

Thailand: 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 Guérin vaccine.

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

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

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

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

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

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

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

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

HEPB: 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.

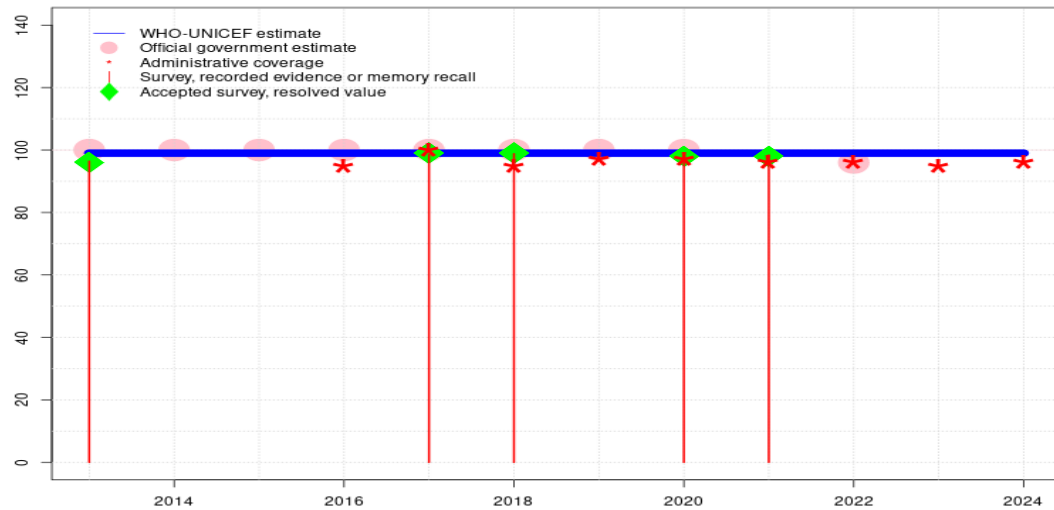
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

Thailand - BCG

THA - BCG



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| Estimate GoC | ●● | ●● | ●● | ●● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | - | 96 | - | - |
| Administrative | - | - | - | 95 | 100 | 95 | 97 | 97 | 96 | 96 | 95 | 96 |
| Survey | 96 | - | - | - | 99 | 99 | - | 98 | 98 | - | - | - |

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

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

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

Description:

- 2024: Estimate based on extrapolation from data reported by national government. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2023: Estimate based on extrapolation from data reported by national government. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2021: Estimate based on extrapolation from data reported by national government supported by survey.Survey evidence of 98 percent based on 1 survey(s). Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-

Thailand - BCG

2016: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+ S+

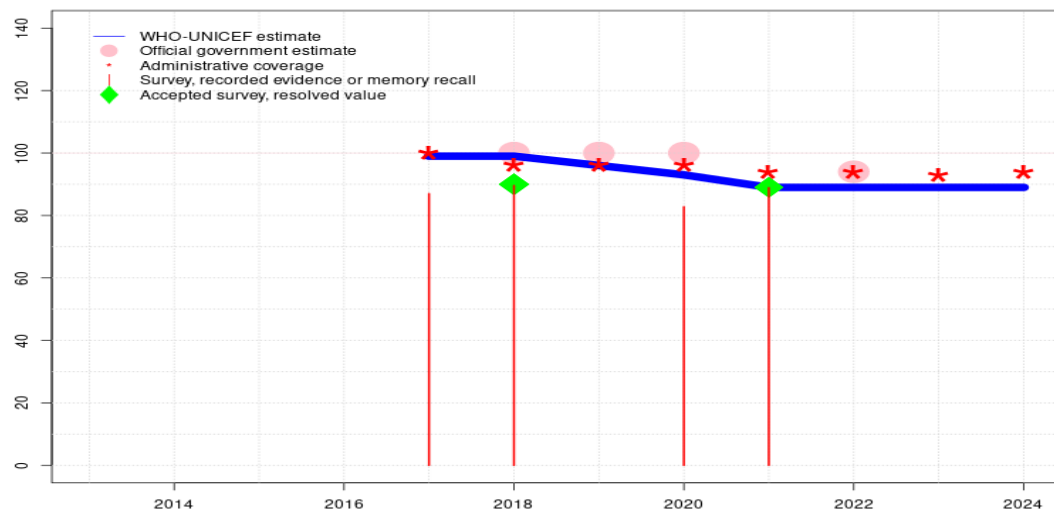
2015: Estimate informed by reported data. GoC=R+ S+

2014: Estimate informed by reported data. GoC=R+ S+

2013: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+

Thailand - HEPBB

THA - HEPBB



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | - | - | - | - | 99 | 99 | 96 | 93 | 89 | 89 | 89 | 89 |
| Estimate GoC | - | - | - | - | • | • | • | • | • | • | • | • |
| Official | - | - | - | - | - | 100 | 100 | 100 | - | 94 | - | - |
| Administrative | - | - | - | - | 100 | 96 | 96 | 96 | 94 | 94 | 93 | 94 |
| Survey | - | - | - | - | 87 | 90 | - | 83 | 89 | - | - | - |

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

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

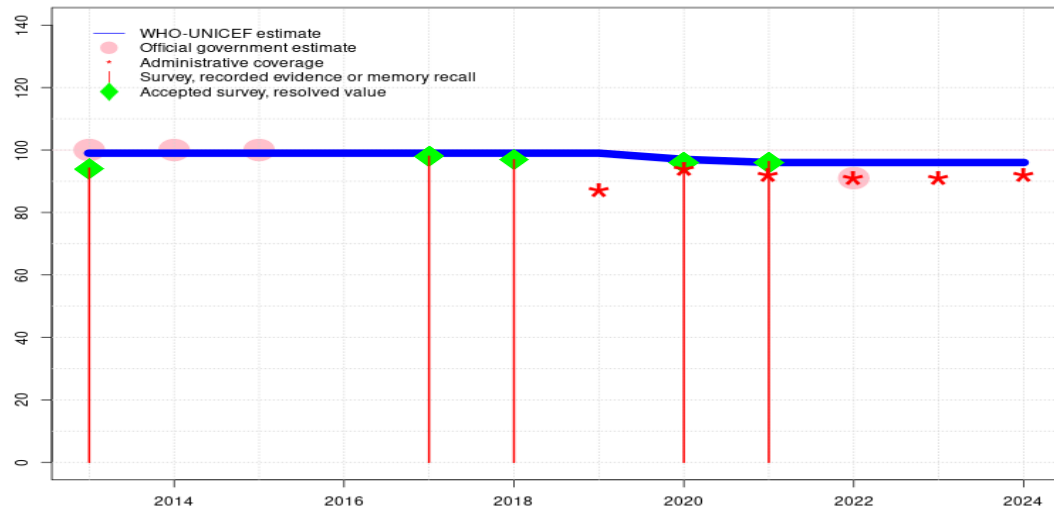
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 89 percent based on 1 survey(s). Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 and 2021 levels. Thailand Multiple Indicator Cluster Survey 2022 results ignored by working group. Survey results lower than for younger cohort. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 and 2021 levels. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Thailand Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results lower than for younger cohort. Reporting of doses delivered during first 24 hours started from 2017. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-

Thailand - DTP1

THA - DTP1



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 97 | 96 | 96 | 96 | 96 |
| Estimate GoC | ●● | ●● | ●● | ●● | ●● | ●● | ● | ● | ● | ● | ● | ● |
| Official | 100 | 100 | 100 | - | - | - | - | - | - | 91 | - | - |
| Administrative | - | - | - | - | - | - | 87 | 94 | 92 | 91 | 91 | 92 |
| Survey | 94 | - | - | - | 98 | 97 | - | 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.

