

# El Salvador: 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 1ª / 3ª dosis, respectivamente, de una vacuna que contiene toxoide diftérico y tetánico y vacuna contra la tos ferina (Pertussis).

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

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

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

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

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

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

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

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

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

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

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

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

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

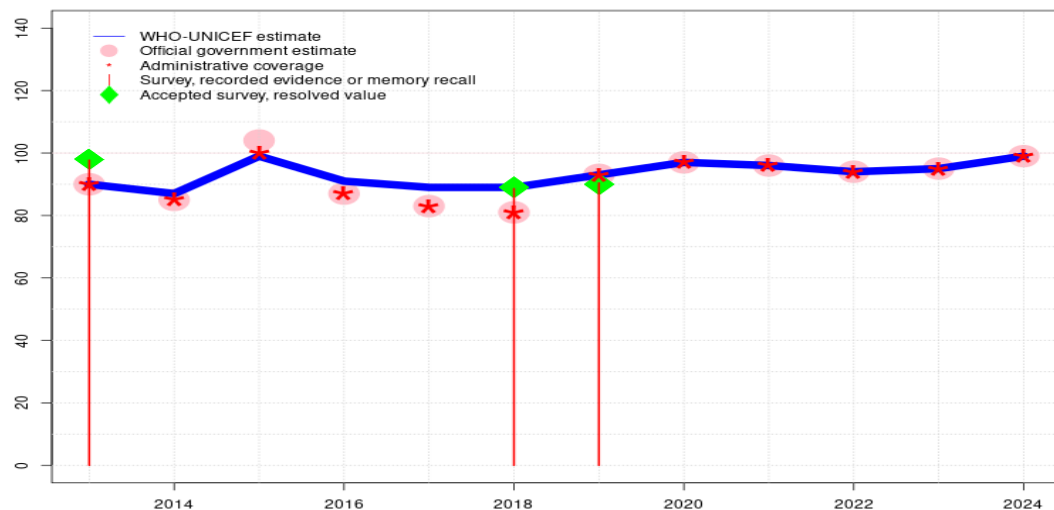
**YFV (del inglés yellow fever vaccine):** porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones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

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

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# El Salvador - BCG

SLV - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	87	99	91	89	89	93	97	96	94	95	99
Estimate GoC	●●●	●	●	●	●	●	●●●	●	●	●	●	●
Official	90	85	104	87	83	81	93	97	96	94	95	99
Administrative	90	85	100	87	83	81	93	97	96	94	95	99
Survey	98	-	-	-	-	89	90	-	-	-	-	-

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

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

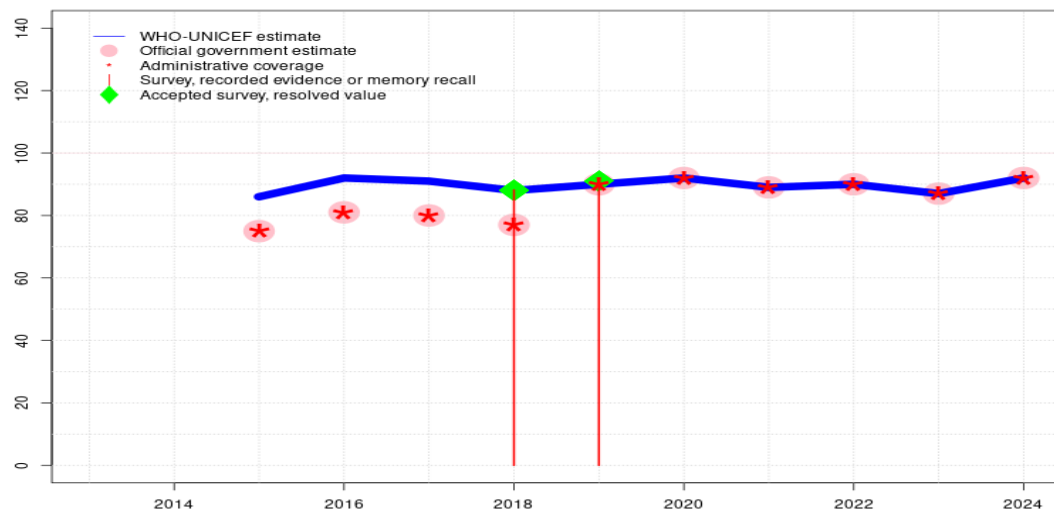
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports a one month vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate informed by reported data following recovery from reported vaccine stockout. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Programme reported a four months vaccine stockout at national level. Estimate challenged by: R-S-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

# El Salvador - HEPBB

SLV - HEPBB



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 89 percent changed from previous revision value of 92 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 88 percent based on 1 survey(s). Estimate challenged by: R-
- 2017: Reported data calibrated to 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2018 levels. HepB birth dose introduced in February 2015. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	86	92	91	88	90	92	89	90	87	92
Estimate GoC	-	-	•	•	•	•	•••	•	•	•	•	•
Official	-	-	75	81	80	77	90	92	89	90	87	92
Administrative	-	-	75	81	80	77	90	92	89	90	87	92
Survey	-	-	-	-	-	88	91	-	-	-	-	-

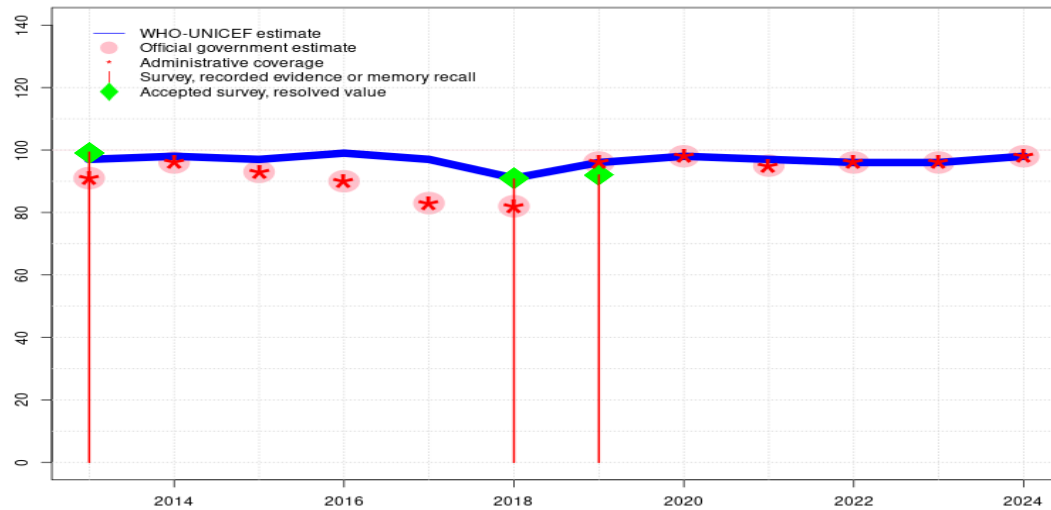
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While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

