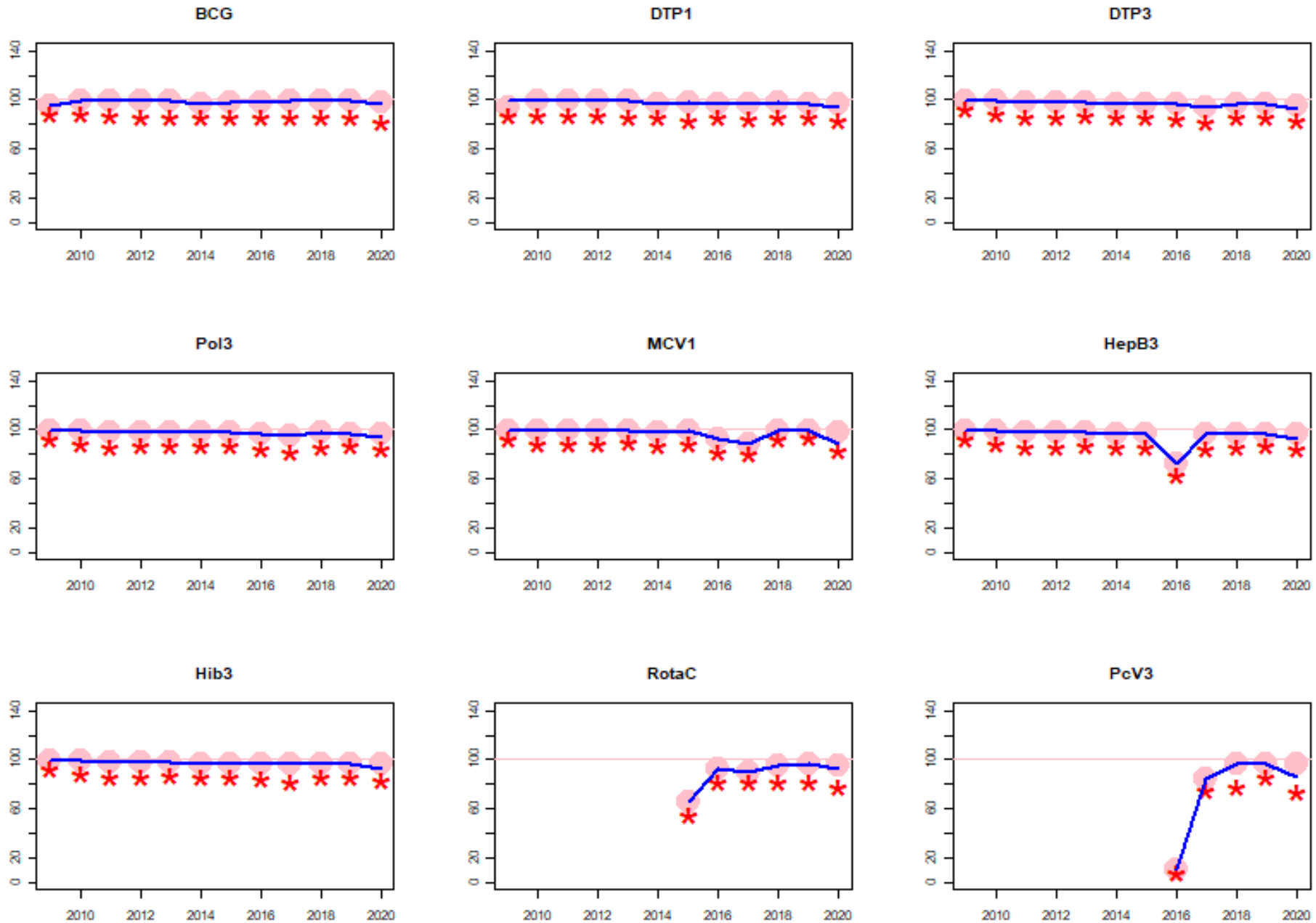


Mauritius: WHO and UNICEF estimates of immunization coverage: 2020 revision



Mauritius: WHO and UNICEF estimates of immunization coverage: 2020 revision

BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from 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.

