

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

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

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FUENTES DE DATOS

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

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

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

ABREVIATURAS Y DEFINICIONES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

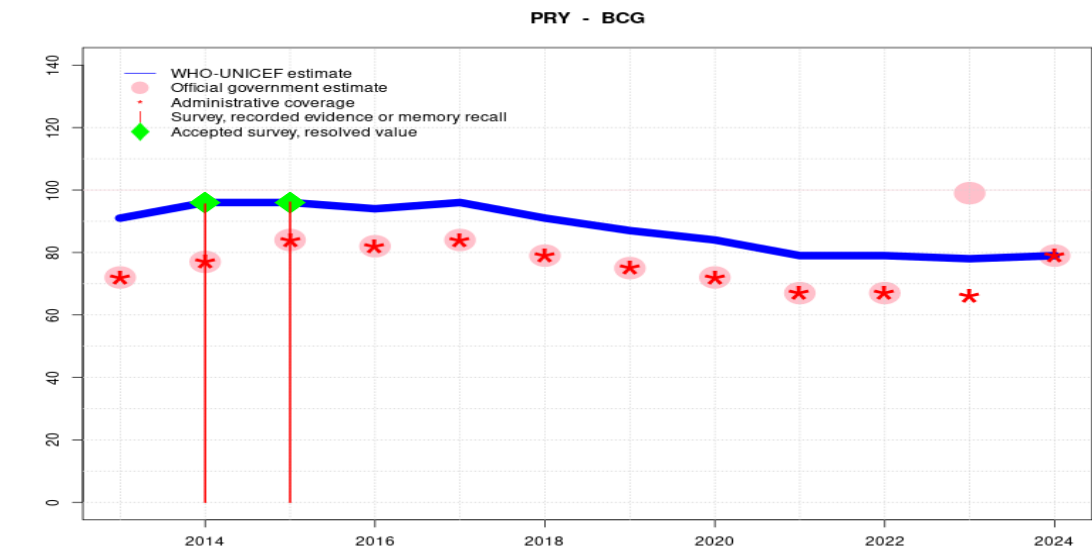
que el esquema nacional de vacunación recomienda dos dosis para lactantes y una dosis de refuerzo a los 12 meses o más tarde en función de la epidemiología de la enfermedad en el país, las estimaciones de cobertura pueden reflejar el porcentaje de recién nacidos supervivientes (al año) si no se notifica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

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

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

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Paraguay - BCG



Description:

- 2024: Estimate based on reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Programme reported a 1 month vaccine stock-out at the national level. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate of 78 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Official estimate is based on results from a 2022 population census. Estimate challenged by: R-
- 2022: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2015 and 2023 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2008 and 2014 levels. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	91	96	96	94	96	91	87	84	79	79	78	79
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	72	77	84	82	84	79	75	72	67	67	99	79
Administrative	72	77	84	82	84	79	75	72	67	67	66	79
Survey	-	96	96	-	-	-	-	-	-	-	-	-

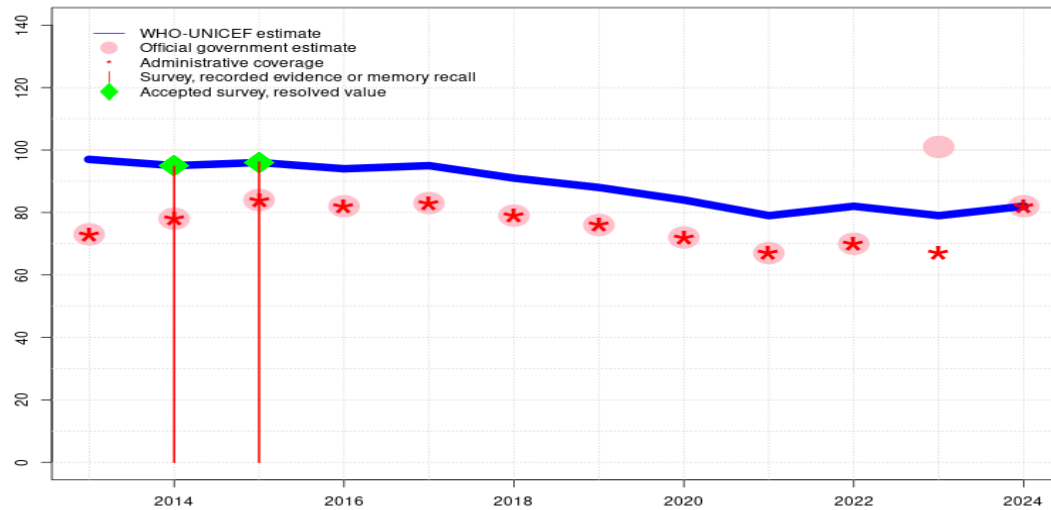
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Paraguay - DTP1

PRY - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	95	96	94	95	91	88	84	79	82	79	82
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	73	78	84	82	83	79	76	72	67	70	101	82
Administrative	73	78	84	82	83	79	76	72	67	70	67	82
Survey	-	95	96	-	-	-	-	-	-	-	-	-

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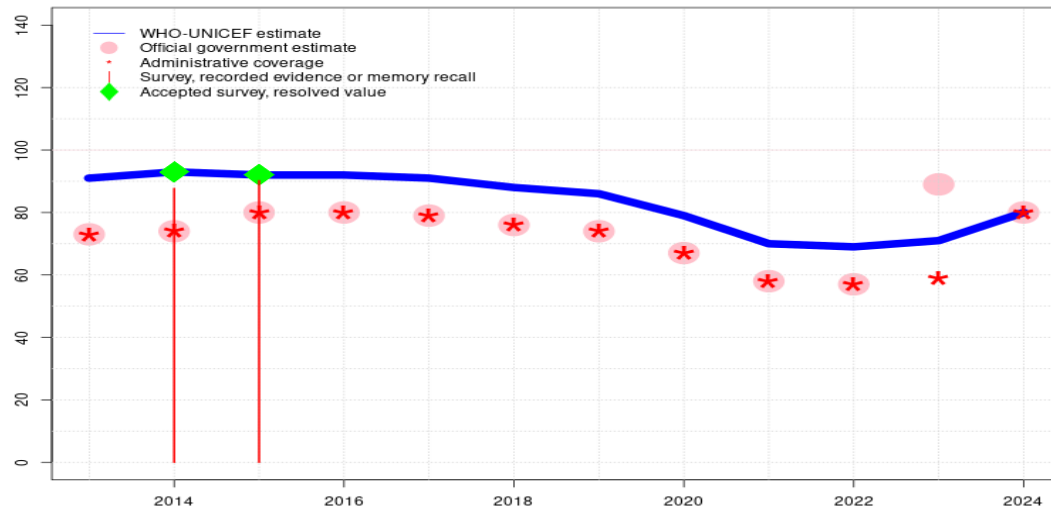
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- 2023: Estimate of 79 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Official estimate is based on results from a 2022 population census. Estimate challenged by: R-
- 2022: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2023 levels. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 and 2023 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 96 percent based on 1 survey(s). Programme reports one month national level stockout of DTP containing vaccine. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 95 percent based on 1 survey(s). Estimate challenged by: R-
- 2013: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: D-R-