Description:

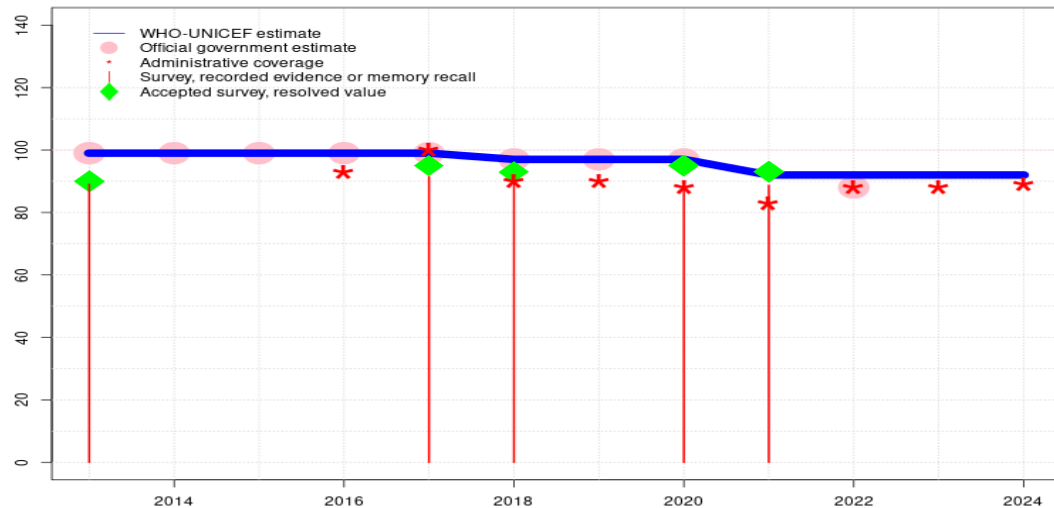
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 96 percent assigned by working group. Estimate informed by survey coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate based on DTP3 coverage of 97. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate of 97 percent changed from previous revision value of 99 percent. Estimate challenged by: D-R-
- 2019: Estimate informed by estimated DTP3 adjusted for dropout. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-R-
- 2018: Estimate informed by estimated DTP3 adjusted for dropout. Reported official coverage is informed by a 2018 cluster coverage survey. GoC=S+
- 2017: Estimate informed by estimated DTP3 adjusted for dropout. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=S+
- 2016: Estimate informed by estimated DTP3 adjusted for dropout. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=S+
- 2015: Estimate informed by reported data. GoC=R+ S+
- 2014: Estimate informed by reported data. GoC=R+ S+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 94 percent

Thailand - DTP1

based on 1 survey(s). GoC=R+ S+

Thailand - DTP3

THA - DTP3



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 99 | 99 | 99 | 99 | 99 | 97 | 97 | 97 | 92 | 92 | 92 | 92 |
| Estimate GoC | ●● | ●● | ●● | ●● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 99 | 99 | 99 | 99 | 99 | 97 | 97 | 97 | - | 88 | - | - |
| Administrative | - | - | - | 93 | 100 | 90 | 90 | 88 | 83 | 88 | 88 | 89 |
| Survey | 89 | - | - | - | 91 | 90 | - | 90 | 89 | - | - | - |

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

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

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

Description:

2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-

2021: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage. Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 89 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 85 percent. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-

2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 90 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 82 percent and 3rd dose record only coverage of 81 percent. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-

2019: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 90 percent modified for recall bias to 93 percent based on 1st dose record or

Thailand - DTP3

recall coverage of 97 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 86 percent. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-

2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 91 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 85 percent. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-

2016: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+ S+

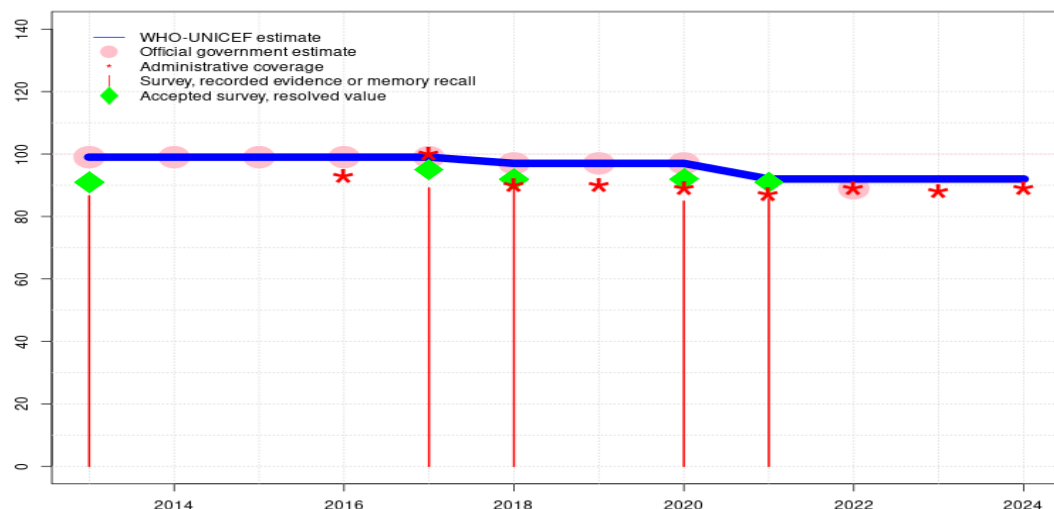
2015: Estimate informed by reported data. GoC=R+ S+

2014: Estimate informed by reported data. GoC=R+ S+

2013: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2015-2016 record or recall results of 89 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 84 percent and 3rd dose record only coverage of 80 percent. GoC=R+ S+

Thailand - HEPB3

THA - HEPB3



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 99 | 99 | 99 | 99 | 99 | 97 | 97 | 97 | 92 | 92 | 92 | 92 |
| Estimate GoC | ●● | ●● | ●● | ●● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 99 | 99 | 99 | 99 | 99 | 97 | 97 | 97 | - | 89 | - | - |
| Administrative | - | - | - | 93 | 100 | 90 | 90 | 89 | 87 | 89 | 88 | 89 |
| Survey | 87 | - | - | - | 89 | 89 | - | 85 | 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: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage for DTP3. Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 86 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 85 percent. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 85 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 82 percent and 3rd dose record only coverage of 81 percent. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 89 percent modified for recall bias to 92 percent based on 1st dose record or

Thailand - HEPB3

recall coverage of 96 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 86 percent. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-

2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 89 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 86 percent. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-

2016: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+ S+

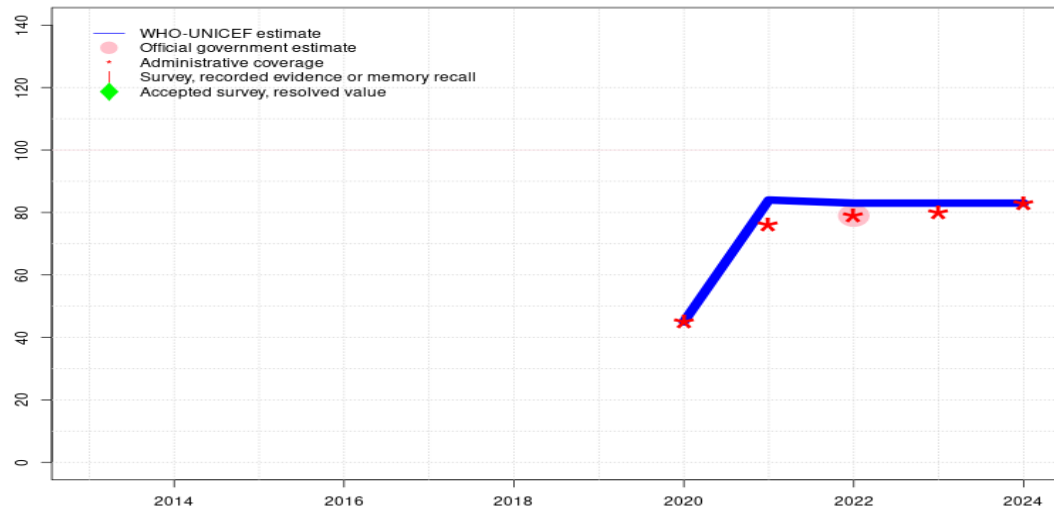
2015: Estimate informed by reported data. GoC=R+ S+

2014: Estimate informed by reported data. GoC=R+ S+

2013: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2015-2016 record or recall results of 87 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 83 percent. GoC=R+ S+

Thailand - HIB3

THA - HIB3



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | - | - | - | - | - | - | - | 45 | 84 | 83 | 83 | 83 |
| Estimate GoC | - | - | - | - | - | - | - | • | • | • | • | • |
| Official | - | - | - | - | - | - | - | - | - | 79 | - | - |
| Administrative | - | - | - | - | - | - | - | 45 | 76 | 79 | 80 | 83 |
| 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.

