

# Samoa: WHO and UNICEF estimates of immunization coverage: 2024 revision

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

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

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

## DATA SOURCES

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

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

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

## ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

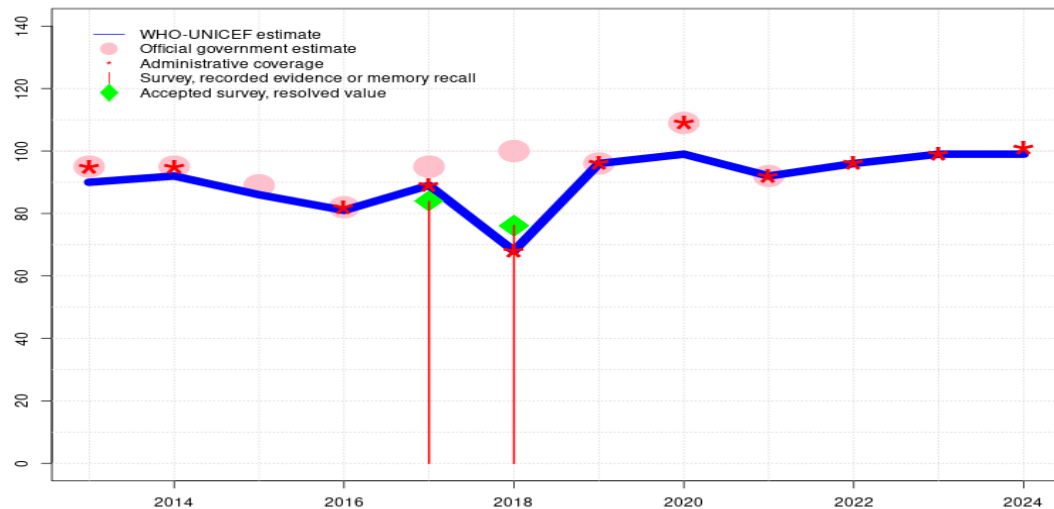
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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# Samoa - BCG

WSM - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	92	86	81	89	68	96	99	92	96	99	99
Estimate GoC	●	●	●	●	●	●	●	●	●●	●●	●●	●
Official	95	95	89	82	95	100	96	109	92	-	-	-
Administrative	95	95	-	82	89	68	96	109	92	96	99	101
Survey	-	-	-	-	84	76	-	-	-	-	-	-

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.

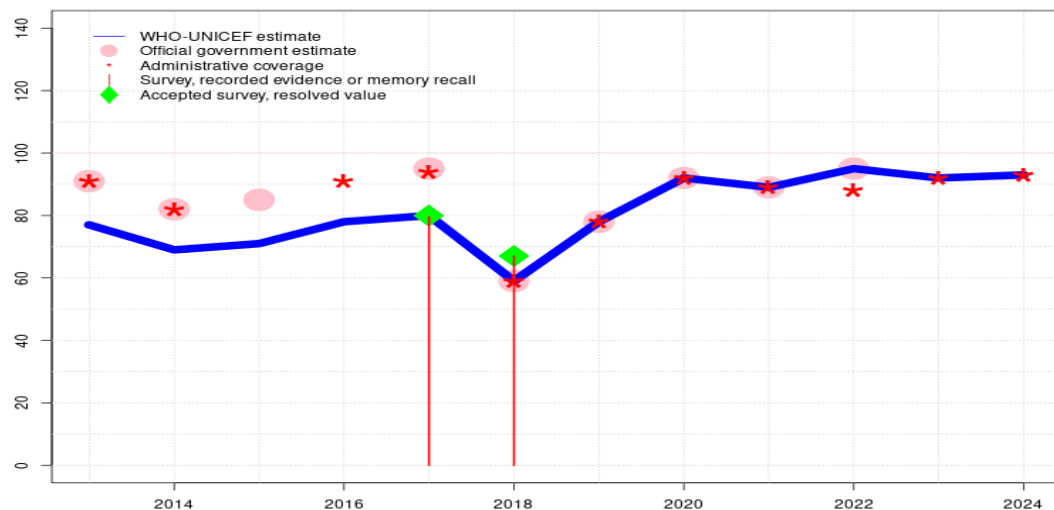
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported administrative data. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative 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. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2018: Estimate informed by reported administrative data supported by survey. Survey evidence of 76 percent based on 1 survey(s). Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Official estimate inconsistent with other reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported administrative data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: S-
- 2016: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
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# Samoa - HEPBB

WSM - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	77	69	71	78	80	59	78	92	89	95	92	93
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	•
Official	91	82	85	-	95	59	78	92	89	95	-	-
Administrative	91	82	-	91	94	59	78	92	89	88	92	93
Survey	-	-	-	-	80	67	-	-	-	-	-	-

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.

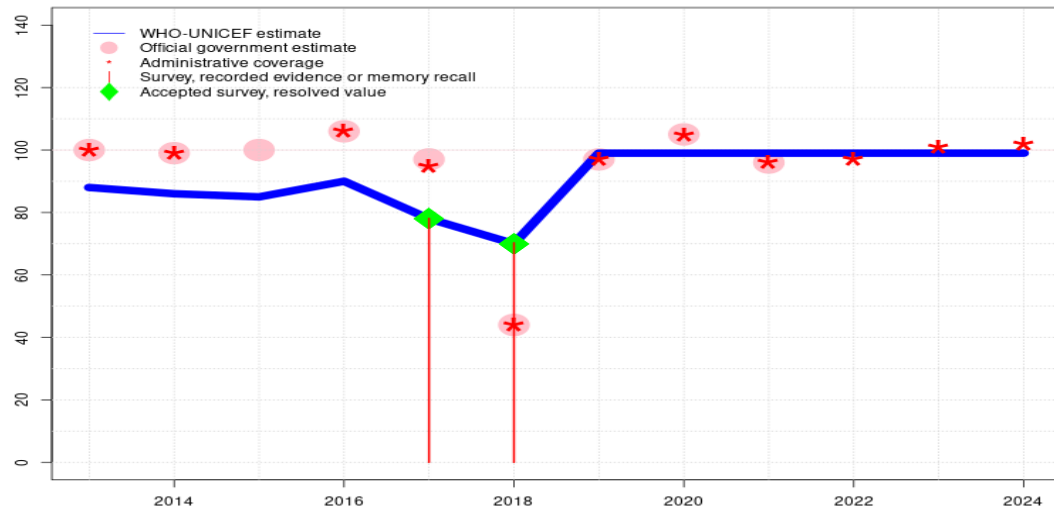
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## Description:

