

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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

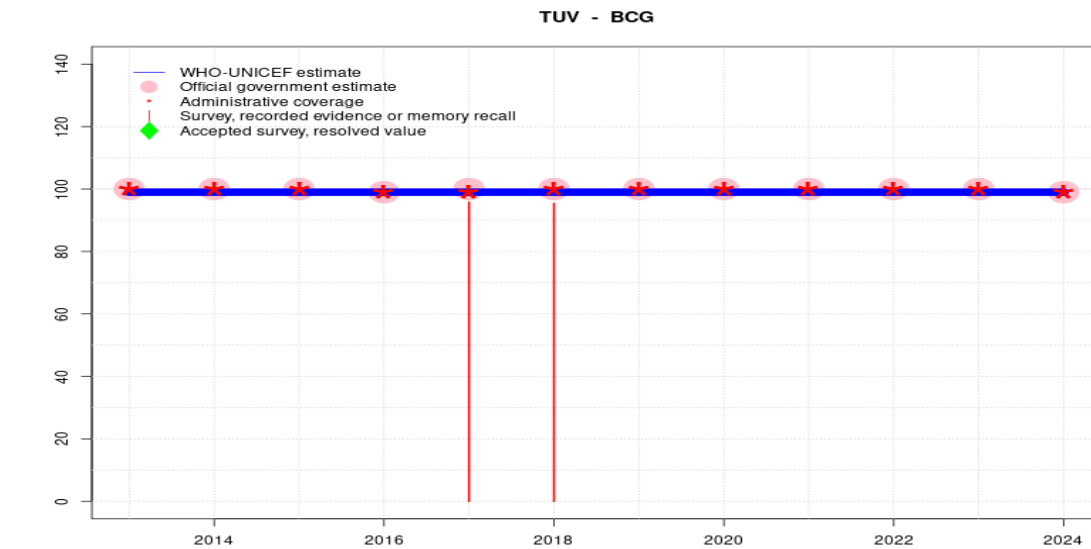
PCV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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

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

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Tuvalu - 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	99	100	100	100	100	100	100	100	99
Administrative	100	100	100	99	99	100	100	100	100	100	100	99
Survey	-	-	-	-	96	95	-	-	-	-	-	-

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

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

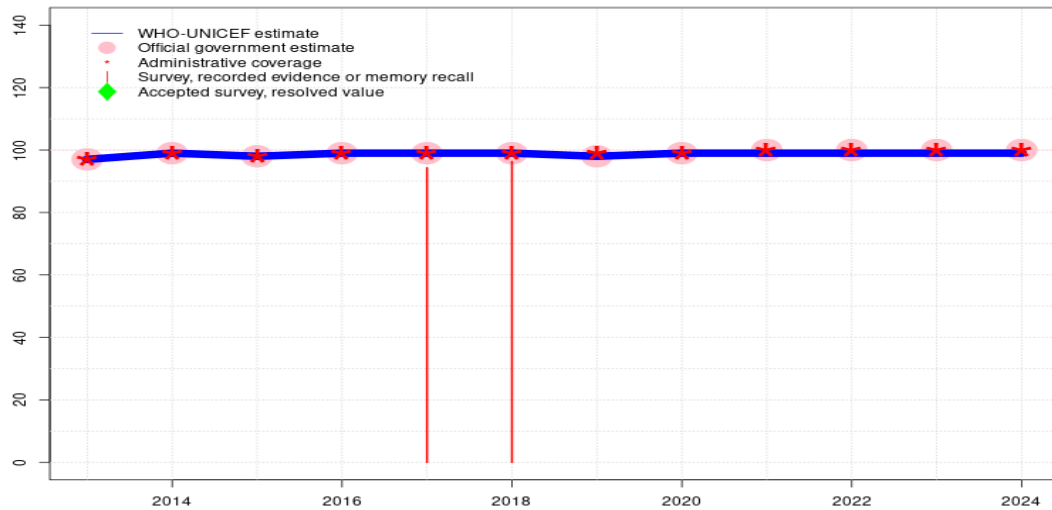
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports one-half month vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
- 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey results for following year cohort. GoC=R+ D+
- 2015: Reported data calibrated to 1997 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 1997 and 2016 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 1997 and 2016 levels. Estimate challenged by: R-

Tuvalu - HEPBB

TUV - HEPBB



Description:

2024: Estimate informed by reported data. Estimate challenged by: D-
 2023: Estimate informed by reported data. Estimate challenged by: D-
 2022: Estimate informed by reported data. Estimate challenged by: D-
 2021: Estimate informed by reported data. Estimate challenged by: D-
 2020: Estimate informed by reported data. Estimate challenged by: D-
 2019: Estimate informed by reported data. Programme reports one-half month vaccine stockout. GoC=R+ D+
 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. Estimate challenged by: D-
 2016: Estimate informed by reported data. GoC=R+ D+
 2015: Estimate informed by reported data. Estimate challenged by: D-
 2014: Estimate informed by reported data. GoC=R+ D+
 2013: Estimate informed by reported data. GoC=R+ D+