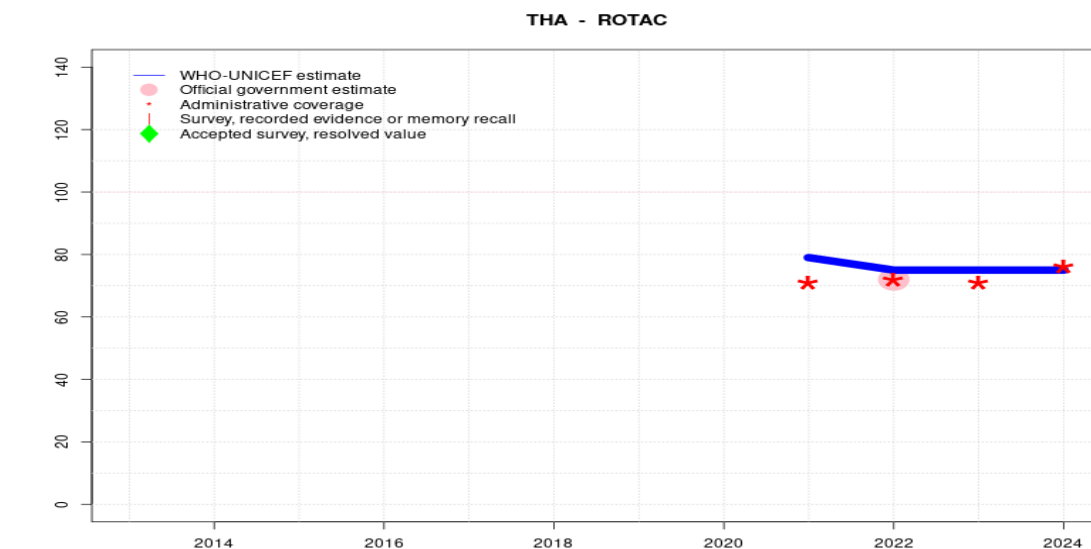
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: Reported data calibrated to 2022 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Estimate informed by previous year estimated coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Estimate of 83 percent assigned by working group. Estimate informed by the relationship between reported coverage for DTP3 and Hib3 applied to the estimated DTP3. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate informed by the relationship between reported coverage for DTP3 and Hib3 applied to the estimated DTP3. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate informed by reported administrative data during introduction period. Estimate challenged by: D-R-
- 2020: Hib vaccine introduced in June 2019 nationally as DTP-Hib-HepB combination vaccine. Reporting started in 2020. Estimate is exceptionally informed by reported coverage. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-R-

Thailand - ROTAC



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | - | - | - | - | - | - | - | - | 79 | 75 | 75 | 75 |
| Estimate GoC | - | - | - | - | - | - | - | - | ● | ● | ● | ● |
| Official | - | - | - | - | - | - | - | - | - | 72 | - | - |
| Administrative | - | - | - | - | - | - | - | - | 71 | 72 | 71 | 76 |
| 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.

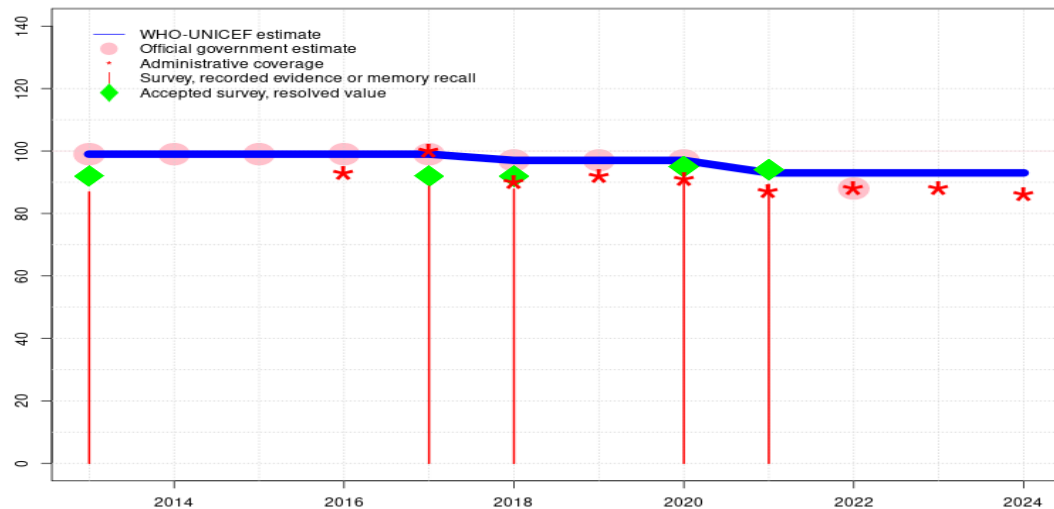
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on prior year estimate. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Estimate informed by previous year estimated coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Estimate informed by the relationship between reported coverage for DTP3 and RotaC applied to the estimated DTP3. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate informed by the relationship between reported coverage for DTP3 and RotaC applied to the estimated DTP3. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Rotavirus vaccine introduced nationally in 2020. Reporting started in 2021. Estimate challenged by: D-R-

Thailand - POL3

THA - POL3



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 99 | 99 | 99 | 99 | 99 | 97 | 97 | 97 | 93 | 93 | 93 | 93 |
| Estimate GoC | ●● | ●● | ●● | ●● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 99 | 99 | 99 | 99 | 99 | 97 | 97 | 97 | - | 88 | - | - |
| Administrative | - | - | - | 93 | 100 | 90 | 92 | 91 | 87 | 88 | 88 | 86 |
| Survey | 87 | - | - | - | 89 | 88 | - | 90 | 89 | - | - | - |

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

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

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

Description:

- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 89 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 85 percent. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 90 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 82 percent and 3rd dose record only coverage of 81 percent. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 88 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 90 percent and 3rd dose record only coverage of 86 percent. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-

2017: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 89 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 85 percent. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-

2016: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+ S+

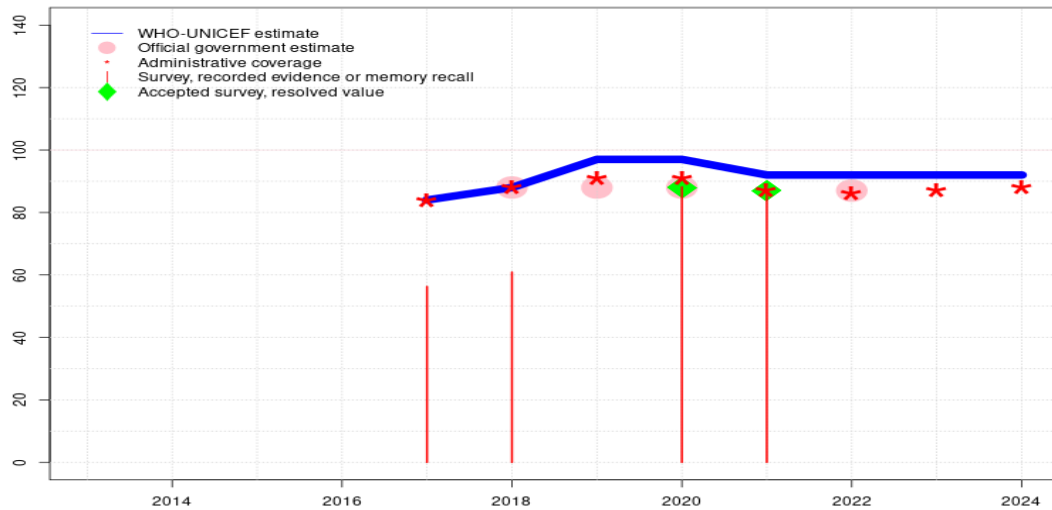
2015: Estimate informed by reported data. GoC=R+ S+