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- 2023: Estimate informed by reported administrative 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. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 67 percent based on 1 survey(s). Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2017: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 80 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-S-
- 2016: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

# Samoa - DTP1

WSM - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	88	86	85	90	78	70	99	99	99	99	99	99
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	100	99	100	106	97	44	97	105	96	-	-	-
Administrative	100	99	-	106	95	44	97	105	96	97	101	102
Survey	-	-	-	-	78	70	-	-	-	-	-	-

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

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

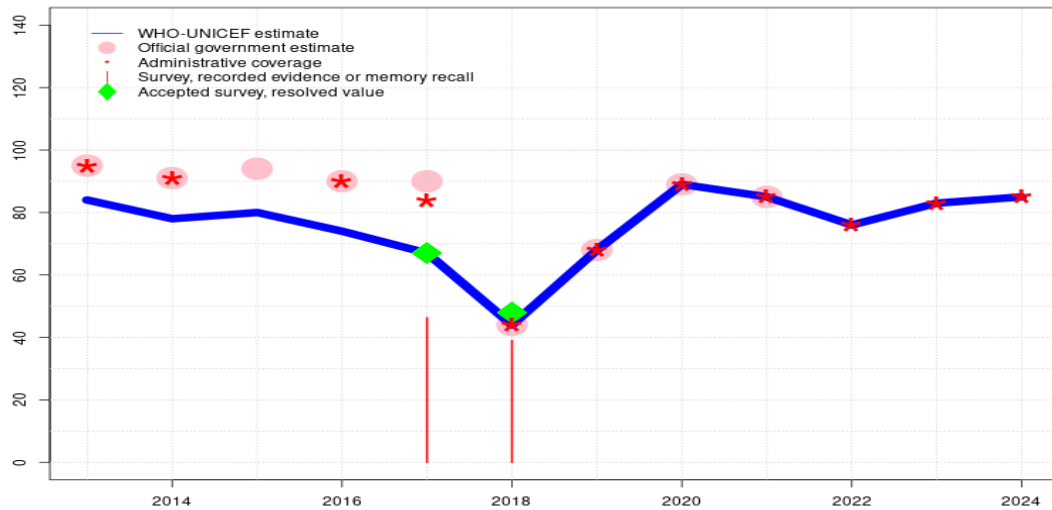
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2018 levels. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2018 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2018 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate of 99 percent changed from previous revision value of 97 percent. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2018 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate of 99 percent changed from previous revision value of 96 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2019: Reported data calibrated to 2018 levels. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate of 99 percent changed from previous revision value of 97 percent. Estimate challenged by: D-R-S-
- 2018: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 70 percent based on 1 survey(s). Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate of 70 percent changed from previous revision value of 67 percent. Estimate challenged by: R-
- 2017: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 78 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

# Samoa - DTP3

WSM - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	84	78	80	74	67	44	68	89	85	76	83	85
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	•
Official	95	91	94	90	90	44	68	89	85	-	-	-
Administrative	95	91	-	90	84	44	68	89	85	76	83	85
Survey	-	-	-	-	46	39	-	-	-	-	-	-

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.

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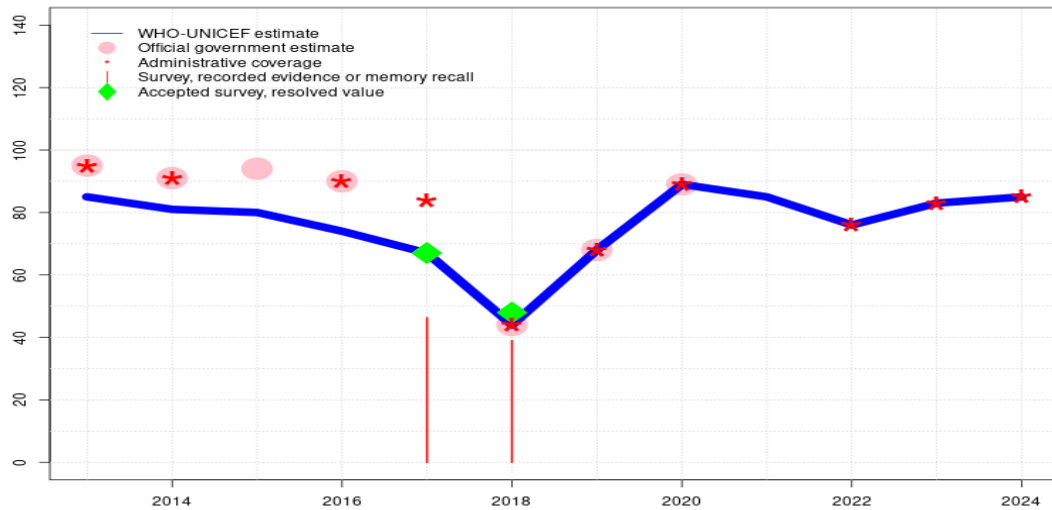
## Description:

