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 the 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 the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

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:

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around immunization coverage: a computational logic approach.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their views of local experts, WHO and UNICEF attempt to distinguish between situations where the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

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.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 months 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 the period of data collection.

ABBREVIATIONS

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 among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the 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.

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 nor are the data represented in the accompanying graph and data table.

HepBB: 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.

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.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children’s Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children’s Fund be liable for damages arising from its use.
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: 2019 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.**

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**Description:**

- **2019:** Estimate based on coverage reported by national government. Programme notes that reported official coverage is informed by results from the 2016 coverage survey, however, reported data does not take into account fluctuations in reported administrative coverage. WHO and UNICEF recommend an assessment of the administrative data. Estimate challenged by: D-

- **2018:** Estimate based on coverage reported by national government. Estimate challenged by: D-

- **2017:** Estimate based on coverage reported by national government. Estimate challenged by: D-

- **2016:** Report official coverage levels are based on survey results. Estimate challenged by: D-

- **2015:** Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 91 percent based on 1 survey(s). Estimate challenged by: D-R-

- **2014:** Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-

- **2013:** Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-

- **2012:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Estimate challenged by: D-

- **2011:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 77 percent based on 1 survey(s). Comoros Demographic and Health and Multiple Indicator Survey 2012 card or history results of 73 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 65 percent. Estimate challenged by: D-

- **2010:** Estimate based on reported administrative data. Estimate challenged by: D-

- **2009:** Estimate based on administrative data reported by national government supported by survey. Survey evidence of 80 percent based on 1 survey(s). Vaccine presentation changed to DTP-HepB-Hib. Estimate challenged by: D-

- **2008:** Estimate based on reported administrative data. Estimate challenged by: D-
Comoros - Pol3

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

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### Description:

2019: Estimate based on coverage reported by national government. Programme notes that reported official coverage is informed by results from the 2016 coverage survey, however, reported data does not take into account fluctuations in reported administrative coverage. WHO and UNICEF recommend an assessment of the administrative data. Programme reports three month vaccine stock-out at national and district levels. Estimate challenged by: D-

2018: Estimate based on coverage reported by national government. Estimate challenged by: D-

2017: Estimate based on coverage reported by national government. Estimate challenged by: D-

2016: Reported official coverage levels are based on survey results. Estimate challenged by: D-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 92 percent based on 1 survey(s). Estimate challenged by: D-R-

2014: Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Estimate challenged by: D-

2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 82 percent based on 1 survey(s). Comoros Demographic and Health and Multiple Indicator Survey 2012 card or history results of 71 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 68 percent. Estimate challenged by: D-

2010: Estimate based on reported administrative data. Estimate challenged by: D-

2009: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 80 percent based on 1 survey(s). Estimate challenged by: D-

2008: Estimate based on reported administrative data. Estimate challenged by: D-

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Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative’s Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2019: Reported data calibrated to 2018 levels. Reported data excluded due to sudden change in coverage from 45 level to 84 percent. Programme notes that reported official coverage is informed by results from the 2016 coverage survey, however, reported data does not take into account fluctuations in reported administrative coverage. WHO and UNICEF recommend an assessment of the administrative data. Estimate challenged by: D-R-

2018: Estimate of 84 percent assigned by working group. Estimate based on estimated DTP3 coverage adjusted for the difference in reported administrative coverage between DTP3 and IPV1. Estimate challenged by: D-R-

2017: Estimate based on the relation between DTP3 reported and estimate. Programme reports a nine-month vaccine stock-out. Estimate challenged by: D-R-

2016: Estimate of 91 percent assigned by working group. Estimate is based on estimated DTP3 coverage level. Reported data excluded due to an increase from 78 percent to 92 percent with decrease 45 percent. Reported official coverage levels are based on survey results. Estimate challenged by: D-R-

2015: Estimate of 91 percent assigned by working group. Estimate is based on estimated DTP3 coverage level. Inactivated polio vaccine introduced during January 2015. Estimate challenged by: D-R-

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2018: Estimate based on coverage reported by national government. Programme reports three month vaccine stock-out at the national level. Estimate challenged by: D-

2017: Estimate based on coverage reported by national government. Estimate challenged by: D-

2016: Reported official coverage levels are based on survey results. Estimate challenged by: D-