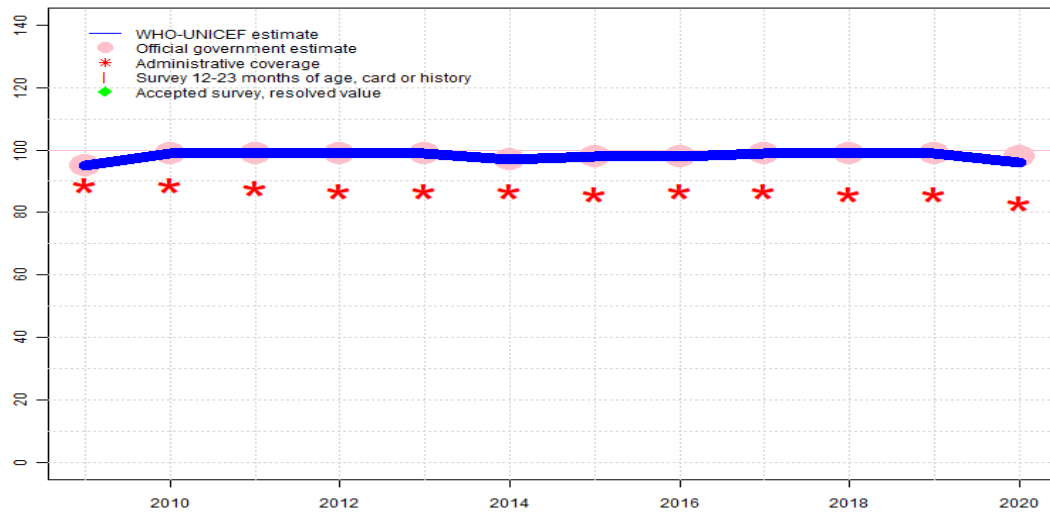
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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

Mauritius - BCG

MUS - BCG



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	95	99	99	99	99	97	98	98	99	99	99	96
Estimate GoC	●●	●	●	●	●	●	●	●	●●	●	●	●
Official	95	99	99	99	99	97	98	98	99	99	99	98
Administrative	89	89	88	87	87	87	86	87	87	86	86	83
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.

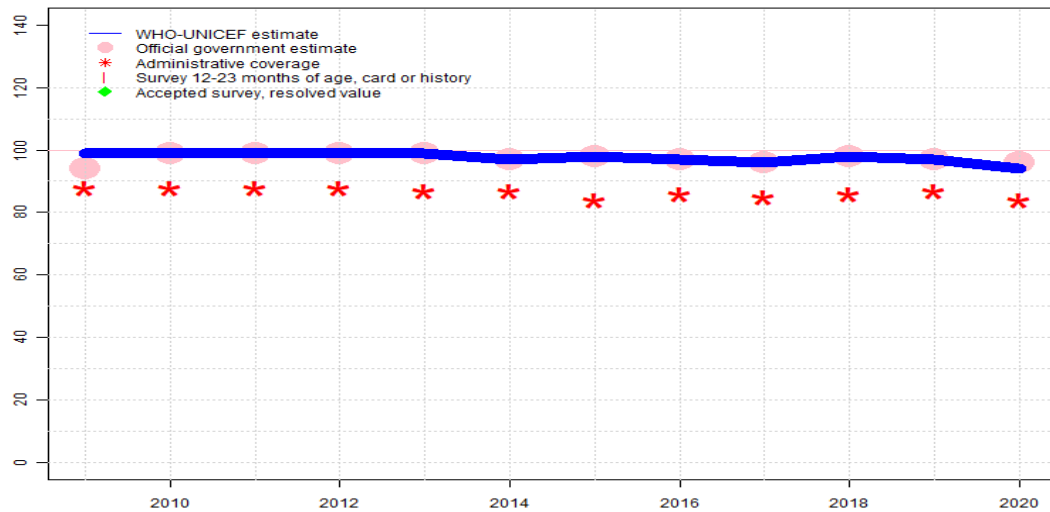
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to sudden change in coverage from 99 level to 83 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
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- 2010: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

Mauritius - DTP1

MUS - DTP1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	99	99	99	99	99	97	98	97	96	98	97	94
Estimate GoC	•	•	•	••	•	•	•	•	••	•	••	•
Official	94	99	99	99	99	97	98	97	96	98	97	96
Administrative	88	88	88	88	87	87	84	86	85	86	87	84
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

- 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.