- 2024: Estimate informed by reported administrative data. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative 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. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 48 percent based on 1 survey(s). Samoa Multiple Indicator Cluster Survey 2019-2020 record or recall results of 39 percent modified for recall bias to 48 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 36 percent. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2017: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Samoa Multiple Indicator Cluster Survey 2019-2020 record or recall results of 46 percent modified for recall bias to 67 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 42 percent. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-S-
- 2016: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2014: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-



# Samoa - HEPB3

WSM - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	85	81	80	74	67	44	68	89	85	76	83	85
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	•
Official	95	91	94	90	-	44	68	89	-	-	-	-
Administrative	95	91	-	90	84	44	68	89	-	76	83	85
Survey	-	-	-	-	46	39	-	-	-	-	-	-

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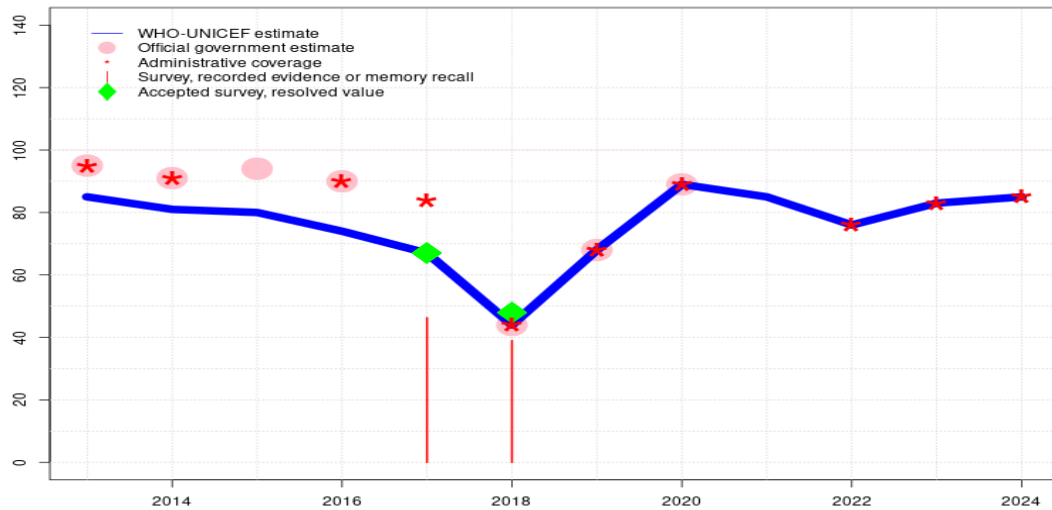
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- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by estimated DTP3 level. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2020: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
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- 2016: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2015: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2014: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2013: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

# Samoa - Hib3

WSM - Hib3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	85	81	80	74	67	44	68	89	85	76	83	85
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	•
Official	95	91	94	90	-	44	68	89	-	-	-	-
Administrative	95	91	-	90	84	44	68	89	-	76	83	85
Survey	-	-	-	-	46	39	-	-	-	-	-	-

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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.

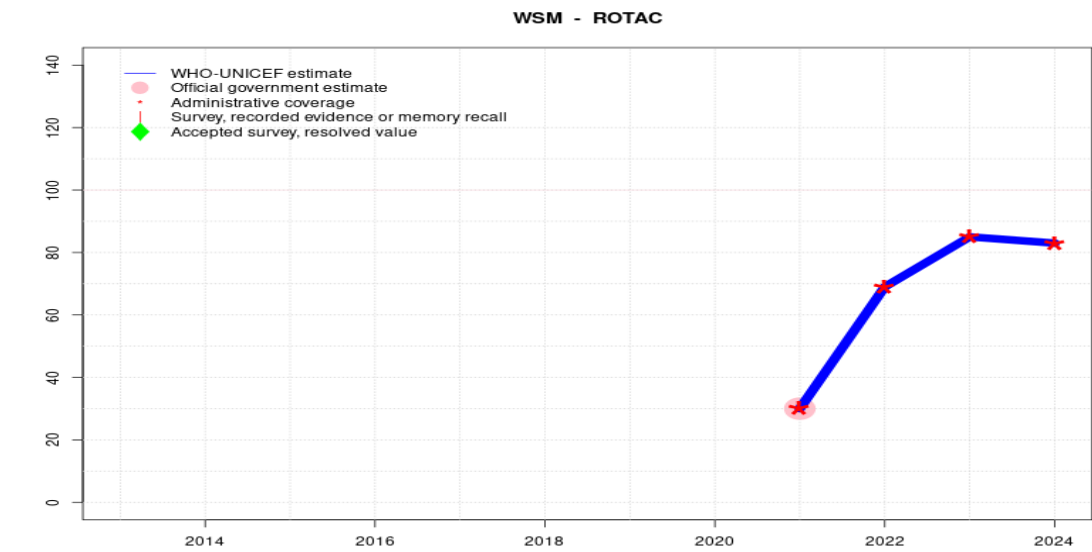
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported administrative data. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by estimated DTP3 level. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2020: Estimate informed by reported data. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 48 percent based on 1 survey(s). Samoa Multiple Indicator Cluster Survey 2019-2020 record or recall results of 39 percent modified for recall bias to 48 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 36 percent. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2017: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Samoa Multiple Indicator Cluster Survey 2019-2020 record or recall results of 46 percent modified for recall bias to 67 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 42 percent. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-S-
- 2016: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2015: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2014: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2013: Estimate informed by estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-



# Samoa - ROTAC



## Description:

- 2024: Estimate informed by reported administrative data. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative 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+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	30	69	85	83
Estimate GoC	-	-	-	-	-	-	-	-	●●	●●	●●	●
Official	-	-	-	-	-	-	-	-	30	-	-	-
Administrative	-	-	-	-	-	-	-	-	30	69	85	83
Survey	-	-	-	-	-	-	-	-	-	-	-	-

