

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:

*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

*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.

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.

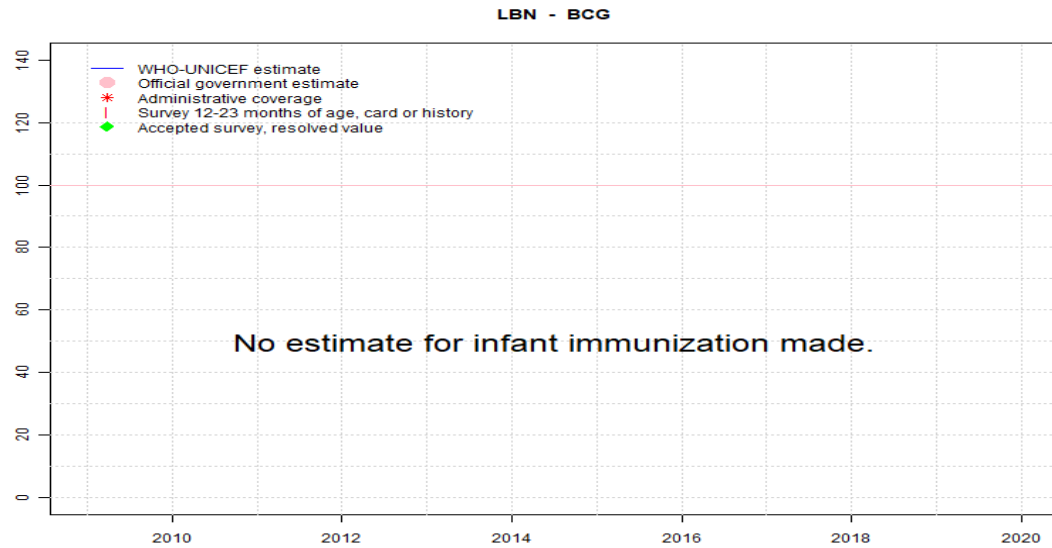
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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.

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Lebanon - BCG



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

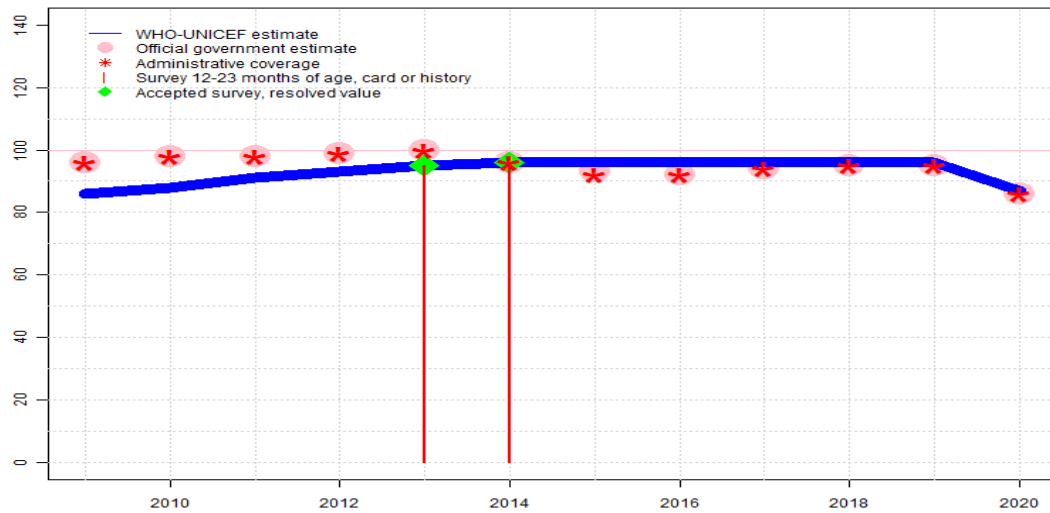
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

Lebanon - DTP1

LBN - DTP1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	86	88	91	93	95	96	96	96	96	96	96	87
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	96	98	98	99	100	96	93	92	94	95	95	86
Administrative	96	98	98	99	100	96	92	92	94	95	95	86
Survey	NA	NA	NA	NA	95	96	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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

Description:

- 2020: Decline in reported coverage related to COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population was the same for 2019 and 2020. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 levels. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate challenged by: R-
- 2014: Estimate of 96 percent assigned by working group. Estimate based on survey results. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. The influx of Syrian subpopulations into Lebanon

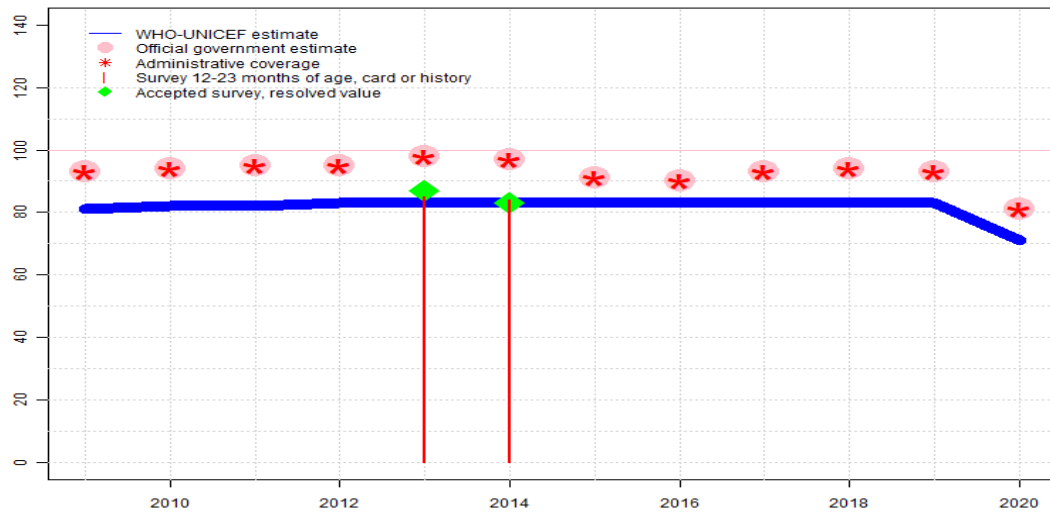
Lebanon - DTP1

during 2014 continued to increase potentially impacting reported coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: D-R-