SLV - DTP1



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate exceptionally assigned to DTP3 level with a recognition that there is no evidence for zero dropout between the first and third dose. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate informed by survey result. GoC=R+ S+ D+
- 2018: Estimate of 91 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2017: Estimate informed by estimated DTP3 coverage adjusted for dropout. Reported coverage would result in negative dropout. Estimate challenged by: R-
- 2016: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2013: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	98	97	99	97	91	96	98	97	96	96	98
Estimate GoC	●	●	●	●	●	●	●●●	●	●	●	●	●
Official	91	96	93	90	83	82	96	98	95	96	96	98
Administrative	91	96	93	90	83	82	96	98	95	96	96	98
Survey	99	-	-	-	-	91	92	-	-	-	-	-

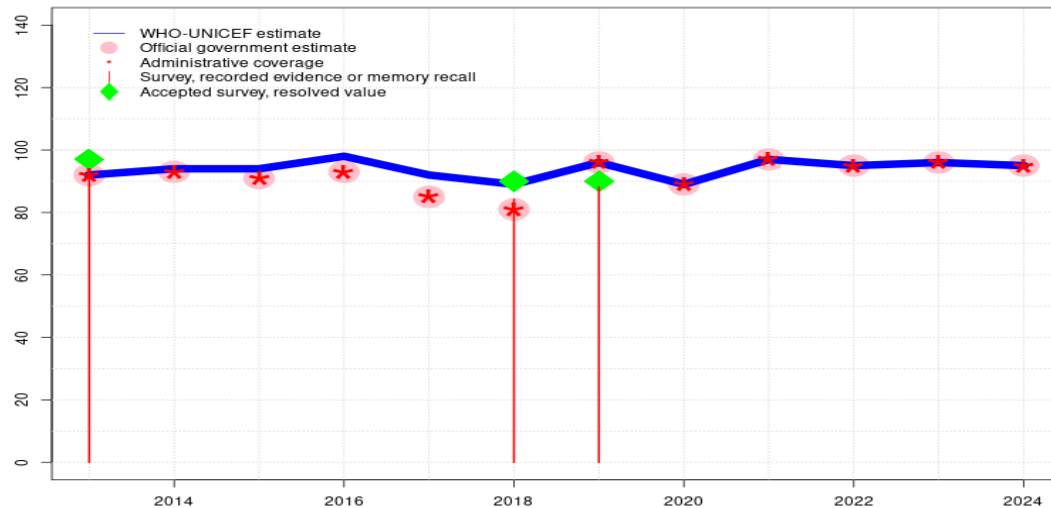
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# El Salvador - DTP3

SLV - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	94	94	98	92	89	96	89	97	95	96	95
Estimate GoC	●●●	●	●	●	●	●	●●●	●	●	●	●	●
Official	92	93	91	93	85	81	96	89	97	95	96	95
Administrative	92	93	91	93	85	81	96	89	97	95	96	95
Survey	94	-	-	-	-	84	88	-	-	-	-	-

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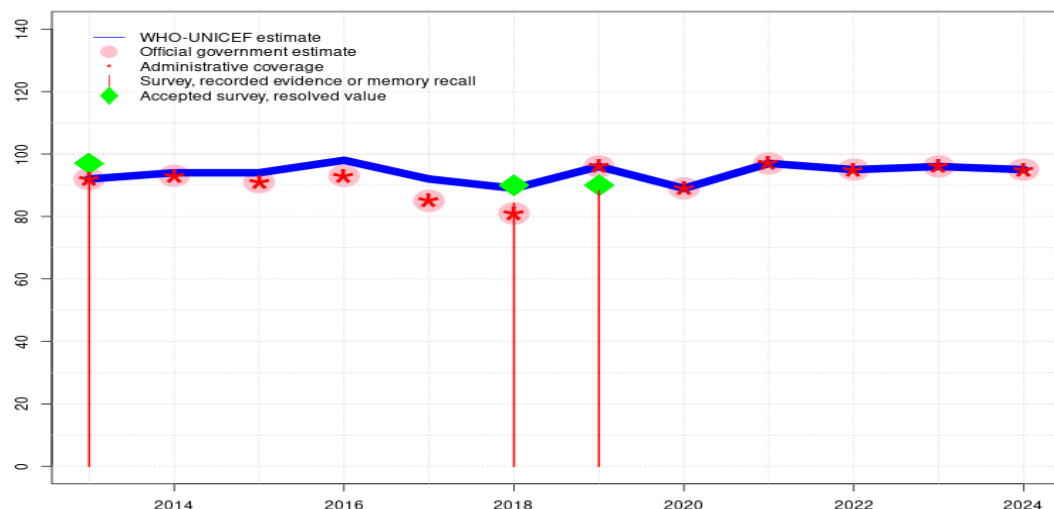
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- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). Encuesta Nacional de Salud (ENS), El Salvador 2021 record or recall results of 88 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 86 percent. GoC=R+ S+ D+
- 2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Encuesta Nacional de Salud (ENS), El Salvador 2021 record or recall results of 84 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 80 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). El Salvador Multiple Indicator Cluster Survey 2014 record or recall results of 94 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 99 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 88 percent. GoC=R+ S+ D+



# El Salvador - HEPB3

SLV - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	94	94	98	92	89	96	89	97	95	96	95
Estimate GoC	•••	•	•	•	•	•	•••	•	•	•	•	•
Official	92	93	91	93	85	81	96	89	97	95	96	95
Administrative	92	93	91	93	85	81	96	89	97	95	96	95
Survey	94	-	-	-	-	84	88	-	-	-	-	-