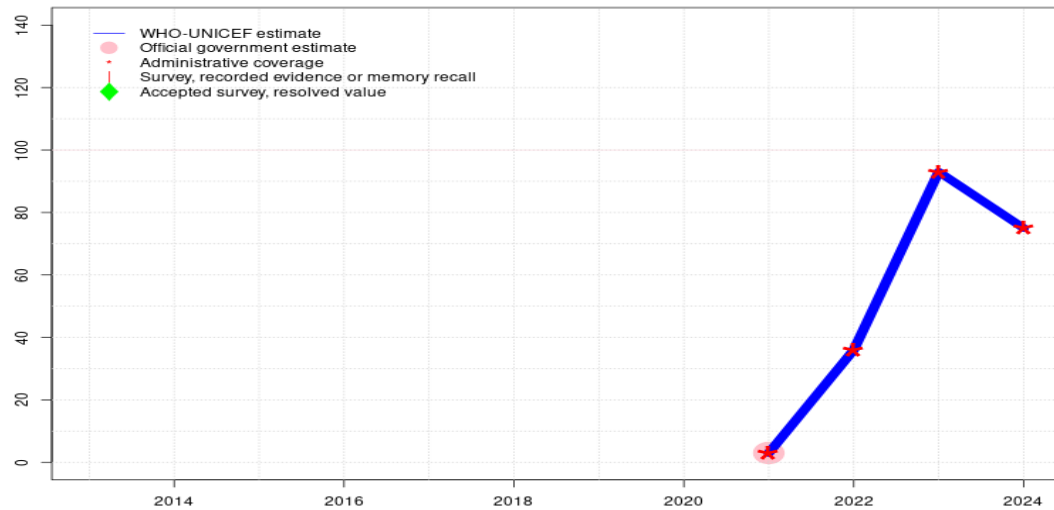
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

# Samoa - PCV3

WSM - PCV3



## Description:

- 2024: Estimate informed by reported administrative data. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative 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+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	3	36	93	75
Estimate GoC	-	-	-	-	-	-	-	-	••	••	••	•
Official	-	-	-	-	-	-	-	-	3	-	-	-
Administrative	-	-	-	-	-	-	-	-	3	36	93	75
Survey	-	-	-	-	-	-	-	-	-	-	-	-

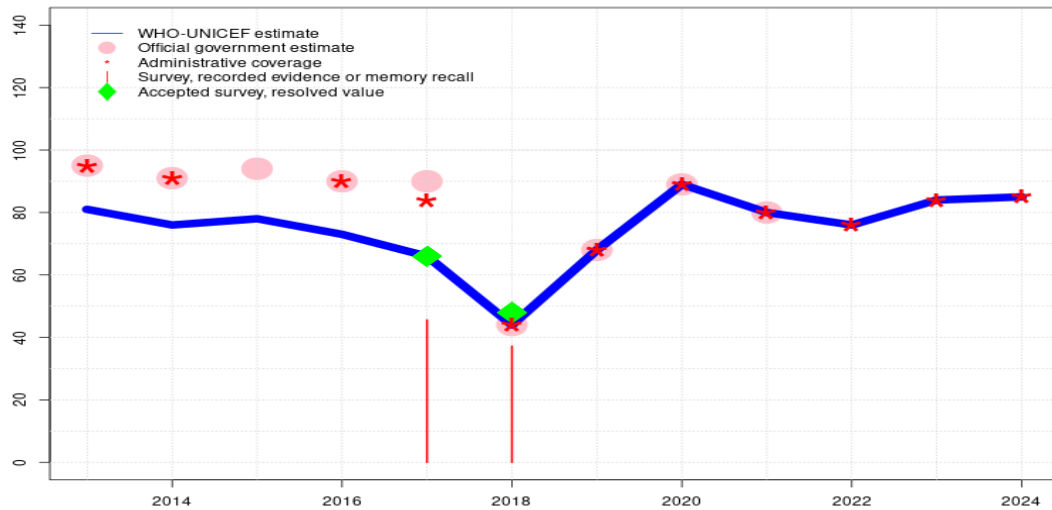
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Samoa - POL3

WSM - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	81	76	78	73	66	44	68	89	80	76	84	85
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	•
Official	95	91	94	90	90	44	68	89	80	-	-	-
Administrative	95	91	-	90	84	44	68	89	80	76	84	85
Survey	-	-	-	-	46	37	-	-	-	-	-	-

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.

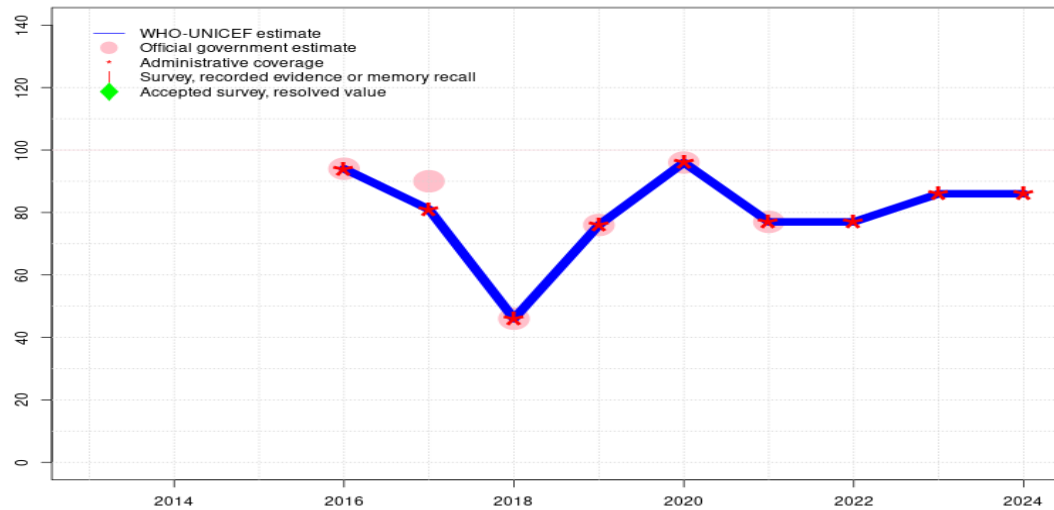
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported administrative data. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative 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. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 48 percent based on 1 survey(s). Samoa Multiple Indicator Cluster Survey 2019-2020 record or recall results of 37 percent modified for recall bias to 48 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 35 percent. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2017: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 66 percent based on 1 survey(s). Samoa Multiple Indicator Cluster Survey 2019-2020 record or recall results of 46 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 79 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 41 percent. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-S-
- 2016: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2014: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