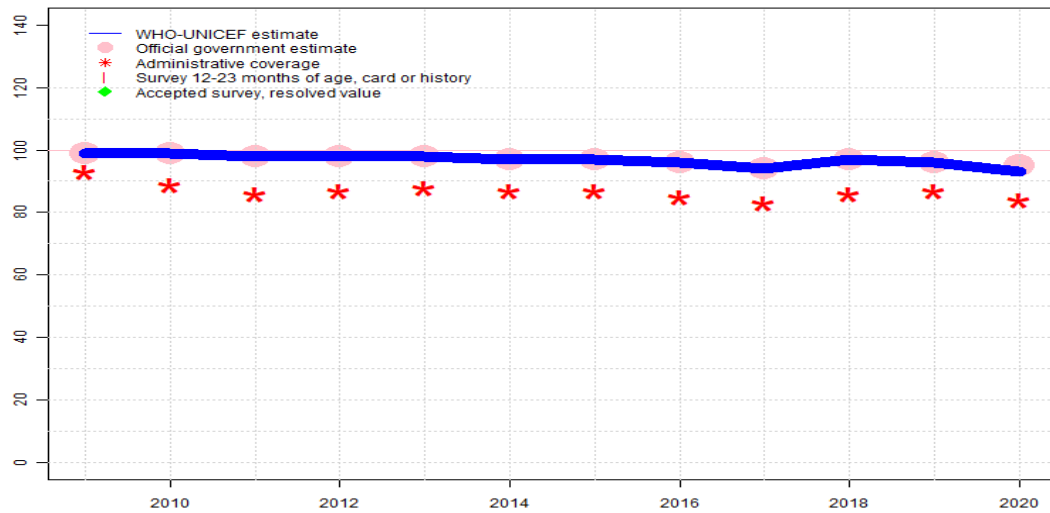
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to sudden change in coverage from 97 level to 84 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Programme reports one month vaccine stock-out. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2009: DTP1 coverage estimated based on DTP3 coverage of 99. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-R-

Mauritius - DTP3

MUS - DTP3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	99	99	98	98	98	97	97	96	94	97	96	93
Estimate GoC	●●	●●	●	●●	●	●	●	●	●●	●	●●	●
Official	99	99	98	98	98	97	97	96	94	97	96	95
Administrative	93	89	86	87	88	87	87	85	83	86	87	84
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

- 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.

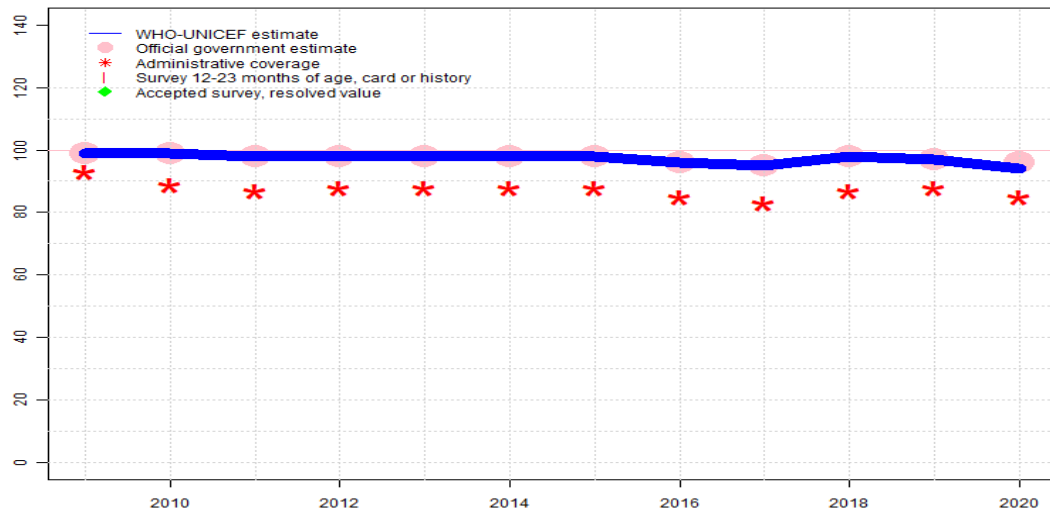
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to sudden change in coverage from 96 level to 84 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Programme reports one month vaccine stock-out. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