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

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

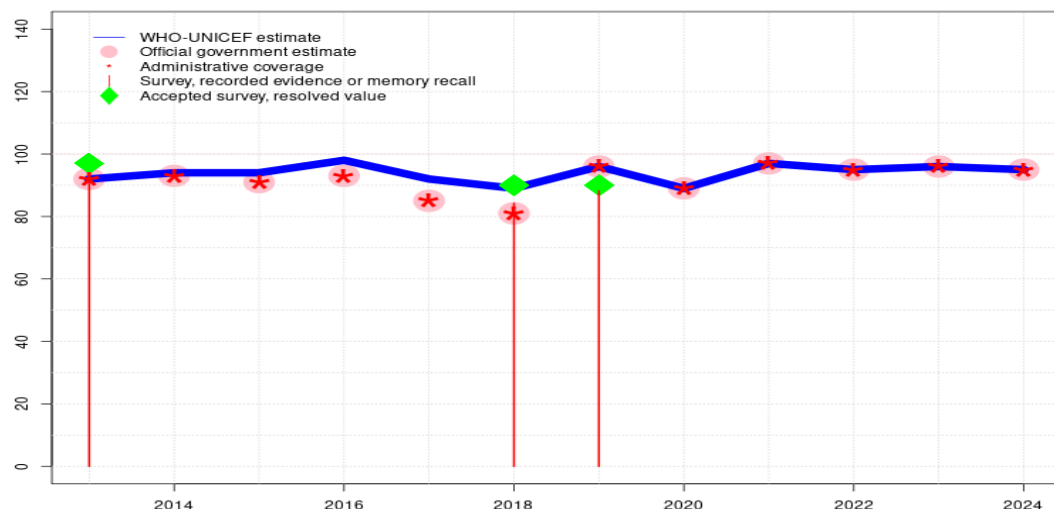
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). Encuesta Nacional de Salud (ENS), El Salvador 2021 record or recall results of 88 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 86 percent. GoC=R+ S+ D+
- 2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Encuesta Nacional de Salud (ENS), El Salvador 2021 record or recall results of 84 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 80 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2018 levels. Programme reports three months vaccine stockout at national level. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). El Salvador Multiple Indicator Cluster Survey 2014 record or recall results of 94 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 99 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 88 percent. GoC=R+ S+ D+

# El Salvador - HIB3

SLV - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	94	94	98	92	89	96	89	97	95	96	95
Estimate GoC	•••	•	•	•	•	•	•••	•	•	•	•	•
Official	92	93	91	93	85	81	96	89	97	95	96	95
Administrative	92	93	91	93	85	81	96	89	97	95	96	95
Survey	94	-	-	-	-	84	88	-	-	-	-	-

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

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

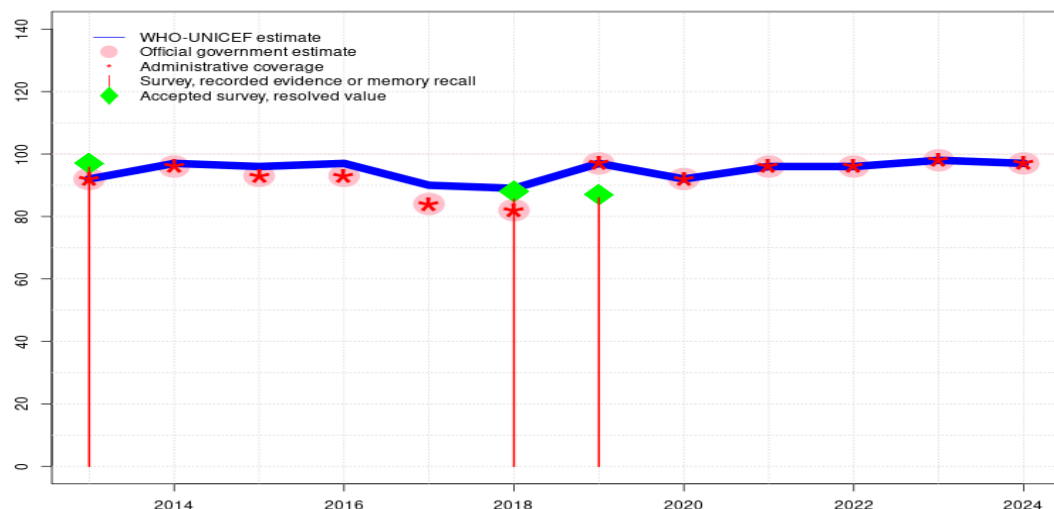
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). Encuesta Nacional de Salud (ENS), El Salvador 2021 record or recall results of 88 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 86 percent. GoC=R+ S+ D+
- 2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Encuesta Nacional de Salud (ENS), El Salvador 2021 record or recall results of 84 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 80 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2018 levels. Programme reports three months vaccine stockout at national level. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). El Salvador Multiple Indicator Cluster Survey 2014 record or recall results of 94 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 99 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 88 percent. GoC=R+ S+ D+

# El Salvador - ROTAC

SLV - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	96	93	93	84	82	97	92	96	96	98	97
Estimate GoC	•••	•	•	•	•	•	•••	•	•	•	•	•
Official	92	96	93	93	84	82	97	92	96	96	98	97
Administrative	92	96	93	93	84	82	97	92	96	96	98	97
Survey	96	-	-	-	-	86	86	-	-	-	-	-