Paraguay - DTP3

PRY - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	91	93	92	92	91	88	86	79	70	69	71	80
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	73	74	80	80	79	76	74	67	58	57	89	80
Administrative	73	74	80	80	79	76	74	67	58	57	59	80
Survey	-	88	90	-	-	-	-	-	-	-	-	-

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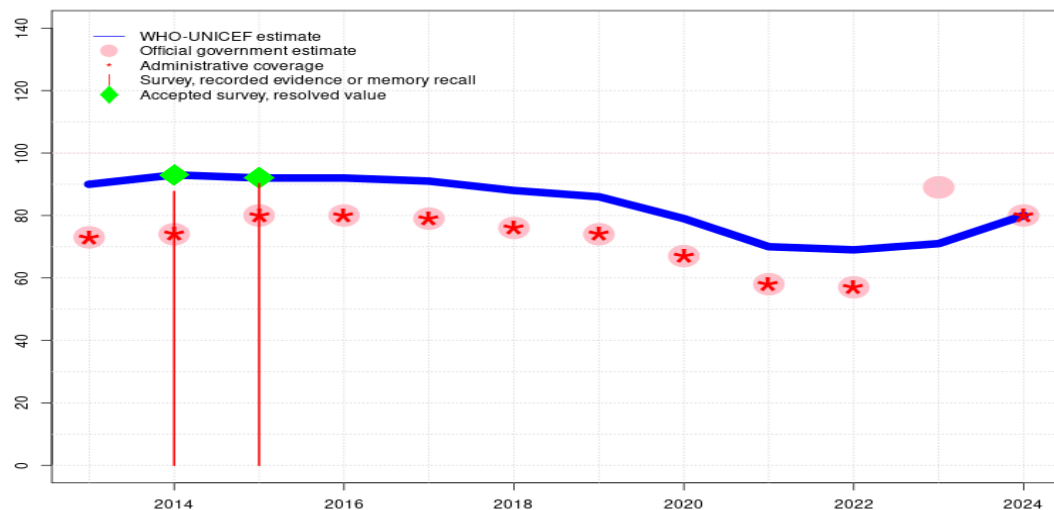
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- 2023: Estimate of 71 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Official estimate is based on results from a 2022 population census. Estimate challenged by: R-
- 2022: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
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- 2016: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 92 percent based on 1 survey(s). Paraguay Multiple Indicator Cluster Survey 2016 record or recall results of 90 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 89 percent and 3rd dose record only coverage of 85 percent. Programme reports one month national level stockout of DTP containing vaccine. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 93 percent based on 1 survey(s). Paraguay Multiple Indicator Cluster Survey 2016 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 81 percent. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2008 and 2014 levels. Estimate challenged by: R-

Paraguay - HEPB3

PRY - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	93	92	92	91	88	86	79	70	69	71	80
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	73	74	80	80	79	76	74	67	58	57	89	80
Administrative	73	74	80	80	79	76	74	67	58	57	-	80
Survey	-	88	90	-	-	-	-	-	-	-	-	-

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

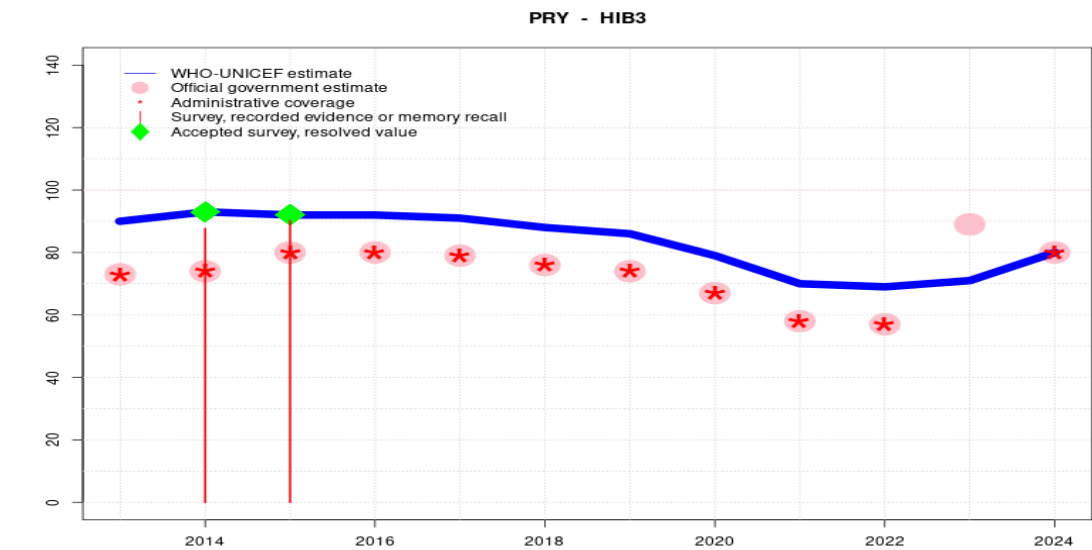
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2024: Estimate based on reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate informed by estimated coverage for DTP3. Official estimate is based on results from a 2022 population census. GoC=No accepted empirical data
- 2022: Estimate of 69 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2022 levels. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 and 2022 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 92 percent based on 1 survey(s). Paraguay Multiple Indicator Cluster Survey 2016 record or recall results of 90 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 89 percent and 3rd dose record only coverage of 85 percent. Programme reports one month national level stockout of DTP containing vaccine. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 93 percent based on 1 survey(s). Paraguay Multiple Indicator Cluster Survey 2016 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 81 percent. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2009 and 2014 levels. Estimate challenged by: R-

