

Netherlands (Kingdom of the): WHO and UNICEF estimates of immunization coverage: 2024 revision

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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

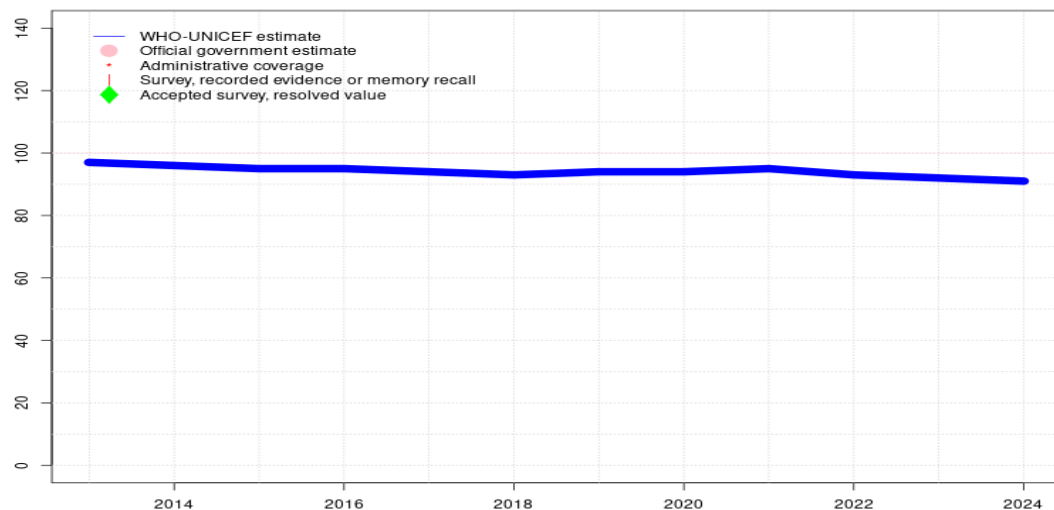
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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Netherlands (Kingdom of the) - DTP1

NLD - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	96	95	95	94	93	94	94	95	93	92	91
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

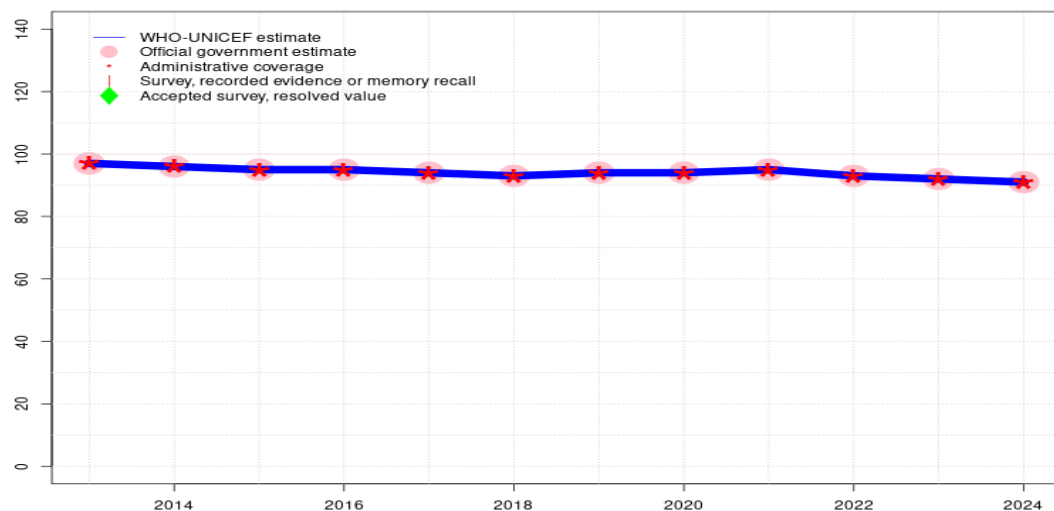
- 2024: Estimate based on DTP3 coverage of 91. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=No accepted empirical data
- 2023: Estimate based on DTP3 coverage of 92. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. Estimate of 92 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2022: Estimate based on DTP3 coverage of 93. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2021: Estimate based on DTP3 coverage of 95. Due to COVID-19 related disruptions that resulted in postponed childhood vaccinations, reported data for 2021 reflect doses administered beyond the first year of life. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2020: Estimate based on DTP3 coverage of 94. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2021-0011.pdf>. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2019: Estimate based on DTP3 coverage of 94. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2020-0011.pdf>. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2018: Estimated coverage based on estimated DTP3 coverage assuming zero dropout. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2017: Estimated coverage based on estimated DTP3 coverage assuming zero dropout. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2016: Estimated coverage based on estimated DTP3 coverage assuming zero dropout. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2015: Estimated coverage based on estimated DTP3 coverage assuming zero dropout. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2014: Estimated coverage based on estimated DTP3 coverage assuming zero dropout. Estimate of 96 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data