# Samoa - IPV1

WSM - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	94	81	46	76	96	77	77	86	86
Estimate GoC	-	-	-	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	-	-	-	94	90	46	76	96	77	-	-	-
Administrative	-	-	-	94	81	46	76	96	77	77	86	86
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

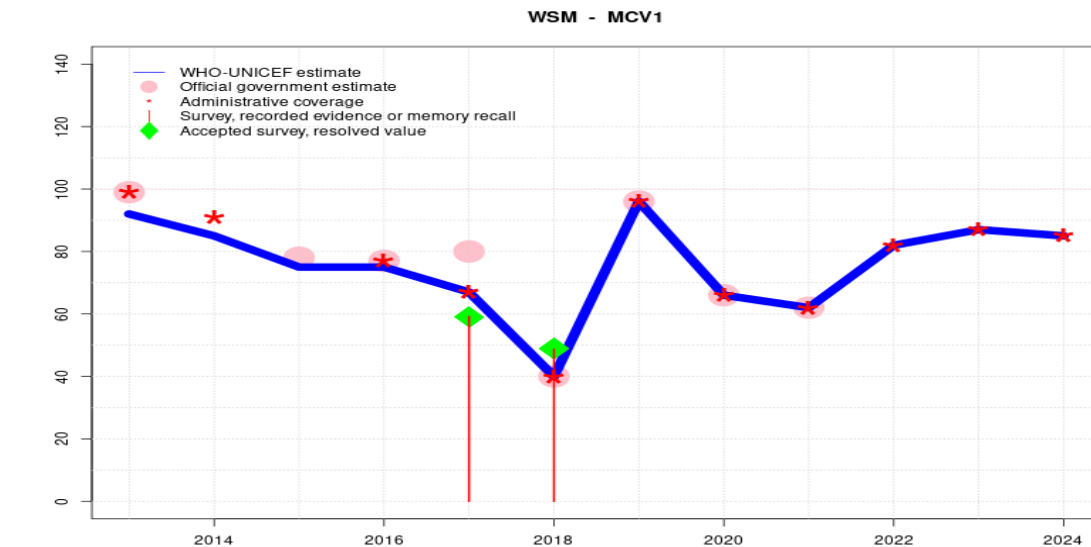
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

## Description:

- 2024: Estimate informed by reported administrative data. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative 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. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2018: Estimate informed by reported data. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2017: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. GoC=R+ D+
- 2016: Estimate informed by reported data. Inactivated polio vaccine introduced in October 2015. Reporting started in 2016. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

# Samoa - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	85	75	75	67	40	96	66	62	82	87	85
Estimate GoC	●	●	●	●	●	●	●	●	●●	●●	●●	●
Official	99	-	78	77	80	40	96	66	62	-	-	-
Administrative	99	91	-	77	67	40	96	66	62	82	87	85
Survey	-	-	-	-	59	49	-	-	-	-	-	-

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.

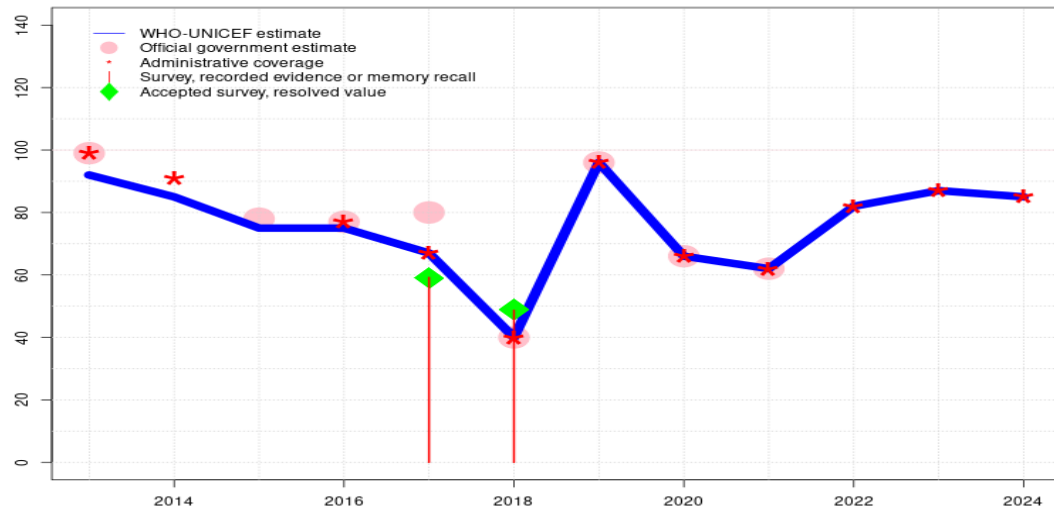
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported administrative data. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative 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. Unexplained drop for MMR1 between 2019 and 2020. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 49 percent based on 1 survey(s). Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2017: Estimate informed by reported administrative data supported by survey.Survey evidence of 59 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: S-
- 2016: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2015: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2014: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 and 2017 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-

# Samoa - RCV1

WSM - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	85	75	75	67	40	96	66	62	82	87	85
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	•
Official	99	-	78	77	80	40	96	66	62	-	-	-
Administrative	99	91	-	77	67	40	96	66	62	82	87	85
Survey	-	-	-	-	59	49	-	-	-	-	-	-

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.