Paraguay - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	93	92	92	91	88	86	79	70	69	71	80
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	73	74	80	80	79	76	74	67	58	57	89	80
Administrative	73	74	80	80	79	76	74	67	58	57	-	80
Survey	-	88	90	-	-	-	-	-	-	-	-	-

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

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

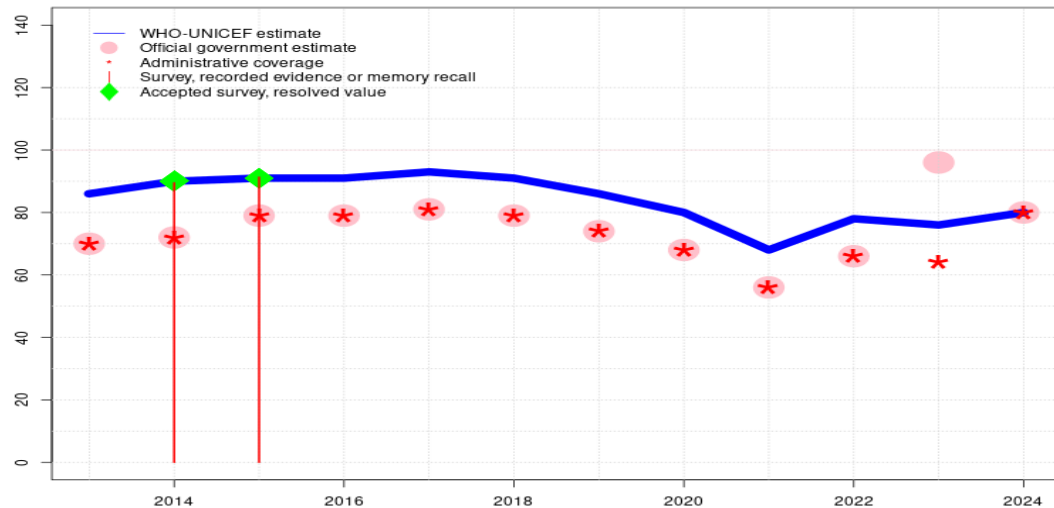
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate informed by estimated coverage for DTP3. Official estimate is based on results from a 2022 population census. GoC=No accepted empirical data
- 2022: Estimate of 69 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2022 levels. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 and 2022 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 92 percent based on 1 survey(s). Paraguay Multiple Indicator Cluster Survey 2016 record or recall results of 90 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 89 percent and 3rd dose record only coverage of 85 percent. Programme reports one month national level stockout of DTP containing vaccine. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 93 percent based on 1 survey(s). Paraguay Multiple Indicator Cluster Survey 2016 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 81 percent. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2009 and 2014 levels. Estimate challenged by: R-

Paraguay - ROTAC

PRY - ROTAC



Description:

- 2024: Estimate based on reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Programme reported a 1 month vaccine stock-out at the national level. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate of 76 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Official estimate is based on results from a 2022 population census. Estimate challenged by: R-
- 2022: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2023 levels. While the decline in reported coverage, which reflects a greater than a 10 percentage point change from the prior year, is unexplained, estimated coverage reflects the trend in reported data. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 and 2023 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 91 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 90 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2011 and 2014 levels. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	86	90	91	91	93	91	86	80	68	78	76	80
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	70	72	79	79	81	79	74	68	56	66	96	80
Administrative	70	72	79	79	81	79	74	68	56	66	64	80
Survey	-	90	91	-	-	-	-	-	-	-	-	-

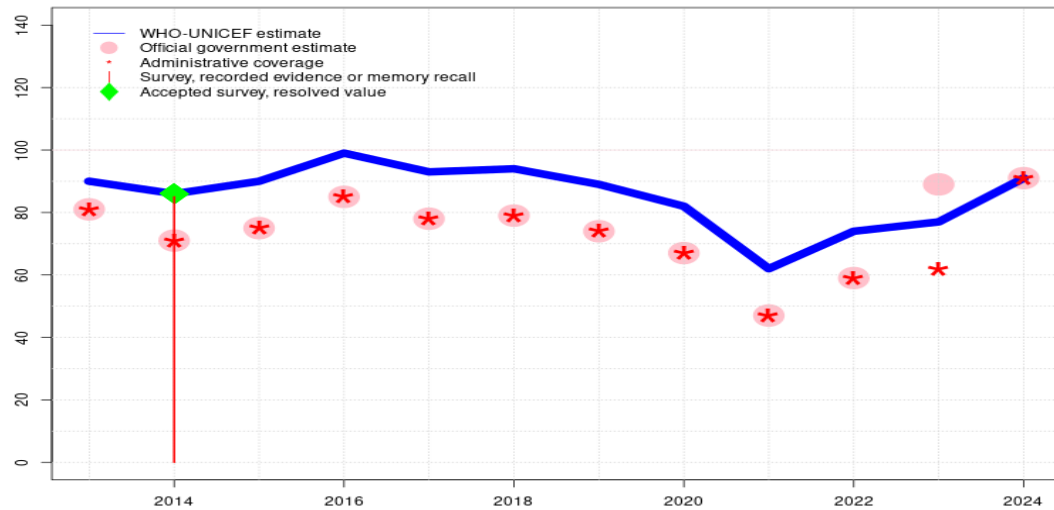
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Paraguay - PCV3

PRY - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	86	90	99	93	94	89	82	62	74	77	91
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	81	71	75	85	78	79	74	67	47	59	89	91
Administrative	81	71	75	85	78	79	74	67	47	59	62	91
Survey	-	85	-	-	-	-	-	-	-	-	-	-