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

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

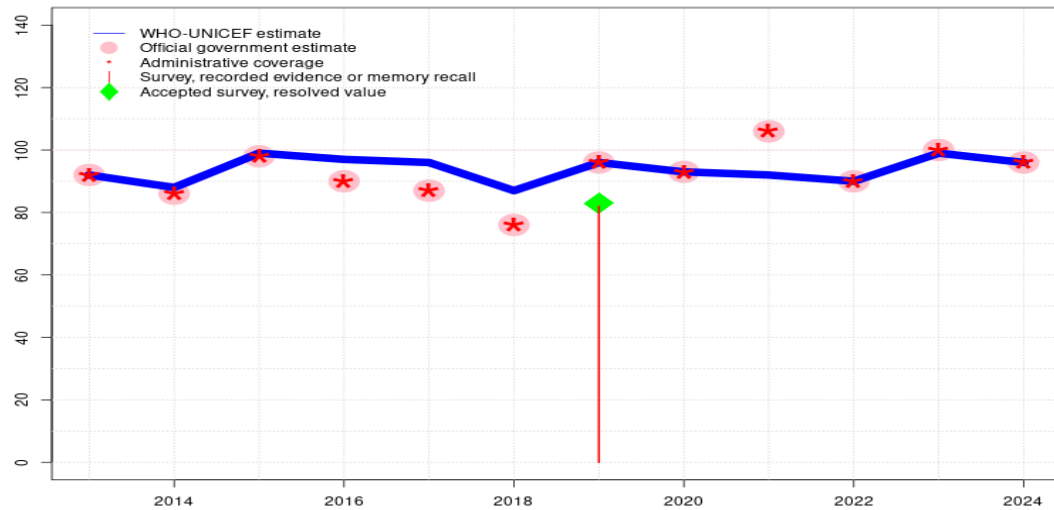
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate challenged by: D-
- 2019: Estimate informed by reported coverage for consistency with other vaccines. Encuesta Nacional de Salud (ENS), El Salvador 2021 record or recall results of 86 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 83 percent. GoC=R+ S+ D+
- 2018: Estimate of 89 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Encuesta Nacional de Salud (ENS), El Salvador 2021 record or recall results of 86 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 80 percent and 3rd dose record only coverage of 80 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). El Salvador Multiple Indicator Cluster Survey 2014 record or recall results of 96 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 99 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 88 percent. GoC=R+ S+ D+

# El Salvador - PCV3

SLV - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	88	99	97	96	87	96	93	92	90	99	96
Estimate GoC	●●	●	●	●	●	●	●	●●●	●●●	●	●	●
Official	92	86	98	90	87	76	96	93	106	90	100	96
Administrative	92	86	98	90	87	76	96	93	106	90	100	96
Survey	-	-	-	-	-	-	82	-	-	-	-	-

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

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

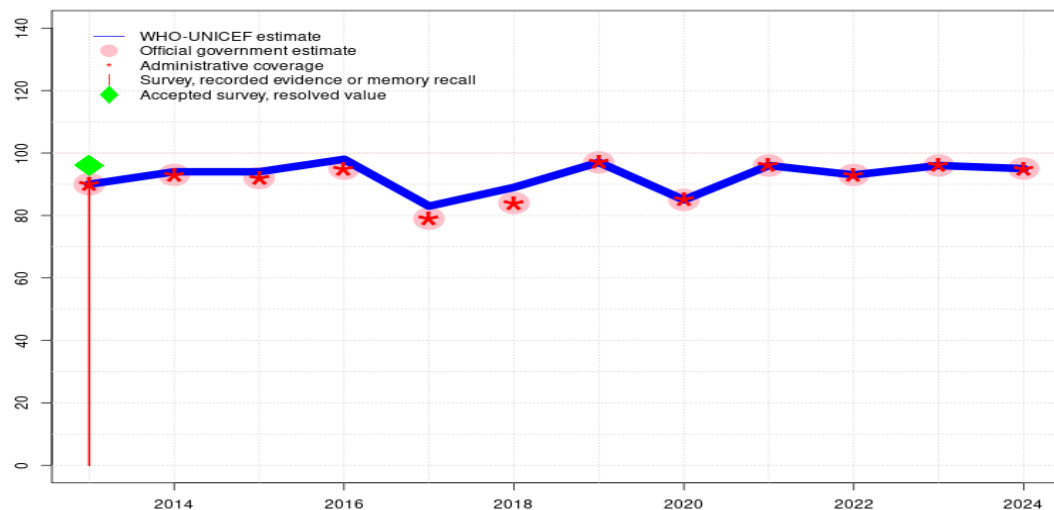
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by interpolation between reported data. Reported data excluded because 106 percent greater than 100 percent. Reported data excluded due to an increase from 93 percent to 106 percent with decrease to 90 percent. GoC=R+ S+ D+
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. GoC=R+ S+ D+
- 2019: Estimate informed by reported coverage for consistency with other vaccines. Encuesta Nacional de Salud (ENS), El Salvador 2021 record or recall results of 82 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 79 percent. Estimate challenged by: S-
- 2018: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2018 levels. Programme reports a four months vaccine stockout at national level. Estimate challenged by: R-S-
- 2016: Reported data calibrated to 2013 and 2018 levels. Programme reports two months vaccine stockout at national level. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2013: Estimate informed by reported data. GoC=R+ D+

# El Salvador - POL3

SLV - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	94	94	98	83	89	97	85	96	93	96	95
Estimate GoC	●●●	●	●	●	●	●	●●	●	●	●	●	●
Official	90	93	92	95	79	84	97	85	96	93	96	95
Administrative	90	93	92	95	79	84	97	85	96	93	96	95
Survey	92	-	-	-	-	-	-	-	-	-	-	-

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

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

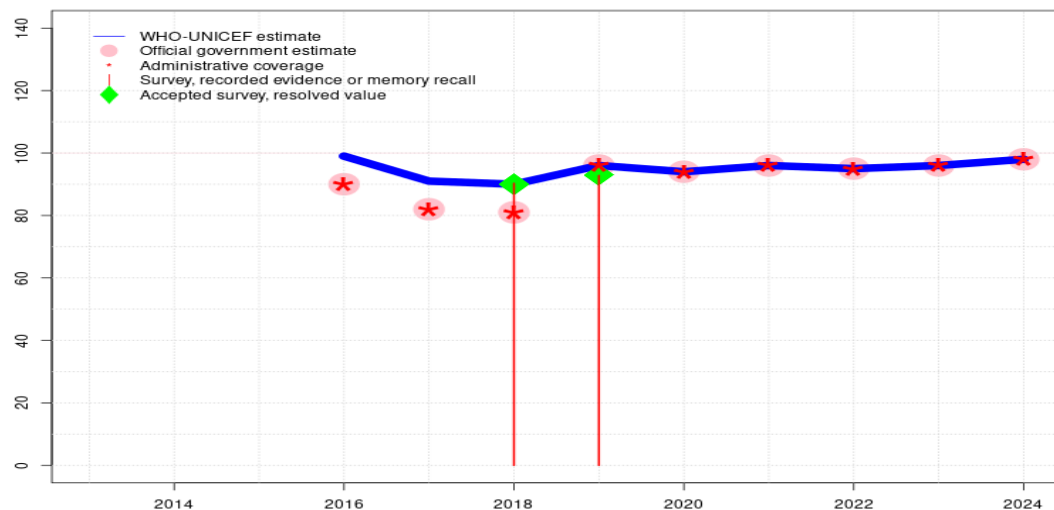
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Programme reports a one month IPV vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported coverage for consistency with other vaccines. GoC=R+ D+
- 2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). El Salvador Multiple Indicator Cluster Survey 2014 record or recall results of 92 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 99 percent, 1st dose record only coverage of 89 percent and 3rd dose record only coverage of 86 percent. GoC=R+ S+ D+