- 2013: Estimate of 95 percent assigned by working group. Estimate based on survey results. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Beginning in the middle of 2013, there was an influx of displaced populations from Syria into Lebanon potentially impacting coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. A 2013 national EPI coverage survey suggests lower coverage levels among Syrian subpopulations living in Lebanon, particularly those who recently entered the country. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-
- 2009: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Administrative data and government estimate includes both data reported by the public sector as well as for immunizations delivered in the private sector. The private sector provides immunization services for between 5 percent to 80 percent of all immunization services. Estimate challenged by: R-

Lebanon - DTP3

LBN - DTP3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	81	82	82	83	83	83	83	83	83	83	83	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	94	95	95	98	97	91	90	93	94	93	81
Administrative	93	94	95	95	98	97	91	90	93	94	93	81
Survey	NA	NA	NA	NA	85	84	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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

2020: Decline in reported coverage related to COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. Reported data excluded due to sudden change in coverage from 93 level to 81 percent. The reported target population was the same for 2019 and 2020. Estimate challenged by: D-R-

2019: Reported data calibrated to 2014 levels. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Estimate challenged by: D-R-

2018: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2017: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2016: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: R-

2015: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate challenged by: R-

2014: Estimate of 83 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Lebanon District-Based Im-

Lebanon - DTP3

munization Coverage Cluster Survey 2016 card or history results of 84 percent modified for recall bias to 83 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 53 percent and 3rd dose card only coverage of 46 percent. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. The influx of Syrian subpopulations into Lebanon during 2014 continued to increase potentially impacting reported coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: D-R-

2013: Estimate of 83 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Lebanon District-Based Immunization Coverage Cluster Survey 2016 card or history results of 85 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 59 percent and 3rd dose card only coverage of 54 percent. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Beginning in the middle of 2013, there was an influx of displaced populations from Syria into Lebanon potentially impacting coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. A 2013 national EPI coverage survey suggests lower coverage levels among Syrian subpopulations living in Lebanon, particularly those who recently entered the country. Estimate challenged by: D-R-

2012: Estimate based on interpolation between 2008 and 2013 levels. Estimate based on survey results. Reported data excluded. Reported data not consistent with survey results. A national EPI coverage was conducted during 2013 among children aged 12-59 months and suggests that 90 percent of children received three doses of DTP containing vaccine by the 5th birthday. Coverage among children aged less than 12 months will be slightly lower. Estimate challenged by: D-R-

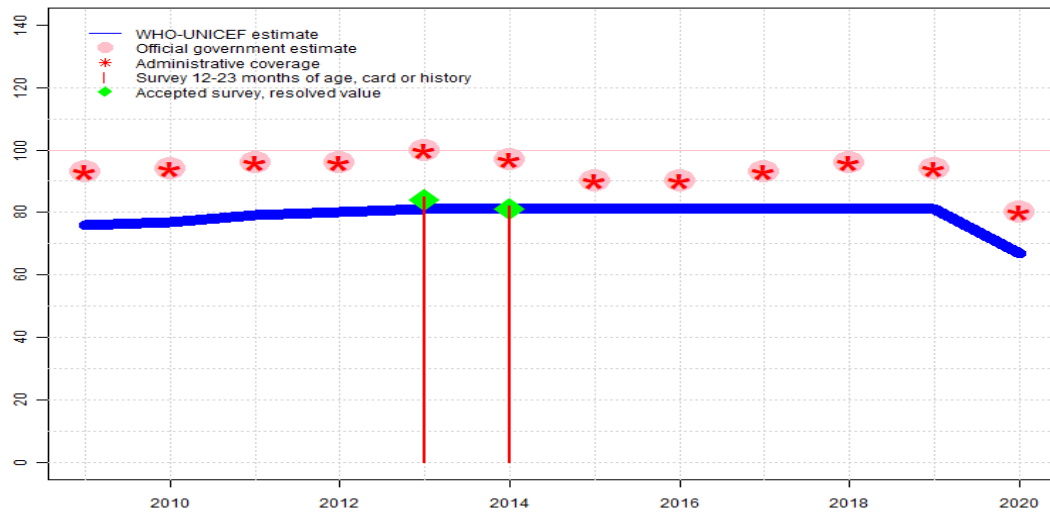
2011: Estimate based on interpolation between 2008 and 2013 levels. Estimate based on survey results. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-

2010: Estimate based on interpolation between 2008 and 2013 levels. Estimate based on survey results. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-

2009: Estimate based on interpolation between 2008 and 2013 levels. Estimate based on survey results. Reported data excluded. Reported data not consistent with survey results. Administrative data and government estimate includes both data reported by the public sector as well as for immunizations delivered in the private sector. The private sector provides immunization services for between 5 percent to 80 percent of all immunization services. Estimate challenged by: R-

Lebanon - Pol3

LBN - Pol3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	76	77	79	80	81	81	81	81	81	81	81	67
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	94	96	96	100	97	90	90	93	96	94	80
Administrative	93	94	96	96	100	97	90	90	93	96	94	80
Survey	NA	NA	NA	NA	85	82	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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

2020: Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. Reported data excluded due to sudden change in coverage from 94 level to 80 percent. The reported target population was the same for 2019 and 2020. Estimate challenged by: D-R-

2019: Reported data calibrated to 2014 levels. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Estimate challenged by: D-R-

2018: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2017: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2016: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: R-

2015: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate challenged by: R-

2014: Estimate of 81 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Lebanon District-Based Im-

munization Coverage Cluster Survey 2016 card or history results of 82 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 53 percent and 3rd dose card only coverage of 45 percent. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. The influx of Syrian subpopulations into Lebanon during 2014 continued to increase potentially impacting reported coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: D-R-

2013: Estimate of 81 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Lebanon District-Based Immunization Coverage Cluster Survey 2016 card or history results of 85 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 60 percent and 3rd dose card only coverage of 53 percent. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Beginning in the middle of 2013, there was an influx of displaced populations from Syria into Lebanon potentially impacting coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. A 2013 national EPI coverage survey suggests lower coverage levels among Syrian subpopulations living in Lebanon, particularly those who recently entered the country. Estimate challenged by: D-R-