Mauritius - Pol3

MUS - Pol3



Description:

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to sudden change in coverage from 97 level to 85 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	99	99	98	98	98	98	98	96	95	98	97	94
Estimate GoC	●●	●●	●	●●	●	●	●	●	●●	●	●●	●
Official	99	99	98	98	98	98	98	96	95	98	97	96
Administrative	93	89	87	88	88	88	88	85	83	87	88	85
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

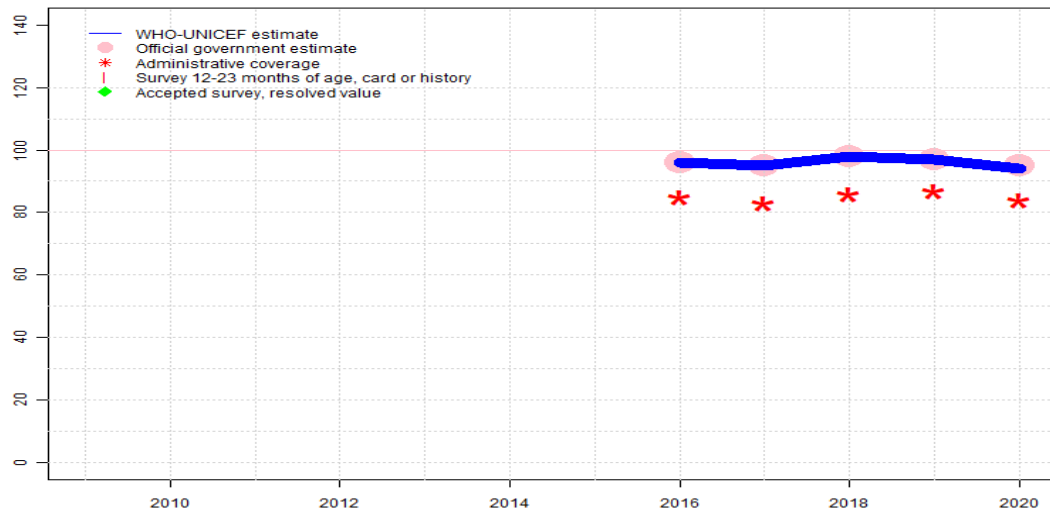
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Mauritius - IPV1

MUS - IPV1



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: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to sudden change in coverage from 97 level to 84 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-

2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Inactivated polio vaccine introduced in November 2015. Reporting began in 2016. Estimate challenged by: D-

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	96	95	98	97	94
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	••	•	••	•
Official	NA	NA	NA	NA	NA	NA	NA	96	95	98	97	95
Administrative	NA	NA	NA	NA	NA	NA	NA	85	83	86	87	84
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