# El Salvador - IPV1

SLV - IPV1



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate of 90 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2017: Reported data calibrated to 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2018 levels. Inactivated polio vaccine introduced in 2016. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	99	91	90	96	94	96	95	96	98
Estimate GoC	-	-	-	●	●	●	●●●	●	●	●	●	●
Official	-	-	-	90	82	81	96	94	96	95	96	98
Administrative	-	-	-	90	82	81	96	94	96	95	96	98
Survey	-	-	-	-	-	90	93	-	-	-	-	-

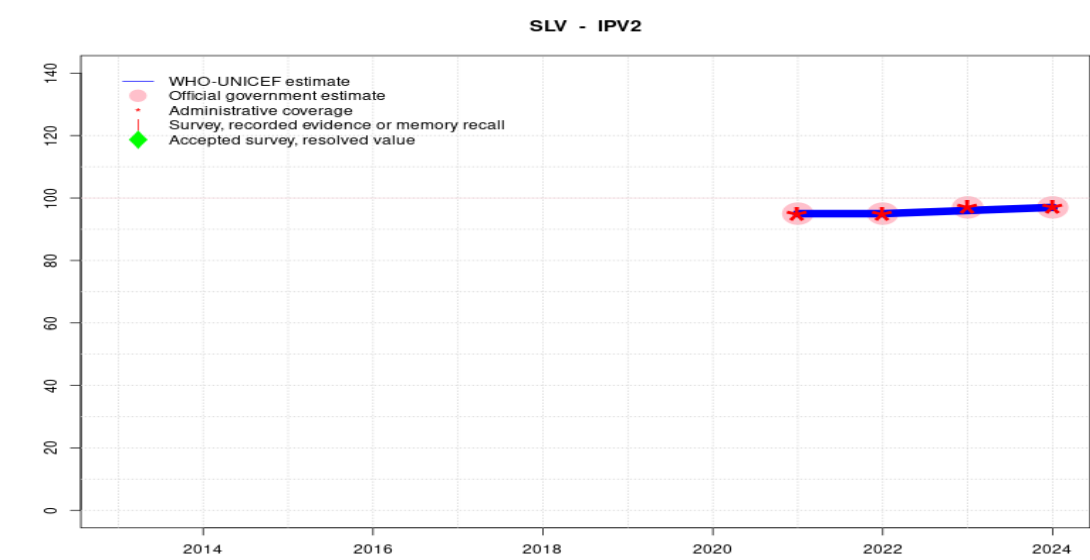
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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



# El Salvador - IPV2



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by estimated IPV1 assuming no dropout. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced prior to 2021. Estimate challenged by: D-

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

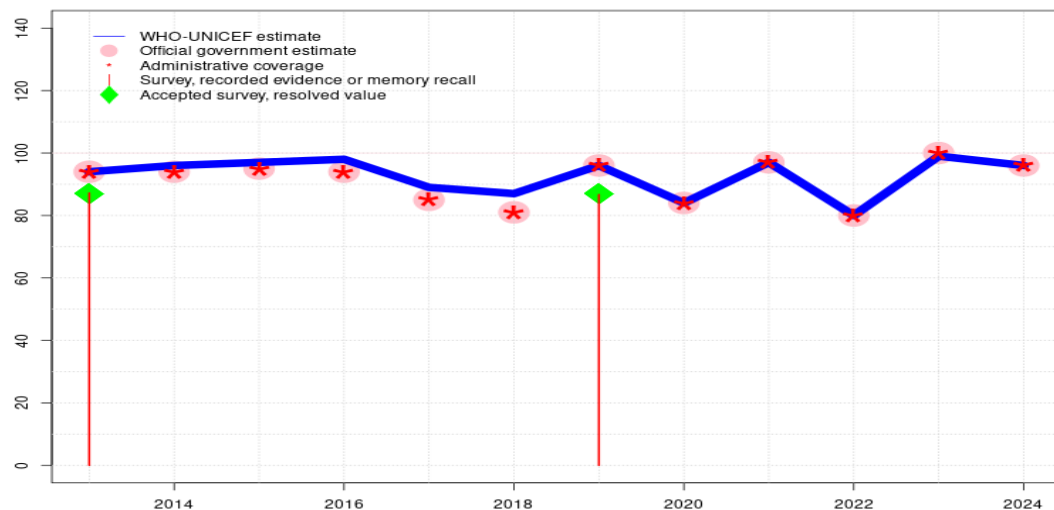
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# El Salvador - MCV1

SLV - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	94	96	97	98	89	87	96	84	97	80	99	96
Estimate GoC	•••	•	•	•	•	•	•••	•••	•	•	•	•
Official	94	94	95	94	85	81	96	84	97	80	100	96
Administrative	94	94	95	94	85	81	96	84	97	80	100	96
Survey	87	-	-	-	-	-	87	-	-	-	-	-

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

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

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

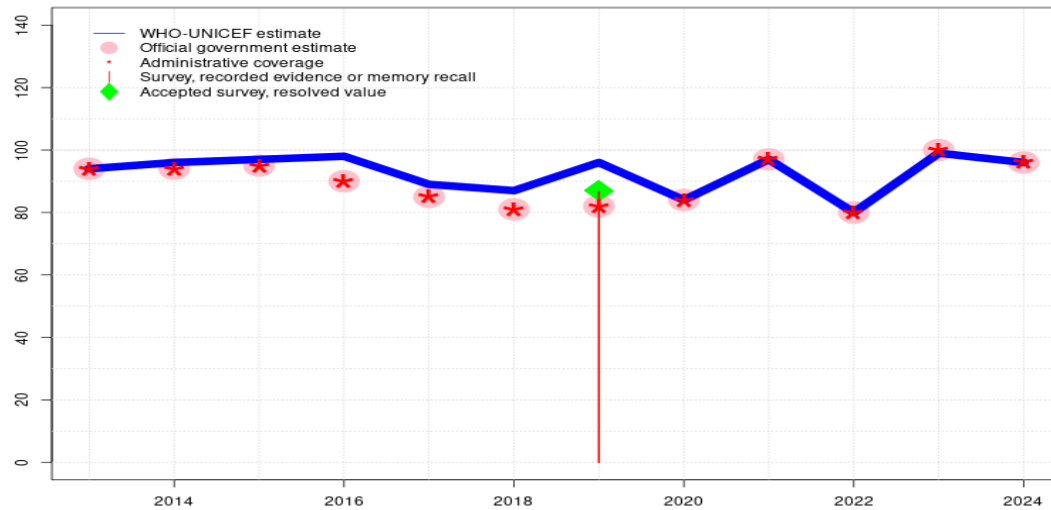
## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Consistent with trend observed for other antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Consistent with trend observed for other antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. GoC=R+ S+ D+
- 2019: Estimate informed by reported coverage consistent with other vaccines. GoC=R+ S+ D+
- 2018: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Programme reports a three months vaccine stockout at national level. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2018 levels. Programme reports a three months vaccine stockout at national level. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+