2012: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-

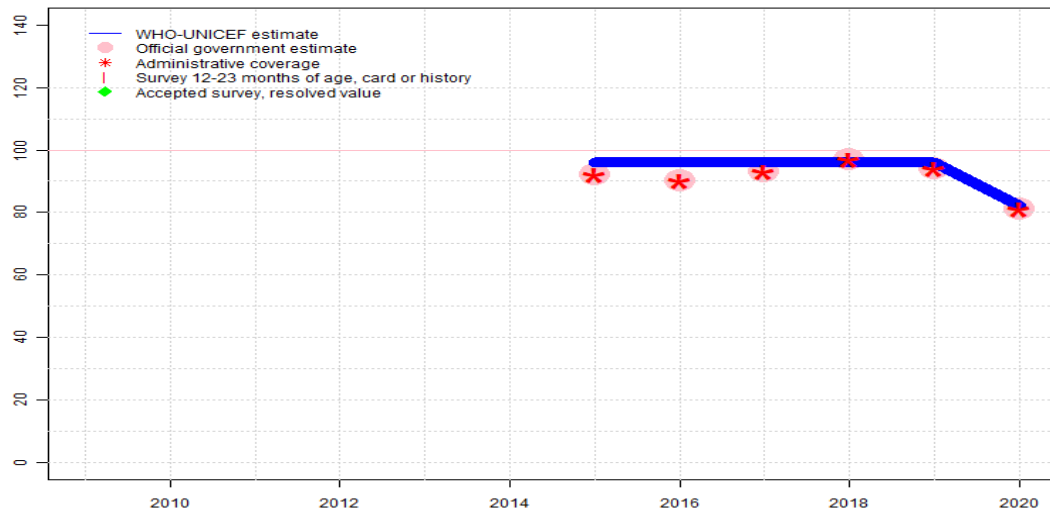
2011: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-

2010: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-

2009: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Administrative data and government estimate includes both data reported by the public sector as well as for immunizations delivered in the private sector. The private sector provides immunization services for between 5 percent to 80 percent of all immunization services. Estimate challenged by: R-

Lebanon - IPV1

LBN - IPV1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	96	96	96	96	96	82
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	92	90	93	97	94	81
Administrative	NA	NA	NA	NA	NA	NA	92	90	93	97	94	81
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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

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).

2020: Decline in reported coverage related to COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. Reported data excluded due to sudden change in coverage from 94 level to 81 percent. The reported target population was the same for 2019 and 2020. Estimate challenged by: R-

2019: Estimate is based on estimated DTP1 level. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Estimate challenged by: R-

2018: Estimate based on DTP1 coverage estimate. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2017: Estimate based on DTP1 coverage estimate. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

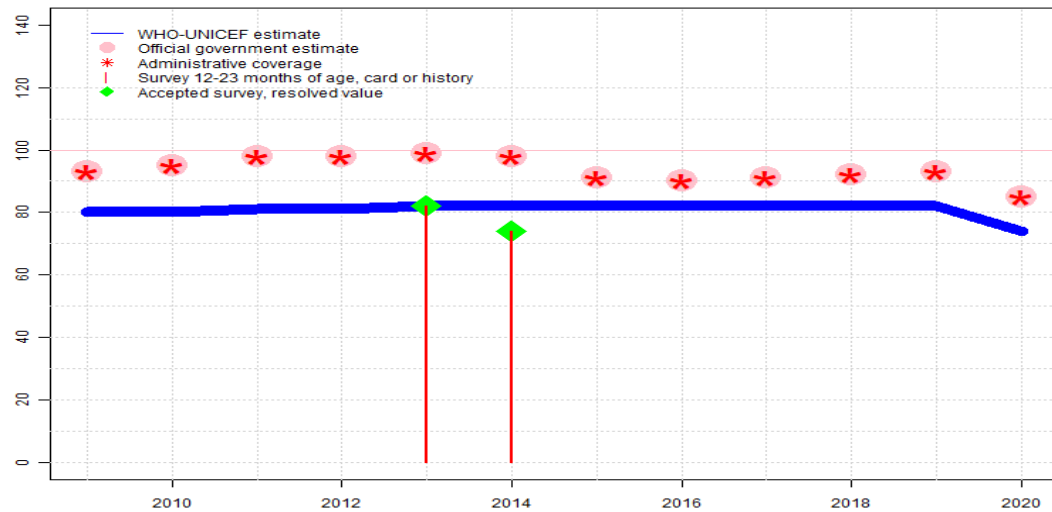
2016: Estimate based on DTP1 coverage estimate. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: R-

Lebanon - IPV1

2015: Inactivated polio vaccine introduced during 2011. Estimate based on DTP1 coverage level. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate challenged by: R-

Lebanon - MCV1

LBN - MCV1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	80	80	81	81	82	82	82	82	82	82	82	74
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	95	98	98	99	98	91	90	91	92	93	85
Administrative	93	95	98	98	99	98	91	90	91	92	93	85
Survey	NA	NA	NA	NA	82	74	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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

2020: Decline in reported coverage related to COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Intensification of vaccination with measles-containing vaccines reported for Q4 2020. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population was the same for 2019 and 2020. Estimate challenged by: D-R-

2019: Reported data calibrated to 2014 levels. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Estimate challenged by: D-R-

2018: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2017: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2016: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: R-

2015: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate challenged by: R-

2014: Estimate of 82 percent assigned by working group. Estimate based on survey results for the 2013 cohort. Reported data excluded. Reported data not consistent with 2013 EPI cov-

verage evaluation survey results across all vaccines. The influx of Syrian subpopulations into Lebanon during 2014 continued to increase potentially impacting reported coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: D-R-

2013: Estimate of 82 percent assigned by working group. Estimate based on survey results for the 2013 cohort. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Beginning in the middle of 2013, there was an influx of displaced populations from Syria into Lebanon potentially impacting coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. A 2013 national EPI coverage survey suggests lower coverage levels among Syrian subpopulations living in Lebanon, particularly those who recently entered the country. Estimate challenged by: D-R-