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

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

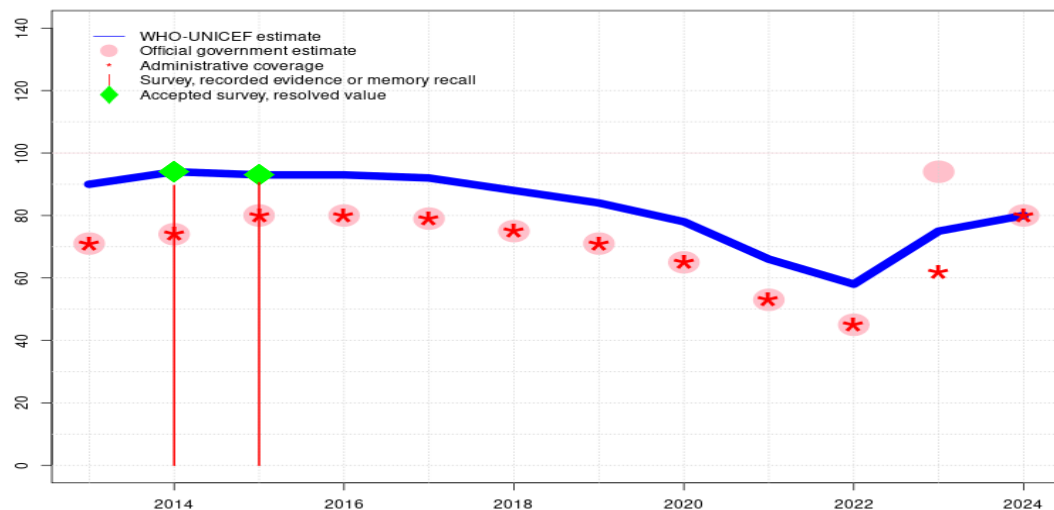
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate of 77 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Official estimate is based on results from a 2022 population census. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2014 and 2023 levels. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2014 and 2023 levels. While the decline in reported coverage, which reflects a greater than a 10 percentage point change from the prior year, is unexplained, estimated coverage reflects the trend in reported data. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2014 and 2023 levels. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2014 and 2023 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 and 2023 levels. Programme reports one month national level stockout. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Paraguay Multiple Indicator Cluster Survey 2016 record or recall results of 85 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 84 percent and 3rd dose record only coverage of 78 percent. Estimate challenged by: R-
- 2013: Estimate of 90 percent assigned by working group. Estimate informed by an adjustment applied to the official government estimate based on the difference between the estimated MCV1 and official government estimate for MCV1. Estimate challenged by: R-

Paraguay - POL3

PRY - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	94	93	93	92	88	84	78	66	58	75	80
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	71	74	80	80	79	75	71	65	53	45	94	80
Administrative	71	74	80	80	79	75	71	65	53	45	62	80
Survey	-	90	91	-	-	-	-	-	-	-	-	-

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.

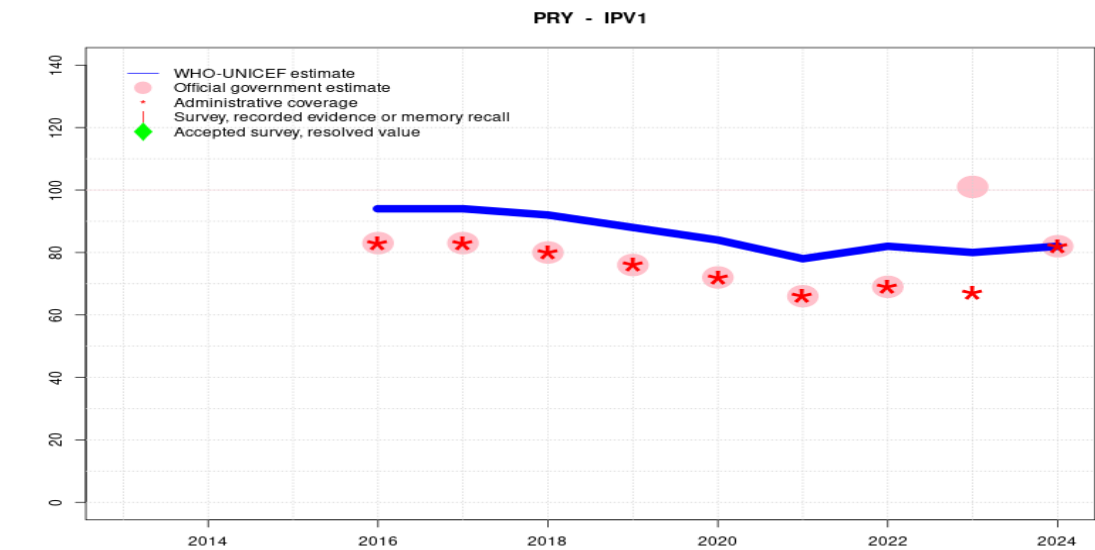
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate of 75 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Official estimate is based on results from a 2022 population census. Estimate challenged by: R-
- 2022: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2015 and 2023 levels. While the decline in reported coverage, which reflects a greater than a 10 percentage point change from the prior year, is unexplained, estimated coverage reflects the trend in reported data. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2015 and 2023 levels. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2015 and 2023 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Programme reports a two months national level vaccine stockout. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 and 2023 levels. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 93 percent based on 1 survey(s). Paraguay Multiple Indicator Cluster Survey 2016 record or recall results of 91 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 89 percent and 3rd dose record only coverage of 85 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 94 percent based on 1 survey(s). Paraguay Multiple Indicator Cluster Survey 2016 record or recall results of 90 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 84 percent and 3rd dose record only coverage of 83 percent. Estimate of 94 percent changed from previous revision value of 93 percent. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2008 and 2014 levels. Estimate of 90 percent changed from previous revision value of 89 percent. Estimate challenged by: R-

Paraguay - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	94	94	92	88	84	78	82	80	82
Estimate GoC	-	-	-	●	●	●	●	●	●	●	●	●
Official	-	-	-	83	83	80	76	72	66	69	101	82
Administrative	-	-	-	83	83	80	76	72	66	69	67	82
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.

