

Saint Vincent and The Grenadines: WHO and UNICEF estimates of immunization coverage: 2024 revision

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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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.

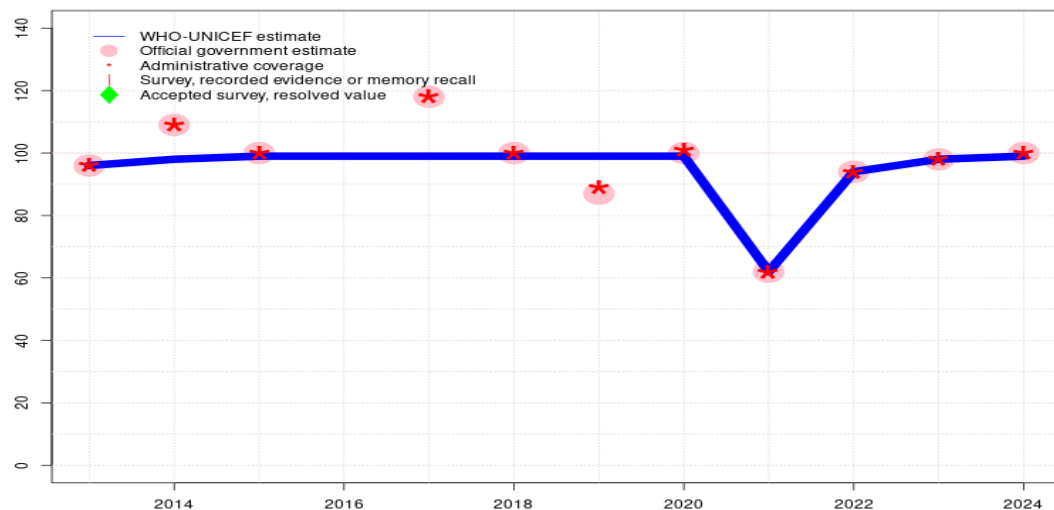
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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.

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Saint Vincent and The Grenadines - BCG

VCT - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	98	99	99	99	99	99	99	62	94	98	99
Estimate GoC	●●	●●	●●	●	●	●●	●	●	●●	●●	●●	●
Official	96	109	100	-	118	100	87	100	62	94	98	100
Administrative	96	109	100	-	118	100	89	101	62	94	98	100
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.

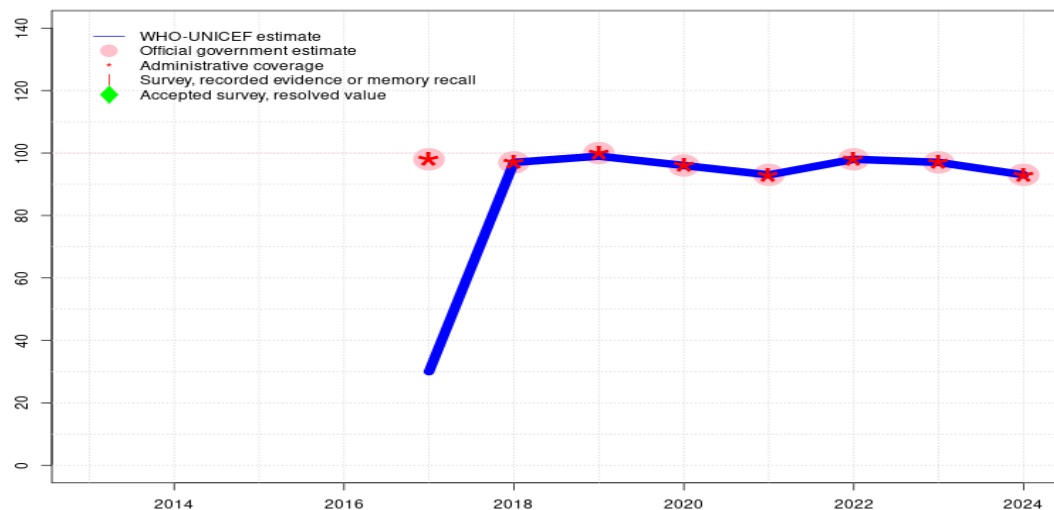
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. Programme reports three months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2020: Estimate based on extrapolation from data reported by national government due to unexplained year-to-year changes in reported coverage. Reported data excluded due to an increase from 87 percent to 100 percent with decrease to 62 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2019: Estimate based on extrapolation from data reported by national government due to unexplained year-to-year changes in reported coverage. Reported data excluded due to decline in reported coverage from 100 percent to 87 percent with increase to 100 percent. Estimate challenged by: R-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded because 118 percent greater than 100 percent. Estimate challenged by: D-
- 2016: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