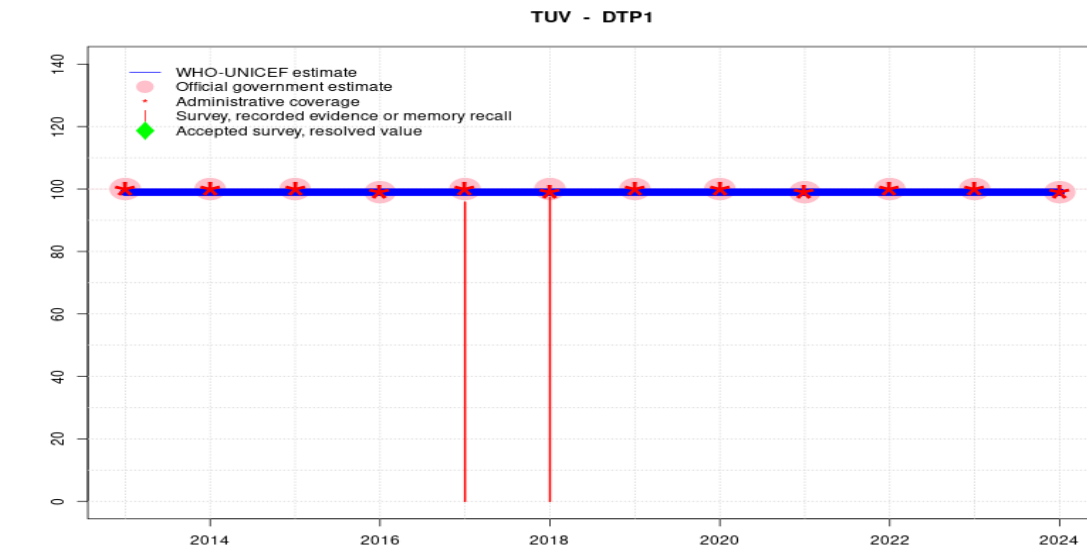
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	99	98	99	99	99	98	99	99	99	99	99
Estimate GoC	●●	●●	●	●●	●	●●	●●	●	●	●	●	●
Official	97	99	98	99	99	99	98	99	100	100	100	100
Administrative	97	99	98	99	99	99	99	99	100	100	100	100
Survey	-	-	-	-	94	96	-	-	-	-	-	-

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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Tuvalu - DTP1



Description:

2024: Reported data calibrated to 1997 levels. Estimate challenged by: D-R-
 2023: Reported data calibrated to 1997 levels. Estimate challenged by: D-R-
 2022: Reported data calibrated to 1997 levels. Estimate challenged by: D-R-
 2021: Reported data calibrated to 1997 levels. Estimate challenged by: R-
 2020: Reported data calibrated to 1997 levels. Estimate challenged by: D-R-
 2019: Reported data calibrated to 1997 levels. Estimate challenged by: R-
 2018: Reported data calibrated to 1997 levels. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. Estimate challenged by: R-
 2017: Reported data calibrated to 1997 levels. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. Estimate challenged by: R-
 2016: Reported data calibrated to 1997 levels. Estimate challenged by: R-
 2015: Reported data calibrated to 1997 levels. Estimate challenged by: R-
 2014: Reported data calibrated to 1997 levels. Estimate challenged by: R-
 2013: Reported data calibrated to 1997 levels. Estimate challenged by: R-

	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	99	100	100	100	100	99	100	100	99
Administrative	100	100	100	99	100	99	100	100	99	100	100	99
Survey	-	-	-	-	96	97	-	-	-	-	-	-

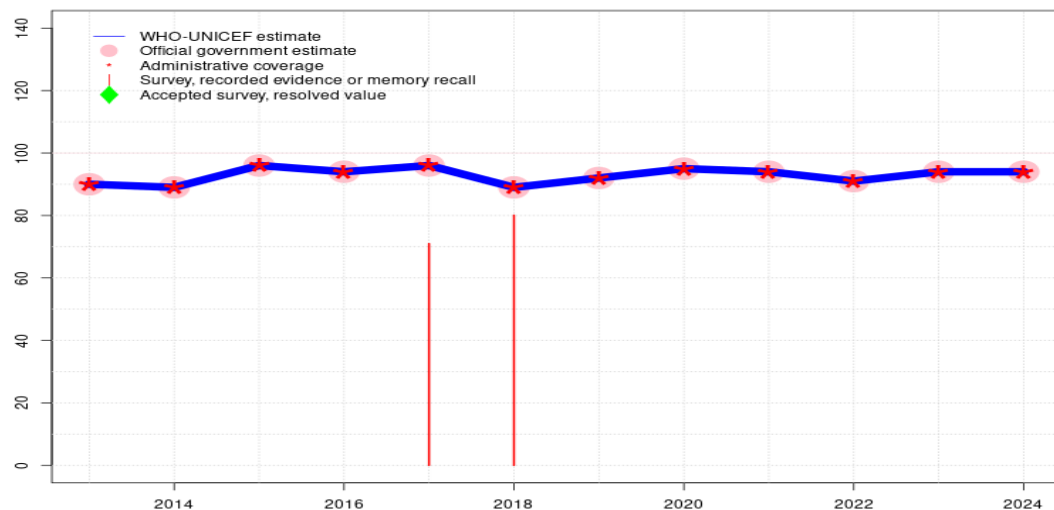
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Tuvalu - DTP3

TUV - DTP3



Description:

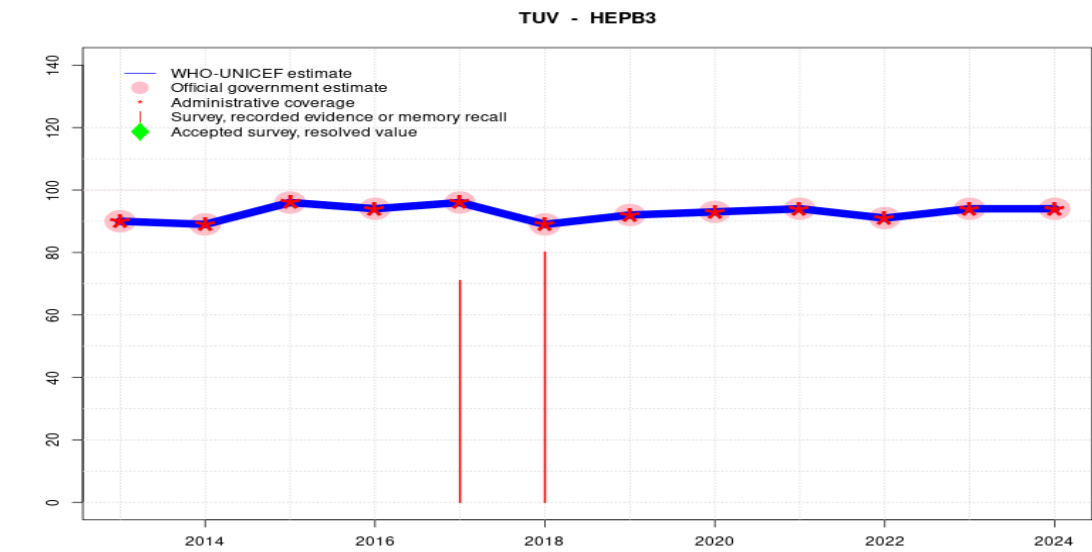
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 80 percent modified for recall bias to 99 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 54 percent. Survey results support reported coverage. GoC=R+ D+
- 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 71 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 36 percent and 3rd dose record only coverage of 36 percent. Survey results support reported coverage. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	89	96	94	96	89	92	95	94	91	94	94
Estimate GoC	●	●	●●	●●	●●	●●	●	●	●	●	●	●
Official	90	89	96	94	96	89	92	95	94	91	94	94
Administrative	90	89	96	94	96	89	92	95	94	91	94	94
Survey	-	-	-	-	71	80	-	-	-	-	-	-

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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	89	96	94	96	89	92	93	94	91	94	94
Estimate GoC	●	●	●●	●●	●●	●●	●	●	●	●	●	●
Official	90	89	96	94	96	89	92	93	94	91	94	94
Administrative	90	89	96	94	96	89	92	93	94	91	94	94
Survey	-	-	-	-	71	80	-	-	-	-	-	-

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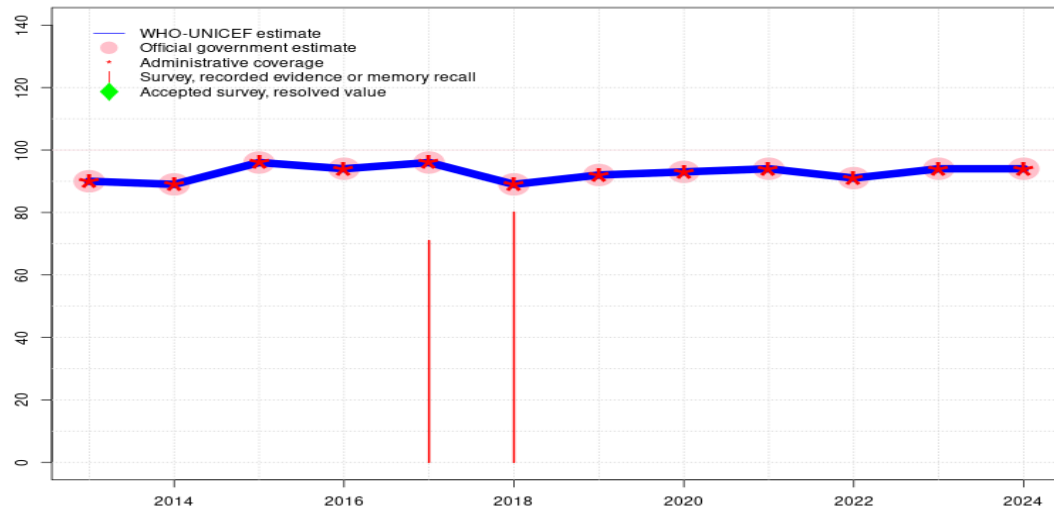
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- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300.Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 80 percent modified for recall bias to 99 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 54 percent. Survey results support reported coverage. GoC=R+ D+
- 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300.Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 71 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 36 percent and 3rd dose record only coverage of 36 percent. Survey results support reported coverage. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-

Tuvalu - Hib3

TUV - Hib3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	89	96	94	96	89	92	93	94	91	94	94
Estimate GoC	●	●	●●	●●	●●	●●	●	●	●	●	●	●
Official	90	89	96	94	96	89	92	93	94	91	94	94
Administrative	90	89	96	94	96	89	92	93	94	91	94	94
Survey	-	-	-	-	71	80	-	-	-	-	-	-

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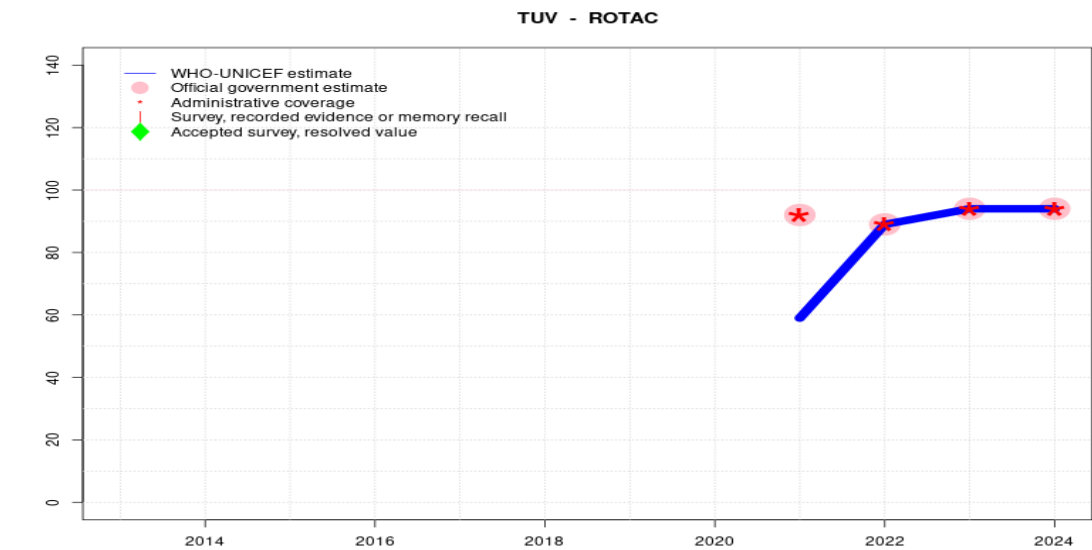
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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Description:

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- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 80 percent modified for recall bias to 99 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 54 percent. Survey results support reported coverage. GoC=R+ D+
- 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 71 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 36 percent and 3rd dose record only coverage of 36 percent. Survey results support reported coverage. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-

Tuvalu - ROTAC



Description:

2024: Estimate informed by reported data. Estimate challenged by: D-
2023: Estimate informed by reported data. Estimate challenged by: D-
2022: Estimate informed by reported data. Estimate challenged by: D-
2021: Rotavirus vaccine introduced in 2021. Reporting started in 2021. Reported coverage reflects that achieved in 65 percent of the national target population. Estimated coverage reflects that achieved in the annual total target population. Estimate challenged by: D-R-

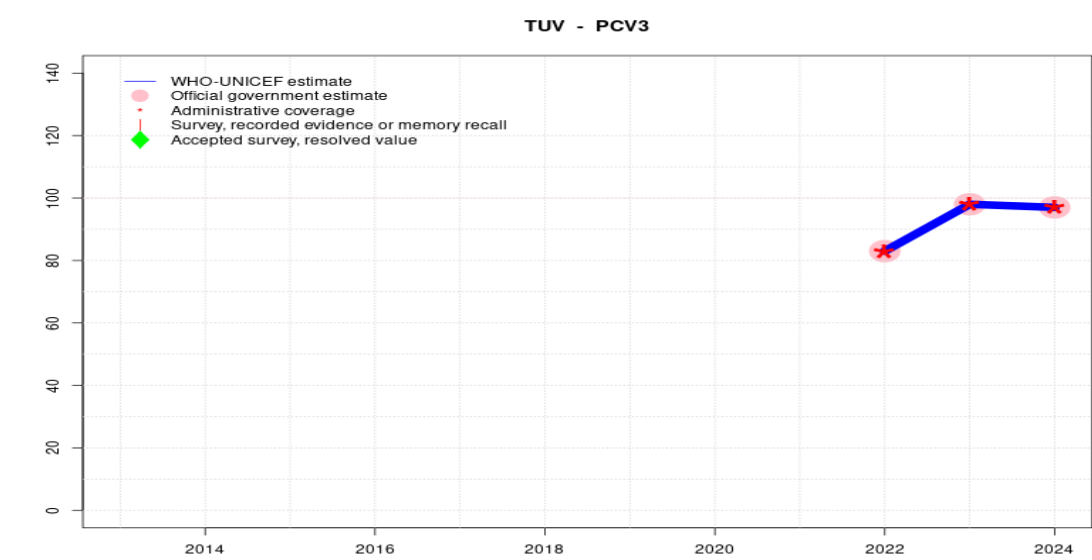
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	59	89	94	94
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●
Official	-	-	-	-	-	-	-	-	92	89	94	94
Administrative	-	-	-	-	-	-	-	-	92	89	94	94
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

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Tuvalu - PCV3



Description:

2024: Estimate informed by reported data. Estimate challenged by: D-
2023: Estimate informed by reported data. Estimate challenged by: D-
2022: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in 2021.
Reporting started in 2022. Estimate challenged by: D-

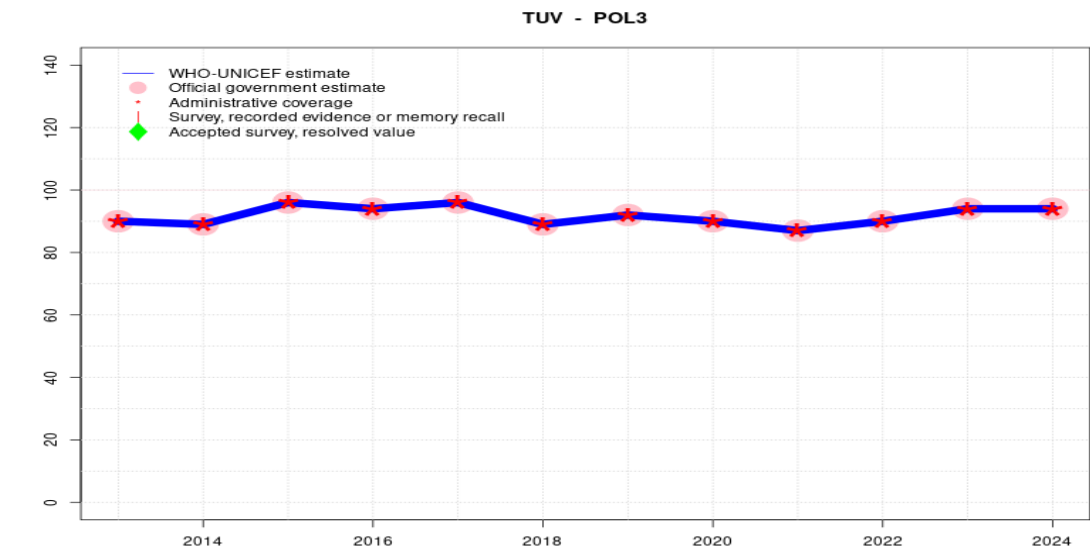
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	83	98	97
Estimate GoC	-	-	-	-	-	-	-	-	-	●	●	●
Official	-	-	-	-	-	-	-	-	-	83	98	97
Administrative	-	-	-	-	-	-	-	-	-	83	98	97
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Tuvalu - POL3