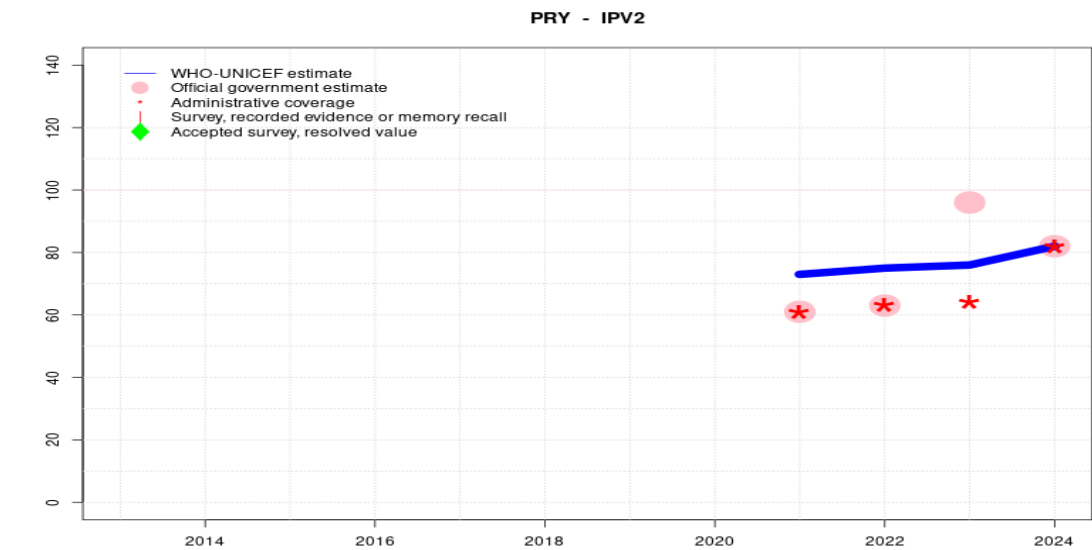
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate of 80 percent assigned by working group. Estimate informed by estimated DTP1 coverage level. Official estimate is based on results from a 2022 population census. Estimate challenged by: R-
- 2022: Reported data calibrated to 2016 and 2023 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2016 and 2023 levels. Estimate of 78 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 and 2023 levels. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 and 2023 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 and 2023 levels. Estimate of 92 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2023 levels. Estimate of 94 percent changed from previous revision value of 95 percent. Estimate challenged by: R-
- 2016: Estimate of 94 percent assigned by working group. Inactivated polio vaccine introduced in December 2015. Reporting started in 2016. Estimate based on DTP1. Estimate challenged by: R-

Paraguay - IPV2



Description:

- 2024: Estimate based on reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate of 76 percent assigned by working group. Estimate informed by relative relationship between estimated and reported coverage for IPV1 applied to reported coverage for IPV2. Official estimate is based on results from a 2022 population census. Estimate challenged by: R-
- 2022: Reported data calibrated to 2021 and 2023 levels. Estimate challenged by: R-
- 2021: Estimate of 73 percent assigned by working group. Estimate informed by relative relationship between estimated and reported coverage for IPV1 applied to reported coverage for IPV2. Second dose of inactivated polio vaccine introduced prior to 2021. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	73	75	76	82
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●
Official	-	-	-	-	-	-	-	-	61	63	96	82
Administrative	-	-	-	-	-	-	-	-	61	63	64	82
Survey	-	-	-	-	-	-	-	-	-	-	-	-

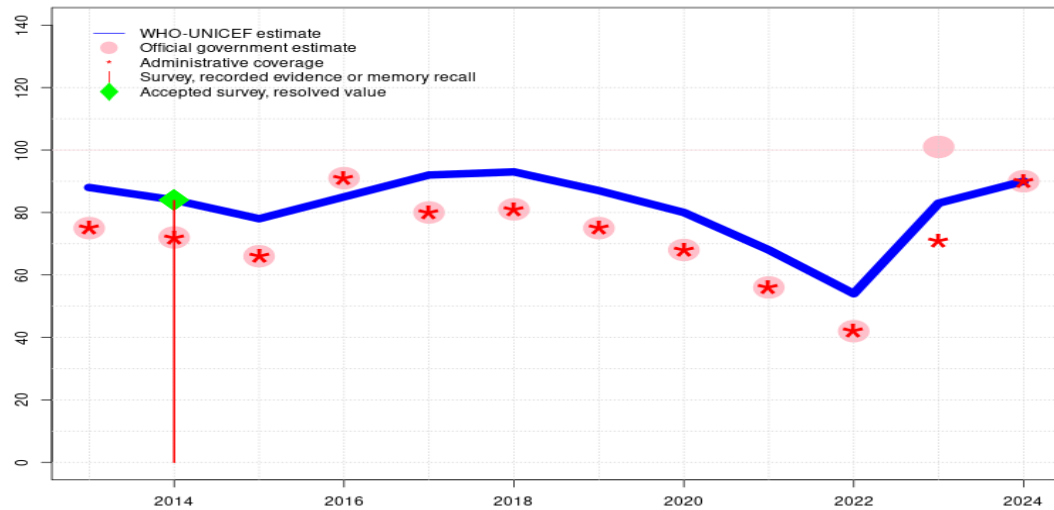
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Paraguay - MCV1

PRY - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	88	84	78	85	92	93	87	80	68	54	83	90
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	75	72	66	91	80	81	75	68	56	42	101	90
Administrative	75	72	66	91	80	81	75	68	56	42	71	90
Survey	-	84	-	-	-	-	-	-	-	-	-	-

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.

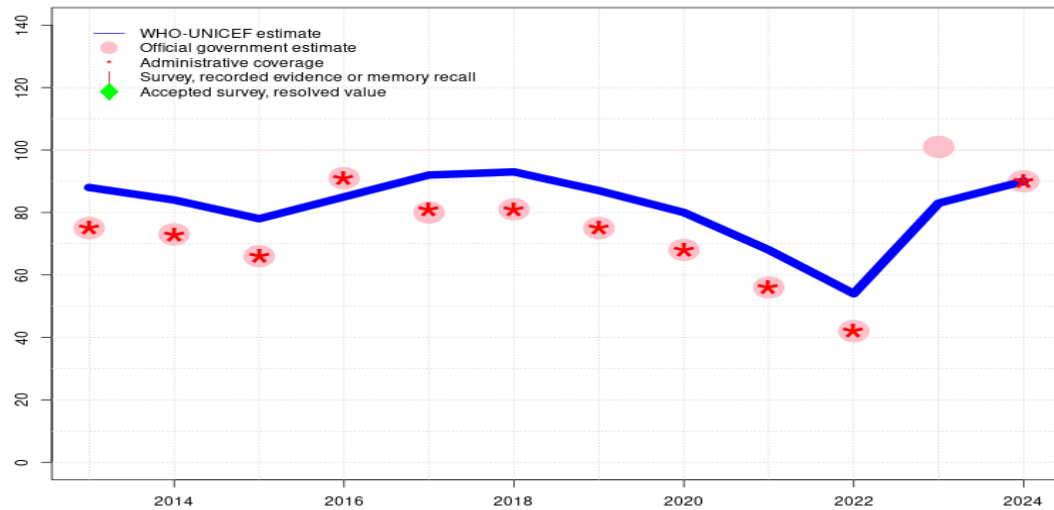
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Programme reported a 1 month vaccine stock-out at the national and subnational levels. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate of 83 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Official estimate is based on results from a 2022 population census. Estimate challenged by: R-
- 2022: Reported data calibrated to 2014 and 2023 levels. A two-fold decrease in the reported number of MCV1 doses administered from 2018 to 2023 for a target population of consistent size is of great concern. WHO and UNICEF are aware of a national MMR vaccination campaign during November-December 2022 and encourage continued attention towards improving delivery of routine doses of measles containing vaccine. Programme notes prioritizing campaign doses over routine doses. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2014 and 2023 levels. While the decline in reported coverage, which reflects a greater than a 10 percentage point change from the prior year, is unexplained, estimated coverage reflects the trend in reported data. Estimate challenged by: R-
- 2020: Reported data calibrated to 2014 and 2023 levels. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2023 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 and 2023 levels. Vaccine used is measles-mumps-rubella. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2023 levels. Reported data excluded. Reported increase in coverage likely reflects recovery following stockout; however, reported coverage level represents highest level to date. Reported data excluded due to an increase from 66 percent to 91 percent with decrease to 80 percent. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2023 levels. Programme reports three months national level stockout. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 84 percent based on 1 survey(s). Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2014 levels. Estimate challenged by: R-