Saint Vincent and The Grenadines - HEPBB

VCT - HEPBB



Description:

2024: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

2021: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

2020: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Programme reports 98 percent coverage achieved in 31 percent of target population. Estimate informed by coverage achieved in the annualized national target population. Birth dose introduced in 2017. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	30	97	99	96	93	98	97	93
Estimate GoC	-	-	-	-	•	••	••	••	••	••	••	•
Official	-	-	-	-	98	97	100	96	93	98	97	93
Administrative	-	-	-	-	98	97	100	96	93	98	97	93
Survey	-	-	-	-	-	-	-	-	-	-	-	-

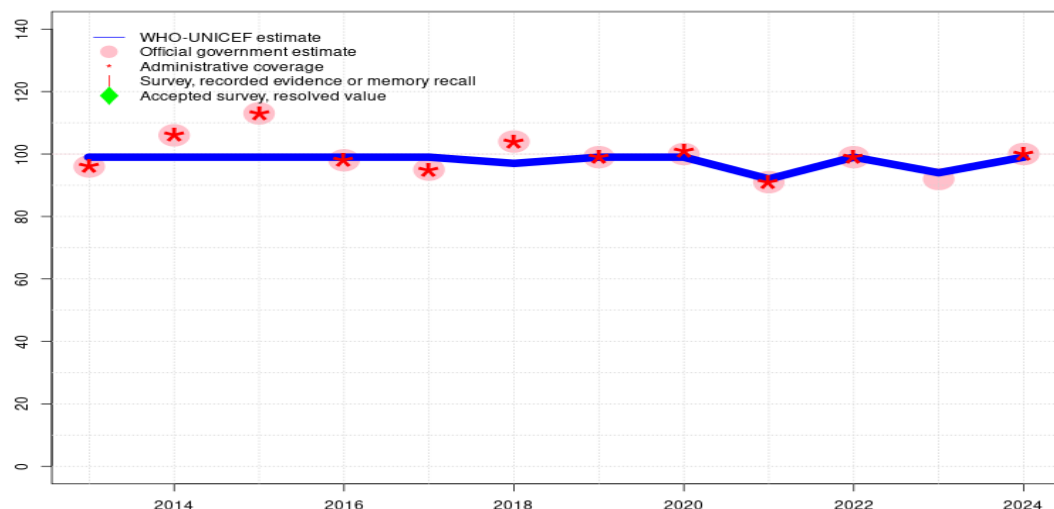
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While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

Saint Vincent and The Grenadines - DTP1

VCT - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	99	99	97	99	99	92	99	94	99
Estimate GoC	●	●	●	●	●	●	●●	●●	●	●●	●	●●
Official	96	106	113	98	95	104	99	100	91	99	92	100
Administrative	96	106	113	98	95	104	99	101	91	99	-	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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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.