Netherlands (Kingdom of the) - DTP1

2013: Estimated coverage based on estimated DTP3 coverage assuming zero dropout. Estimate of 97 percent changed from previous revision value of 99 percent. GoC=No accepted empirical data

Netherlands (Kingdom of the) - DTP3

NLD - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	96	95	95	94	93	94	94	95	93	92	91
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	97	96	95	95	94	93	94	94	95	93	92	91
Administrative	97	96	95	95	94	93	94	94	95	93	92	91
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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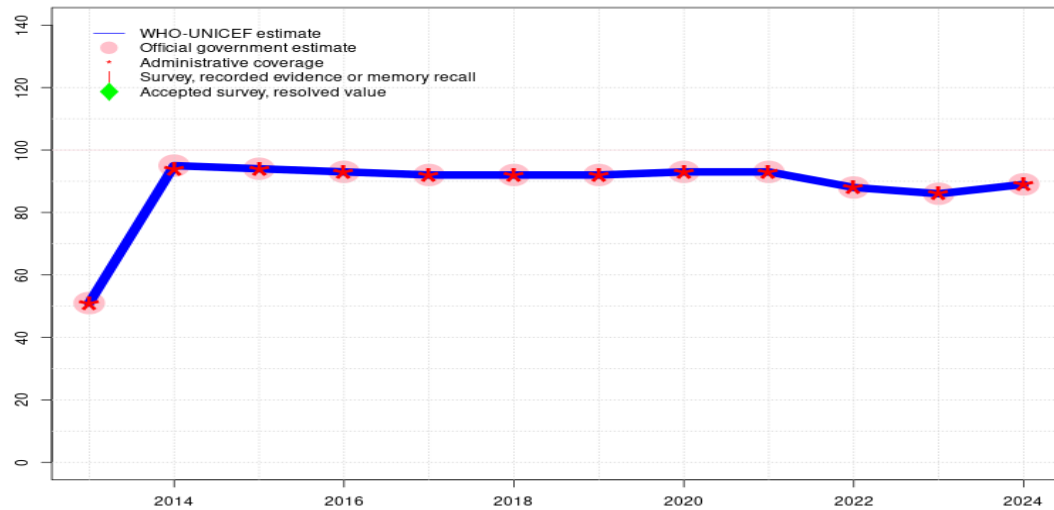
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Netherlands (Kingdom of the) - HEPB3