Description:

2024: Estimate informed by reported data. Estimate challenged by: D-
2023: Estimate informed by reported data. Estimate challenged by: D-
2022: Estimate informed by reported data. Estimate challenged by: D-
2021: Estimate informed by reported data. Estimate challenged by: D-
2020: Estimate informed by reported data. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
2019: Estimate informed by reported data. Estimate challenged by: D-
2018: Estimate informed by reported data. GoC=R+ D+
2017: Estimate informed by reported data. GoC=R+ D+
2016: Estimate informed by reported data. GoC=R+ D+
2015: Estimate informed by reported data. GoC=R+ D+
2014: Estimate informed by reported data. Estimate challenged by: D-
2013: Estimate informed by reported data. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	89	96	94	96	89	92	90	87	90	94	94
Estimate GoC	●	●	●●	●●	●●	●●	●	●	●	●	●	●
Official	90	89	96	94	96	89	92	90	87	90	94	94
Administrative	90	89	96	94	96	89	92	90	87	90	94	94
Survey	-	-	-	-	-	-	-	-	-	-	-	-

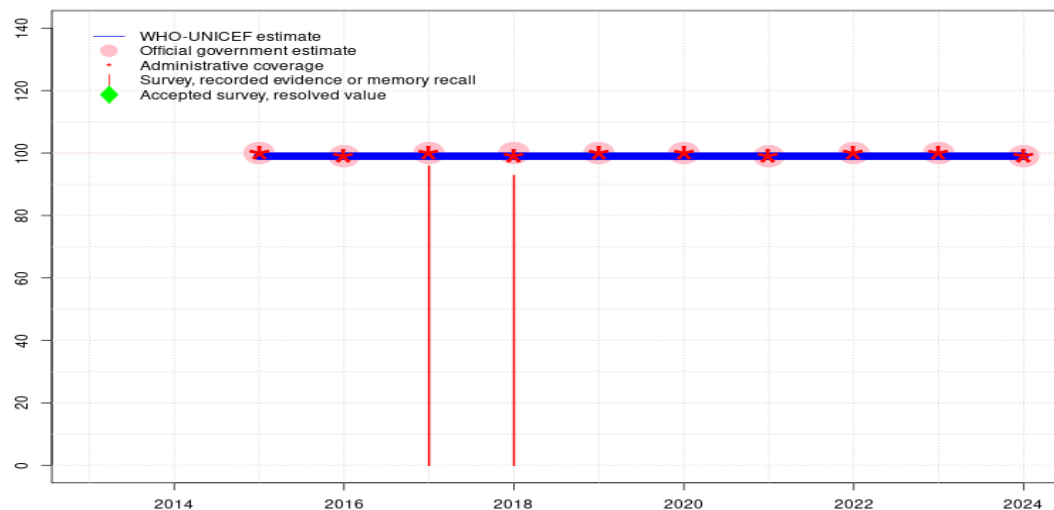
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Tuvalu - IPV1

TUV - IPV1



Description:

2024: Estimate informed by reported data. Estimate challenged by: D-
 2023: Estimate informed by reported data. Estimate challenged by: D-
 2022: Estimate informed by reported data. Estimate challenged by: D-
 2021: Estimate informed by reported data. Estimate challenged by: D-
 2020: Estimate informed by reported data. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
 2019: Estimate informed by reported data. Estimate challenged by: D-
 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. GoC=R+ D+
 2016: Estimate informed by reported data. GoC=R+ D+
 2015: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	99	99	99	99	99	99	99	99	99	99
Estimate GoC	-	-	●●	●●	●●	●●	●	●	●	●	●	●
Official	-	-	100	99	100	100	100	100	99	100	100	99
Administrative	-	-	100	99	100	99	100	100	99	100	100	99
Survey	-	-	-	-	96	93	-	-	-	-	-	-

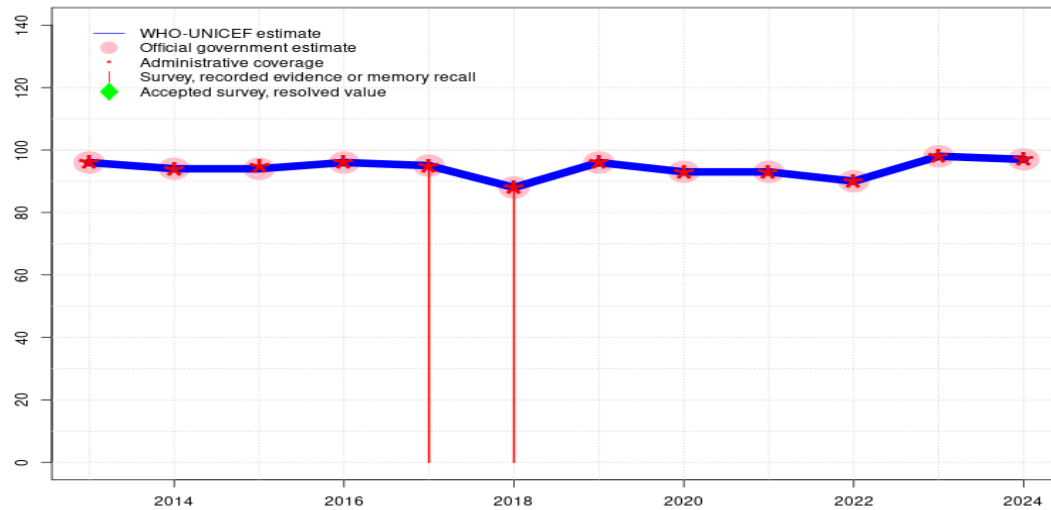
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Tuvalu - MCV1