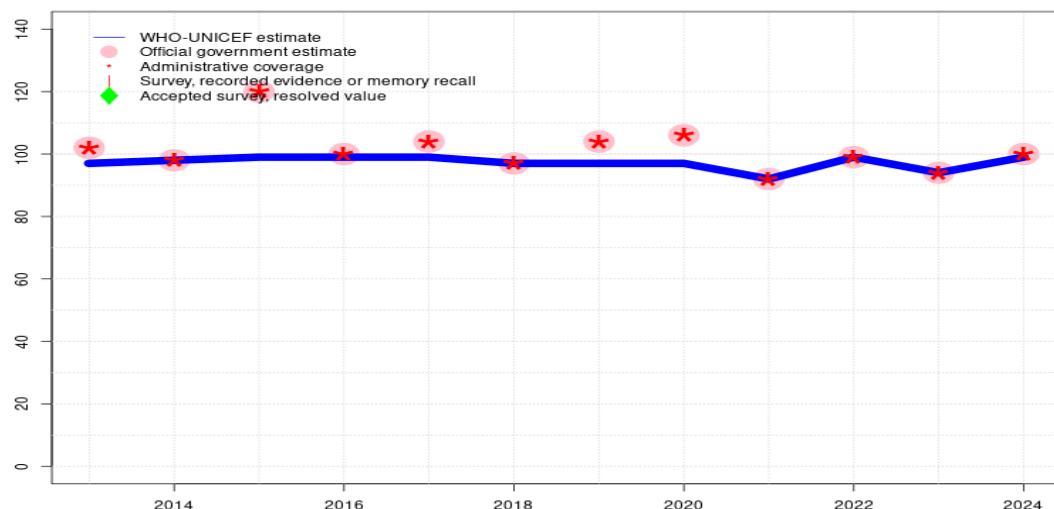
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate based on DTP3 coverage of 94. Fluctuation in reported data is attributed to small birth cohort. Estimate of 94 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate based on DTP3 coverage of 92. Fluctuation in reported data is attributed to small birth cohort. Estimate of 92 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2020: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2019: GoC=R+ D+
- 2018: Reported data calibrated to 1997 and 2019 levels. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-R-
- 2017: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2016: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2015: Estimate informed by estimated DTP3 coverage adjusted for dropout. Reported data excluded because 113 percent greater than 100 percent. Estimate challenged by: D-R-
- 2014: Estimate informed by estimated DTP3 coverage adjusted for dropout. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: R-
- 2013: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-

Saint Vincent and The Grenadines - DTP3

VCT - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	98	99	99	99	97	97	97	92	99	94	99
Estimate GoC	●●	●●	●	●	●●	●●	●	●	●●	●●	●●	●●
Official	102	98	120	100	104	97	104	106	92	99	94	100
Administrative	102	98	120	100	104	97	104	106	92	99	94	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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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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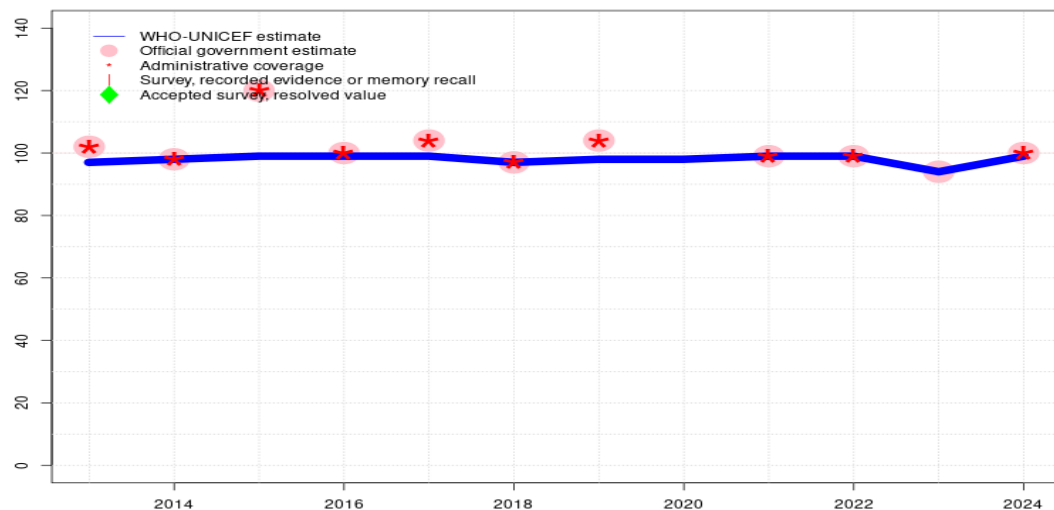
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- 2023: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2020: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 106 percent greater than 100 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded because 104 percent greater than 100 percent. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 120 percent greater than 100 percent. Reported data excluded due to an increase from 98 percent to 120 percent with decrease to 100 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