Paraguay - RCV1

PRY - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	88	84	78	85	92	93	87	80	68	54	83	90
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	75	73	66	91	80	81	75	68	56	42	101	90
Administrative	75	73	66	91	81	81	75	68	56	42	-	90
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

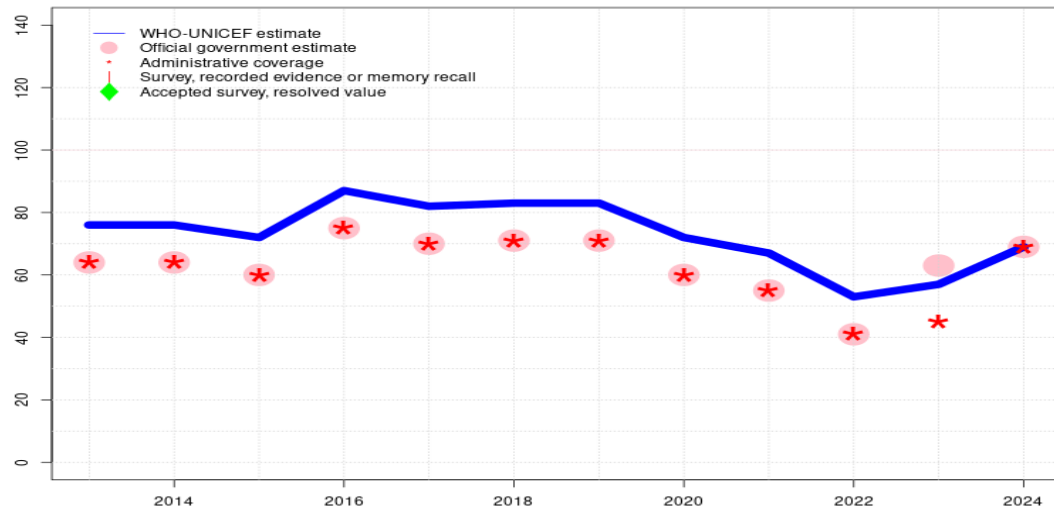
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Programme reported a 1 month vaccine stock-out at the national and subnational levels. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Official estimate is based on results from a 2022 population census. Estimate challenged by: R-
- 2022: Estimate based on estimated MCV1. Reported data excluded due to sudden change in coverage from 56 to 42 percent. Estimate challenged by: D-R-
- 2021: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2020: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2019: Estimate based on estimated MCV1. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Vaccine used is measles-mumps-rubella. Estimate challenged by: D-R-
- 2017: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2016: Estimate based on estimated MCV1. Reported data excluded due to an increase from 66 percent to 91 percent with decrease to 80 percent. Estimate challenged by: R-
- 2015: Estimate based on estimated MCV1. Programme reports three months national level stockout. Estimate challenged by: D-R-
- 2014: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2013: Estimate based on estimated MCV1. Estimate challenged by: R-

Paraguay - MCV2

PRY - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	76	76	72	87	82	83	83	72	67	53	57	69
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	64	64	60	75	70	71	71	60	55	41	63	69
Administrative	64	64	60	75	70	71	71	60	55	41	45	69
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

2024: Estimate based on reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Programme reported a 1 month vaccine stock-out at the national and subnational levels. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-

2023: Estimate of 57 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Official estimate is based on results from a 2022 population census. Estimate challenged by: D-R-

2022: Reported data calibrated to 2014 and 2023 levels. A two-fold decrease in the reported number of MCV2 doses administered from 2018 to 2023 for a target population of consistent size is of great concern. WHO and UNICEF are aware of a national MMR vaccination campaign during November-December 2022 and encourage continued attention towards improving delivery of routine doses of measles containing vaccine. Estimate challenged by: D-R-

2021: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2014 and 2023 levels. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2019: Reported data calibrated to 2014 and 2023 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Estimate challenged by: D-R-

2018: Reported data calibrated to 2014 and 2023 levels. Vaccine used is measles-mumps-rubella. Estimate challenged by: D-R-

2017: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-

2016: Reported data calibrated to 2014 and 2023 levels. Increase in coverage reflects recovery following stockout. Estimate challenged by: D-R-