NLD - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	51	95	94	93	92	92	92	93	93	88	86	89
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	51	95	94	93	92	92	92	93	93	88	86	89
Administrative	51	94	94	93	92	92	92	93	93	88	86	89
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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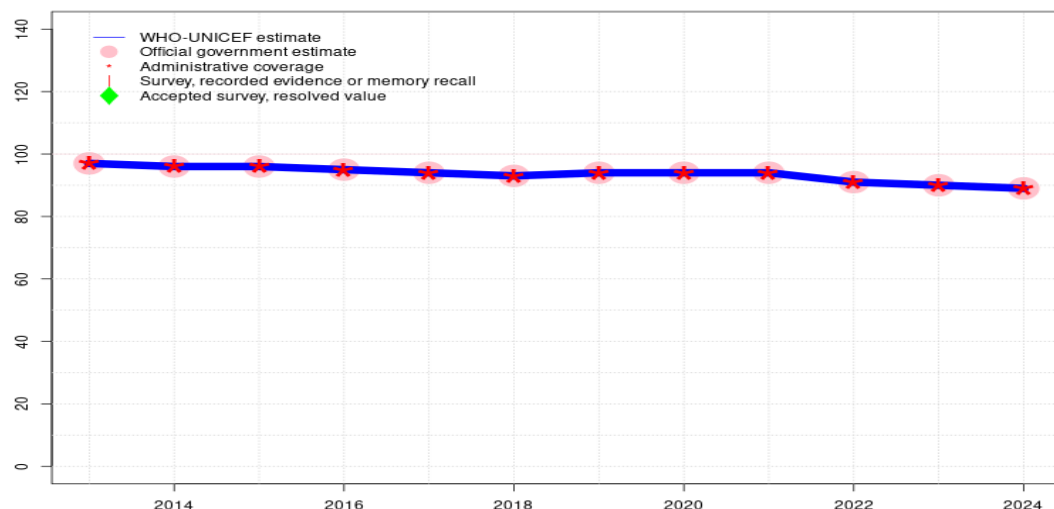
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- 2018: Estimate informed by reported data. GoC=R+ D+
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- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 94 percent. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

Netherlands (Kingdom of the) - HIB3

NLD - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	96	96	95	94	93	94	94	94	91	90	89
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	97	96	96	95	94	93	94	94	94	91	90	89
Administrative	97	96	96	95	94	93	94	94	94	91	90	89
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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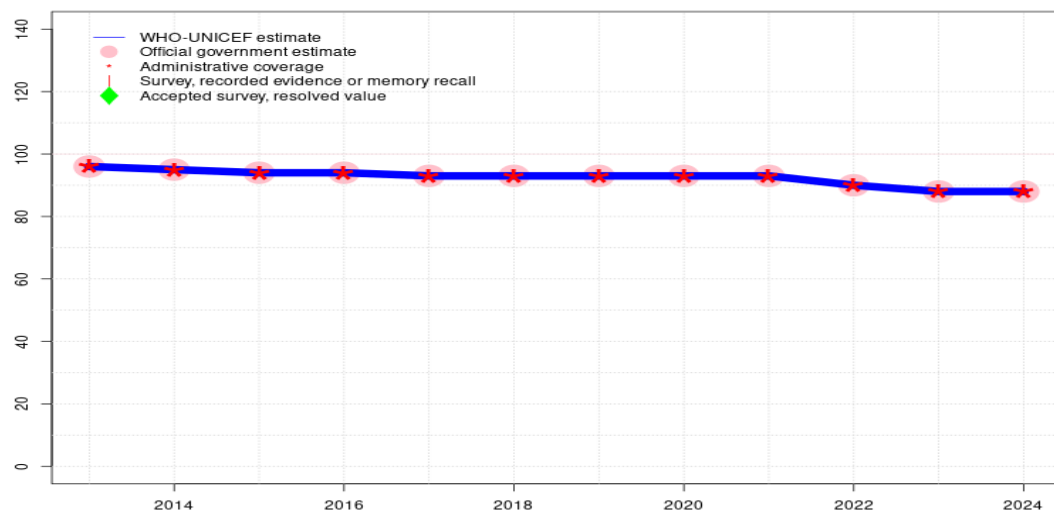
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- 2014: Estimate informed by reported data. GoC=R+ D+
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Netherlands (Kingdom of the) - PCV3