Saint Vincent and The Grenadines - HEPB3

VCT - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	98	99	99	99	97	98	98	99	99	94	99
Estimate GoC	●●	●●	●	●	●●	●●	●	●	●●	●●	●●	●●
Official	102	98	120	100	104	97	104	-	99	99	94	100
Administrative	102	98	120	100	104	97	104	-	99	99	-	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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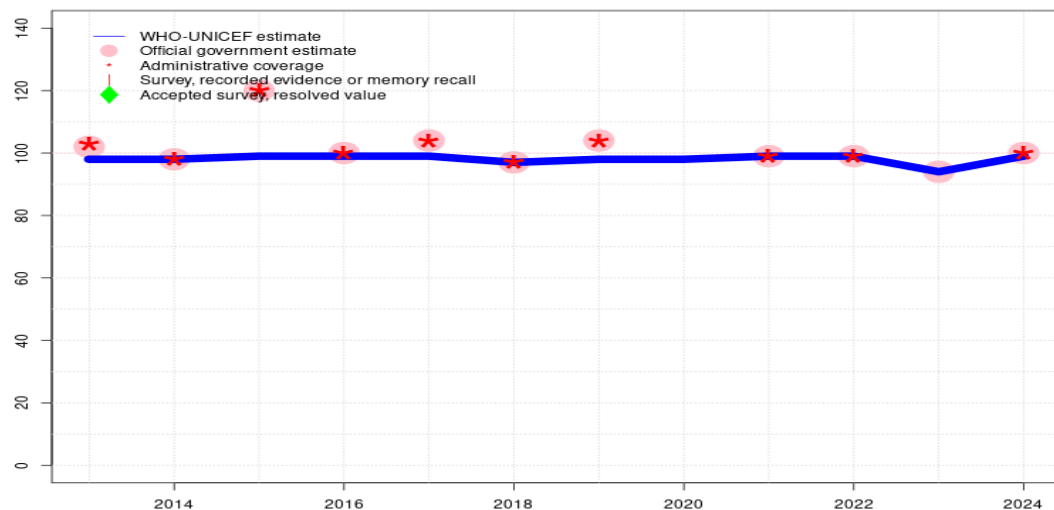
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- 2023: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2020: Estimate informed by interpolation between reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2019: Estimate informed by interpolation between reported data. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded because 104 percent greater than 100 percent. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 120 percent greater than 100 percent. Reported data excluded due to an increase from 98 percent to 120 percent with decrease to 100 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

Saint Vincent and The Grenadines - HIB3

VCT - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	98	99	99	99	97	98	98	99	99	94	99
Estimate GoC	●●	●●	●	●	●●	●●	●	●	●●	●●	●●	●●
Official	102	98	120	100	104	97	104	-	99	99	94	100
Administrative	103	98	120	100	104	97	104	-	99	99	-	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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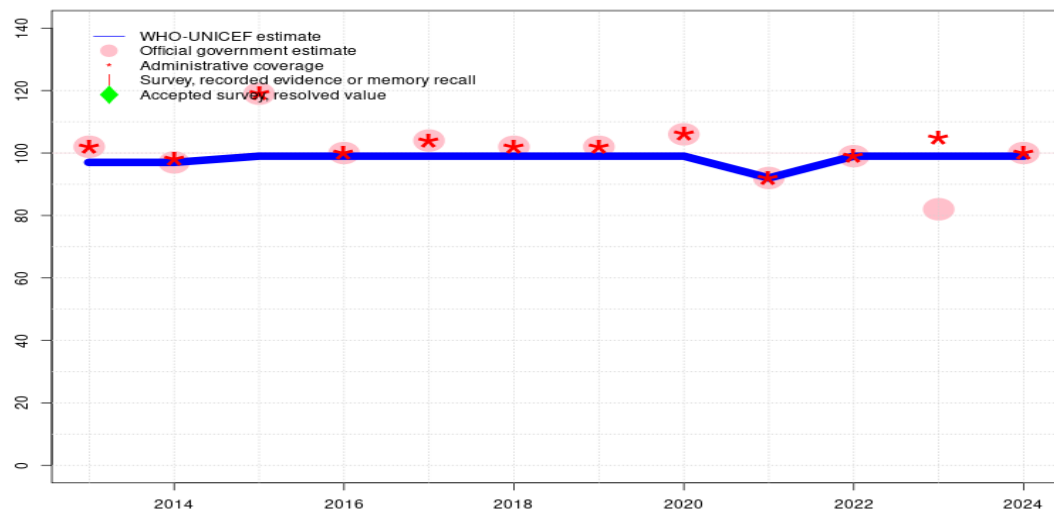
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- 2023: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
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- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