# El Salvador - RCV1

SLV - RCV1



## Description:

- 2024: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Reported data excluded due to decline in reported coverage from 97 percent to 80 percent with increase to 100 percent. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Reported data excluded due to an increase from 84 percent to 97 percent with decrease to 80 percent. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Programme reports a eight month syringe stockout. GoC=R+ S+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2018: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2017: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2016: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2015: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2014: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2013: Estimate based on estimated MCV1. GoC=R+ S+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	94	96	97	98	89	87	96	84	97	80	99	96
Estimate GoC	●●●	●	●	●	●	●	●●●	●●●	●	●	●	●
Official	94	94	95	90	85	81	82	84	97	80	100	96
Administrative	94	94	95	90	85	81	82	84	97	80	100	96
Survey	-	-	-	-	-	-	87	-	-	-	-	-

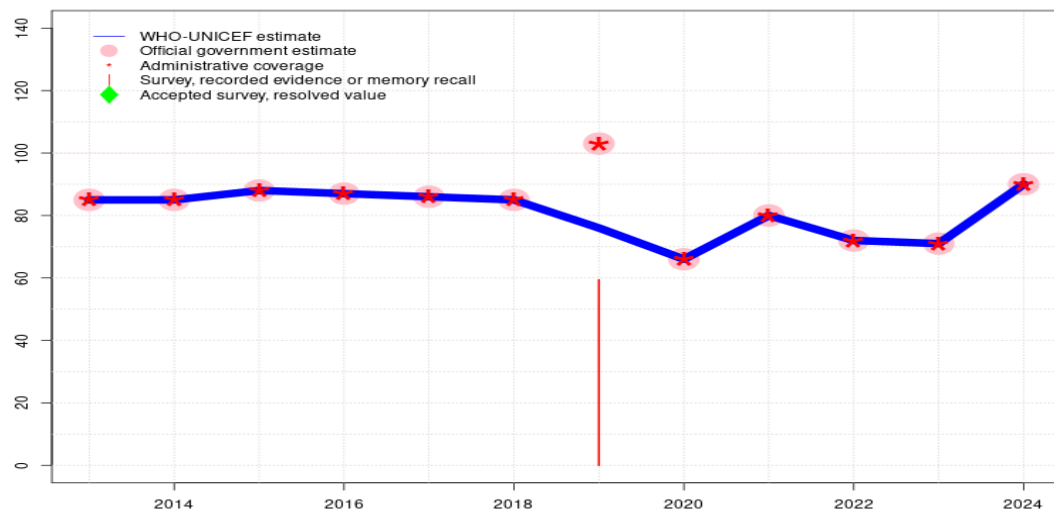
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# El Salvador - MCV2

SLV - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	85	85	88	87	86	85	76	66	80	72	71	90
Estimate GoC	••	••	••	••	••	••	•	••	••	•	•	•
Official	85	85	88	87	86	85	103	66	80	72	71	90
Administrative	85	85	88	87	86	85	103	66	80	72	71	90
Survey	-	-	-	-	-	-	59	-	-	-	-	-

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

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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. A strong vaccination campaign was carried out with emphasis MMR2. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Consistent with trend observed for other antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Recovery consistent with recovery from syringe stockout and in the context of Covid-19. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Programme reports a five month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by interpolation between reported data. Encuesta Nacional de Salud (ENS), El Salvador 2021 results ignored by working group. Recommended age of vaccination with the second dose of measles containing vaccine changed from 2019 to 2020. Survey results are misaligned with identification of the change in schedule. Reported data excluded because 103 percent greater than 100 percent. Reported data excluded due to an increase from 85 percent to 103 percent with decrease to 66 percent. Country conducted a vaccination campaign in 2019. Reported coverage includes campaign doses. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports a three months vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports a three months vaccine stockout at national level. 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+

# El Salvador - 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.

## 2019 Encuesta Nacional de Salud (ENS), El Salvador 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	3.7	12-23 m	607	90
BCG	Record	86.7	12-23 m	607	90
BCG	Record or Recall	90.4	12-23 m	607	90
BCG	Record or Recall<12m	90.3	12-23 m	607	90
DTP1	Recall	4.3	12-23 m	607	90
DTP1	Record	87.7	12-23 m	607	90
DTP1	Record or Recall	92	12-23 m	607	90
DTP1	Record or Recall<12m	91.3	12-23 m	607	90
DTP3	Recall	2.7	12-23 m	607	90
DTP3	Record	85.5	12-23 m	607	90
DTP3	Record or Recall	88.2	12-23 m	607	90
DTP3	Record or Recall<12m	83.6	12-23 m	607	90
HEPB1	Recall	4.3	12-23 m	607	90
HEPB1	Record	87.7	12-23 m	607	90
HEPB1	Record or Recall	92	12-23 m	607	90
HEPB1	Record or Recall<12m	91.3	12-23 m	607	90
HEPB3	Recall	2.7	12-23 m	607	90
HEPB3	Record	85.5	12-23 m	607	90
HEPB3	Record or Recall	88.2	12-23 m	607	90