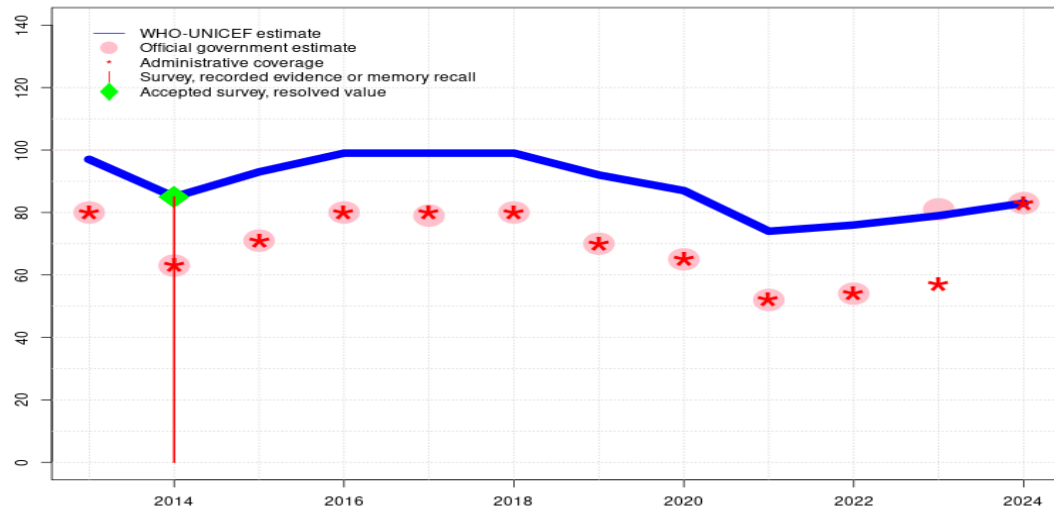
2015: Reported data calibrated to 2014 and 2023 levels. Programme reports three months national level stockout. Estimate challenged by: D-R-

2014: Estimate of 76 percent assigned by working group. Based on relationship between reported and survey results for MCV1. Estimate challenged by: R-

2013: Reported data calibrated to 2008 and 2014 levels. Estimate challenged by: R-

Paraguay - YFV

PRY - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	85	93	99	99	99	92	87	74	76	79	83
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	63	71	80	79	80	70	65	52	54	57	83
Administrative	80	63	71	80	80	80	70	65	52	54	57	83
Survey	-	85	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2024: Estimate based on reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of planned 2025 Vaccination Coverage Survey results and await final results. Increase in estimated coverage between 2023 and 2024 is an artifact resulting from having to use a data calibration from a survey and administrative data until 2023 and accepting the reported data from 2024. Reported coverage data uses denominators derived from the 2022 census. WHO and UNICEF recommend a revision of the reported time series in light of the new census results. Estimate challenged by: D-
- 2023: Estimate of 79 percent assigned by working group. Estimate based on reported data calibrated on previous survey. Official estimate is based on results from a 2022 population census. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2014 and 2023 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2014 and 2023 levels. While the decline in reported coverage, which reflects a greater than a 10 percentage point change from the prior year, is unexplained, estimated coverage reflects the trend in reported data. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2014 and 2023 levels. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2014 and 2023 levels. Beginning in late 2018, the programme notes transition to use of an online electronic nominal immunization registry. Information is not available on the percentage of health facilities with the system up and fully operational. Thus, it is possible that administrative data do not capture all facility level reports. Programme reports a one month national level vaccine stockout. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 and 2023 levels. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Unexplained decline in coverage. Estimate challenged by: D-R-
- 2013: Estimate of 97 percent assigned by working group. Coverage level follows official government estimated with adjustment based on difference between estimated coverage and official government estimate for MCV1. Reported data excluded due to an increase from 34 percent to 80 percent with decrease to 63 percent. Estimate challenged by: R-S-

Paraguay - 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.

2015 Paraguay Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	8.4	12-23 m	993	89
BCG	Record	87.7	12-23 m	993	89
BCG	Record or Recall	96.1	12-23 m	993	89
BCG	Record or Recall<12m	96	12-23 m	993	89
DTP1	Recall	6.9	12-23 m	993	89
DTP1	Record	89.3	12-23 m	993	89
DTP1	Record or Recall	96.2	12-23 m	993	89
DTP1	Record or Recall<12m	96.1	12-23 m	993	89
DTP3	Recall	5	12-23 m	993	89
DTP3	Record	85.3	12-23 m	993	89
DTP3	Record or Recall	90.2	12-23 m	993	89
DTP3	Record or Recall<12m	87.3	12-23 m	993	89
HEPB1	Recall	6.9	12-23 m	993	89
HEPB1	Record	89.3	12-23 m	993	89
HEPB1	Record or Recall	96.2	12-23 m	993	89
HEPB1	Record or Recall<12m	96.1	12-23 m	993	89
HEPB3	Recall	5	12-23 m	993	89
HEPB3	Record	85.3	12-23 m	993	89
HEPB3	Record or Recall	90.2	12-23 m	993	89

HEPB3	Record or Recall<12m	87.3	12-23 m	993	89
HIB1	Recall	6.9	12-23 m	993	89
HIB1	Record	89.3	12-23 m	993	89
HIB1	Record or Recall	96.2	12-23 m	993	89
HIB1	Record or Recall<12m	96.1	12-23 m	993	89
HIB3	Recall	5	12-23 m	993	89
HIB3	Record	85.3	12-23 m	993	89
HIB3	Record or Recall	90.2	12-23 m	993	89
HIB3	Record or Recall<12m	87.3	12-23 m	993	89
PCV1	Recall	7	12-23 m	993	89
PCV1	Record	88.3	12-23 m	993	89
PCV1	Record or Recall	95.2	12-23 m	993	89
PCV1	Record or Recall<12m	94.9	12-23 m	993	89
POL1	Recall	7.5	12-23 m	993	89
POL1	Record	89.3	12-23 m	993	89
POL1	Record or Recall	96.7	12-23 m	993	89
POL1	Record or Recall<12m	96.5	12-23 m	993	89
POL3	Recall	5.3	12-23 m	993	89
POL3	Record	85.2	12-23 m	993	89
POL3	Record or Recall	90.5	12-23 m	993	89
POL3	Record or Recall<12m	87.6	12-23 m	993	89
ROTAC	Recall	7	12-23 m	993	89
ROTAC	Record	84.3	12-23 m	993	89
ROTAC	Record or Recall	91.3	12-23 m	993	89
ROTAC	Record or Recall<12m	90.5	12-23 m	993	89

2014 Paraguay Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	12.2	24-35 m	929	-
BCG	Record	83.4	24-35 m	929	-
BCG	Record or Recall	95.5	24-35 m	929	-
BCG	Record or Recall<12m	95.2	24-35 m	929	-
DTP1	Recall	11.4	24-35 m	929	-
DTP1	Record	83.4	24-35 m	929	-
DTP1	Record or Recall	94.8	24-35 m	929	-
DTP1	Record or Recall<12m	94.7	24-35 m	929	-
DTP3	Recall	6.3	24-35 m	929	-
DTP3	Record	81.4	24-35 m	929	-