2014: Estimate informed by reported data. GoC=R+ S+

2013: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2015-2016 record or recall results of 87 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 86 percent and 3rd dose record only coverage of 82 percent. GoC=R+ S+

Thailand - IPV1

THA - IPV1



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | - | - | - | - | 84 | 88 | 97 | 97 | 92 | 92 | 92 | 92 |
| Estimate GoC | - | - | - | - | • | • | • | • | • | • | • | • |
| Official | - | - | - | - | - | 88 | 88 | 88 | - | 87 | - | - |
| Administrative | - | - | - | - | 84 | 88 | 91 | 91 | 87 | 86 | 87 | 88 |
| Survey | - | - | - | - | 56 | 61 | - | 88 | 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:

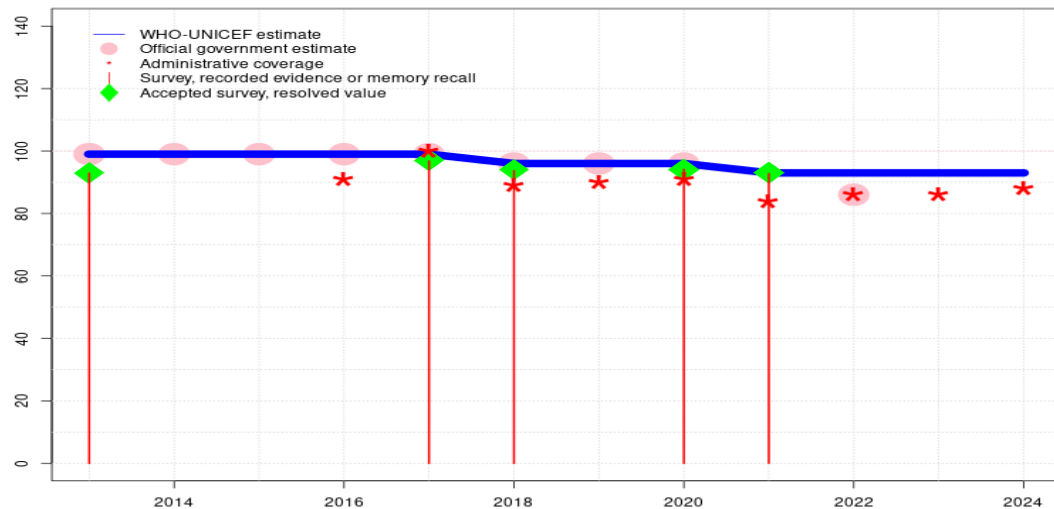
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Estimate informed by 2022 estimated coverage. Recommended age changed from 4 to 2 months of age, as a second IPV dose was added. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Estimate informed by the DTP3 estimated coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 92 percent assigned by working group. Estimate informed by the DTP3 estimated coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate of 97 percent assigned by working group. Estimate informed by the DTP3 estimated coverage. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-R-
- 2019: Estimate informed by the DTP3 estimated coverage. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data during period of introduction. Thailand Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results inconsistent with other vaccine-doses recommended at the same age. Reported data excluded. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-R-
- 2017: Estimate informed by reported coverage following introduction. Thailand Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results inconsistent with other vaccine-doses recommended at the same age. Inactivated polio vaccine intro-

Thailand - IPV1

duced in 2015. Reporting started in 2017. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-

Thailand - MCV1

THA - MCV1



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 99 | 99 | 99 | 99 | 99 | 96 | 96 | 96 | 93 | 93 | 93 | 93 |
| Estimate GoC | ●● | ●● | ●● | ●● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 99 | 99 | 99 | 99 | 99 | 96 | 96 | 96 | - | 86 | - | - |
| Administrative | - | - | - | 91 | 100 | 89 | 90 | 91 | 84 | 86 | 86 | 88 |
| Survey | 93 | - | - | - | 97 | 94 | - | 94 | 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.

Description:

- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. GoC=Assigned by working group. Consistency with other vaccine doses.
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+ S+
- 2015: Estimate informed by reported data. GoC=R+ S+

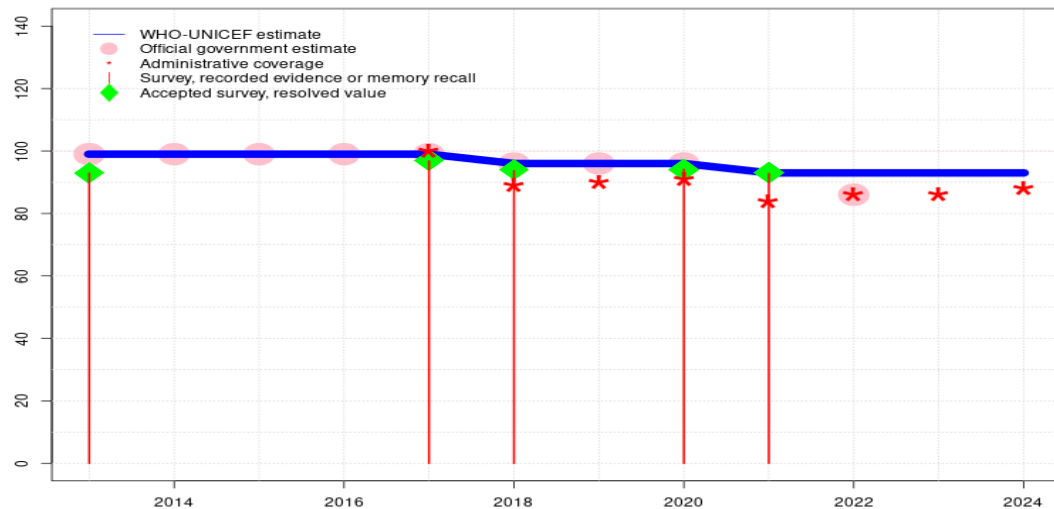
Thailand - MCV1

2014: Estimate informed by reported data. GoC=R+ S+

2013: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+

Thailand - RCV1

THA - RCV1



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 99 | 99 | 99 | 99 | 99 | 96 | 96 | 96 | 93 | 93 | 93 | 93 |
| Estimate GoC | ●● | ●● | ●● | ●● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 99 | 99 | 99 | 99 | 99 | 96 | 96 | 96 | - | 86 | - | - |
| Administrative | - | - | - | - | 100 | 89 | 90 | 91 | 84 | 86 | 86 | 88 |
| Survey | 93 | - | - | - | 97 | 94 | - | 94 | 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.