2015: Estimate of 90 percent assigned by working group. Estimate is based on survey results consistent with observed survey results for other vaccines which confirmed reported coverage. Estimate challenged by: D-R-

2014: Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 77 percent based on 1 survey(s). Estimate challenged by: D-

2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 75 percent based on 1 survey(s). No explanation provided for adjustment of official coverage from administrative. Estimate challenged by: D-

2010: Estimate based on reported administrative data. Estimate challenged by: D-

2009: Estimate based on reported administrative data. Immunization Coverage Survey in the Union of Comoros (October 2010) results ignored by working group. Survey supports reported data for other antigens. Estimate challenged by: D-

2008: Estimate based on reported administrative data. Estimate challenged by: D-
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2019 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.
Comoros - HepB3

Description:

2019: Estimate based on coverage reported by national government. Programme notes that reported official coverage is informed by results from the 2016 coverage survey, however, reported data does not take into account fluctuations in reported administrative coverage. WHO and UNICEF recommend an assessment of the administrative data. Estimate challenged by: D-

2018: Estimate based on coverage reported by national government. Estimate challenged by: D-

2017: Estimate based on coverage reported by national government. Estimate challenged by: D-

2016: • Reported official coverage levels are based on survey results. Estimate challenged by: D-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 91 percent based on 1 survey(s). Estimate challenged by: D-R-

2014: Reported data calibrated to 2011 and 2015 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2011 and 2015 levels. Estimate challenged by: D-R-S-

2012: Reported data calibrated to 2011 and 2015 levels. Estimate challenged by: D-R-S-

2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 77 percent based on 1 survey(s). Comoros Demographic and Health and Multiple Indicator Survey 2012 card or history results of 73 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 65 percent. Estimate challenged by: D-

2010: Estimate based on reported administrative data. Estimate challenged by: D-

2009: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 80 percent based on 1 survey(s). Vaccine presentation changed to DTP-HepB-Hib. Estimate challenged by: D-

2008: Estimate based on reported data. Estimate challenged by: D-

The WHO and UNICEF estimates of national immunization coverage (wунic) 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: 2019 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.
Comoros - Hib3

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: 2019 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:

2019: Estimate based on coverage reported by national government. Programme notes that reported official coverage is informed by results from the 2016 coverage survey, however, reported data does not take into account fluctuations in reported administrative coverage. WHO and UNICEF recommend an assessment of the administrative data. Estimate challenged by: D-

2018: Estimate based on coverage reported by national government. Estimate challenged by: D-

2017: Estimate based on coverage reported by national government. Estimate challenged by: D-

2016: . Reported official coverage levels are based on survey results. Estimate challenged by: D-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 91 percent based on 1 survey(s). Estimate challenged by: D-R-

2014: Reported data calibrated to 2011 and 2015 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2011 and 2015 levels. Estimate challenged by: D-R-S-

2012: Reported data calibrated to 2011 and 2015 levels. Estimate challenged by: D-R-S-

2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 77 percent based on 1 survey(s). Comoros Demographic and Health and Multiple Indicator Survey 2012 card or history results of 73 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 65 percent. Estimate challenged by: D-

2010: Estimate based on reported data. Estimate challenged by: D-

2009: Estimate based on reported data. Hib vaccine introduced in 2009. Vaccine presentation is DTP-HepB-Hib. Estimate challenged by: S-
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: 2019 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.
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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.
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: 2019 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.
## Comoros - survey details

### 2015 Enquête de Couverture Vaccinale Post Campagne de la Rougeole et de la Vaccination de Routine en Union des Comores 2016