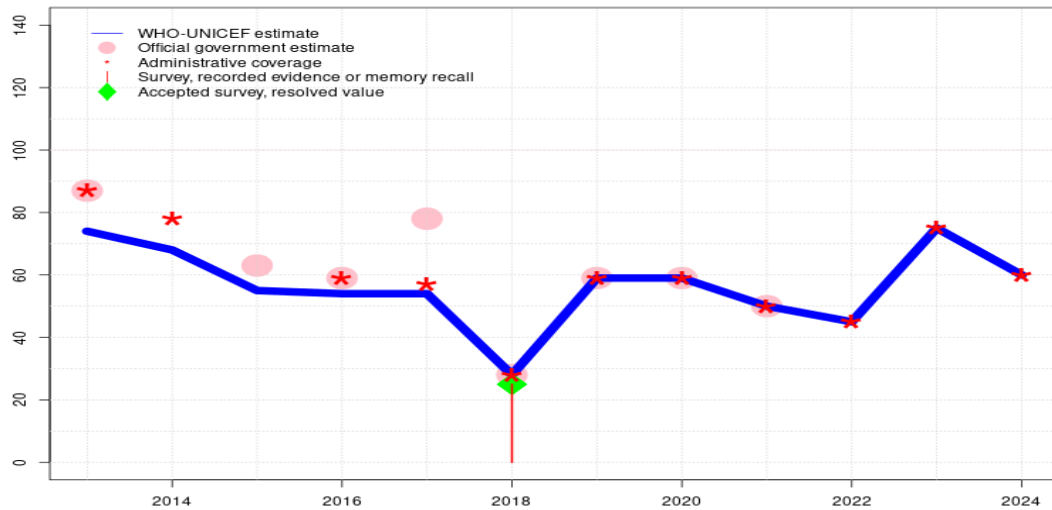
## Description:

- 2024: Estimate based on estimated MCV1. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. 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 estimated MCV1. Unexplained drop for MMR1 between 2019 and 2020. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2019: Estimate based on estimated MCV1. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2018: Estimate based on estimated MCV1. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2017: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: S-
- 2016: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2015: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2014: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2013: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-



# Samoa - MCV2

WSM - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	74	68	55	54	54	28	59	59	50	45	75	60
Estimate GoC	•	•	•	•	•	•••	•	•	••	••	••	••
Official	87	-	63	59	78	28	59	59	50	-	-	-
Administrative	87	78	-	59	57	28	59	59	50	45	75	60
Survey	-	-	-	-	-	25	-	-	-	-	-	-

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 administrative data. Since 2015, reported data are derived from an electronic immunization registry. WHO and UNICEF are aware of the ongoing 2025 Multiple Indicator Cluster Survey survey and await final results. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2023: Estimate informed by reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported administrative 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. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 25 percent based on 1 survey(s). Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ S+ D+
- 2017: Reported data calibrated to 2012 and 2018 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: R-S-
- 2016: Reported data calibrated to 2012 and 2018 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2015: Reported data calibrated to 2012 and 2018 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2018 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2013: Reported data calibrated to 2012 and 2018 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-

# Samoa - 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 Samoa Multiple Indicator Cluster Survey 2019-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	21.5	12-23 m	590	62
BCG	Record	54.7	12-23 m	590	62
BCG	Record or Recall	76.2	12-23 m	590	62
BCG	Record or Recall<12m	76.1	12-23 m	590	62
DTP1	Recall	16.9	12-23 m	590	62
DTP1	Record	53.3	12-23 m	590	62
DTP1	Record or Recall	70.3	12-23 m	590	62
DTP1	Record or Recall<12m	64	12-23 m	590	62
DTP3	Recall	2.9	12-23 m	590	62
DTP3	Record	36.1	12-23 m	590	62
DTP3	Record or Recall	39	12-23 m	590	62
DTP3	Record or Recall<12m	28.5	12-23 m	590	62
HEPB1	Recall	16.9	12-23 m	590	62
HEPB1	Record	53.3	12-23 m	590	62
HEPB1	Record or Recall	70.3	12-23 m	590	62
HEPB1	Record or Recall<12m	64	12-23 m	590	62
HEPB3	Recall	2.9	12-23 m	590	62
HEPB3	Record	36.1	12-23 m	590	62
HEPB3	Record or Recall	39	12-23 m	590	62

HEPB3	Record or Recall<12m	28.5	12-23 m	590	62
HEPBB	Recall	21.5	12-23 m	590	62
HEPBB	Record	45.5	12-23 m	590	62
HEPBB	Record or Recall	67	12-23 m	590	62
HEPBB	Record or Recall<12m	66.5	12-23 m	590	62
HIB1	Recall	16.9	12-23 m	590	62
HIB1	Record	53.3	12-23 m	590	62
HIB1	Record or Recall	70.3	12-23 m	590	62
HIB1	Record or Recall<12m	64	12-23 m	590	62
HIB3	Recall	2.9	12-23 m	590	62
HIB3	Record	36.1	12-23 m	590	62
HIB3	Record or Recall	39	12-23 m	590	62
HIB3	Record or Recall<12m	28.5	12-23 m	590	62
MCV1	Recall	15.7	12-23 m	590	62
MCV1	Record	33	12-23 m	590	62
MCV1	Record or Recall	48.7	12-23 m	590	62
MCV1	Record or Recall<12m	10.8	12-23 m	590	62
MCV2	Recall	8.2	24-35 m	522	-
MCV2	Record	16.8	24-35 m	522	-
MCV2	Record or Recall	25	24-35 m	522	-
MCV2	Record or Recall<12m	10.7	24-35 m	522	-
POL1	Recall	20.2	12-23 m	590	62
POL1	Record	53.1	12-23 m	590	62
POL1	Record or Recall	73.3	12-23 m	590	62
POL1	Record or Recall<12m	66.9	12-23 m	590	62
POL3	Recall	2.6	12-23 m	590	62
POL3	Record	34.6	12-23 m	590	62
POL3	Record or Recall	37.2	12-23 m	590	62
POL3	Record or Recall<12m	26.9	12-23 m	590	62
RCV1	Recall	15.7	12-23 m	590	62
RCV1	Record	33	12-23 m	590	62
RCV1	Record or Recall	48.7	12-23 m	590	62
RCV1	Record or Recall<12m	10.8	12-23 m	590	62