2012: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-

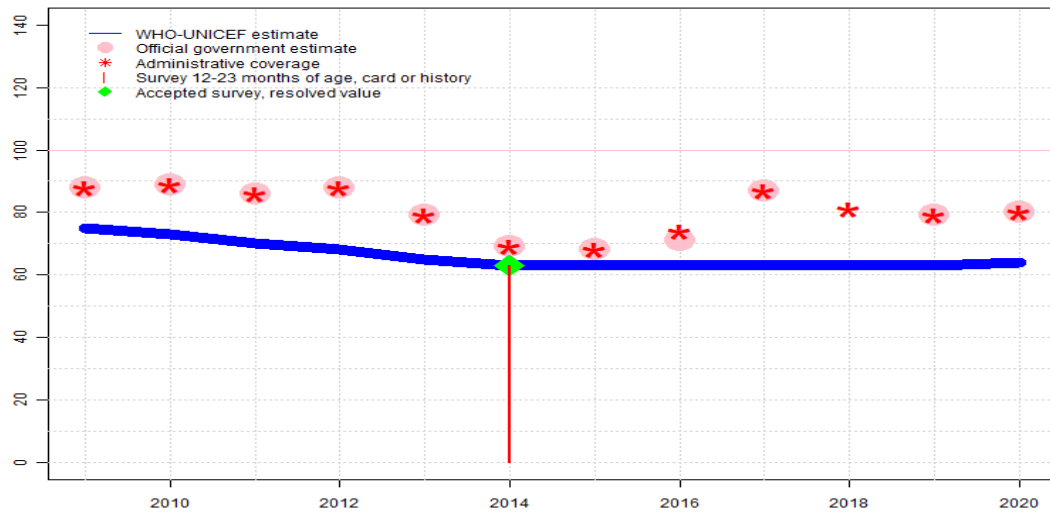
2011: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-

2010: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-

2009: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Administrative data and government estimate includes both data reported by the public sector as well as for immunizations delivered in the private sector. The private sector provides immunization services for between 5 percent to 80 percent of all immunization services. Estimate challenged by: R-

Lebanon - MCV2

LBN - MCV2



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	75	73	70	68	65	63	63	63	63	63	63	64
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	88	89	86	88	79	69	68	71	87	NA	79	80
Administrative	88	89	86	88	79	69	68	74	87	81	79	80
Survey	NA	NA	NA	NA	NA	63	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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

2020: Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Intensification of vaccination with measles-containing vaccines reported for Q4 2020. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population was the same for 2019 and 2020. Estimate challenged by: D-R-

2019: Reported data calibrated to 2014 levels. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Estimate challenged by: D-R-

2018: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2017: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2016: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: R-

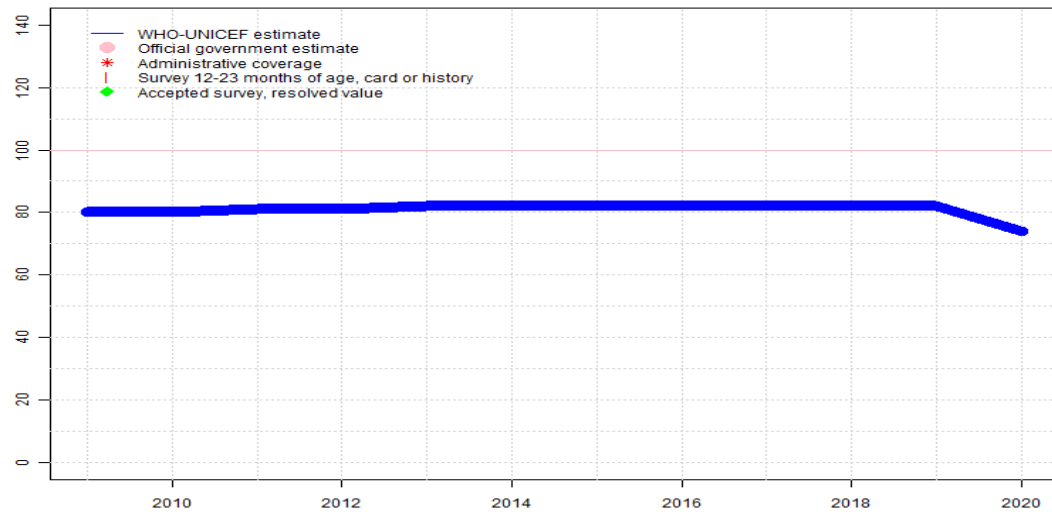
2015: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate challenged by: R-

Lebanon - MCV2

- 2014: Estimate of 63 percent assigned by working group. Estimate based on survey results. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. The influx of Syrian subpopulations into Lebanon during 2014 continued to increase potentially impacting reported coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2009 and 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Beginning in the middle of 2013, there was an influx of displaced populations from Syria into Lebanon potentially impacting coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. A 2013 national EPI coverage survey suggests lower coverage levels among Syrian subpopulations living in Lebanon, particularly those who recently entered the country. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2009 and 2014 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-
- 2011: Reported data calibrated to 2009 and 2014 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2014 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-
- 2009: Estimate of 75 percent assigned by working group. Measles second dose is adjusted from reported MCV first dose coverage levels. Reported data excluded. Reported data not consistent with survey results. Administrative data and government estimate includes both data reported by the public sector as well as for immunizations delivered in the private sector. The private sector provides immunization services for between 5 percent to 80 percent of all immunization services. Estimate challenged by: R-

Lebanon - RCV1

LBN - RCV1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	80	80	81	81	82	82	82	82	82	82	82	74
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

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 the accompanying graph and data table.

