120	-

MCV1	Record	22.6	24-35 m	1715	-
MCV1	Record or Recall	57.7	24-35 m	5835	-
MCV1	Record or Recall<12m	49.2	24-35 m	5835	-
PCV1	Recall	32	24-35 m	4120	-
PCV1	Record	25.8	24-35 m	1715	-
PCV1	Record or Recall	57.8	24-35 m	5835	-
PCV1	Record or Recall<12m	56.3	24-35 m	5835	-
PCV3	Recall	21.8	24-35 m	4120	-
PCV3	Record	21.7	24-35 m	1715	-
PCV3	Record or Recall	43.5	24-35 m	5835	-
PCV3	Record or Recall<12m	41.1	24-35 m	5835	-
POL1	Recall	43.3	24-35 m	4120	-
POL1	Record	27.9	24-35 m	1715	-
POL1	Record or Recall	71.2	24-35 m	5835	-
POL1	Record or Recall<12m	69.5	24-35 m	5835	-
POL3	Recall	19.9	24-35 m	4120	-
POL3	Record	23.7	24-35 m	1715	-
POL3	Record or Recall	43.6	24-35 m	5835	-
POL3	Record or Recall<12m	41.6	24-35 m	5835	-

2016 Nigeria National Nutrition and Health Survey (NNHS) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Record or Recall	69.9	12-23 m	3976	40
DTP3	Record or Recall	57.2	12-23 m	3976	40
HEPB1	Record or Recall	69.9	12-23 m	3976	40
HEPB3	Record or Recall	57.2	12-23 m	3976	40
HIB1	Record or Recall	69.9	12-23 m	3976	40
HIB3	Record or Recall	57.2	12-23 m	3976	40
MCV1	Record or Recall	64.7	12-23 m	3976	40

2015 Nigeria Multiple Indicator Cluster Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.3	12-23 m	5535	29
BCG	Record	27.8	12-23 m	5535	29
BCG	Record or Recall	53.1	12-23 m	5535	29
BCG	Record or Recall<12m	52.8	12-23 m	5535	29