TUV - MCV1



Description:

2024: Estimate informed by reported data. Estimate challenged by: D-
 2023: Estimate informed by reported data. Estimate challenged by: D-
 2022: Estimate informed by reported data. Estimate challenged by: D-
 2021: Estimate informed by reported data. Estimate challenged by: D-
 2020: Estimate informed by reported data. Estimate challenged by: D-
 2019: Estimate informed by reported data. Programme reports national level vaccine stockout of unknown duration. Estimate challenged by: D-
 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. GoC=R+ D+
 2016: Estimate informed by reported data. GoC=R+ D+
 2015: Estimate informed by reported data. Estimate challenged by: D-
 2014: Estimate informed by reported data. Estimate challenged by: D-
 2013: Estimate informed by reported data. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	94	94	96	95	88	96	93	93	90	98	97
Estimate GoC	●	●	●	●●	●●	●●	●	●	●	●	●	●
Official	96	94	94	96	95	88	96	93	93	90	98	97
Administrative	96	94	95	96	95	88	96	93	93	90	98	97
Survey	-	-	-	-	94	90	-	-	-	-	-	-

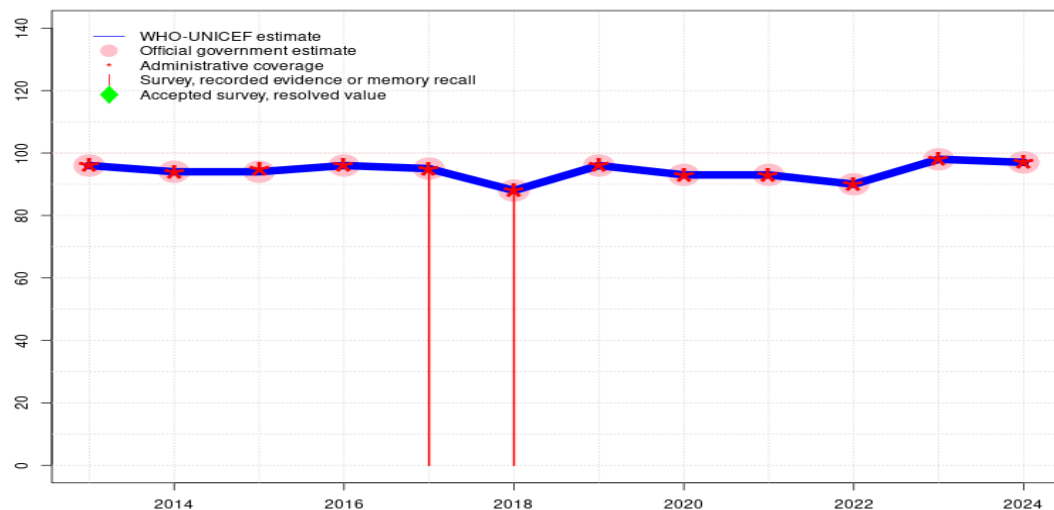
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Tuvalu - RCV1

TUV - RCV1



Description:

2024: Estimate based on estimated MCV1. Estimate challenged by: D-
 2023: Estimate based on estimated MCV1. Estimate challenged by: D-
 2022: Estimate based on estimated MCV1. Estimate challenged by: D-
 2021: Estimate based on estimated MCV1. Estimate challenged by: D-
 2020: Estimate based on estimated MCV1. Estimate challenged by: D-
 2019: Estimate based on estimated MCV1. Estimate challenged by: D-
 2018: Estimate based on estimated MCV1. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
 2017: Estimate based on estimated MCV1. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. GoC=R+ D+
 2016: Estimate based on estimated MCV1. GoC=R+ D+
 2015: Estimate based on estimated MCV1. Estimate challenged by: D-
 2014: Estimate based on estimated MCV1. Estimate challenged by: D-
 2013: Estimate based on estimated MCV1. Estimate challenged by: D-

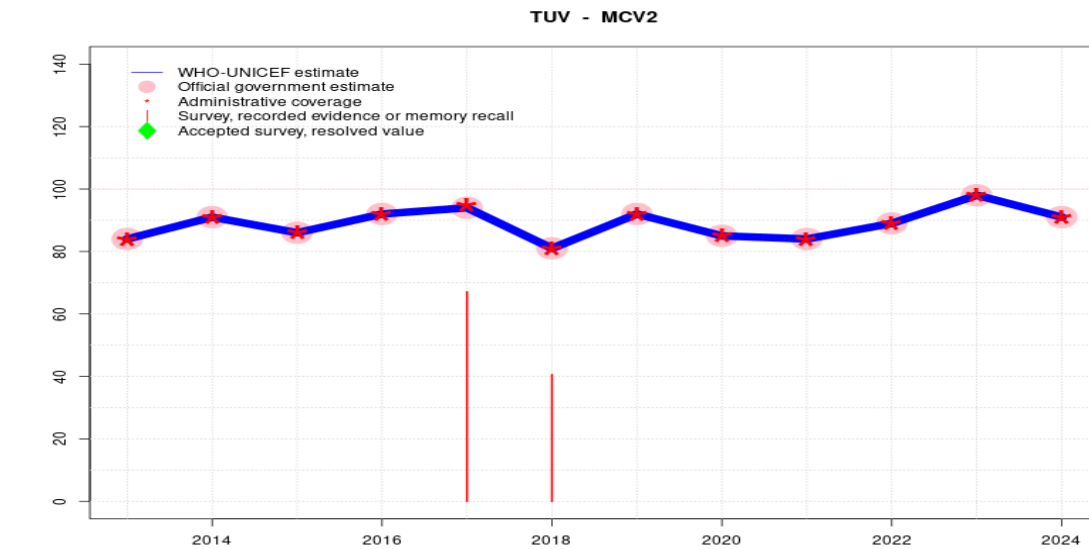
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	94	94	96	95	88	96	93	93	90	98	97
Estimate GoC	●	●	●	●●	●●	●●	●	●	●	●	●	●
Official	96	94	94	96	95	88	96	93	93	90	98	97
Administrative	96	94	95	96	95	88	96	93	93	90	98	97
Survey	-	-	-	-	94	90	-	-	-	-	-	-