2020: Decline in reported coverage related to COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. The reported target population was the same for 2019 and 2020. Estimate challenged by: D-R-

2019: Estimate based on estimated MCV1. The reported target population decreased by 15 percent between 2018 and 2019. Estimate of 82 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-

2018: Estimate based on estimated MCV1. Estimate of 82 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-

2017: Estimate based on estimated MCV1. Estimate of 82 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-

2016: Estimate based on estimated MCV1. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate of 82 percent changed from previous revision value of 63 percent. Estimate challenged by: R-

2015: Estimate based on estimated MCV1. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate of 82 percent changed from previous revision value of 63 percent. Estimate challenged by: R-

2014: Estimate based on estimated MCV1. The influx of Syrian subpopulations into Lebanon during 2014 continued to increase potentially impacting reported coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate of 82 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-

2013: Estimate based on estimated MCV1. Beginning in the middle of 2013, there was an influx of displaced populations from Syria into Lebanon potentially impacting coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. A 2013 national EPI coverage survey suggests lower coverage levels among Syrian subpopulations living in Lebanon, particularly those who

Lebanon - RCV1

recently entered the country. Estimate of 82 percent changed from previous revision value of 65 percent. Estimate challenged by: D-R-

2012: Estimate based on estimated MCV1. Estimate of 81 percent changed from previous revision value of 68 percent. Estimate challenged by: D-R-

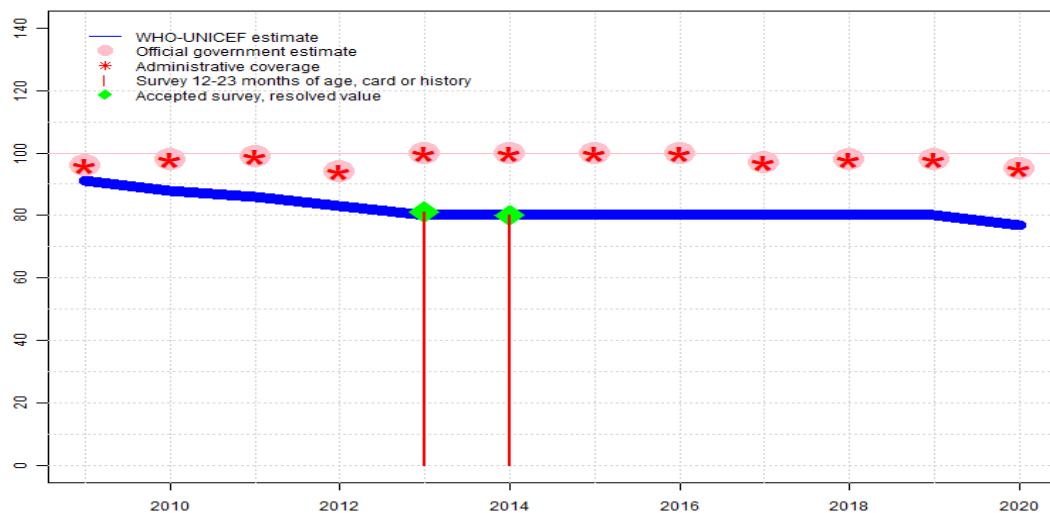
2011: Estimate based on estimated MCV1. Estimate of 81 percent changed from previous revision value of 70 percent. Estimate challenged by: R-

2010: Estimate based on estimated MCV1. Estimate of 80 percent changed from previous revision value of 73 percent. Estimate challenged by: R-

2009: Estimate based on estimated MCV1. Administrative data and government estimate includes both data reported by the public sector as well as for immunizations delivered in the private sector. The private sector provides immunization services for between 5 percent to 80 percent of all immunization services. Estimate of 80 percent changed from previous revision value of 75 percent. Estimate challenged by: R-

Lebanon - HepBB

LBN - HepBB



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	91	88	86	83	80	80	80	80	80	80	80	77
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	96	98	99	94	100	100	100	100	97	98	98	95
Administrative	96	98	99	94	100	100	100	100	97	98	98	95
Survey	NA	NA	NA	NA	81	80	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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

- 2020: Decline in reported coverage related to COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population was the same for 2019 and 2020. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2014 levels. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate challenged by: D-R-
- 2014: Estimate of 80 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across

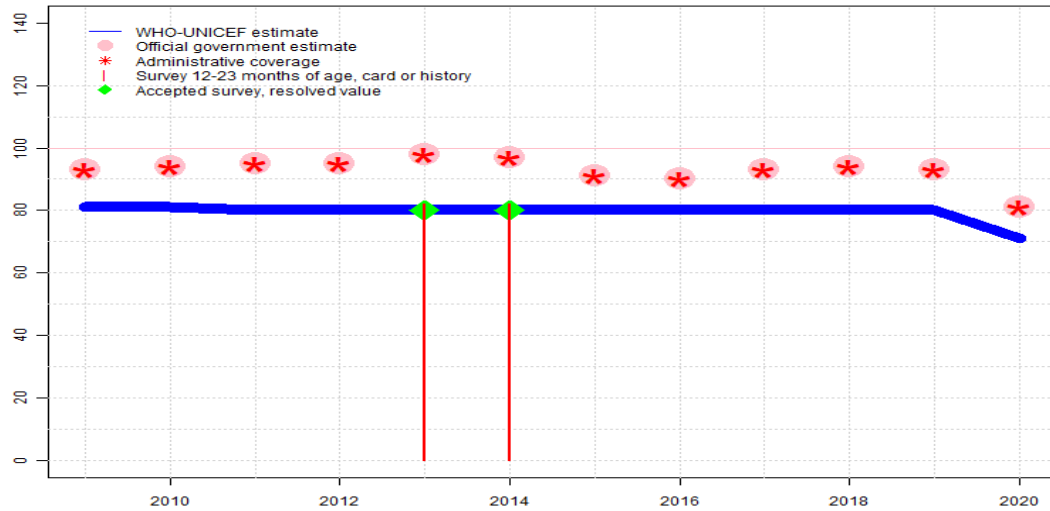
Lebanon - HepBB

all vaccines. The influx of Syrian subpopulations into Lebanon during 2014 continued to increase potentially impacting reported coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: D-R-

- 2013: Estimate of 80 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Beginning in the middle of 2013, there was an influx of displaced populations from Syria into Lebanon potentially impacting coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. A 2013 national EPI coverage survey suggests lower coverage levels among Syrian subpopulations living in Lebanon, particularly those who recently entered the country. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-
- 2009: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Administrative data and government estimate includes both data reported by the public sector as well as for immunizations delivered in the private sector. The private sector provides immunization services for between 5 percent to 80 percent of all immunization services. Estimate challenged by: R-

Lebanon - HepB3

LBN - HepB3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	81	81	80	80	80	80	80	80	80	80	80	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	94	95	95	98	97	91	90	93	94	93	81
Administrative	93	94	95	95	98	97	91	90	93	94	93	81
Survey	NA	NA	NA	NA	82	82	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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