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DTP1	Recall	22.3	12-23 m	5535	29	PCV3	Recall	10.7	12-23 m	5535	29
DTP1	Record	26.9	12-23 m	5535	29	PCV3	Record	16.6	12-23 m	5535	29
DTP1	Record or Recall	49.3	12-23 m	5535	29	PCV3	Record or Recall	27.2	12-23 m	5535	29
DTP1	Record or Recall<12m	48.8	12-23 m	5535	29	PCV3	Record or Recall<12m	26.2	12-23 m	5535	29
DTP3	Recall	11.4	12-23 m	5535	29	POL1	Recall	25	12-23 m	5535	29
DTP3	Record	23	12-23 m	5535	29	POL1	Record	25.5	12-23 m	5535	29
DTP3	Record or Recall	34.4	12-23 m	5535	29	POL1	Record or Recall	50.4	12-23 m	5535	29
DTP3	Record or Recall<12m	33.6	12-23 m	5535	29	POL1	Record or Recall<12m	49.8	12-23 m	5535	29
HEPB1	Recall	22.3	12-23 m	5535	29	POL3	Recall	13.3	12-23 m	5535	29
HEPB1	Record	26.9	12-23 m	5535	29	POL3	Record	21.4	12-23 m	5535	29
HEPB1	Record or Recall	49.3	12-23 m	5535	29	POL3	Record or Recall	34.7	12-23 m	5535	29
HEPB1	Record or Recall<12m	48.8	12-23 m	5535	29	POL3	Record or Recall<12m	34	12-23 m	5535	29
HEPB3	Recall	11.4	12-23 m	5535	29	YFV	Recall	19.3	12-23 m	5535	29
HEPB3	Record	23	12-23 m	5535	29	YFV	Record	19.6	12-23 m	5535	29
HEPB3	Record or Recall	34.4	12-23 m	5535	29	YFV	Record or Recall	39	12-23 m	5535	29
HEPB3	Record or Recall<12m	33.6	12-23 m	5535	29	YFV	Record or Recall<12m	36	12-23 m	5535	29
HEPBB	Recall	9.7	12-23 m	5535	29	2014 Nigeria Multiple Indicator Cluster Survey 2016-2017					
HEPBB	Record	20.3	12-23 m	5535	29						
HEPBB	Record or Recall	30.1	12-23 m	5535	29	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
HEPBB	Record or Recall<12m	30	12-23 m	5535	29	BCG	Recall	32.5	24-35 m	5514	-
HIB1	Recall	22.3	12-23 m	5535	29	BCG	Record	18.4	24-35 m	5514	-
HIB1	Record	26.9	12-23 m	5535	29	BCG	Record or Recall	50.9	24-35 m	5514	-
HIB1	Record or Recall	49.3	12-23 m	5535	29	BCG	Record or Recall<12m	49.1	24-35 m	5514	-
HIB1	Record or Recall<12m	48.8	12-23 m	5535	29	DTP1	Recall	29.4	24-35 m	5514	-
HIB3	Recall	11.4	12-23 m	5535	29	DTP1	Record	18.4	24-35 m	5514	-
HIB3	Record	23	12-23 m	5535	29	DTP1	Record or Recall	47.8	24-35 m	5514	-
HIB3	Record or Recall	34.4	12-23 m	5535	29	DTP1	Record or Recall<12m	44.7	24-35 m	5514	-
HIB3	Record or Recall<12m	33.6	12-23 m	5535	29	DTP3	Recall	16.8	24-35 m	5514	-
IPV1	Recall	23.6	12-23 m	5535	29	DTP3	Record	15.5	24-35 m	5514	-
IPV1	Record	18.8	12-23 m	5535	29	DTP3	Record or Recall	32.3	24-35 m	5514	-
IPV1	Record or Recall	42.4	12-23 m	5535	29	DTP3	Record or Recall<12m	28.3	24-35 m	5514	-
IPV1	Record or Recall<12m	40.2	12-23 m	5535	29	HEPB1	Recall	29.4	24-35 m	5514	-
MCV1	Recall	21.4	12-23 m	5535	29	HEPB1	Record	18.4	24-35 m	5514	-
MCV1	Record	20.4	12-23 m	5535	29	HEPB1	Record or Recall	47.8	24-35 m	5514	-
MCV1	Record or Recall	41.8	12-23 m	5535	29	HEPB1	Record or Recall<12m	44.7	24-35 m	5514	-
MCV1	Record or Recall<12m	38.5	12-23 m	5535	29	HEPB3	Recall	16.8	24-35 m	5514	-
PCV1	Recall	20.4	12-23 m	5535	29	HEPB3	Record	15.5	24-35 m	5514	-
PCV1	Record	19.3	12-23 m	5535	29	HEPB3	Record or Recall	32.3	24-35 m	5514	-
PCV1	Record or Recall	39.6	12-23 m	5535	29						
PCV1	Record or Recall<12m	38.8	12-23 m	5535	29						