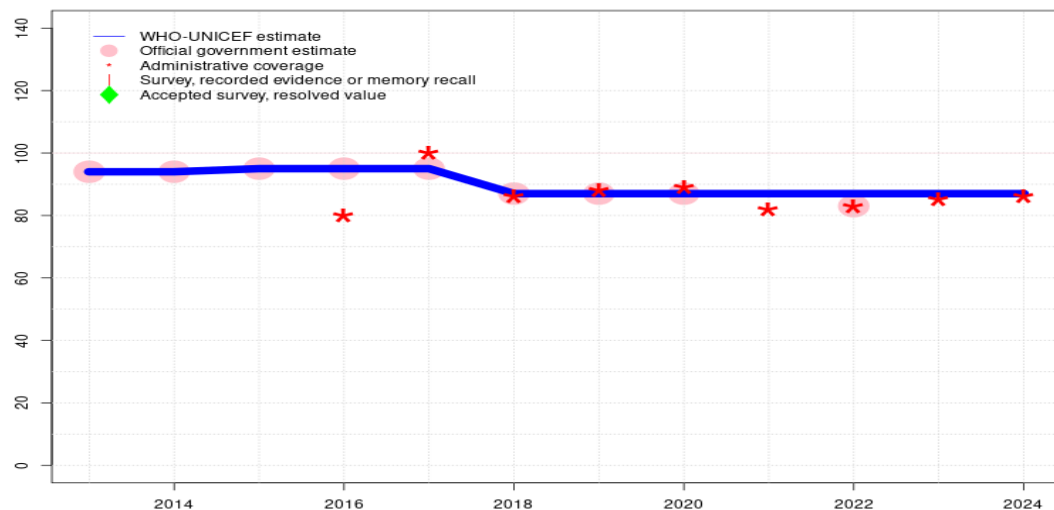
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. GoC=Assigned by working group. Consistency with other vaccine doses.
- 2019: Estimate based on estimated MCV1. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-
- 2016: Estimate based on estimated MCV1. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+ S+
- 2015: Estimate based on estimated MCV1. GoC=R+ S+
- 2014: Estimate based on estimated MCV1. GoC=R+ S+
- 2013: Estimate based on estimated MCV1. GoC=R+ S+

Thailand - MCV2

THA - MCV2



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 94 | 94 | 95 | 95 | 95 | 87 | 87 | 87 | 87 | 87 | 87 | 87 |
| Estimate GoC | ●● | ●● | ●● | ●● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 94 | 94 | 95 | 95 | 95 | 87 | 87 | 87 | - | 83 | - | - |
| Administrative | - | - | - | 80 | 100 | 86 | 88 | 89 | 82 | 83 | 85 | 86 |
| Survey | - | - | - | - | - | - | - | - | - | - | - | - |

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

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

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

Description:

- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2023: Estimate informed by the estimated MCV2 for the previous year. No survey data for MCV2. Estimated coverage may underestimate coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+
- 2014: Estimate informed by reported data. GoC=R+
- 2013: Estimate informed by reported data. GoC=R+

Thailand - 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.

2021 Thailand Multiple Indicator Cluster Survey 2022

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 9.4 | 12-23 m | 1994 | 89 |
| BCG | Record | 89 | 12-23 m | 1994 | 89 |
| BCG | Record or Recall | 98.4 | 12-23 m | 1994 | 89 |
| BCG | Record or Recall<12m | 98.4 | 12-23 m | 1994 | 89 |
| DTP1 | Recall | 8.3 | 12-23 m | 1994 | 89 |
| DTP1 | Record | 88.1 | 12-23 m | 1994 | 89 |
| DTP1 | Record or Recall | 96.3 | 12-23 m | 1994 | 89 |
| DTP1 | Record or Recall<12m | 95.6 | 12-23 m | 1994 | 89 |
| DTP3 | Recall | 4.1 | 12-23 m | 1994 | 89 |
| DTP3 | Record | 84.6 | 12-23 m | 1994 | 89 |
| DTP3 | Record or Recall | 88.7 | 12-23 m | 1994 | 89 |
| DTP3 | Record or Recall<12m | 86.8 | 12-23 m | 1994 | 89 |
| HEPB1 | Recall | 6.2 | 12-23 m | 1994 | 89 |
| HEPB1 | Record | 88.1 | 12-23 m | 1994 | 89 |
| HEPB1 | Record or Recall | 94.2 | 12-23 m | 1994 | 89 |
| HEPB1 | Record or Recall<12m | 93.5 | 12-23 m | 1994 | 89 |
| HEPB3 | Recall | 1 | 12-23 m | 1994 | 89 |
| HEPB3 | Record | 84.6 | 12-23 m | 1994 | 89 |
| HEPB3 | Record or Recall | 85.7 | 12-23 m | 1994 | 89 |

| | | | | | |
|-------|----------------------|------|---------|------|----|
| HEPB3 | Record or Recall<12m | 83.8 | 12-23 m | 1994 | 89 |
| HEPBB | Recall | 0 | 12-23 m | 1994 | 89 |
| HEPBB | Record | 88.8 | 12-23 m | 1994 | 89 |
| HEPBB | Record or Recall | 88.9 | 12-23 m | 1994 | 89 |
| HEPBB | Record or Recall<12m | 88.9 | 12-23 m | 1994 | 89 |
| IPV1 | Recall | 8.7 | 12-23 m | 1994 | 89 |
| IPV1 | Record | 78.4 | 12-23 m | 1994 | 89 |
| IPV1 | Record or Recall | 87.1 | 12-23 m | 1994 | 89 |
| IPV1 | Record or Recall<12m | 85.1 | 12-23 m | 1994 | 89 |
| MCV1 | Recall | 7.8 | 12-23 m | 1994 | 89 |
| MCV1 | Record | 85 | 12-23 m | 1994 | 89 |
| MCV1 | Record or Recall | 92.8 | 12-23 m | 1994 | 89 |
| MCV1 | Record or Recall<12m | 88.4 | 12-23 m | 1994 | 89 |
| POL1 | Recall | 9 | 12-23 m | 1994 | 89 |
| POL1 | Record | 88.1 | 12-23 m | 1994 | 89 |
| POL1 | Record or Recall | 97.1 | 12-23 m | 1994 | 89 |
| POL1 | Record or Recall<12m | 96.4 | 12-23 m | 1994 | 89 |
| POL3 | Recall | 4.7 | 12-23 m | 1994 | 89 |
| POL3 | Record | 84.6 | 12-23 m | 1994 | 89 |
| POL3 | Record or Recall | 89.3 | 12-23 m | 1994 | 89 |
| POL3 | Record or Recall<12m | 87.3 | 12-23 m | 1994 | 89 |
| RCV1 | Recall | 7.8 | 12-23 m | 1994 | 89 |
| RCV1 | Record | 85 | 12-23 m | 1994 | 89 |
| RCV1 | Record or Recall | 92.8 | 12-23 m | 1994 | 89 |
| RCV1 | Record or Recall<12m | 88.4 | 12-23 m | 1994 | 89 |

2020 Thailand Multiple Indicator Cluster Survey 2022

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 14 | 24-35 m | 2276 | 84 |
| BCG | Record | 83.5 | 24-35 m | 2276 | 84 |
| BCG | Record or Recall | 97.5 | 24-35 m | 2276 | 84 |
| BCG | Record or Recall<12m | 97.4 | 24-35 m | 2276 | 84 |
| DTP1 | Recall | 13.2 | 24-35 m | 2276 | 84 |
| DTP1 | Record | 82.4 | 24-35 m | 2276 | 84 |
| DTP1 | Record or Recall | 95.6 | 24-35 m | 2276 | 84 |
| DTP1 | Record or Recall<12m | 95.2 | 24-35 m | 2276 | 84 |
| DTP3 | Recall | 8.5 | 24-35 m | 2276 | 84 |
| DTP3 | Record | 81 | 24-35 m | 2276 | 84 |