2020: Decline in reported coverage related to COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. Reported data excluded due to sudden change in coverage from 93 level to 81 percent. The reported target population was the same for 2019 and 2020. Estimate challenged by: D-R-

2019: Reported data calibrated to 2014 levels. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Estimate challenged by: D-R-

2018: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2017: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2016: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: R-

2015: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate challenged by: D-R-

2014: Estimate of 80 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Lebanon District-Based Im-

Lebanon - HepB3

munization Coverage Cluster Survey 2016 card or history results of 82 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 52 percent and 3rd dose card only coverage of 44 percent. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. The influx of Syrian subpopulations into Lebanon during 2014 continued to increase potentially impacting reported coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: D-R-

2013: Estimate of 80 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Lebanon District-Based Immunization Coverage Cluster Survey 2016 card or history results of 82 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 59 percent and 3rd dose card only coverage of 50 percent. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Beginning in the middle of 2013, there was an influx of displaced populations from Syria into Lebanon potentially impacting coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. A 2013 national EPI coverage survey suggests lower coverage levels among Syrian subpopulations living in Lebanon, particularly those who recently entered the country. Estimate challenged by: D-R-

2012: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-

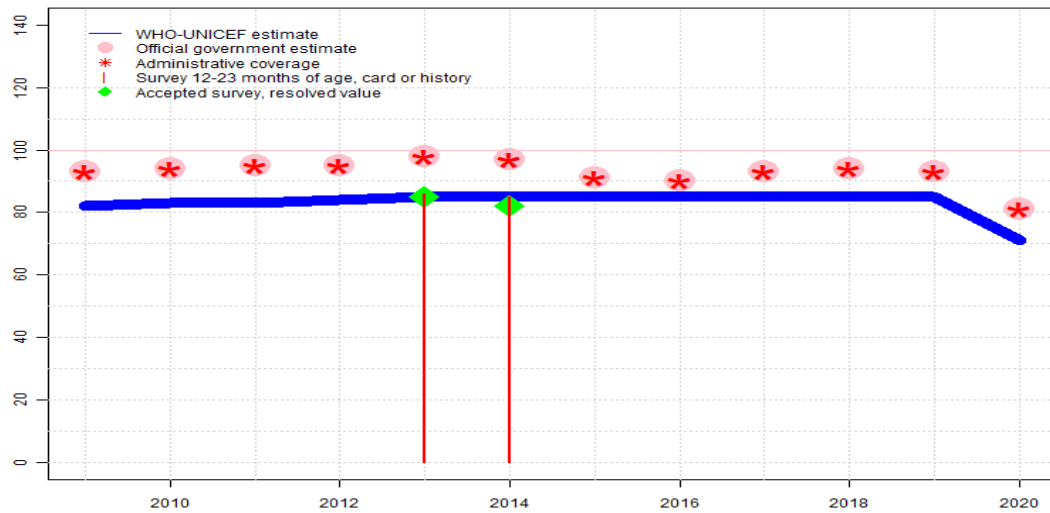
2011: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-

2010: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-

2009: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Administrative data and government estimate includes both data reported by the public sector as well as for immunizations delivered in the private sector. The private sector provides immunization services for between 5 percent to 80 percent of all immunization services. Estimate challenged by: R-

Lebanon - Hib3

LBN - Hib3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	82	83	83	84	85	85	85	85	85	85	85	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	94	95	95	98	97	91	90	93	94	93	81
Administrative	93	94	95	95	98	97	91	90	93	94	93	81
Survey	NA	NA	NA	NA	86	85	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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

2020: Decline in reported coverage related to COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. Reported data excluded due to sudden change in coverage from 93 level to 81 percent. The reported target population was the same for 2019 and 2020. Estimate challenged by: D-R-

2019: Reported data calibrated to 2014 levels. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Estimate challenged by: D-R-

2018: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2017: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Estimate challenged by: D-R-

2016: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government of Lebanon does not concur with the WHO and UNICEF estimates of vaccination coverage. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: R-

2015: Reported data calibrated to 2014 levels. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Government reports target population estimates reflect estimated number of Lebanese and non-Lebanese children. Programme also reports increases in number of children vaccinated. Estimate challenged by: R-

2014: Estimate of 85 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Lebanon District-Based Im-

Lebanon - Hib3

munization Coverage Cluster Survey 2016 card or history results of 85 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 53 percent and 3rd dose card only coverage of 46 percent. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. The influx of Syrian subpopulations into Lebanon during 2014 continued to increase potentially impacting reported coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. Beginning in 2015 a stream of work has begun to further understand recent patterns in coverage across recommended vaccines in Lebanon, including a review of administrative recording and reporting systems as well as immunization coverage among displaced populations. Estimate challenged by: D-R-

2013: Estimate of 85 percent assigned by working group. Estimate based on survey results for the 2014 cohort as this is the youngest cohort in the survey. Lebanon District-Based Immunization Coverage Cluster Survey 2016 card or history results of 86 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 59 percent and 3rd dose card only coverage of 54 percent. Reported data excluded. Reported data not consistent with 2013 EPI coverage evaluation survey results across all vaccines. Beginning in the middle of 2013, there was an influx of displaced populations from Syria into Lebanon potentially impacting coverage levels in the country. In spite of reports from UNHCR, reported target population estimates from the national immunization programme do not reflect increases beyond the expected year-to-year population growth. A 2013 national EPI coverage survey suggests lower coverage levels among Syrian subpopulations living in Lebanon, particularly those who recently entered the country. Programme reports Hib containing vaccine stock-out for 5 months in 26 districts. Estimate challenged by: D-R-