Saint Vincent and The Grenadines - POL3

VCT - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	97	99	99	99	99	99	99	92	99	99	99
Estimate GoC	••	••	•	•	•	•	•	•	••	••	••	••
Official	102	97	119	100	104	102	102	106	92	99	82	100
Administrative	102	98	119	100	104	102	102	106	92	99	105	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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- 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.

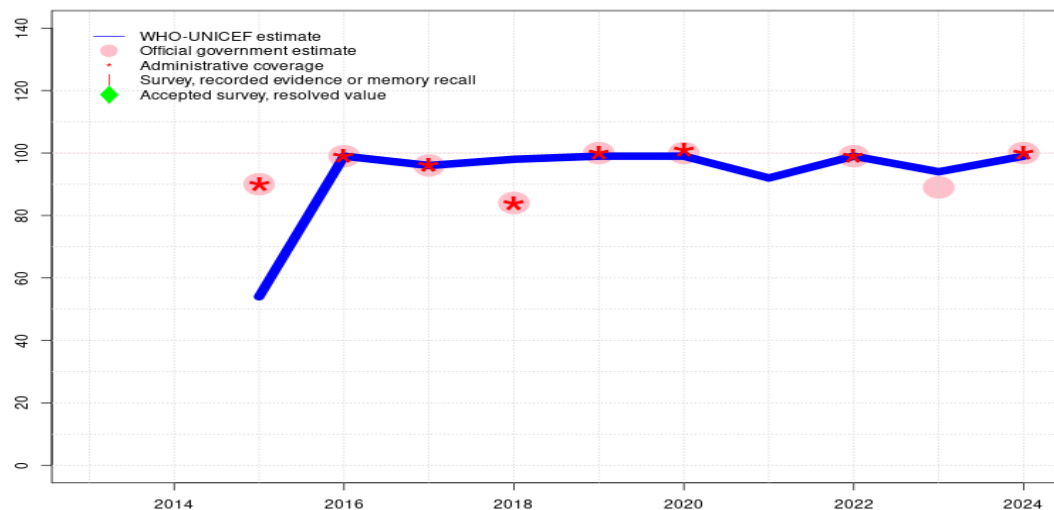
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 82 to 100 percent. Fluctuation in reported data is attributed to small birth cohort. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate based on extrapolation from data reported by national government. Reported data excluded due to decline in reported coverage from 99 percent to 82 percent with increase to 100 percent. Programme reports vaccine stockout of unknown duration at national and subnational levels. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2020: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 106 percent greater than 100 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2019: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 102 percent greater than 100 percent. Programme reports four months vaccine stockout. No appearance of an impact of supply disruption. Estimate challenged by: R-
- 2018: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-R-
- 2017: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 119 percent greater than 100 percent. Reported data excluded due to an increase from 97 percent to 119 percent with decrease to 100 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

Saint Vincent and The Grenadines - IPV1

VCT - IPV1



Description:

- 2024: Estimate based on estimated DTP1. Reported data excluded due to sudden change in coverage from 89 to 100 percent. Fluctuation in reported data is attributed to small birth cohort. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: R-
- 2023: Estimate informed by estimated coverage for DTP1. Fluctuation in reported data is attributed to small birth cohort. Estimate of 94 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by estimated coverage for DTP1. Fluctuation in reported data is attributed to small birth cohort. Estimate of 92 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2020: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 96 percent to 84 percent with increase to 100 percent. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate informed by reported data following introduction. Estimate challenged by: D-
- 2015: Programme reports reaching 90 percent of children in 60 percent of the national birth cohort. Estimate based on coverage achieved in total national annual birth cohort. Inactivated polio vaccine during June 2015. Estimate challenged by: R-

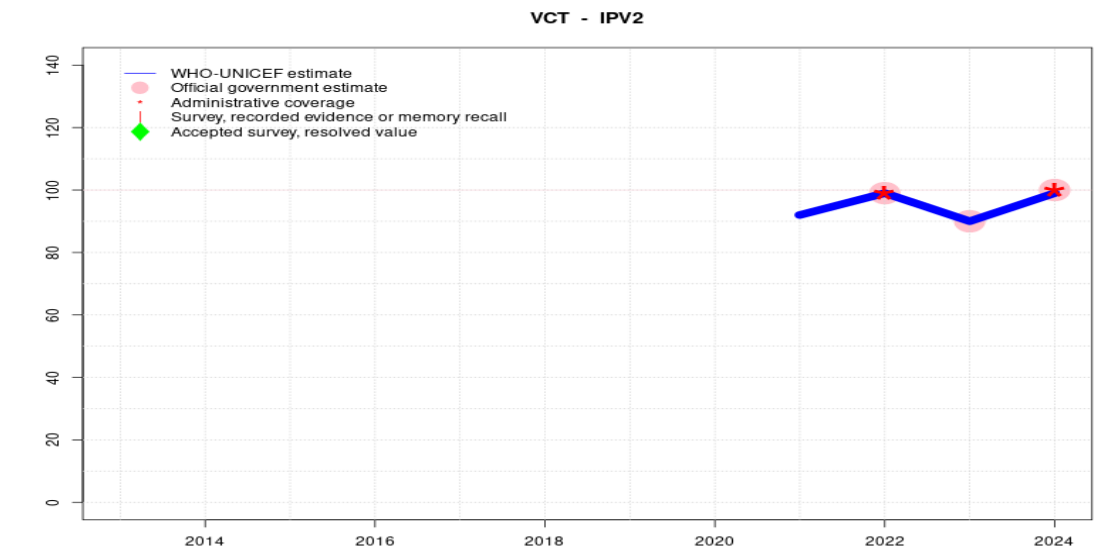
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	54	99	96	98	99	99	92	99	94	99
Estimate GoC	-	-	●	●	●●	●●	●●	●●	●	●●	●	●
Official	-	-	90	99	96	84	100	100	-	99	89	100
Administrative	-	-	90	99	96	84	100	101	-	99	-	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Saint Vincent and The Grenadines - IPV2



Description:

- 2024: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate based on estimated IPV1 assuming no dropout. Fluctuation in reported data is attributed to small birth cohort. Second dose of inactivated polio vaccine introduced prior to 2021. GoC=No accepted empirical data

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	92	99	90	99
Estimate GoC	-	-	-	-	-	-	-	-	●	●●	●●	●●
Official	-	-	-	-	-	-	-	-	-	99	90	100
Administrative	-	-	-	-	-	-	-	-	-	99	-	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