HEPB3	Record or Recall<12m	83.6	12-23 m	607	90
HEPBB	Recall	4	12-23 m	607	90
HEPBB	Record	86.7	12-23 m	607	90
HEPBB	Record or Recall	90.7	12-23 m	607	90
HEPBB	Record or Recall<12m	90.7	12-23 m	607	90
HIB1	Recall	4.3	12-23 m	607	90
HIB1	Record	87.7	12-23 m	607	90
HIB1	Record or Recall	92	12-23 m	607	90
HIB1	Record or Recall<12m	91.3	12-23 m	607	90
HIB3	Recall	2.7	12-23 m	607	90
HIB3	Record	85.5	12-23 m	607	90
HIB3	Record or Recall	88.2	12-23 m	607	90
HIB3	Record or Recall<12m	83.6	12-23 m	607	90
IPV1	Recall	4.8	12-23 m	607	90
IPV1	Record	88	12-23 m	607	90
IPV1	Record or Recall	92.8	12-23 m	607	90
IPV1	Record or Recall<12m	92.5	12-23 m	607	90
MCV1	Recall	8.2	24-35 m	782	-
MCV1	Record	78.5	24-35 m	782	-
MCV1	Record or Recall	86.7	24-35 m	782	-
MCV2	Recall	0.4	24-35 m	782	-
MCV2	Record	59	24-35 m	782	-
MCV2	Record or Recall	59.4	24-35 m	782	-
PCV1	Recall	3.9	12-23 m	607	90
PCV1	Record	88.4	12-23 m	607	90
PCV1	Record or Recall	92.3	12-23 m	607	90
PCV1	Record or Recall<12m	91.5	12-23 m	607	90
PCV3	Recall	3	24-35 m	782	-
PCV3	Record	79	24-35 m	782	-
PCV3	Record or Recall	82	24-35 m	782	-
RCV1	Recall	8.2	24-35 m	782	-
RCV1	Record	78.5	24-35 m	782	-
RCV1	Record or Recall	86.7	24-35 m	782	-
ROTAC	Recall	3.1	12-23 m	607	90
ROTAC	Record	82.9	12-23 m	607	90
ROTAC	Record or Recall	86	12-23 m	607	90
ROTAC	Record or Recall<12m	84.3	12-23 m	607	90

## 2018 Encuesta Nacional de Salud (ENS), El Salvador 2021

# El Salvador - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9.7	24-35 m	782	-	BCG	Record	88	12-23 m	1479	90
BCG	Record	78.9	24-35 m	782	-	BCG	Record or Recall	97.7	12-23 m	1479	90
BCG	Record or Recall	88.6	24-35 m	782	-	BCG	Record or Recall<12m	97.7	12-23 m	1479	90
DTP1	Recall	9.8	24-35 m	782	-	DTP1	Record	89.9	12-23 m	1479	90
DTP1	Record	80.8	24-35 m	782	-	DTP1	Record or Recall	99.3	12-23 m	1479	90
DTP1	Record or Recall	90.7	24-35 m	782	-	DTP1	Record or Recall<12m	99.3	12-23 m	1479	90
DTP3	Recall	4.5	24-35 m	782	-	DTP3	Record	87.8	12-23 m	1479	90
DTP3	Record	79.7	24-35 m	782	-	DTP3	Record or Recall	93.5	12-23 m	1479	90
DTP3	Record or Recall	84.2	24-35 m	782	-	DTP3	Record or Recall<12m	91.8	12-23 m	1479	90
HEPB1	Recall	9.8	24-35 m	782	-	HEPB1	Record	89.9	12-23 m	1479	90
HEPB1	Record	80.8	24-35 m	782	-	HEPB1	Record or Recall	99.3	12-23 m	1479	90
HEPB1	Record or Recall	90.7	24-35 m	782	-	HEPB1	Record or Recall<12m	99.3	12-23 m	1479	90
HEPB3	Recall	4.5	24-35 m	782	-	HEPB3	Record	87.8	12-23 m	1479	90
HEPB3	Record	79.7	24-35 m	782	-	HEPB3	Record or Recall	93.5	12-23 m	1479	90
HEPB3	Record or Recall	84.2	24-35 m	782	-	HEPB3	Record or Recall<12m	91.8	12-23 m	1479	90
HEPBB	Recall	9.3	24-35 m	782	-	HIB1	Record	89.9	12-23 m	1479	90
HEPBB	Record	78.9	24-35 m	782	-	HIB1	Record or Recall	99.3	12-23 m	1479	90
HEPBB	Record or Recall	88.2	24-35 m	782	-	HIB1	Record or Recall<12m	99.3	12-23 m	1479	90
HIB1	Recall	9.8	24-35 m	782	-	HIB3	Record	87.8	12-23 m	1479	90
HIB1	Record	80.8	24-35 m	782	-	HIB3	Record or Recall	93.5	12-23 m	1479	90
HIB1	Record or Recall	90.7	24-35 m	782	-	HIB3	Record or Recall<12m	91.8	12-23 m	1479	90
HIB3	Recall	4.5	24-35 m	782	-	MCV1	Record	78.6	12-23 m	1479	90
HIB3	Record	79.7	24-35 m	782	-	MCV1	Record or Recall	87.2	12-23 m	1479	90
HIB3	Record or Recall	84.2	24-35 m	782	-	PCV1	Record	89.9	12-23 m	1479	90
IPV1	Recall	9.8	24-35 m	782	-	PCV1	Record or Recall	99.2	12-23 m	1479	90
IPV1	Record	80.6	24-35 m	782	-	PCV1	Record or Recall<12m	99.2	12-23 m	1479	90
IPV1	Record or Recall	90.3	24-35 m	782	-	PCV3	Record	78.6	12-23 m	1479	90
PCV1	Recall	8	24-35 m	782	-	POL1	Record	89.3	12-23 m	1479	90
PCV1	Record	81.3	24-35 m	782	-	POL1	Record or Recall	98.9	12-23 m	1479	90
PCV1	Record or Recall	89.3	24-35 m	782	-	POL1	Record or Recall<12m	98.9	12-23 m	1479	90
ROTAC	Recall	5.7	24-35 m	782	-	POL3	Record	86.3	12-23 m	1479	90
ROTAC	Record	79.8	24-35 m	782	-	POL3	Record or Recall	92.2	12-23 m	1479	90
ROTAC	Record or Recall	85.5	24-35 m	782	-	POL3	Record or Recall<12m	89.1	12-23 m	1479	90
						ROTAC	Record	88.4	12-23 m	1479	90
						ROTAC	Record or Recall	95.7	12-23 m	1479	90
						ROTAC	Record or Recall<12m	95.2	12-23 m	1479	90