## 2017 Samoa Multiple Indicator Cluster Survey 2019-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	33.6	24-35 m	522	-
BCG	Record	50.2	24-35 m	522	-

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BCG	Record or Recall	83.8	24-35 m	522	-
BCG	Record or Recall<12m	82.9	24-35 m	522	-
DTP1	Recall	29.4	24-35 m	522	-
DTP1	Record	48.7	24-35 m	522	-
DTP1	Record or Recall	78.1	24-35 m	522	-
DTP1	Record or Recall<12m	77	24-35 m	522	-
DTP3	Recall	4.4	24-35 m	522	-
DTP3	Record	41.9	24-35 m	522	-
DTP3	Record or Recall	46.3	24-35 m	522	-
DTP3	Record or Recall<12m	43.6	24-35 m	522	-
HEPB1	Recall	29.4	24-35 m	522	-
HEPB1	Record	48.7	24-35 m	522	-
HEPB1	Record or Recall	78.1	24-35 m	522	-
HEPB1	Record or Recall<12m	77	24-35 m	522	-
HEPB3	Recall	4.4	24-35 m	522	-
HEPB3	Record	41.9	24-35 m	522	-
HEPB3	Record or Recall	46.3	24-35 m	522	-
HEPB3	Record or Recall<12m	43.6	24-35 m	522	-
HEPBB	Recall	31.6	24-35 m	522	-
HEPBB	Record	47.9	24-35 m	522	-
HEPBB	Record or Recall	79.6	24-35 m	522	-
HEPBB	Record or Recall<12m	79.3	24-35 m	522	-
HIB1	Recall	29.4	24-35 m	522	-
HIB1	Record	48.7	24-35 m	522	-
HIB1	Record or Recall	78.1	24-35 m	522	-
HIB1	Record or Recall<12m	77	24-35 m	522	-
HIB3	Recall	4.4	24-35 m	522	-
HIB3	Record	41.9	24-35 m	522	-
HIB3	Record or Recall	46.3	24-35 m	522	-
HIB3	Record or Recall<12m	43.6	24-35 m	522	-
MCV1	Recall	26.3	24-35 m	522	-
MCV1	Record	32.8	24-35 m	522	-
MCV1	Record or Recall	59.2	24-35 m	522	-
MCV1	Record or Recall<12m	19.1	24-35 m	522	-
POL1	Recall	29.9	24-35 m	522	-
POL1	Record	49.1	24-35 m	522	-
POL1	Record or Recall	79	24-35 m	522	-
POL1	Record or Recall<12m	77.9	24-35 m	522	-
POL3	Recall	4.4	24-35 m	522	-
POL3	Record	41.2	24-35 m	522	-

POL3	Record or Recall	45.6	24-35 m	522	-
POL3	Record or Recall<12m	42.1	24-35 m	522	-
RCV1	Recall	26.3	24-35 m	522	-
RCV1	Record	32.8	24-35 m	522	-
RCV1	Record or Recall	59.2	24-35 m	522	-
RCV1	Record or Recall<12m	19.1	24-35 m	522	-

## 2012 Samoa Demographic and Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.4	18-29 m	260	-
BCG	Record	59.5	18-29 m	406	-
BCG	Record or Recall	89.9	18-29 m	666	-
BCG	Record or Recall<12m	90.2	12-23 m	674	67
BCG	Record or Recall<18m	89.9	18-29 m	666	-
DTP1	Recall	27.3	18-29 m	260	-
DTP1	Record	60.9	18-29 m	406	-
DTP1	Record or Recall	88.2	18-29 m	666	-
DTP1	Record or Recall<12m	87	12-23 m	674	67
DTP1	Record or Recall<18m	88.2	18-29 m	666	-
DTP3	Recall	6.9	18-29 m	260	-
DTP3	Record	56.8	18-29 m	406	-
DTP3	Record or Recall	63.8	18-29 m	666	-
DTP3	Record or Recall<12m	63.6	12-23 m	674	67
DTP3	Record or Recall<18m	62.9	18-29 m	666	-
HEPB1	Recall	27.3	18-29 m	260	-
HEPB1	Record	60.9	18-29 m	406	-
HEPB1	Record or Recall	88.2	18-29 m	666	-
HEPB1	Record or Recall<12m	87	12-23 m	674	67
HEPB1	Record or Recall<18m	88.2	18-29 m	666	-
HEPB3	Recall	6.9	18-29 m	260	-
HEPB3	Record	56.8	18-29 m	406	-
HEPB3	Record or Recall	63.8	18-29 m	666	-
HEPB3	Record or Recall<12m	63.6	12-23 m	674	67
HEPB3	Record or Recall<18m	62.9	18-29 m	666	-
HEPBB	Recall	24.6	18-29 m	260	-
HEPBB	Record	58.8	18-29 m	406	-
HEPBB	Record or Recall	83.4	18-29 m	666	-
HEPBB	Record or Recall<12m	83.8	12-23 m	674	67