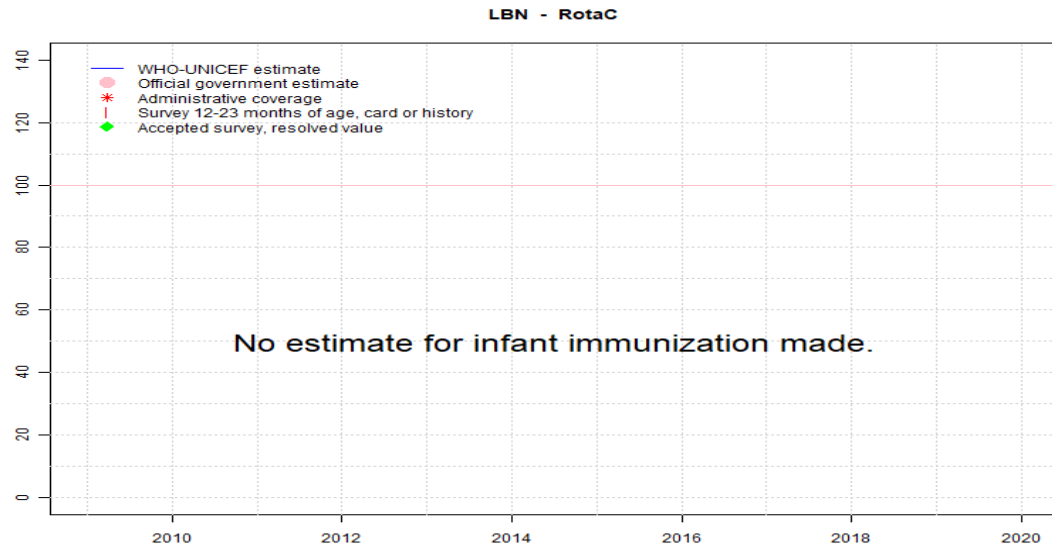
2012: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-

2011: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: D-R-

2010: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Estimate challenged by: R-

2009: Reported data calibrated to 2008 and 2013 levels. Reported data excluded. Reported data not consistent with survey results. Administrative data and government estimate includes both data reported by the public sector as well as for immunizations delivered in the private sector. The private sector provides immunization services for between 5 percent to 80 percent of all immunization services. Estimate challenged by: R-

Lebanon - RotaC



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

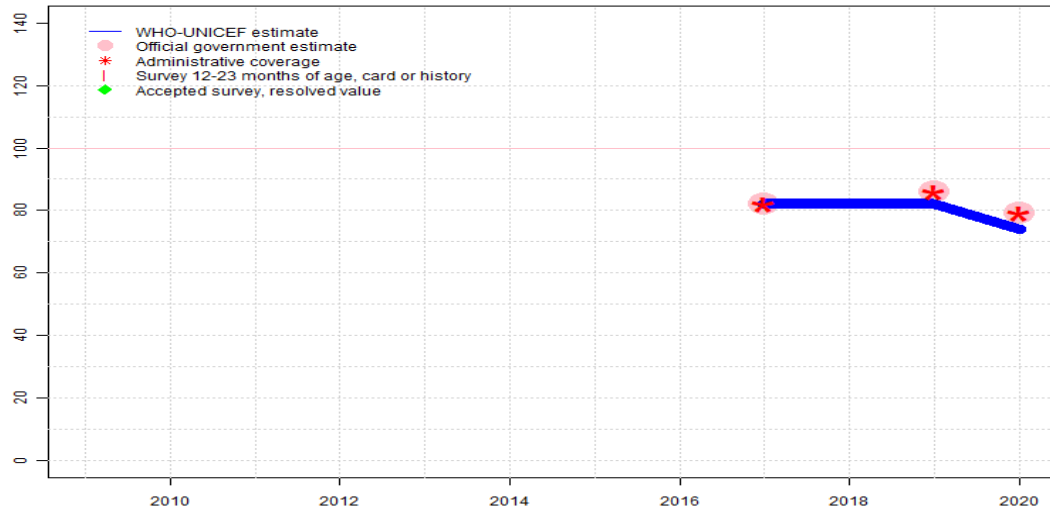
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

Lebanon - PcV3

LBN - PcV3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	82	82	82	74
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	82	NA	86	79
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	82	NA	86	79
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.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

2020: Estimate based on MCV1 because both vaccines are recommended at the same age. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Although there are challenges with the reported data, the trend in coverage from 2019 to 2020 is reflected in the estimated coverage. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population was the same for 2019 and 2020. Estimate challenged by: R-

2019: Estimate based on MCV1 because both vaccines are recommended at the same age. Reported data excluded. Programme notes ongoing challenges with regards to accurate monitoring of the number of children vaccinated as well as the target population. Administrative data is collected from the public sector, while for private providers the numerator is estimated from vaccine purchase data. The denominator is derived from national statistical reports and UNHCR data inclusive of Lebanese and non-Lebanese children. Programme notes the absence of single year of age information for the target population, thereby requiring use of crude approximations. The reported target population decreased by 15 percent between 2018 and 2019. Programme reports a one month national level vaccine stock-out. Estimate challenged by: R-

2018: Estimate based on MCV1 because both vaccines are recommended at the same age. GoC=No accepted empirical data

2017: Estimate based on MCV1 because both vaccines are recommended at the same age. Reported data excluded. Reported data not consistent with 2016 EPI coverage evaluation survey results across all vaccines. Pneumococcal conjugate vaccine introduced in 2015 and reporting began in 2017. Estimate based on MCV2 because both vaccines are recommended at the same age. Estimate challenged by: D-R-

Lebanon - survey details

2014 Lebanon District-Based Immunization Coverage Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card	52.7	12-23 m	9560	64
DTP1	Card or History	95.9	12-23 m	9560	64
DTP1	History	43.2	12-23 m	9560	64
DTP3	Card	45.7	12-23 m	9560	64
DTP3	Card or History	83.8	12-23 m	9560	64
DTP3	History	38.1	12-23 m	9560	64
HepB1	Card	52.4	12-23 m	9560	64
HepB1	Card or History	95	12-23 m	9560	64
HepB1	History	42.6	12-23 m	9560	64
HepB3	Card	43.6	12-23 m	9560	64
HepB3	Card or History	82.3	12-23 m	9560	64
HepB3	History	38.7	12-23 m	9560	64
HepBB	Card	43.2	12-23 m	9560	64
HepBB	Card or History	80.4	12-23 m	9560	64
HepBB	History	37.2	12-23 m	9560	64
Hib1	Card	52.6	12-23 m	9560	64
Hib1	Card or History	95.3	12-23 m	9560	64
Hib1	History	42.7	12-23 m	9560	64
Hib3	Card	45.7	12-23 m	9560	64
Hib3	Card or History	85.1	12-23 m	9560	64
Hib3	History	39.4	12-23 m	9560	64
MCV1	Card	41.7	12-23 m	9560	64
MCV1	Card or History	74	12-23 m	9560	64
MCV1	History	32.2	12-23 m	9560	64
MCV2	Card	23.8	12-23 m	9560	64
MCV2	Card or History	63.4	24-35 m	9560	64
MCV2	History	24.7	12-23 m	9560	64
Pol1	Card	53.1	12-23 m	9560	64
Pol1	Card or History	95.3	12-23 m	9560	64
Pol1	History	42.2	12-23 m	9560	64
Pol3	Card	44.8	12-23 m	9560	64
Pol3	Card or History	82.3	12-23 m	9560	64
Pol3	History	37.5	12-23 m	9560	64