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Card or History</td>
<td>93.7</td>
<td>12-23 m</td>
<td>669</td>
<td>80</td>
</tr>
<tr>
<td>DTP1</td>
<td>Card or History</td>
<td>96.1</td>
<td>12-23 m</td>
<td>669</td>
<td>80</td>
</tr>
<tr>
<td>DTP3</td>
<td>Card or History</td>
<td>91</td>
<td>12-23 m</td>
<td>669</td>
<td>80</td>
</tr>
<tr>
<td>HepB1</td>
<td>Card or History</td>
<td>96.1</td>
<td>12-23 m</td>
<td>669</td>
<td>80</td>
</tr>
<tr>
<td>HepB3</td>
<td>Card or History</td>
<td>91</td>
<td>12-23 m</td>
<td>669</td>
<td>80</td>
</tr>
<tr>
<td>Hib1</td>
<td>Card or History</td>
<td>96.1</td>
<td>12-23 m</td>
<td>669</td>
<td>80</td>
</tr>
<tr>
<td>Hib3</td>
<td>Card or History</td>
<td>91</td>
<td>12-23 m</td>
<td>669</td>
<td>80</td>
</tr>
<tr>
<td>MCV1</td>
<td>Card or History</td>
<td>90.1</td>
<td>12-23 m</td>
<td>669</td>
<td>80</td>
</tr>
<tr>
<td>Pol3</td>
<td>Card or History</td>
<td>91.6</td>
<td>12-23 m</td>
<td>669</td>
<td>80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Card or History</td>
<td>87</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
<tr>
<td>DTP1</td>
<td>Card or History</td>
<td>88.7</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
<tr>
<td>DTP3</td>
<td>Card or History</td>
<td>83.7</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
<tr>
<td>MCV1</td>
<td>Card or History</td>
<td>77.2</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
<tr>
<td>Pol1</td>
<td>Card or History</td>
<td>84.9</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
<tr>
<td>Pol3</td>
<td>Card or History</td>
<td>83.5</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
</tbody>
</table>

### 2012 Enquête de la Couverture Vaccinale Post Campagne de Rougeole et de la Vaccination de Routine dans l’Union des Comores

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Card</td>
<td>87.2</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
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<tr>
<td>DTP1</td>
<td>Card</td>
<td>88.7</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
<tr>
<td>DTP3</td>
<td>Card</td>
<td>83.7</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
<tr>
<td>MCV1</td>
<td>Card</td>
<td>77.2</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
<tr>
<td>Pol1</td>
<td>Card</td>
<td>84.9</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
<tr>
<td>Pol3</td>
<td>Card</td>
<td>83.5</td>
<td>12-23 m</td>
<td>750</td>
<td>75</td>
</tr>
</tbody>
</table>

### 2011 Union des Comores Enquête Démographique et de Santé et à Indicateurs Multiples 2012

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>C or H &lt;12 months</td>
<td>84.6</td>
<td>12-23 m</td>
<td>660</td>
<td>73</td>
</tr>
<tr>
<td>BCG</td>
<td>Card</td>
<td>69.5</td>
<td>12-23 m</td>
<td>480</td>
<td>73</td>
</tr>
<tr>
<td>BCG</td>
<td>Card or History</td>
<td>85.4</td>
<td>12-23 m</td>
<td>660</td>
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</tr>
<tr>
<td>BCG</td>
<td>History</td>
<td>15.9</td>
<td>12-23 m</td>
<td>180</td>
<td>73</td>
</tr>
<tr>
<td>DTP1</td>
<td>C or H &lt;12 months</td>
<td>80.6</td>
<td>12-23 m</td>
<td>660</td>
<td>73</td>
</tr>
<tr>
<td>DTP1</td>
<td>Card</td>
<td>69.1</td>
<td>12-23 m</td>
<td>480</td>
<td>73</td>
</tr>
</tbody>
</table>

### 2009 Enquête de couverture vaccinale en Union des Comores (Octobre 2010)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Card or History</td>
<td>87</td>
<td>12-23 m</td>
<td>325</td>
<td>63</td>
</tr>
</tbody>
</table>

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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2021

data received as of June 29, 2020
Comoros - survey details

DTP1  Card or History  84  12-23 m  325  63
DTP3  Card or History  80  12-23 m  325  63
HepB1 Card or History  84  12-23 m  325  63
HepB3 Card or History  80  12-23 m  325  63
MCV1  Card or History  67  12-23 m  325  63
Pol1  Card or History  82  12-23 m  325  63
Pol3  Card or History  80  12-23 m  325  63

2006 Enquête de couverture vaccinale en Union des Comores (Novembre 2007)

Vaccine  Confirmation method  Coverage Age cohort  Sample  Cards seen
BCG Card or History 79.1  12-23 m  956  71
DTP1 Card or History 73  12-23 m  956  71
DTP3 Card or History 70  12-23 m  956  71
MCV1 Card or History 72.9  12-23 m  956  71
Pol1 Card or History 74.6  12-23 m  956  71
Pol3 Card or History 70.4  12-23 m  956  71

Further information and estimates for previous years are available at:
http://www.data.unicef.org/child-health/immunization