2013 El Salvador: Encuesta Nacional de Salud de Indicadores Múltiples Por Conglomerados 2014

2012 El Salvador: Encuesta Nacional de Salud de Indicadores Múltiples Por

# El Salvador - Survey Details

## Conglomerados 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	85.3	24-35 m	1453	-
BCG	Record or Recall	97.9	24-35 m	1453	-
BCG	Record or Recall<12m	97.9	24-35 m	1453	-
DTP1	Record	86.8	24-35 m	1453	-
DTP1	Record or Recall	99.1	24-35 m	1453	-
DTP1	Record or Recall<12m	98.6	24-35 m	1453	-
DTP3	Record	86.2	24-35 m	1453	-
DTP3	Record or Recall	93.3	24-35 m	1453	-
DTP3	Record or Recall<12m	90.6	24-35 m	1453	-
HEPB1	Record	86.8	24-35 m	1453	-
HEPB1	Record or Recall	99.1	24-35 m	1453	-
HEPB1	Record or Recall<12m	98.6	24-35 m	1453	-
HEPB3	Record	86.2	24-35 m	1453	-
HEPB3	Record or Recall	93.3	24-35 m	1453	-
HEPB3	Record or Recall<12m	90.6	24-35 m	1453	-
HIB1	Record	86.8	24-35 m	1453	-
HIB1	Record or Recall	99.1	24-35 m	1453	-
HIB1	Record or Recall<12m	98.6	24-35 m	1453	-
HIB3	Record	86.2	24-35 m	1453	-
HIB3	Record or Recall	93.3	24-35 m	1453	-
HIB3	Record or Recall<12m	90.6	24-35 m	1453	-
MCV1	Record	85.3	24-35 m	1453	-
MCV1	Record or Recall	96.7	24-35 m	1453	-
MCV1	Record or Recall<12m	96.1	24-35 m	1453	-
PCV1	Record	87	24-35 m	1453	-
PCV1	Record or Recall	98.6	24-35 m	1453	-
PCV1	Record or Recall<12m	98.2	24-35 m	1453	-
POL1	Record	86.8	24-35 m	1453	-
POL1	Record or Recall	99.4	24-35 m	1453	-
POL1	Record or Recall<12m	98.9	24-35 m	1453	-
POL3	Record	86	24-35 m	1453	-
POL3	Record or Recall	94.2	24-35 m	1453	-
POL3	Record or Recall<12m	90	24-35 m	1453	-
ROTAC	Record	85.5	24-35 m	1453	-
ROTAC	Record or Recall	94.2	24-35 m	1453	-
ROTAC	Record or Recall<12m	93.1	24-35 m	1453	-

## 2009 Encuesta de Cobertura Nacional de Vacunación El Salvador, 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	98.6	12-23 m	2550	99
DTP1	Record or Recall	97.4	12-23 m	2550	99
DTP3	Record or Recall	94.8	12-23 m	2550	99
HEPB1	Record or Recall	97.4	12-23 m	2550	99
HEPB3	Record or Recall	94.8	12-23 m	2550	99
HIB1	Record or Recall	97.4	12-23 m	2550	99
HIB3	Record or Recall	94.8	12-23 m	2550	99
MCV1	Record or Recall	95	12-23 m	2550	99
POL1	Record or Recall	97.8	12-23 m	2550	99
POL3	Record or Recall	95.9	12-23 m	2550	99
ROTAC	Record or Recall	82	12-23 m	2550	99

## 2007 Encuesta Nacional de Salud Familiar FESAL 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	98.3	12-23 m	865	77
BCG	Record or Recall<12m	98.5	12-23 m	865	77
DTP3	Record or Recall	96.2	12-23 m	865	77
DTP3	Record or Recall<12m	84.7	12-23 m	865	77
HEPB3	Record or Recall	96.2	12-23 m	865	77
HEPB3	Record or Recall<12m	84.7	12-23 m	865	77
HIB3	Record or Recall	96.2	12-23 m	865	77
HIB3	Record or Recall<12m	84.7	12-23 m	865	77
MCV1	Record or Recall	86.7	12-23 m	865	77
POL3	Record or Recall	95.5	12-23 m	865	77
POL3	Record or Recall<12m	84.4	12-23 m	865	77

## 2002 Encuesta Nacional de Salud Familiar de 2002-2003 (FESAL)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	96.4	12-23 m	4106	71
BCG	Record or Recall	98.3	12-23 m	4106	71
BCG	Record or Recall<12m	94.9	12-23 m	4106	71
BCG	Record<12m	96.2	12-23 m	4106	71

DTP3	Record	92.4	12-23 m	3751	71
DTP3	Record or Recall	89.2	12-23 m	3751	71
DTP3	Record or Recall<12m	72.2	12-23 m	3751	71
DTP3	Record<12m	73.9	12-23 m	3751	71
MCV1	Record	83.5	12-23 m	3408	71
MCV1	Record or Recall	79.9	12-23 m	3408	71
POL3	Record	86.2	12-23 m	3751	71
POL3	Record or Recall	83.3	12-23 m	3751	71
POL3	Record or Recall<12m	58.8	12-23 m	3751	71
POL3	Record<12m	56.1	12-23 m	3751	71

1997 Encuesta Nacional de Salud Familiar FESAL-98

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	92.1	12-23 m	5155	61

BCG	Record or Recall	96.3	12-23 m	5155	61
BCG	Record or Recall<12m	88.3	12-23 m	5155	61
BCG	Record<12m	91.7	12-23 m	5155	61
DTP3	Record	65.4	12-23 m	5155	61
DTP3	Record or Recall	85.9	12-23 m	5155	61
DTP3	Record or Recall<12m	95.2	12-23 m	5155	61
DTP3	Record<12m	72.3	12-23 m	5155	61
MCV1	Record	55.4	12-23 m	5155	61
MCV1	Record or Recall	85.6	12-23 m	5155	61
MCV1	Record or Recall<12m	91.7	12-23 m	5155	61
MCV1	Record<12m	59.4	12-23 m	5155	61
POL3	Record	65.4	12-23 m	5155	61
POL3	Record or Recall	85.7	12-23 m	5155	61
POL3	Record or Recall<12m	95	12-23 m	5155	61
POL3	Record<12m	71.8	12-23 m	5155	61

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