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

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

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

Tuvalu - MCV2



Description:

2024: Estimate informed by reported data. Estimate challenged by: D-
2023: Estimate informed by reported data. Estimate challenged by: D-
2022: Estimate informed by reported data. Estimate challenged by: D-
2021: Estimate informed by reported data. Estimate challenged by: D-
2020: Estimate informed by reported data. Estimate challenged by: D-
2019: Estimate informed by reported data. Programme reports national level vaccine stockout of unknown duration. Estimate informed by reported data consistent with other antigens. GoC=R+ D+
2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. GoC=R+ D+
2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. GoC=R+ D+
2016: Estimate informed by reported data. Estimate challenged by: D-
2015: Estimate informed by reported data. GoC=R+ D+
2014: Estimate informed by reported data. Estimate challenged by: D-
2013: Estimate informed by reported data. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	84	91	86	92	94	81	92	85	84	89	98	91
Estimate GoC	•	•	••	•	••	••	••	•	•	•	•	•
Official	84	91	86	92	94	81	92	85	84	89	98	91
Administrative	84	91	86	92	95	81	92	85	84	89	98	91
Survey	-	-	-	-	67	41	-	-	-	-	-	-

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.

Tuvalu - 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.

2018 Tuvalu Multiple Indicator Cluster Survey 2019-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	42.6	12-23 m	112	54
BCG	Record	52.8	12-23 m	112	54
BCG	Record or Recall	95.4	12-23 m	112	54
BCG	Record or Recall<12m	95.4	12-23 m	112	54
DTP1	Recall	44.5	12-23 m	112	54
DTP1	Record	52.8	12-23 m	112	54
DTP1	Record or Recall	97.3	12-23 m	112	54
DTP1	Record or Recall<12m	97.3	12-23 m	112	54
DTP3	Recall	26.3	12-23 m	112	54
DTP3	Record	53.8	12-23 m	112	54
DTP3	Record or Recall	80.1	12-23 m	112	54
DTP3	Record or Recall<12m	78.6	12-23 m	112	54
HEPB1	Recall	44.5	12-23 m	112	54
HEPB1	Record	52.8	12-23 m	112	54
HEPB1	Record or Recall	97.3	12-23 m	112	54
HEPB1	Record or Recall<12m	97.3	12-23 m	112	54
HEPB3	Recall	26.3	12-23 m	112	54
HEPB3	Record	53.8	12-23 m	112	54
HEPB3	Record or Recall	80.1	12-23 m	112	54

HEPB3	Record or Recall<12m	78.6	12-23 m	112	54
HEPBB	Recall	43.5	12-23 m	112	54
HEPBB	Record	52.8	12-23 m	112	54
HEPBB	Record or Recall	96.3	12-23 m	112	54
HEPBB	Record or Recall<12m	96.3	12-23 m	112	54
HIB1	Recall	44.5	12-23 m	112	54
HIB1	Record	52.8	12-23 m	112	54
HIB1	Record or Recall	97.3	12-23 m	112	54
HIB1	Record or Recall<12m	97.3	12-23 m	112	54
HIB3	Recall	26.3	12-23 m	112	54
HIB3	Record	53.8	12-23 m	112	54
HIB3	Record or Recall	80.1	12-23 m	112	54
HIB3	Record or Recall<12m	78.6	12-23 m	112	54
IPV1	Recall	43.5	12-23 m	112	54
IPV1	Record	49.3	12-23 m	112	54
IPV1	Record or Recall	92.8	12-23 m	112	54
IPV1	Record or Recall<12m	91.4	12-23 m	112	54
MCV1	Recall	40.8	12-23 m	112	54
MCV1	Record	49.3	12-23 m	112	54
MCV1	Record or Recall	90.1	12-23 m	112	54
MCV1	Record or Recall<12m	48.8	12-23 m	112	54
MCV2	Recall	17.4	12-23 m	112	54
MCV2	Record	23.2	12-23 m	112	54
MCV2	Record or Recall	40.6	12-23 m	112	54
RCV1	Recall	40.8	12-23 m	112	54
RCV1	Record	49.3	12-23 m	112	54
RCV1	Record or Recall	90.1	12-23 m	112	54
RCV1	Record or Recall<12m	48.8	12-23 m	112	54

2017 Tuvalu Multiple Indicator Cluster Survey 2019-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	60.3	24-35 m	99	-
BCG	Record	35.5	24-35 m	99	-
BCG	Record or Recall	95.8	24-35 m	99	-
BCG	Record or Recall<12m	95.8	24-35 m	99	-
DTP1	Recall	60.3	24-35 m	99	-
DTP1	Record	35.5	24-35 m	99	-
DTP1	Record or Recall	95.8	24-35 m	99	-