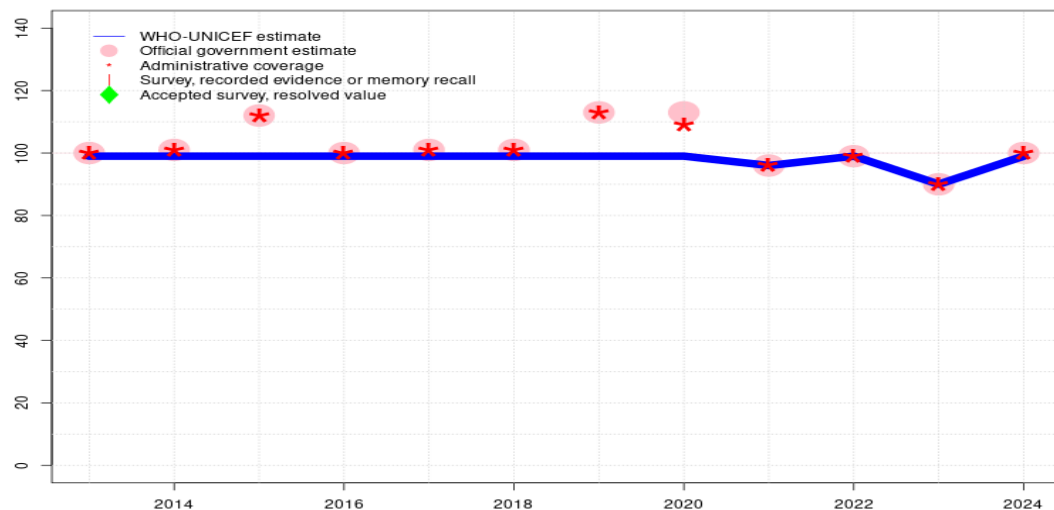
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Saint Vincent and The Grenadines - MCV1

VCT - MCV1



Description:

- 2024: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. Programme reports vaccine stockout of unknown duration at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2020: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 113 percent greater than 100 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 113 percent greater than 100 percent. Estimate challenged by: D-R-
- 2018: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2017: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2016: Estimate informed by reported data. Programme reports less than one month vaccine supply disruption at national level. Estimate challenged by: D-
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 112 percent greater than 100 percent. Reported data excluded due to an increase from 101 percent to 112 percent with decrease to 100 percent. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

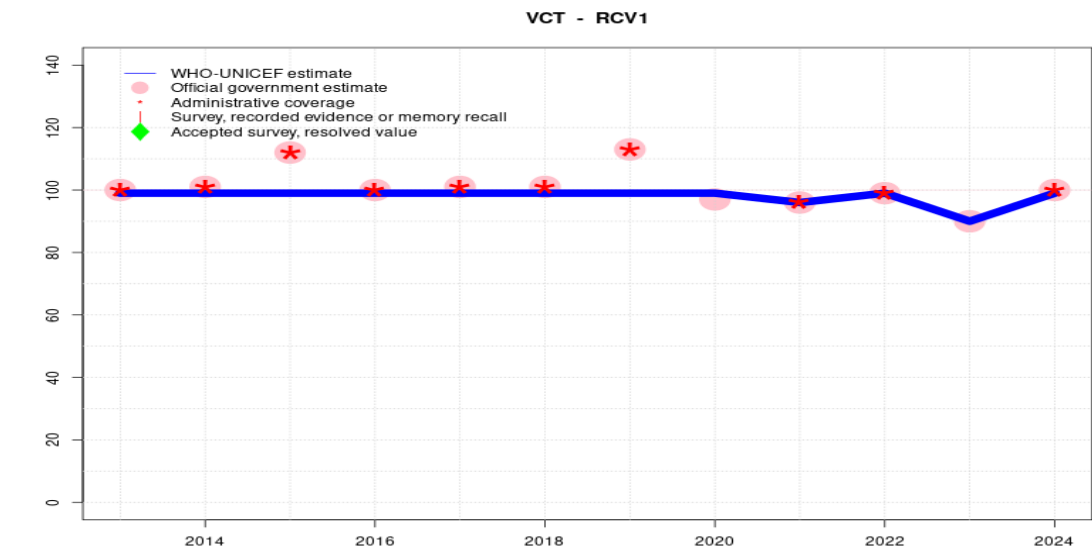
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	99	99	99	99	99	96	99	90	99
Estimate GoC	●●	●●	●●	●	●	●	●	●	●●	●●	●●	●●
Official	100	101	112	100	101	101	113	113	96	99	90	100
Administrative	100	101	112	100	101	101	113	109	96	99	90	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Saint Vincent and The Grenadines - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	99	99	99	99	99	96	99	90	99
Estimate GoC	●●	●●	●●	●	●	●	●	●	●●	●●	●●	●●
Official	100	101	112	100	101	101	113	97	96	99	90	100
Administrative	100	101	112	100	101	101	113	-	96	99	-	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