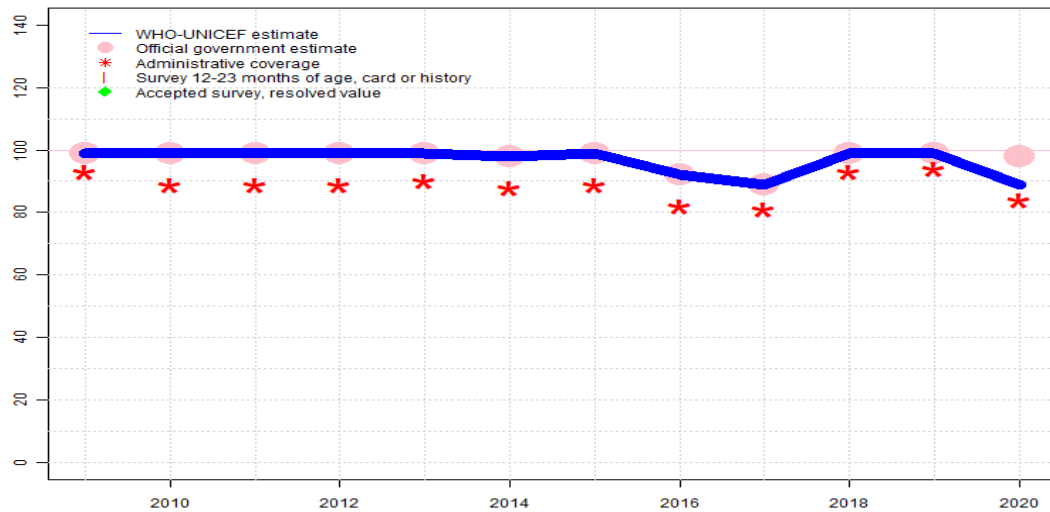
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Mauritius - MCV1

MUS - MCV1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	99	99	99	99	99	98	99	92	89	99	99	89
Estimate GoC	●●	●	●●	●●	●	●	●	●	●●	●●	●●	●
Official	99	99	99	99	99	98	99	92	89	99	99	98
Administrative	93	89	89	89	90	88	89	82	81	93	94	84
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

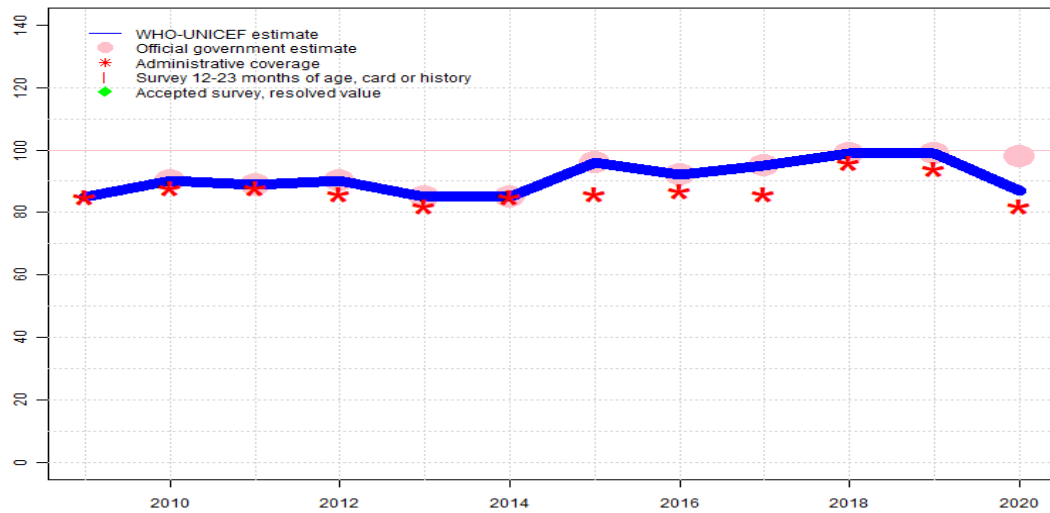
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to sudden change in coverage from 99 level to 84 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
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- 2011: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

Mauritius - MCV2

MUS - MCV2



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	85	90	89	90	85	85	96	92	95	99	99	87
Estimate GoC	•	•	•	••	••	•	••	••	••	•	••	•
Official	NA	90	89	90	85	85	96	92	95	99	99	98
Administrative	85	88	88	86	82	85	86	87	86	96	94	82
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.

