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 the WHO and UNICEF estimates of national immunization coverage.

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 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.

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

HepB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

Hib3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

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

PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

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.
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Germany - DTP3

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- Estimate is based on reported data. GoC=Assigned by working group. GoC reflects extrapolation from most recent annual birth cohort.

#### 2015:
- Estimate is based on reported data. GoC=Assigned by working group. GoC reflects extrapolation from most recent annual birth cohort.

#### 2014:
- Estimate is based on reported data. GoC=Assigned by working group. GoC reflects extrapolation from most recent annual birth cohort.

#### 2013:
- Estimate of 93 percent assigned by working group. Estimate is based on reported data. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.

#### 2012:
- Estimate of 93 percent assigned by working group. Estimate is based on reported data. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.

#### 2011:
- Estimate of 93 percent assigned by working group. Estimate is based on reported data. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.

#### 2010:
- Estimate of 93 percent assigned by working group. Estimate is based on reported data. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.

#### 2009:
- Estimate of 93 percent assigned by working group. Estimate is based on reported data. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.

#### 2008:
- Estimate of 92 percent assigned by working group. Estimate is based on reported data. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.

---

### Table: Immunization Coverage for Germany - MCV2

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate</th>
<th>Estimate GoC</th>
<th>Official</th>
<th>Administrative</th>
<th>Survey</th>
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<td>89</td>
<td>NA</td>
<td>NA</td>
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<td>2018</td>
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<td>★★</td>
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<tr>
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</tr>
<tr>
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<td>★★</td>
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<tr>
<td>2013</td>
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</table>

- 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.
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.

### Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the accompanying graph and data table.

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td>Estimate GoC</td>
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<td>NA</td>
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<td>NA</td>
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</tr>
</tbody>
</table>

The WHO and UNICEF estimates of national immunization coverage 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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<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate</th>
<th>Official</th>
<th>Administrative</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>87</td>
<td>90</td>
<td>NA</td>
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<tr>
<td>2018</td>
<td>88</td>
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<tr>
<td>2012</td>
<td>87</td>
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<td>2011</td>
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<tr>
<td>2008</td>
<td>87</td>
<td>90</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

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.
Germany - 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 is based on reported data in 2018. GoC=Assigned by working group. GoC reflects extrapolation from most recent annual birth cohort.
- **2018:** Estimate is based on reported data in 2018. Data reported by Germany reflect the immunization status of children 5-7 years of age collected on school entry for the 4th dose of Hib containing vaccine. Coverage levels are not reported for the 3rd dose of Hib containing vaccine. Estimates attributed to the birth cohort five years younger than the reporting year include immunizations given after one year of age and overestimate coverage during these years. The study by Rieck, et.al. suggest that coverage by 24 months of age is lower than that suggested by data reported on school entry. See http://dx.doi.org/10.4161/hv.26986. GoC=Assigned by working group. GoC reflects extrapolation from most recent annual birth cohort.
- **2017:** Estimate of 92 percent assigned by working group. Estimate is based on reported data in 2018. GoC=Assigned by working group. GoC reflects extrapolation from most recent annual birth cohort.
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- **2009:** Estimate is based on reported data. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.
- **2008:** Estimate is based on reported data. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.
Germany - RotaC

Description:

2019: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
2018: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
2017: Estimate based on data reported by national government. Reported rotavirus vaccination coverage is a weighted mean from estimates for year-of-birth cohort 2015 in all federal states and based on health insurance claims data. Estimate challenged by: D-
2016: Estimate of 68 percent assigned by working group. Estimate based on data reported by national government. Rotavirus vaccination coverage is a weighted mean from estimates for year-of-birth cohort 2014 in all federal states and based on health insurance claims data. Estimate challenged by: D-R-
2015: Estimate of 68 percent assigned by working group. Estimate based on data reported by national government. Estimate challenged by: D-
2014: Government of Germany reports that they track that 2014 birth cohort received vaccination in the first 32 weeks of life. Rotavirus vaccine was introduced in 2013 and reporting started in 2015. GoC=No accepted empirical data

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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Germany - PcV3

--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Official | 88 | 84 | 85 | 86 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84
Administrative | NA | 9 | 9 | 15 | 41 | 68 | 84 | 84 | 84 | 84 | 84 | 84
Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA

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: Estimates based on reported data. GoC=Assigned by working group. GoC reflects extrapolation from most recent annual birth cohort.
2018: Estimates based on reported data. Data reported by Germany reflect the immunization status of children 5-7 years of age collected on school entry. Estimates attributed to the birth cohort five years younger than the reporting year include immunizations given after one year of age and overestimate coverage during these years. The study by Rieck, et.al. suggest that coverage by 24 months of age is higher than suggested by data reported on school entry. See http://dx.doi.org/10.4161/hv.26986. GoC=Assigned by working group. GoC reflects extrapolation from most recent annual birth cohort.
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2012: Estimate of 84 percent assigned by working group. Estimates based on extrapolation from data reported by national government. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.
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2010: Estimate of 85 percent assigned by working group. Estimate based on extrapolation from data reported by national government. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.
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2008: Estimate of 68 percent assigned by working group. Estimates based on extrapolation from data reported by national government. GoC=Assigned by working group. GoC reflects coverage data for birth cohort on school entry.

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