Thailand - Survey Details

| | | | | | | | | | | | |
|-------|----------------------|------|---------|------|----|-------|----------------------|------|---------|------|----|
| DTP3 | Record or Recall | 89.6 | 24-35 m | 2276 | 84 | BCG | Record | 89.6 | 12-23 m | 2614 | 90 |
| DTP3 | Record or Recall<12m | 86.4 | 24-35 m | 2276 | 84 | BCG | Record or Recall | 98.8 | 12-23 m | 2614 | 90 |
| HEPB1 | Recall | 10.7 | 24-35 m | 2276 | 84 | BCG | Record or Recall<12m | 98.8 | 12-23 m | 2614 | 90 |
| HEPB1 | Record | 82.4 | 24-35 m | 2276 | 84 | DTP1 | Recall | 7.1 | 12-23 m | 2614 | 90 |
| HEPB1 | Record or Recall | 93.1 | 24-35 m | 2276 | 84 | DTP1 | Record | 89.7 | 12-23 m | 2614 | 90 |
| HEPB1 | Record or Recall<12m | 92.7 | 24-35 m | 2276 | 84 | DTP1 | Record or Recall | 96.9 | 12-23 m | 2614 | 90 |
| HEPB3 | Recall | 3.9 | 24-35 m | 2276 | 84 | DTP1 | Record or Recall<12m | 96.4 | 12-23 m | 2614 | 90 |
| HEPB3 | Record | 81 | 24-35 m | 2276 | 84 | DTP3 | Recall | 3.9 | 12-23 m | 2614 | 90 |
| HEPB3 | Record or Recall | 84.9 | 24-35 m | 2276 | 84 | DTP3 | Record | 86 | 12-23 m | 2614 | 90 |
| HEPB3 | Record or Recall<12m | 81.9 | 24-35 m | 2276 | 84 | DTP3 | Record or Recall | 89.9 | 12-23 m | 2614 | 90 |
| HEPB3 | Record or Recall<12m | 81.9 | 24-35 m | 2276 | 84 | DTP3 | Record or Recall<12m | 88 | 12-23 m | 2614 | 90 |
| HEPBB | Recall | 0.4 | 24-35 m | 2276 | 84 | HEPB1 | Recall | 6.4 | 12-23 m | 2614 | 90 |
| HEPBB | Record | 82.4 | 24-35 m | 2276 | 84 | HEPB1 | Record | 89.7 | 12-23 m | 2614 | 90 |
| HEPBB | Record or Recall | 82.8 | 24-35 m | 2276 | 84 | HEPB1 | Record or Recall | 96.1 | 12-23 m | 2614 | 90 |
| HEPBB | Record or Recall<12m | 82.7 | 24-35 m | 2276 | 84 | HEPB1 | Record or Recall<12m | 95.4 | 12-23 m | 2614 | 90 |
| IPV1 | Recall | 13.1 | 24-35 m | 2276 | 84 | HEPB3 | Recall | 2.6 | 12-23 m | 2614 | 90 |
| IPV1 | Record | 75.1 | 24-35 m | 2276 | 84 | HEPB3 | Record | 86.4 | 12-23 m | 2614 | 90 |
| IPV1 | Record or Recall | 88.2 | 24-35 m | 2276 | 84 | HEPB3 | Record or Recall | 89 | 12-23 m | 2614 | 90 |
| IPV1 | Record or Recall<12m | 84.7 | 24-35 m | 2276 | 84 | HEPB3 | Record or Recall<12m | 86.8 | 12-23 m | 2614 | 90 |
| MCV1 | Recall | 13.4 | 24-35 m | 2276 | 84 | HEPBB | Recall | 0 | 12-23 m | 2614 | 90 |
| MCV1 | Record | 80.7 | 24-35 m | 2276 | 84 | HEPBB | Record | 89.6 | 12-23 m | 2614 | 90 |
| MCV1 | Record or Recall | 94.1 | 24-35 m | 2276 | 84 | HEPBB | Record or Recall | 89.6 | 12-23 m | 2614 | 90 |
| MCV1 | Record or Recall<12m | 87.4 | 24-35 m | 2276 | 84 | HEPBB | Record or Recall<12m | 89.6 | 12-23 m | 2614 | 90 |
| POL1 | Recall | 13.8 | 24-35 m | 2276 | 84 | IPV1 | Recall | 6.2 | 12-23 m | 2614 | 90 |
| POL1 | Record | 82.3 | 24-35 m | 2276 | 84 | IPV1 | Record | 54.7 | 12-23 m | 2614 | 90 |
| POL1 | Record or Recall | 96.1 | 24-35 m | 2276 | 84 | IPV1 | Record or Recall | 60.9 | 12-23 m | 2614 | 90 |
| POL1 | Record or Recall<12m | 95.8 | 24-35 m | 2276 | 84 | IPV1 | Record or Recall<12m | 59.3 | 12-23 m | 2614 | 90 |
| POL3 | Recall | 9.1 | 24-35 m | 2276 | 84 | MCV1 | Recall | 7.5 | 12-23 m | 2614 | 90 |
| POL3 | Record | 81 | 24-35 m | 2276 | 84 | MCV1 | Record | 86.2 | 12-23 m | 2614 | 90 |
| POL3 | Record or Recall | 90.1 | 24-35 m | 2276 | 84 | MCV1 | Record or Recall | 93.7 | 12-23 m | 2614 | 90 |
| POL3 | Record or Recall<12m | 87.3 | 24-35 m | 2276 | 84 | MCV1 | Record or Recall<12m | 89.7 | 12-23 m | 2614 | 90 |
| RCV1 | Recall | 13.4 | 24-35 m | 2276 | 84 | POL1 | Recall | 6.2 | 12-23 m | 2614 | 90 |
| RCV1 | Record | 80.7 | 24-35 m | 2276 | 84 | POL1 | Record | 89.7 | 12-23 m | 2614 | 90 |
| RCV1 | Record or Recall | 94.1 | 24-35 m | 2276 | 84 | POL1 | Record or Recall | 95.9 | 12-23 m | 2614 | 90 |
| RCV1 | Record or Recall<12m | 87.4 | 24-35 m | 2276 | 84 | POL1 | Record or Recall<12m | 95.7 | 12-23 m | 2614 | 90 |
| | | | | | | POL3 | Recall | 1.7 | 12-23 m | 2614 | 90 |
| | | | | | | POL3 | Record | 86 | 12-23 m | 2614 | 90 |
| | | | | | | POL3 | Record or Recall | 87.8 | 12-23 m | 2614 | 90 |
| | | | | | | POL3 | Record or Recall<12m | 86.4 | 12-23 m | 2614 | 90 |
| | | | | | | RCV1 | Recall | 7.5 | 12-23 m | 2614 | 90 |

2018 Thailand Multiple Indicator Cluster Survey 2019

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG | Recall | 9.1 | 12-23 m | 2614 | 90 |

Thailand - Survey Details

| | | | | | |
|------|----------------------|------|---------|------|----|
| RCV1 | Record | 86.2 | 12-23 m | 2614 | 90 |
| RCV1 | Record or Recall | 93.7 | 12-23 m | 2614 | 90 |
| RCV1 | Record or Recall<12m | 89.7 | 12-23 m | 2614 | 90 |