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HEPB3	Record or Recall<12m	28.3	24-35 m	5514	-
HEPB3	Record	14.1	24-35 m	5514	-
HEPB3	Record	16.3	24-35 m	5514	-
HIB1	Record	29.4	24-35 m	5514	-
HIB1	Record	18.4	24-35 m	5514	-
HIB1	Record or Recall	47.8	24-35 m	5514	-
HIB1	Record or Recall<12m	44.7	24-35 m	5514	-
HIB3	Record	16.8	24-35 m	5514	-
HIB3	Record	15.5	24-35 m	5514	-
HIB3	Record or Recall	32.3	24-35 m	5514	-
HIB3	Record or Recall<12m	28.3	24-35 m	5514	-
IPV1	Record	30.4	24-35 m	5514	-
IPV1	Record	8.2	24-35 m	5514	-
IPV1	Record or Recall	38.7	24-35 m	5514	-
IPV1	Record or Recall<12m	29.7	24-35 m	5514	-
MCV1	Record	29.4	24-35 m	5514	-
MCV1	Record	15	24-35 m	5514	-
MCV1	Record or Recall	44.3	24-35 m	5514	-
MCV1	Record or Recall<12m	36.5	24-35 m	5514	-
PCV1	Record	27.6	24-35 m	5514	-
PCV1	Record	12.3	24-35 m	5514	-
PCV1	Record or Recall	39.9	24-35 m	5514	-
PCV1	Record or Recall<12m	36.3	24-35 m	5514	-
PCV3	Record	15	24-35 m	5514	-
PCV3	Record	10.2	24-35 m	5514	-
PCV3	Record or Recall	25.1	24-35 m	5514	-
PCV3	Record or Recall<12m	21.1	24-35 m	5514	-
POL1	Record	31.1	24-35 m	5514	-
POL1	Record	17.2	24-35 m	5514	-
POL1	Record or Recall	48.3	24-35 m	5514	-
POL1	Record or Recall<12m	45.2	24-35 m	5514	-
POL3	Record	15.7	24-35 m	5514	-
POL3	Record	14.5	24-35 m	5514	-
POL3	Record or Recall	30.2	24-35 m	5514	-
POL3	Record or Recall<12m	26.5	24-35 m	5514	-
YFV	Record	27.1	24-35 m	5514	-
YFV	Record	14.1	24-35 m	5514	-
YFV	Record or Recall	41.3	24-35 m	5514	-
YFV	Record or Recall<12m	33.4	24-35 m	5514	-

2014 Nigeria National Nutrition and Health Survey, 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Record or Recall	63.5	12-23 m	4205	34
DTP3	Record or Recall	48.8	12-23 m	4205	34
MCV1	Record or Recall	50.6	12-23 m	4205	34

2012 Nigeria Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	24.1	12-23 m	4250	28
BCG	Record	27	12-23 m	1650	28
BCG	Record or Recall	51.2	12-23 m	5900	28
BCG	Record or Recall<12m	50.3	12-23 m	5900	28
DTP1	Recall	23.9	12-23 m	4250	28
DTP1	Record	26.7	12-23 m	1650	28
DTP1	Record or Recall	50.6	12-23 m	5900	28
DTP1	Record or Recall<12m	49.6	12-23 m	5900	28
DTP3	Recall	16	12-23 m	4250	28
DTP3	Record	22.2	12-23 m	1650	28
DTP3	Record or Recall	38.2	12-23 m	5900	28
DTP3	Record or Recall<12m	36.2	12-23 m	5900	28
MCV1	Recall	21	12-23 m	4250	28
MCV1	Record	21.1	12-23 m	1650	28
MCV1	Record or Recall	42.1	12-23 m	5900	28
MCV1	Record or Recall<12m	35.1	12-23 m	5900	28
POL1	Recall	49.7	12-23 m	4250	28
POL1	Record	26.8	12-23 m	1650	28
POL1	Record or Recall	76.5	12-23 m	5900	28
POL1	Record or Recall<12m	75	12-23 m	5900	28
POL3	Recall	30.8	12-23 m	4250	28
POL3	Record	22.7	12-23 m	1650	28
POL3	Record or Recall	53.6	12-23 m	5900	28
POL3	Record or Recall<12m	51.2	12-23 m	5900	28

2012 Summary Findings of Cross-Sectional Health and Nutrition Survey, Nigeria 2013

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Record or Recall	33.7	12-23 m	3625	-
DTP3	Record or Recall	25	12-23 m	3625	-
MCV1	Record or Recall	26.9	12-23 m	3625	-