NLD - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	95	94	94	93	93	93	93	93	90	88	88
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	96	95	94	94	93	93	93	93	93	90	88	88
Administrative	96	95	94	94	93	93	93	93	93	90	88	88
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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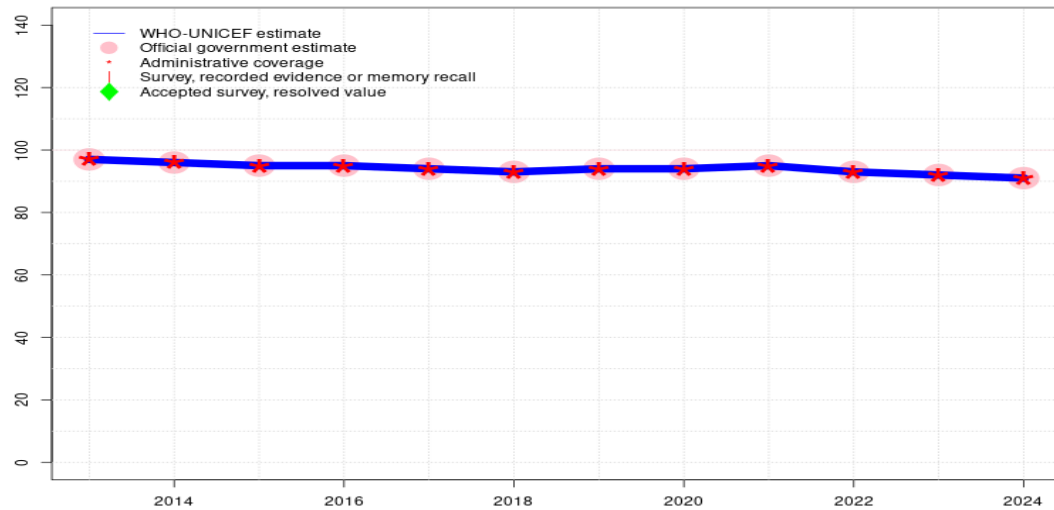
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- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

Netherlands (Kingdom of the) - POL3

NLD - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	96	95	95	94	93	94	94	95	93	92	91
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	97	96	95	95	94	93	94	94	95	93	92	91
Administrative	97	96	95	95	94	93	94	94	95	93	92	91
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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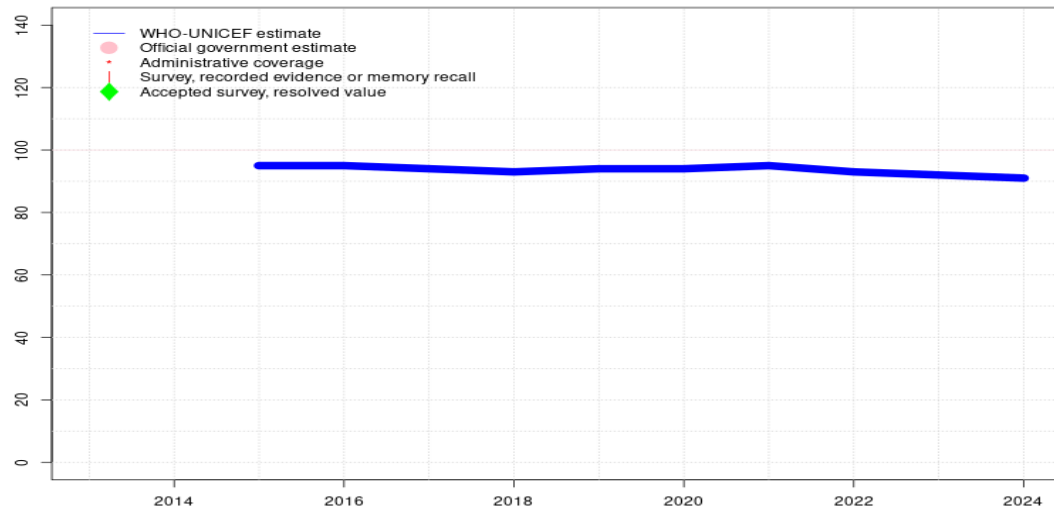
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- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

Netherlands (Kingdom of the) - IPV1

NLD - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	95	95	94	93	94	94	95	93	92	91
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