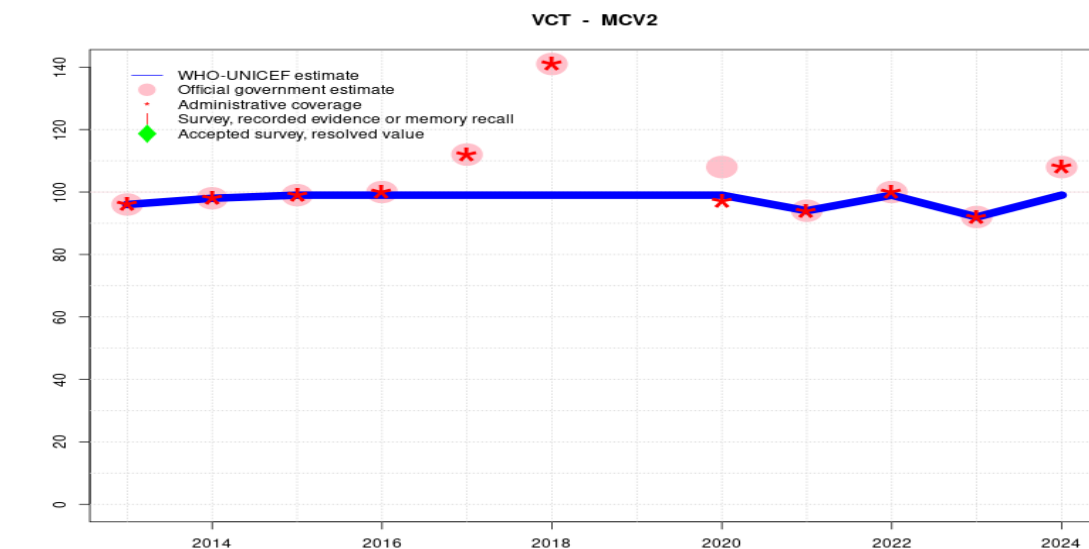
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2024: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Programme reports vaccine stockout of unknown duration at national and subnational levels. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2020: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 113 percent greater than 100 percent. Reported data excluded due to an increase from 101 percent to 113 percent with decrease to 97 percent. Estimate challenged by: D-R-
- 2018: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2017: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2016: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2015: Estimate based on estimated MCV1. Reported data excluded because 112 percent greater than 100 percent. Reported data excluded due to an increase from 101 percent to 112 percent with decrease to 100 percent. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2013: Estimate based on estimated MCV1. GoC=R+ D+

Saint Vincent and The Grenadines - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	98	99	99	99	99	99	99	94	99	92	99
Estimate GoC	●●	●	●●	●●	●	●	●	●	●●	●●	●	●●
Official	96	98	99	100	112	141	152	108	94	100	92	108
Administrative	96	98	99	100	112	141	152	97	94	100	92	108
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 reported data. Fluctuation in reported data is attributed to small birth cohort. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. Programme reports vaccine stockout of unknown duration at national and subnational levels. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2020: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 108 percent greater than 100 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 152 percent greater than 100 percent. Reported data excluded due to an increase from 141 percent to 152 percent with decrease to 108 percent. Estimate challenged by: D-R-
- 2018: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 141 percent greater than 100 percent. Estimate challenged by: D-R-
- 2017: Estimate based on extrapolation from data reported by national government given reported coverage is greater than 100 percent. Reported data excluded because 112 percent greater than 100 percent. Estimate challenged by: D-R-
- 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. GoC=R+ D+

Further information and estimates for previous years are available at:

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

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