Paraguay - Survey Details

DTP3	Record or Recall	87.7	24-35 m	929	-
DTP3	Record or Recall<12m	82.6	24-35 m	929	-
HEPB1	Recall	11.4	24-35 m	929	-
HEPB1	Record	83.4	24-35 m	929	-
HEPB1	Record or Recall	94.8	24-35 m	929	-
HEPB1	Record or Recall<12m	94.7	24-35 m	929	-
HEPB3	Recall	6.3	24-35 m	929	-
HEPB3	Record	81.4	24-35 m	929	-
HEPB3	Record or Recall	87.7	24-35 m	929	-
HEPB3	Record or Recall<12m	82.6	24-35 m	929	-
HIB1	Recall	11.4	24-35 m	929	-
HIB1	Record	83.4	24-35 m	929	-
HIB1	Record or Recall	94.8	24-35 m	929	-
HIB1	Record or Recall<12m	94.7	24-35 m	929	-
HIB3	Recall	6.3	24-35 m	929	-
HIB3	Record	81.4	24-35 m	929	-
HIB3	Record or Recall	87.7	24-35 m	929	-
HIB3	Record or Recall<12m	82.6	24-35 m	929	-
MCV1	Recall	12	24-35 m	929	-
MCV1	Record	71.9	24-35 m	929	-
MCV1	Record or Recall	83.8	24-35 m	929	-
MCV1	Record or Recall<12m	83.1	24-35 m	929	-
PCV1	Recall	9.4	24-35 m	929	-
PCV1	Record	83.6	24-35 m	929	-
PCV1	Record or Recall	93	24-35 m	929	-
PCV1	Record or Recall<12m	92.7	24-35 m	929	-
PCV3	Recall	7	24-35 m	929	-
PCV3	Record	78	24-35 m	929	-
PCV3	Record or Recall	85	24-35 m	929	-
PCV3	Record or Recall<12m	84.3	24-35 m	929	-
POL1	Recall	10.9	24-35 m	929	-
POL1	Record	84.1	24-35 m	929	-
POL1	Record or Recall	95	24-35 m	929	-
POL1	Record or Recall<12m	94.4	24-35 m	929	-
POL3	Recall	7.1	24-35 m	929	-
POL3	Record	82.5	24-35 m	929	-
POL3	Record or Recall	89.6	24-35 m	929	-
POL3	Record or Recall<12m	85	24-35 m	929	-
ROTAC	Recall	10	24-35 m	929	-
ROTAC	Record	79.5	24-35 m	929	-

ROTAC	Record or Recall	89.5	24-35 m	929	-
ROTAC	Record or Recall<12m	88.7	24-35 m	929	-
YFV	Recall	10.3	24-35 m	929	-
YFV	Record	74.6	24-35 m	929	-
YFV	Record or Recall	85	24-35 m	929	-
YFV	Record or Recall<12m	80.8	24-35 m	929	-

2010 Encuesta Nacional sobre Coberturas de Vacunación en niños de 12 a 35 meses de edad, Paraguay, 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	95	12-35 m	3189	-
DTP1	Record or Recall	94	12-35 m	3189	-
DTP3	Record or Recall	93	12-35 m	3189	-
HEPB1	Record or Recall	94	12-35 m	3189	-
HEPB3	Record or Recall	93	12-35 m	3189	-
HIB1	Record or Recall	94	12-35 m	3189	-
HIB3	Record or Recall	93	12-35 m	3189	-
MCV1	Record or Recall	91	12-35 m	3189	-
POL3	Record or Recall	93	12-35 m	3189	-
YFV	Record or Recall	88	12-35 m	3189	-

2008 Encuesta Demográfica y de Salud Familiar-ENDES Continua, 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	32.3	18-29 m	1639	66
BCG	Record	61.3	18-29 m	1639	66
BCG	Record or Recall	93.7	18-29 m	1639	66
BCG	Record or Recall<12m	93.5	18-29 m	1639	66
DTP1	Recall	30.8	18-29 m	1639	66
DTP1	Record	64.9	18-29 m	1639	66
DTP1	Record or Recall	95.7	18-29 m	1639	66
DTP1	Record or Recall<12m	95.1	18-29 m	1639	66
DTP3	Recall	13.3	18-29 m	1639	66
DTP3	Record	59.6	18-29 m	1639	66
DTP3	Record or Recall	72.9	18-29 m	1639	66
DTP3	Record or Recall<12m	71	18-29 m	1639	66

MCV1	Recall	23.1	18-29 m	1639	66
MCV1	Record	53	18-29 m	1639	66
MCV1	Record or Recall	76.1	18-29 m	1639	66
MCV1	Record or Recall<12m	70.5	18-29 m	1639	66
POL1	Recall	29.1	18-29 m	1639	66
POL1	Record	63.3	18-29 m	1639	66
POL1	Record or Recall	92.3	18-29 m	1639	66
POL1	Record or Recall<12m	91.8	18-29 m	1639	66
POL3	Recall	10.1	18-29 m	1639	66
POL3	Record	57.8	18-29 m	1639	66
POL3	Record or Recall	67.9	18-29 m	1639	66
POL3	Record or Recall<12m	66.6	18-29 m	1639	66

DTP3	Record	68.4	12-23 m	427	71
DTP3	Record or Recall	93.5	12-23 m	427	71
MCV1	Record	59.3	12-23 m	427	71
MCV1	Record or Recall	84.2	12-23 m	427	71
POL1	Record	67.5	12-23 m	427	71
POL1	Record or Recall	95.8	12-23 m	427	71
POL3	Record	66.9	12-23 m	427	71
POL3	Record or Recall	90.1	12-23 m	427	71

2003 Encuesta Nacional de Demografia y Salud Sexual y Reproductiva 2004
(ENDSSR-2004)

2007 Encuesta Nacional de Demografía y Salud Sexual y Reproductiva
(ENDSSR-2004)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	70.8	12-23 m	427	71
BCG	Record or Recall	98.4	12-23 m	427	71
DTP1	Record	70.8	12-23 m	427	71
DTP1	Record or Recall	98.6	12-23 m	427	71

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	91.6	12-23 m	898	69
DTP1	Record or Recall	94.9	12-23 m	898	69
DTP3	Record or Recall	82.8	12-23 m	898	69
MCV1	Record or Recall	75.2	12-23 m	898	69
POL1	Record or Recall	93.8	12-23 m	898	69
POL3	Record or Recall	82.2	12-23 m	898	69

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