2010 Nigeria Multiple Indicator Cluster Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	33.9	12-23 m	-	24
BCG	Record	28.5	12-23 m	-	24
BCG	Record or Recall	62.4	12-23 m	4986	24
BCG	Record or Recall<12m	61.7	12-23 m	-	24
DTP1	Recall	31.1	12-23 m	-	24
DTP1	Record	29.3	12-23 m	-	24
DTP1	Record or Recall	60.4	12-23 m	4986	24
DTP1	Record or Recall<12m	59.3	12-23 m	-	24
DTP3	Recall	18.2	12-23 m	-	24
DTP3	Record	26.5	12-23 m	-	24
DTP3	Record or Recall	44.7	12-23 m	4986	24
DTP3	Record or Recall<12m	42.6	12-23 m	4986	24
HEPB1	Recall	26.3	12-23 m	-	24
HEPB1	Record	28.8	12-23 m	-	24
HEPB1	Record or Recall	55.1	12-23 m	4986	24
HEPB1	Record or Recall<12m	54.1	12-23 m	4986	24
HEPB3	Recall	9.8	12-23 m	-	24
HEPB3	Record	26.1	12-23 m	-	24
HEPB3	Record or Recall	35.9	12-23 m	4986	24
HEPB3	Record or Recall<12m	34	12-23 m	4986	24
HEPBB	Recall	11.6	12-23 m	-	24
HEPBB	Record	17.7	12-23 m	-	24
HEPBB	Record or Recall	29.3	12-23 m	4986	24
HEPBB	Record or Recall<12m	29	12-23 m	4986	24
MCV1	Recall	31.7	12-23 m	-	24
MCV1	Record	23.8	12-23 m	-	24
MCV1	Record or Recall	55.6	12-23 m	4986	24
MCV1	Record or Recall<12m	49.2	12-23 m	4986	24
POL1	Recall	48.1	12-23 m	-	24
POL1	Record	28.3	12-23 m	-	24

POL1	Record or Recall	76.4	12-23 m	4986	24
POL1	Record or Recall<12m	74.8	12-23 m	4986	24
POL3	Recall	23.5	12-23 m	-	24
POL3	Record	25.3	12-23 m	-	24
POL3	Record or Recall	48.8	12-23 m	4986	24
POL3	Record or Recall<12m	46.1	12-23 m	4986	24
YFV	Recall	27.1	12-23 m	-	24
YFV	Record	22.9	12-23 m	-	24
YFV	Record or Recall	50.1	12-23 m	4986	24
YFV	Record or Recall<12m	40.4	12-23 m	4986	24

2009 Nigeria 2010 National Immunization Coverage Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	32.7	12-23 m	19551	40
BCG	Record or Recall	76.4	12-23 m	19551	40
DTP1	Record	28.9	12-23 m	19551	40
DTP1	Record or Recall	73.4	12-23 m	19551	40
DTP3	Record	24.7	12-23 m	19551	40
DTP3	Record or Recall	67.7	12-23 m	19551	40
MCV1	Record	21.5	12-23 m	19551	40
MCV1	Record or Recall	63.6	12-23 m	19551	40
POL1	Record	27.3	12-23 m	19551	40
POL1	Record or Recall	78.1	12-23 m	19551	40
POL3	Record	23.4	12-23 m	19551	40
POL3	Record or Recall	74	12-23 m	19551	40
YFV	Record	20.5	12-23 m	19551	40
YFV	Record or Recall	60.1	12-23 m	19551	40

2007 Nigeria Demographic and Health Survey 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.9	12-23 m	4945	26
BCG	Record	23.7	12-23 m	4945	26
BCG	Record or Recall	49.7	12-23 m	4945	26
BCG	Record or Recall<12m	47.9	12-23 m	4945	26
DTP1	Recall	27.1	12-23 m	4945	26