Tuvalu - Survey Details

DTP1	Record or Recall<12m	95.8	24-35 m	99	-	RCV1	Record or Recall<12m	52.8	24-35 m	99	-
DTP3	Recall	35.5	24-35 m	99	-						
DTP3	Record	35.5	24-35 m	99	-						
DTP3	Record or Recall	71	24-35 m	99	-	2006 Tuvalu Demographic and Health Survey 2007					
DTP3	Record or Recall<12m	71	24-35 m	99	-						
HEPB1	Recall	60.3	24-35 m	99	-	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
HEPB1	Record	35.5	24-35 m	99	-	BCG	Recall	50.8	18-29 m	54	33
HEPB1	Record or Recall	95.8	24-35 m	99	-	BCG	Record	33.1	18-29 m	27	33
HEPB1	Record or Recall<12m	95.8	24-35 m	99	-	BCG	Record or Recall	83.9	18-29 m	80	33
HEPB3	Recall	35.5	24-35 m	99	-	BCG	Record or Recall<18m	83.9	18-29 m	80	33
HEPB3	Record	35.5	24-35 m	99	-	DTP1	Recall	44.6	18-29 m	54	33
HEPB3	Record or Recall	71	24-35 m	99	-	DTP1	Record	33.1	18-29 m	27	33
HEPB3	Record or Recall<12m	71	24-35 m	99	-	DTP1	Record or Recall	77.7	18-29 m	80	33
HEPB3	Record or Recall<12m	71	24-35 m	99	-	DTP1	Record or Recall<18m	77.7	18-29 m	80	33
HEPBB	Recall	58.8	24-35 m	99	-	DTP3	Recall	28.5	18-29 m	54	33
HEPBB	Record	35.5	24-35 m	99	-	DTP3	Record	33.1	18-29 m	27	33
HEPBB	Record or Recall	94.3	24-35 m	99	-	DTP3	Record or Recall	61.6	18-29 m	80	33
HEPBB	Record or Recall<12m	94.3	24-35 m	99	-	DTP3	Record or Recall<18m	60.2	18-29 m	80	33
HIB1	Recall	60.3	24-35 m	99	-	MCV1	Recall	43.7	18-29 m	54	33
HIB1	Record	35.5	24-35 m	99	-	MCV1	Record	30.4	18-29 m	27	33
HIB1	Record or Recall	95.8	24-35 m	99	-	MCV1	Record or Recall	74.1	18-29 m	80	33
HIB1	Record or Recall<12m	95.8	24-35 m	99	-	MCV1	Record or Recall<18m	3.5	18-29 m	80	33
HIB3	Recall	35.5	24-35 m	99	-	POL1	Recall	46.5	18-29 m	54	33
HIB3	Record	35.5	24-35 m	99	-	POL1	Record	33.1	18-29 m	27	33
HIB3	Record or Recall	71	24-35 m	99	-	POL1	Record or Recall	79.6	18-29 m	80	33
HIB3	Record or Recall<12m	71	24-35 m	99	-	POL1	Record or Recall<18m	79.6	18-29 m	80	33
IPV1	Recall	61.4	24-35 m	99	-	POL3	Recall	29.6	18-29 m	54	33
IPV1	Record	34.4	24-35 m	99	-	POL3	Record	30.5	18-29 m	27	33
IPV1	Record or Recall	95.8	24-35 m	99	-	POL3	Record or Recall	60.1	18-29 m	80	33
IPV1	Record or Recall<12m	95.8	24-35 m	99	-	POL3	Record or Recall<18m	54.5	18-29 m	80	33
MCV1	Recall	60.3	24-35 m	99	-	2005 Tuvalu Demographic and Health Survey 2007					
MCV1	Record	33.3	24-35 m	99	-	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall	93.6	24-35 m	99	-	BCG	Record or Recall<18m	87.9	24-35 m	89	-
MCV1	Record or Recall<12m	52.8	24-35 m	99	-	DTP1	Record or Recall<18m	80.2	24-35 m	89	-
MCV2	Recall	35.7	24-35 m	99	-	DTP3	Record or Recall<18m	59.9	24-35 m	89	-
MCV2	Record	31.4	24-35 m	99	-	MCV1	Record or Recall<18m	20.7	24-35 m	89	-
MCV2	Record or Recall	67.1	24-35 m	99	-						
MCV2	Record or Recall<12m	47.8	24-35 m	99	-						
RCV1	Recall	60.3	24-35 m	99	-						
RCV1	Record	33.3	24-35 m	99	-						
RCV1	Record or Recall	93.6	24-35 m	99	-						

POL1	Record or Recall<18m	85.9	24-35 m	89	-
POL3	Record or Recall<18m	58.8	24-35 m	89	-

2003 Tuvalu Demographic and Health Survey 2007

2004 Tuvalu Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<18m	80	36-47 m	84	-
DTP1	Record or Recall<18m	74.5	36-47 m	84	-
DTP3	Record or Recall<18m	56.7	36-47 m	84	-
MCV1	Record or Recall<18m	64.1	36-47 m	84	-
POL1	Record or Recall<18m	76	36-47 m	84	-
POL3	Record or Recall<18m	54.9	36-47 m	84	-

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<18m	83.3	48-59 m	75	-
DTP1	Record or Recall<18m	76.5	48-59 m	75	-
DTP3	Record or Recall<18m	59.4	48-59 m	75	-
MCV1	Record or Recall<18m	81	48-59 m	75	-
POL1	Record or Recall<18m	80.1	48-59 m	75	-
POL3	Record or Recall<18m	52.7	48-59 m	75	-

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