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HEPBB	Record or Recall<18m	83.4	18-29 m	666	-
HIB1	Recall	27.3	18-29 m	260	-
HIB1	Record	60.9	18-29 m	406	-
HIB1	Record or Recall	88.2	18-29 m	666	-
HIB1	Record or Recall<12m	87	12-23 m	674	67
HIB1	Record or Recall<18m	88.2	18-29 m	666	-
HIB3	Recall	6.9	18-29 m	260	-
HIB3	Record	56.8	18-29 m	406	-
HIB3	Record or Recall	63.8	18-29 m	666	-
HIB3	Record or Recall<12m	63.6	12-23 m	674	67
HIB3	Record or Recall<18m	62.9	18-29 m	666	-
MCV1	Recall	25	18-29 m	260	-
MCV1	Record	51.3	18-29 m	406	-
MCV1	Record or Recall	76.4	18-29 m	666	-
MCV1	Record or Recall<12m	8.5	12-23 m	674	67
MCV1	Record or Recall<18m	71.4	18-29 m	666	-
MCV2	Recall	13.2	18-29 m	260	-
MCV2	Record	39	18-29 m	406	-
MCV2	Record or Recall	52.1	18-29 m	666	-
MCV2	Record or Recall<18m	37.8	18-29 m	666	-
POL1	Recall	27.7	18-29 m	260	-
POL1	Record	60.6	18-29 m	406	-
POL1	Record or Recall	88.2	18-29 m	666	-
POL1	Record or Recall<12m	86.9	12-23 m	674	67
POL1	Record or Recall<18m	88.2	18-29 m	666	-
POL3	Recall	5.2	18-29 m	260	-
POL3	Record	56.6	18-29 m	406	-
POL3	Record or Recall	61.8	18-29 m	666	-
POL3	Record or Recall<12m	60.9	12-23 m	674	67
POL3	Record or Recall<18m	61	18-29 m	666	-

## 2011 Samoa Demographic and Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	87.1	24-35 m	680	-
DTP1	Record or Recall<12m	84.4	24-35 m	680	-
DTP3	Record or Recall<12m	53.7	24-35 m	680	-
HEPB1	Record or Recall<12m	84.4	24-35 m	680	-
HEPB3	Record or Recall<12m	53.7	24-35 m	680	-

HEPBB	Record or Recall<12m	82.2	24-35 m	680	-
HIB1	Record or Recall<12m	84.4	24-35 m	680	-
HIB3	Record or Recall<12m	53.7	24-35 m	680	-
MCV1	Record or Recall<12m	5.2	24-35 m	680	-
POL1	Record or Recall<12m	84.4	24-35 m	680	-
POL3	Record or Recall<12m	49.6	24-35 m	680	-

## 2010 Samoa Demographic and Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	87.7	36-47 m	605	-
DTP1	Record or Recall<12m	84.6	36-47 m	605	-
DTP3	Record or Recall<12m	50.1	36-47 m	605	-
HEPB1	Record or Recall<12m	84.6	36-47 m	605	-
HEPB3	Record or Recall<12m	50.1	36-47 m	605	-
HEPBB	Record or Recall<12m	80.6	36-47 m	605	-
HIB1	Record or Recall<12m	84.6	36-47 m	605	-
HIB3	Record or Recall<12m	50.1	36-47 m	605	-
MCV1	Record or Recall<12m	6.6	36-47 m	605	-
POL1	Record or Recall<12m	84.5	36-47 m	605	-
POL3	Record or Recall<12m	46.6	36-47 m	605	-

## 2009 Samoa Demographic and Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	83.9	48-59 m	559	-
DTP1	Record or Recall<12m	77.2	48-59 m	559	-
DTP3	Record or Recall<12m	45.1	48-59 m	559	-
HEPB1	Record or Recall<12m	77.2	48-59 m	559	-
HEPB3	Record or Recall<12m	45.1	48-59 m	559	-
HEPBB	Record or Recall<12m	75.2	48-59 m	559	-
HIB1	Record or Recall<12m	77.2	48-59 m	559	-
HIB3	Record or Recall<12m	45.1	48-59 m	559	-
MCV1	Record or Recall<12m	5	48-59 m	559	-
POL1	Record or Recall<12m	78.6	48-59 m	559	-
POL3	Record or Recall<12m	42	48-59 m	559	-

## 2007 Samoa Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	44.8	18-29 m	321	40
BCG	Record	38.8	18-29 m	321	40
BCG	Record or Recall	83.6	18-29 m	321	40
BCG	Record or Recall<12m	83.6	18-29 m	321	40
DTP1	Recall	38.6	18-29 m	321	40
DTP1	Record	38.3	18-29 m	321	40
DTP1	Record or Recall	77	18-29 m	321	40
DTP1	Record or Recall<12m	75.5	18-29 m	321	40
DTP3	Recall	9.3	18-29 m	321	40
DTP3	Record	28.2	18-29 m	321	40
DTP3	Record or Recall	37.5	18-29 m	321	40

DTP3	Record or Recall<12m	37.2	18-29 m	321	40
MCV1	Recall	36.3	18-29 m	321	40
MCV1	Record	26.8	18-29 m	321	40
MCV1	Record or Recall	63.1	18-29 m	321	40
MCV1	Record or Recall<12m	55.7	18-29 m	321	40
POL1	Recall	39.4	18-29 m	321	40
POL1	Record	34.6	18-29 m	321	40
POL1	Record or Recall	74	18-29 m	321	40
POL1	Record or Recall<12m	72.4	18-29 m	321	40
POL3	Recall	9	18-29 m	321	40
POL3	Record	25.4	18-29 m	321	40
POL3	Record or Recall	34.4	18-29 m	321	40
POL3	Record or Recall<12m	34.1	18-29 m	321	40

Further information and estimates for previous years are available at:

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

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