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DTP1	Record	24.9	12-23 m	4945	26
DTP1	Record or Recall	52	12-23 m	4945	26
DTP1	Record or Recall<12m	49.4	12-23 m	4945	26
DTP3	Recall	15.2	12-23 m	4945	26
DTP3	Record	20.2	12-23 m	4945	26
DTP3	Record or Recall	35.4	12-23 m	4945	26
DTP3	Record or Recall<12m	32.8	12-23 m	4945	26
MCV1	Recall	22.1	12-23 m	4945	26
MCV1	Record	19.4	12-23 m	4945	26
MCV1	Record or Recall	41.4	12-23 m	4945	26
MCV1	Record or Recall<12m	33.6	12-23 m	4945	26
POL1	Recall	43.4	12-23 m	4945	26
POL1	Record	24.4	12-23 m	4945	26
POL1	Record or Recall	67.8	12-23 m	4945	26
POL1	Record or Recall<12m	64.1	12-23 m	4945	26
POL3	Recall	19.5	12-23 m	4945	26
POL3	Record	19.2	12-23 m	4945	26
POL3	Record or Recall	38.7	12-23 m	4945	26
POL3	Record or Recall<12m	36	12-23 m	4945	26

2006 Nigeria Multiple Indicator Cluster Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	34.6	12-23 m	3187	18
BCG	Record	16.9	12-23 m	3187	18
BCG	Record or Recall	51.5	12-23 m	3187	18
BCG	Record or Recall<12m	50.5	12-23 m	3187	18
DTP1	Recall	31.6	12-23 m	3187	18
DTP1	Record	17	12-23 m	3187	18
DTP1	Record or Recall	48.6	12-23 m	3187	18
DTP1	Record or Recall<12m	46.4	12-23 m	3187	18
DTP3	Recall	15.6	12-23 m	3187	18
DTP3	Record	14.1	12-23 m	3187	18
DTP3	Record or Recall	29.6	12-23 m	3187	18
DTP3	Record or Recall<12m	28.1	12-23 m	3187	18
MCV1	Recall	30.1	12-23 m	3187	18
MCV1	Record	13.9	12-23 m	3187	18
MCV1	Record or Recall	44	12-23 m	3187	18
MCV1	Record or Recall<12m	38.3	12-23 m	3187	18

POL1	Recall	39.9	12-23 m	3187	18
POL1	Record	15.6	12-23 m	3187	18
POL1	Record or Recall	55.6	12-23 m	3187	18
POL1	Record or Recall<12m	52.5	12-23 m	3187	18
POL3	Recall	16.5	12-23 m	3187	18
POL3	Record	12.9	12-23 m	3187	18
POL3	Record or Recall	29.4	12-23 m	3187	18
POL3	Record or Recall<12m	27.5	12-23 m	3187	18

2005 Nigeria National Immunization Coverage Survey (2006)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	54.5	12-23 m	23414	50
BCG	Record or Recall	68.6	12-23 m	23414	50
DTP1	Record	36.1	12-23 m	23414	50
DTP1	Record or Recall	71.7	12-23 m	23414	50
DTP3	Record	25.7	12-23 m	23414	50
DTP3	Record or Recall	53.5	12-23 m	23414	50
HEPB1	Record	29.6	12-23 m	23414	50
HEPB1	Record or Recall	56	12-23 m	23414	50
HEPB3	Record	19.5	12-23 m	23414	50
HEPB3	Record or Recall	41.2	12-23 m	23414	50
MCV1	Record	25.8	12-23 m	23414	50
MCV1	Record or Recall	62.4	12-23 m	23414	50
POL1	Record	31.7	12-23 m	23414	50
POL1	Record or Recall	78.5	12-23 m	23414	50
POL3	Record	22	12-23 m	23414	50
POL3	Record or Recall	60.7	12-23 m	23414	50
YFV	Record	20.3	12-23 m	23414	50
YFV	Record or Recall	42.9	12-23 m	23414	50

2002 Nigeria Demographic and Health Survey 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.1	12-23 m	999	21
BCG	Record	20.2	12-23 m	999	21
BCG	Record or Recall	48.3	12-23 m	999	21