2013 Lebanon District-Based Immunization Coverage Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card	59.1	24-35 m	9560	64
DTP1	Card or History	94.7	24-35 m	9560	64
DTP1	History	35.6	24-35 m	9560	64
DTP3	Card	53.8	24-35 m	9560	64
DTP3	Card or History	85.2	24-35 m	9560	64
DTP3	History	31.4	24-35 m	9560	64
HepB1	Card	58.8	24-35 m	9560	64
HepB1	Card or History	93.9	24-35 m	9560	64
HepB1	History	35.1	24-35 m	9560	64
HepB3	Card	49.9	24-35 m	9560	64
HepB3	Card or History	81.7	24-35 m	9560	64
HepB3	History	31.8	24-35 m	9560	64
HepBB	Card	49.9	24-35 m	9560	64
HepBB	Card or History	81	24-35 m	9560	64
HepBB	History	31.1	24-35 m	9560	64
Hib1	Card	58.6	24-35 m	9560	64
Hib1	Card or History	93	24-35 m	9560	64
Hib1	History	34.4	24-35 m	9560	64
Hib3	Card	53.8	24-35 m	9560	64
Hib3	Card or History	86	24-35 m	9560	64
Hib3	History	32.2	24-35 m	9560	64
MCV1	Card	54.1	24-35 m	9560	64
MCV1	Card or History	82	24-35 m	9560	64
MCV1	History	27.9	24-35 m	9560	64
MCV2	Card	39.7	24-35 m	9560	64
MCV2	History	23.7	24-35 m	9560	64
Pol1	Card	60	24-35 m	9560	64
Pol1	Card or History	94.8	24-35 m	9560	64
Pol1	History	34.8	24-35 m	9560	64
Pol3	Card	53.4	24-35 m	9560	64
Pol3	Card or History	85.3	24-35 m	9560	64
Pol3	History	31.9	24-35 m	9560	64

2010 Expanded Programme of Immunization (EPI) Study - Lebanon: A Cluster Based Survey, 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
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Lebanon - survey details

DTP3	Card	90	12-59 m	5303	61
HepB3	Card	93	12-59 m	5303	61
HepBB	Card	90	12-59 m	5303	61
Hib3	Card	89	12-59 m	5303	61
MCV1	Card	89	12-59 m	5303	61
MCV2	Card	62	12-59 m	5303	61
Pol3	Card	89	12-59 m	5303	61

Hib3	Card	48.6	12-23 m	626	55
Hib3	Card or History	72	12-23 m	626	55
Hib3	History	23.4	12-23 m	626	55
MCV1	C or H <12 months	70.9	12-23 m	626	55
MCV1	Card	43.8	12-23 m	626	55
MCV1	Card or History	78.6	12-23 m	626	55
MCV1	History	34.8	12-23 m	626	55
Pol1	C or H <12 months	85.3	12-23 m	626	55
Pol1	Card	53.3	12-23 m	626	55
Pol1	Card or History	85.9	12-23 m	626	55
Pol1	History	32.6	12-23 m	626	55
Pol3	C or H <12 months	72.4	12-23 m	626	55
Pol3	Card	46.1	12-23 m	626	55
Pol3	Card or History	73.9	12-23 m	626	55
Pol3	History	27.8	12-23 m	626	55

2008 Lebanon Multiple Indicator Cluster Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	C or H <12 months	83.2	12-23 m	626	55
DTP1	Card	51.2	12-23 m	626	55
DTP1	Card or History	84.1	12-23 m	626	55
DTP1	History	32.9	12-23 m	626	55
DTP3	C or H <12 months	70.6	12-23 m	626	55
DTP3	Card	48.6	12-23 m	626	55
DTP3	Card or History	72	12-23 m	626	55
DTP3	History	23.4	12-23 m	626	55
HepB1	C or H <12 months	83.2	12-23 m	626	55
HepB1	Card	51.2	12-23 m	626	55
HepB1	Card or History	84.1	12-23 m	626	55
HepB1	History	32.9	12-23 m	626	55
HepB3	C or H <12 months	70.6	12-23 m	626	55
HepB3	Card	48.6	12-23 m	626	55
HepB3	Card or History	72	12-23 m	626	55
HepB3	History	23.4	12-23 m	626	55
HepBB	C or H <12 months	90.8	12-23 m	626	55
HepBB	Card	51.4	12-23 m	626	55
HepBB	Card or History	90.8	12-23 m	626	55
HepBB	History	39.4	12-23 m	626	55
Hib1	C or H <12 months	83.2	12-23 m	626	55
Hib1	Card	51.2	12-23 m	626	55
Hib1	Card or History	84.1	12-23 m	626	55
Hib1	History	32.9	12-23 m	626	55
Hib3	C or H <12 months	70.6	12-23 m	626	55

2003 Lebanon Family Health Survey (PAPFAM) 2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card or History	83.3	12-23 m	3365	62
DTP3	Card or History	74.4	12-23 m	3365	62
MCV1	Card or History	53.4	12-23 m	3365	62
Pol1	Card or History	83.3	12-23 m	3365	62
Pol3	Card or History	74.4	12-23 m	3365	62
YFV	Card or History	50.4	12-23 m	3365	62

1999 Preliminary Report on the Multiple Cluster Survey on the Situation of Children in Lebanon, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	Card or History	90.1	12-23 m	-	59
MCV1	Card or History	88	12-23 m	-	59
Pol3	Card or History	90.1	12-23 m	-	59

Lebanon - survey details

Further information and estimates for previous years are available at:

<http://www.data.unicef.org/child-health/immunization>

<https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/data-statistics-and-graphics>