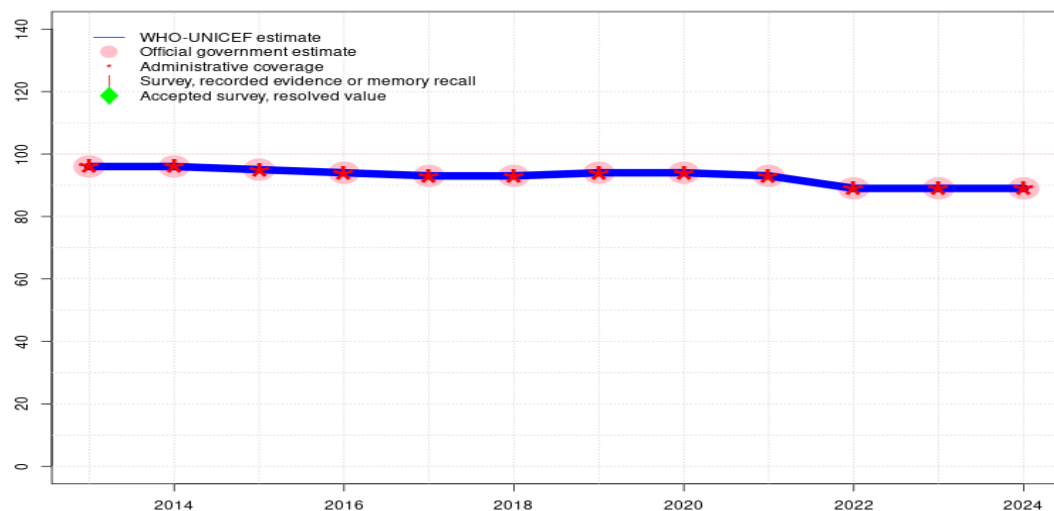
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated DTP1 coverage. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=No accepted empirical data
- 2023: Estimate informed by estimated DTP1 coverage. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. Estimate of 92 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2022: Estimate informed by estimated DTP1 coverage. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2021: Estimate informed by estimated DTP1 coverage. Due to COVID-19 related disruptions that resulted in postponed childhood vaccinations, reported data for 2021 reflect doses administered beyond the first year of life. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2020: Estimate informed by estimated DTP1 coverage. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2021-0011.pdf>. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2019: Estimate informed by estimated DTP1 coverage. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2020-0011.pdf>. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2018: Estimate informed by estimated DTP1 coverage. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2017: Estimate informed by estimated DTP1 coverage. Estimate of 94 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2016: Estimate informed by estimated DTP1 coverage. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2015: Inactivated polio vaccine administered as part of DTP-HepB-Hib-IPV combination vaccine. Estimate informed by estimated DTP1 coverage. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data

Netherlands (Kingdom of the) - MCV1

NLD - MCV1



Description:

- 2024: Estimate informed by reported data. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=R+ D+
- 2022: Estimate informed by reported data. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=R+ D+
- 2021: Estimate informed by reported data. Due to COVID-19 related disruptions that resulted in postponed childhood vaccinations, reported data for MCV1 (recommended by 2 years of age) for 2021 reflect doses administered beyond the second year of life. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2021-0011.pdf>. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2020-0011.pdf>. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	96	95	94	93	93	94	94	93	89	89	89
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	96	96	95	94	93	93	94	94	93	89	89	89
Administrative	96	96	95	94	93	93	94	94	93	89	89	89
Survey	-	-	-	-	-	-	-	-	-	-	-	-

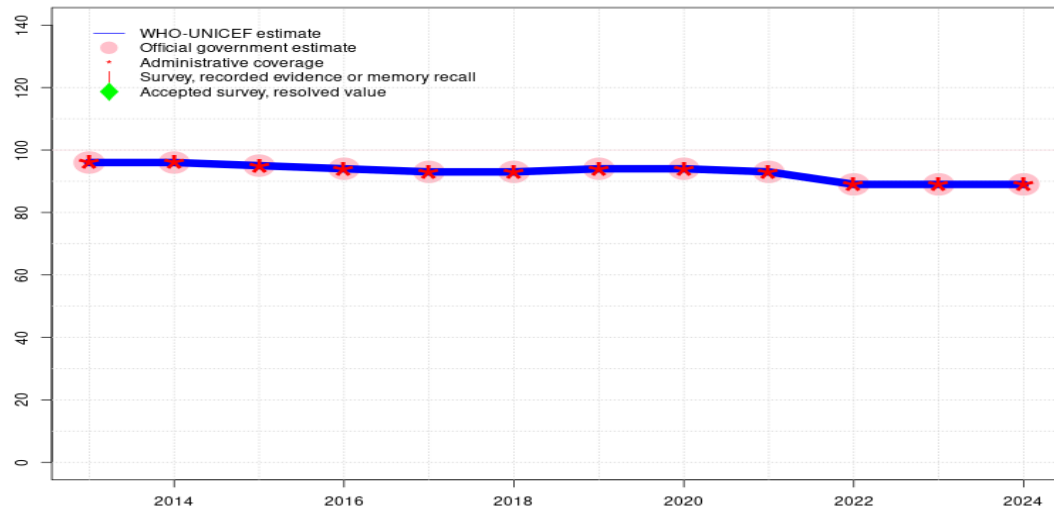
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Netherlands (Kingdom of the) - RCV1