BCG	Record or Recall<12m	46.9	12-23 m	999	21
DTP1	Recall	24.6	12-23 m	999	21
DTP1	Record	18	12-23 m	999	21
DTP1	Record or Recall	42.6	12-23 m	999	21
DTP1	Record or Recall<12m	38.7	12-23 m	999	21
DTP3	Recall	11	12-23 m	999	21
DTP3	Record	10.4	12-23 m	999	21
DTP3	Record or Recall	21.4	12-23 m	999	21
DTP3	Record or Recall<12m	20.1	12-23 m	999	21
MCV1	Recall	22.4	12-23 m	999	21
MCV1	Record	13.5	12-23 m	999	21
MCV1	Record or Recall	35.9	12-23 m	999	21
MCV1	Record or Recall<12m	31.4	12-23 m	999	21
POL1	Recall	49.4	12-23 m	999	21
POL1	Record	17.8	12-23 m	999	21
POL1	Record or Recall	67.2	12-23 m	999	21
POL1	Record or Recall<12m	63.7	12-23 m	999	21
POL3	Recall	18.7	12-23 m	999	21
POL3	Record	10.7	12-23 m	999	21
POL3	Record or Recall	29.4	12-23 m	999	21
POL3	Record or Recall<12m	26.8	12-23 m	999	21

2002 Nigeria National Immunization Coverage Survey 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	29.3	12-23 m	40777	28
DTP1	Record or Recall	43.2	12-23 m	40777	28
DTP3	Record or Recall	24.8	12-23 m	40777	28
MCV1	Record or Recall	25.3	12-23 m	40777	28
POL1	Record or Recall	63	12-23 m	40777	28
POL3	Record or Recall	38.6	12-23 m	40777	28

1998 MICS Nigeria, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.8	12-23 m	2841	25
BCG	Record	17.2	12-23 m	2841	25
BCG	Record or Recall	43	12-23 m	2841	25

DTP1	Recall	25.1	12-23 m	2841	25
DTP1	Record	16.5	12-23 m	2841	25
DTP1	Record or Recall	41.1	12-23 m	2841	25
DTP3	Recall	11.1	12-23 m	2841	25
DTP3	Record	12.4	12-23 m	2841	25
DTP3	Record or Recall	23.4	12-23 m	2841	25
MCV1	Record	15.9	12-23 m	2841	25
MCV1	Record or Recall	35	12-23 m	2841	25
POL1	Record	11.8	12-23 m	2841	25
POL1	Record or Recall	37.4	12-23 m	2841	25
POL3	Record or Recall	18.8	12-23 m	2841	25

1998 Nigeria Demographic and Health Survey 1999, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	35.1	12-23 m	1161	-
BCG	Record	18.7	12-23 m	1161	-
BCG	Record or Recall	53.8	12-23 m	1161	-
BCG	Record or Recall<12m	52	12-23 m	1161	-
DTP1	Recall	31	12-23 m	1161	-
DTP1	Record	16.4	12-23 m	1161	-
DTP1	Record or Recall	47.4	12-23 m	1161	-
DTP1	Record or Recall<12m	45.7	12-23 m	1161	-
DTP3	Recall	15.7	12-23 m	1161	-
DTP3	Record	10.6	12-23 m	1161	-
DTP3	Record or Recall	26.3	12-23 m	1161	-
DTP3	Record or Recall<12m	24.8	12-23 m	1161	-
MCV1	Recall	27.4	12-23 m	1161	-
MCV1	Record	13.1	12-23 m	1161	-
MCV1	Record or Recall	40.5	12-23 m	1161	-
MCV1	Record or Recall<12m	32.1	12-23 m	1161	-
POL1	Recall	39.2	12-23 m	1161	-
POL1	Record	17.5	12-23 m	1161	-
POL1	Record or Recall	56.8	12-23 m	1161	-
POL1	Record or Recall<12m	54.3	12-23 m	1161	-
POL3	Recall	14.8	12-23 m	1161	-
POL3	Record	10	12-23 m	1161	-
POL3	Record or Recall	24.8	12-23 m	1161	-
POL3	Record or Recall<12m	23	12-23 m	1161	-

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