2017 Thailand Multiple Indicator Cluster Survey 2019

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 11.6 | 24-35 m | 2752 | - |
| BCG | Record | 87 | 24-35 m | 2752 | - |
| BCG | Record or Recall | 98.6 | 24-35 m | 2752 | - |
| BCG | Record or Recall<12m | 98.4 | 24-35 m | 2752 | - |
| DTP1 | Recall | 10.4 | 24-35 m | 2752 | - |
| DTP1 | Record | 87.6 | 24-35 m | 2752 | - |
| DTP1 | Record or Recall | 98 | 24-35 m | 2752 | - |
| DTP1 | Record or Recall<12m | 96.6 | 24-35 m | 2752 | - |
| DTP3 | Recall | 6 | 24-35 m | 2752 | - |
| DTP3 | Record | 85.4 | 24-35 m | 2752 | - |
| DTP3 | Record or Recall | 91.4 | 24-35 m | 2752 | - |
| DTP3 | Record or Recall<12m | 86.5 | 24-35 m | 2752 | - |
| HEPB1 | Recall | 9.3 | 24-35 m | 2752 | - |
| HEPB1 | Record | 87.6 | 24-35 m | 2752 | - |
| HEPB1 | Record or Recall | 96.9 | 24-35 m | 2752 | - |
| HEPB1 | Record or Recall<12m | 95.6 | 24-35 m | 2752 | - |
| HEPB3 | Recall | 3.5 | 24-35 m | 2752 | - |
| HEPB3 | Record | 85.6 | 24-35 m | 2752 | - |
| HEPB3 | Record or Recall | 89.1 | 24-35 m | 2752 | - |
| HEPB3 | Record or Recall<12m | 83.6 | 24-35 m | 2752 | - |
| HEPBB | Recall | 0 | 24-35 m | 2752 | - |
| HEPBB | Record | 87 | 24-35 m | 2752 | - |
| HEPBB | Record or Recall | 87 | 24-35 m | 2752 | - |
| HEPBB | Record or Recall<12m | 87 | 24-35 m | 2752 | - |
| IPV1 | Recall | 8.2 | 24-35 m | 2752 | - |
| IPV1 | Record | 48.1 | 24-35 m | 2752 | - |
| IPV1 | Record or Recall | 56.3 | 24-35 m | 2752 | - |
| IPV1 | Record or Recall<12m | 51.6 | 24-35 m | 2752 | - |
| MCV1 | Recall | 10 | 24-35 m | 2752 | - |
| MCV1 | Record | 86.8 | 24-35 m | 2752 | - |
| MCV1 | Record or Recall | 96.8 | 24-35 m | 2752 | - |
| MCV1 | Record or Recall<12m | 86.8 | 24-35 m | 2752 | - |

| | | | | | |
|------|----------------------|------|---------|------|---|
| POL1 | Recall | 7.8 | 24-35 m | 2752 | - |
| POL1 | Record | 87.6 | 24-35 m | 2752 | - |
| POL1 | Record or Recall | 95.4 | 24-35 m | 2752 | - |
| POL1 | Record or Recall<12m | 94.1 | 24-35 m | 2752 | - |
| POL3 | Recall | 3.3 | 24-35 m | 2752 | - |
| POL3 | Record | 85.4 | 24-35 m | 2752 | - |
| POL3 | Record or Recall | 88.7 | 24-35 m | 2752 | - |
| POL3 | Record or Recall<12m | 83.9 | 24-35 m | 2752 | - |
| RCV1 | Recall | 10 | 24-35 m | 2752 | - |
| RCV1 | Record | 86.8 | 24-35 m | 2752 | - |
| RCV1 | Record or Recall | 96.8 | 24-35 m | 2752 | - |
| RCV1 | Record or Recall<12m | 86.8 | 24-35 m | 2752 | - |

2013 Thailand Multiple Indicator Cluster Survey 2015-2016

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Record | 85.9 | 12-23 m | 2510 | 86 |
| BCG | Record or Recall | 96.4 | 12-23 m | 2510 | 86 |
| BCG | Record or Recall<12m | 96.2 | 12-23 m | 2510 | 86 |
| DTP1 | Record | 83.7 | 12-23 m | 2510 | 86 |
| DTP1 | Record or Recall | 94.2 | 12-23 m | 2510 | 86 |
| DTP1 | Record or Recall<12m | 93.9 | 12-23 m | 2510 | 86 |
| DTP3 | Record | 80.1 | 12-23 m | 2510 | 86 |
| DTP3 | Record or Recall | 89 | 12-23 m | 2510 | 86 |
| DTP3 | Record or Recall<12m | 87.6 | 12-23 m | 2510 | 86 |
| HEPB1 | Record | 85.8 | 12-23 m | 2510 | 86 |
| HEPB1 | Record or Recall | 94.1 | 12-23 m | 2510 | 86 |
| HEPB1 | Record or Recall<12m | 93.8 | 12-23 m | 2510 | 86 |
| HEPB3 | Record | 83 | 12-23 m | 2510 | 86 |
| HEPB3 | Record or Recall | 86.6 | 12-23 m | 2510 | 86 |
| HEPB3 | Record or Recall<12m | 84.3 | 12-23 m | 2510 | 86 |
| MCV1 | Record | 82.6 | 12-23 m | 2510 | 86 |
| MCV1 | Record or Recall | 92.9 | 12-23 m | 2510 | 86 |
| MCV1 | Record or Recall<12m | 89 | 12-23 m | 2510 | 86 |
| POL1 | Record | 85.6 | 12-23 m | 2510 | 86 |
| POL1 | Record or Recall | 95.8 | 12-23 m | 2510 | 86 |
| POL1 | Record or Recall<12m | 95.5 | 12-23 m | 2510 | 86 |
| POL3 | Record | 82.4 | 12-23 m | 2510 | 86 |
| POL3 | Record or Recall | 86.9 | 12-23 m | 2510 | 86 |

Thailand - Survey Details

| | | | | | |
|------|----------------------|------|---------|------|----|
| POL3 | Record or Recall<12m | 85.8 | 12-23 m | 2510 | 86 |
| RCV1 | Record | 82.6 | 12-23 m | 2510 | 86 |
| RCV1 | Record or Recall | 92.9 | 12-23 m | 2510 | 86 |
| RCV1 | Record or Recall<12m | 89 | 12-23 m | 2510 | 86 |

2012 Immunization Coverage Survey: Thailand 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG | Record or Recall | 100 | 12-23 m | 2700 | - |
| DTP3 | Record or Recall | 99.4 | 12-23 m | 2700 | - |
| HEPB3 | Record or Recall | 99.4 | 12-23 m | 2700 | - |
| MCV1 | Record or Recall | 98.7 | 12-23 m | 2700 | - |
| POL3 | Record or Recall | 99.4 | 12-23 m | 2700 | - |

2012 Thailand Multiple Indicator Cluster Survey 2015-2016

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Record | 85.1 | 24-35 m | 2550 | - |
| BCG | Record or Recall | 96.3 | 24-35 m | 2550 | - |
| BCG | Record or Recall<12m | 96.1 | 24-35 m | 2550 | - |
| DTP1 | Record | 85.5 | 24-35 m | 2550 | - |
| DTP1 | Record or Recall | 96.3 | 24-35 m | 2550 | - |
| DTP1 | Record or Recall<12m | 94.2 | 24-35 m | 2550 | - |
| DTP3 | Record | 81.9 | 24-35 m | 2550 | - |
| DTP3 | Record or Recall | 90.4 | 24-35 m | 2550 | - |
| DTP3 | Record or Recall<12m | 86.6 | 24-35 m | 2550 | - |
| HEPB1 | Record | 85.8 | 24-35 m | 2550 | - |
| HEPB1 | Record or Recall | 93.4 | 24-35 m | 2550 | - |
| HEPB1 | Record or Recall<12m | 92.5 | 24-35 m | 2550 | - |
| HEPB3 | Record | 83.7 | 24-35 m | 2550 | - |
| HEPB3 | Record or Recall | 85.9 | 24-35 m | 2550 | - |
| HEPB3 | Record or Recall<12m | 80.2 | 24-35 m | 2550 | - |
| MCV1 | Record | 83.5 | 24-35 m | 2550 | - |
| MCV1 | Record or Recall | 93.9 | 24-35 m | 2550 | - |
| MCV1 | Record or Recall<12m | 85.1 | 24-35 m | 2550 | - |
| POL1 | Record | 85.5 | 24-35 m | 2550 | - |
| POL1 | Record or Recall | 96.2 | 24-35 m | 2550 | - |

| | | | | | |
|------|----------------------|------|---------|------|---|
| POL1 | Record or Recall<12m | 95.1 | 24-35 m | 2550 | - |
| POL3 | Record | 83.5 | 24-35 m | 2550 | - |
| POL3 | Record or Recall | 90.6 | 24-35 m | 2550 | - |
| POL3 | Record or Recall<12m | 86.2 | 24-35 m | 2550 | - |
| RCV1 | Record | 83.5 | 24-35 m | 2550 | - |
| RCV1 | Record or Recall | 93.9 | 24-35 m | 2550 | - |
| RCV1 | Record or Recall<12m | 85.1 | 24-35 m | 2550 | - |