NLD - RCV1



Description:

- 2024: Estimate based on estimated MCV1. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Due to COVID-19 related disruptions that resulted in postponed childhood vaccinations, reported data for RCV1 (recommended by 2 years of age) for 2021 reflect doses administered beyond the second year of life. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2021-0011.pdf>. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2020-0011.pdf>. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ D+
- 2013: Estimate based on estimated MCV1. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	96	95	94	93	93	94	94	93	89	89	89
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	96	96	95	94	93	93	94	94	93	89	89	89
Administrative	96	96	95	94	93	93	94	94	93	89	89	89
Survey	-	-	-	-	-	-	-	-	-	-	-	-

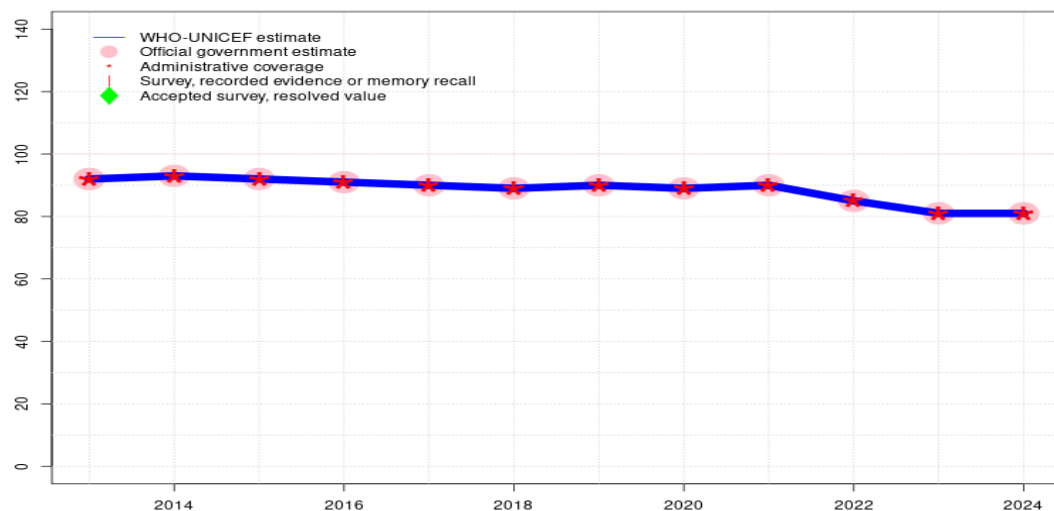
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Netherlands (Kingdom of the) - MCV2

NLD - MCV2



Description:

- 2024: Estimate informed by reported data. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=R+ D+
- 2022: Estimate informed by reported data. From January 2022, informed consent is asked for exchange of personalized data with immunization registry, and immunized children whose parents did not consent were not included in the reported data. Therefore, vaccination coverage may be underestimated. GoC=R+ D+
- 2021: Estimate informed by reported data. Due to COVID-19 related disruptions that resulted in postponed childhood vaccinations, reported data for MCV2 (recommended by 10 years of age) for 2021 reflect doses administered beyond the recommended age. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2021-0011.pdf>. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme performance reports are available online at <https://www.rivm.nl/bibliotheek/rapporten/2020-0011.pdf>. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	93	92	91	90	89	90	89	90	85	81	81
Estimate GoC	●	●●	●●	●●	●●	●●	●	●	●●	●●	●●	●●
Official	92	93	92	91	90	89	90	89	90	85	81	81
Administrative	92	93	92	91	90	89	90	89	90	85	81	81
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Further information and estimates for previous years are available at:

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

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