2011 Thailand Multiple Indicator Cluster Survey 2012

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 15.5 | 12-23 m | - | 82 |
| BCG | Record | 82 | 12-23 m | - | 82 |
| BCG | Record or Recall | 97.5 | 12-23 m | 1827 | 82 |
| BCG | Record or Recall<12m | 97.5 | 12-23 m | 1827 | 82 |
| DTP1 | Recall | 15 | 12-23 m | - | 82 |
| DTP1 | Record | 81.7 | 12-23 m | - | 82 |
| DTP1 | Record or Recall | 96.7 | 12-23 m | 1827 | 82 |
| DTP1 | Record or Recall<12m | 96.3 | 12-23 m | 1827 | 82 |
| DTP3 | Recall | 9.5 | 12-23 m | - | 82 |
| DTP3 | Record | 80.5 | 12-23 m | - | 82 |
| DTP3 | Record or Recall | 89.9 | 12-23 m | 1827 | 82 |
| DTP3 | Record or Recall<12m | 87.9 | 12-23 m | 1827 | 82 |
| HEPB1 | Recall | 11 | 12-23 m | - | 82 |
| HEPB1 | Record | 81.8 | 12-23 m | - | 82 |
| HEPB1 | Record or Recall | 92.8 | 12-23 m | 1827 | 82 |
| HEPB1 | Record or Recall<12m | 92.7 | 12-23 m | 1827 | 82 |
| HEPB3 | Recall | 2.8 | 12-23 m | - | 82 |
| HEPB3 | Record | 80.8 | 12-23 m | - | 82 |
| HEPB3 | Record or Recall | 83.6 | 12-23 m | 1827 | 82 |
| HEPB3 | Record or Recall<12m | 80.7 | 12-23 m | 1827 | 82 |
| HEPBB | Recall | 12.6 | 12-23 m | - | 82 |
| HEPBB | Record | 82.8 | 12-23 m | - | 82 |
| HEPBB | Record or Recall | 95.5 | 12-23 m | 1827 | 82 |
| HEPBB | Record or Recall<12m | 95.5 | 12-23 m | 1827 | 82 |
| MCV1 | Recall | 14.5 | 12-23 m | - | 82 |
| MCV1 | Record | 80.8 | 12-23 m | - | 82 |
| MCV1 | Record or Recall | 95.3 | 12-23 m | 1827 | 82 |
| MCV1 | Record or Recall<12m | 91.9 | 12-23 m | 1827 | 82 |

| | | | | | |
|------|----------------------|------|---------|------|----|
| POL1 | Recall | 15.6 | 12-23 m | - | 82 |
| POL1 | Record | 80.8 | 12-23 m | - | 82 |
| POL1 | Record or Recall | 96.4 | 12-23 m | 1827 | 82 |
| POL1 | Record or Recall<12m | 96.3 | 12-23 m | 1827 | 82 |
| POL3 | Recall | 11.2 | 12-23 m | - | 82 |
| POL3 | Record | 79.7 | 12-23 m | - | 82 |
| POL3 | Record or Recall | 90.9 | 12-23 m | 1827 | 82 |
| POL3 | Record or Recall<12m | 89 | 12-23 m | 1827 | 82 |

2007 Immunization Coverage Survey: Thailand 2008

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG | Record or Recall | 99.9 | 12-23 m | 1800 | 97 |
| DTP3 | Record or Recall | 98.7 | 12-23 m | 1800 | 97 |
| HEPB3 | Record or Recall | 98.3 | 12-23 m | 1800 | 97 |
| MCV1 | Record or Recall | 98.1 | 12-23 m | 1800 | 97 |
| POL3 | Record or Recall | 98.7 | 12-23 m | 1800 | 97 |

2005 Thailand Multiple Indicator Cluster Survey, December 2005 – February 2006

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 9.7 | 12-23 m | 1895 | 88 |
| BCG | Record | 88.5 | 12-23 m | 1895 | 88 |
| BCG | Record or Recall | 98.2 | 12-23 m | 1895 | 88 |
| BCG | Record or Recall<12m | 98.1 | 12-23 m | 1895 | 88 |
| DTP1 | Recall | 9.2 | 12-23 m | 1895 | 88 |
| DTP1 | Record | 89.2 | 12-23 m | 1895 | 88 |
| DTP1 | Record or Recall | 98.4 | 12-23 m | 1895 | 88 |
| DTP1 | Record or Recall<12m | 98 | 12-23 m | 1895 | 88 |
| DTP3 | Recall | 5.4 | 12-23 m | 1895 | 88 |
| DTP3 | Record | 89.1 | 12-23 m | 1895 | 88 |
| DTP3 | Record or Recall | 94.4 | 12-23 m | 1895 | 88 |
| DTP3 | Record or Recall<12m | 92.3 | 12-23 m | 1895 | 88 |
| HEPB1 | Recall | 9.4 | 12-23 m | 1895 | 88 |
| HEPB1 | Record | 89 | 12-23 m | 1895 | 88 |
| HEPB1 | Record or Recall | 98.4 | 12-23 m | 1895 | 88 |

| | | | | | |
|-------|----------------------|------|---------|------|----|
| HEPB1 | Record or Recall<12m | 98.3 | 12-23 m | 1895 | 88 |
| HEPB3 | Recall | 6.1 | 12-23 m | 1895 | 88 |
| HEPB3 | Record | 88.3 | 12-23 m | 1895 | 88 |
| HEPB3 | Record or Recall | 94.4 | 12-23 m | 1895 | 88 |
| HEPB3 | Record or Recall<12m | 91.6 | 12-23 m | 1895 | 88 |
| MCV1 | Recall | 10.4 | 12-23 m | 1895 | 88 |
| MCV1 | Record | 86.5 | 12-23 m | 1895 | 88 |
| MCV1 | Record or Recall | 96.9 | 12-23 m | 1895 | 88 |
| MCV1 | Record or Recall<12m | 92.1 | 12-23 m | 1895 | 88 |
| POL1 | Recall | 9.6 | 12-23 m | 1895 | 88 |
| POL1 | Record | 88.5 | 12-23 m | 1895 | 88 |
| POL1 | Record or Recall | 98.1 | 12-23 m | 1895 | 88 |
| POL1 | Record or Recall<12m | 97.7 | 12-23 m | 1895 | 88 |
| POL3 | Recall | 5.4 | 12-23 m | 1895 | 88 |
| POL3 | Record | 88.3 | 12-23 m | 1895 | 88 |
| POL3 | Record or Recall | 93.7 | 12-23 m | 1895 | 88 |
| POL3 | Record or Recall<12m | 91.6 | 12-23 m | 1895 | 88 |

2002 Immunization Coverage Survey: Thailand 2003

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG | Record or Recall | 99.5 | 12-23 m | 2520 | 98 |
| DTP3 | Record or Recall | 97.6 | 12-23 m | 2520 | 98 |
| HEPB3 | Record or Recall | 96 | 12-23 m | 2520 | 98 |
| MCV1 | Record or Recall | 96.1 | 12-23 m | 2520 | 98 |
| POL3 | Record or Recall | 97.6 | 12-23 m | 2520 | 98 |

1998 Immunization Coverage Survey: Thailand 1999

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG | Record or Recall | 98.7 | 12-23 m | 3369 | 94 |
| DTP1 | Record or Recall | 98.5 | 12-23 m | 3369 | 94 |
| DTP3 | Record or Recall | 96.5 | 12-23 m | 3369 | 94 |
| HEPB3 | Record or Recall | 95.4 | 12-23 m | 3369 | 94 |
| MCV1 | Record or Recall | 94.2 | 12-23 m | 3369 | 94 |
| POL3 | Record or Recall | 96.6 | 12-23 m | 3369 | 94 |

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