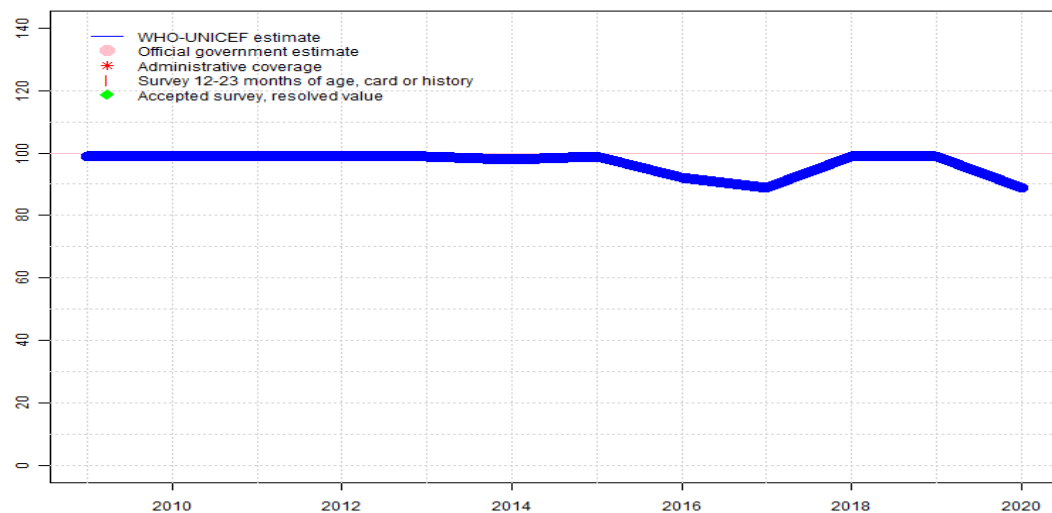
Description:

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

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to sudden change in coverage from 99 level to 82 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2009: Estimate based on reported administrative estimate. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - RCV1

MUS - RCV1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	99	99	99	99	99	98	99	92	89	99	99	89
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.

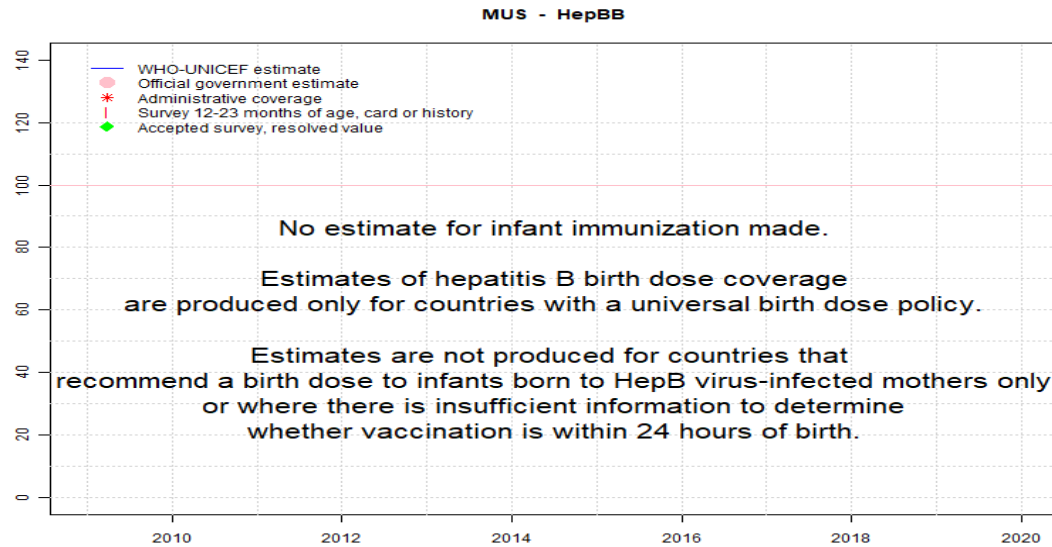
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

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: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2015: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2014: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2013: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2012: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2011: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2010: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2009: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

Mauritius - HepBB



	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

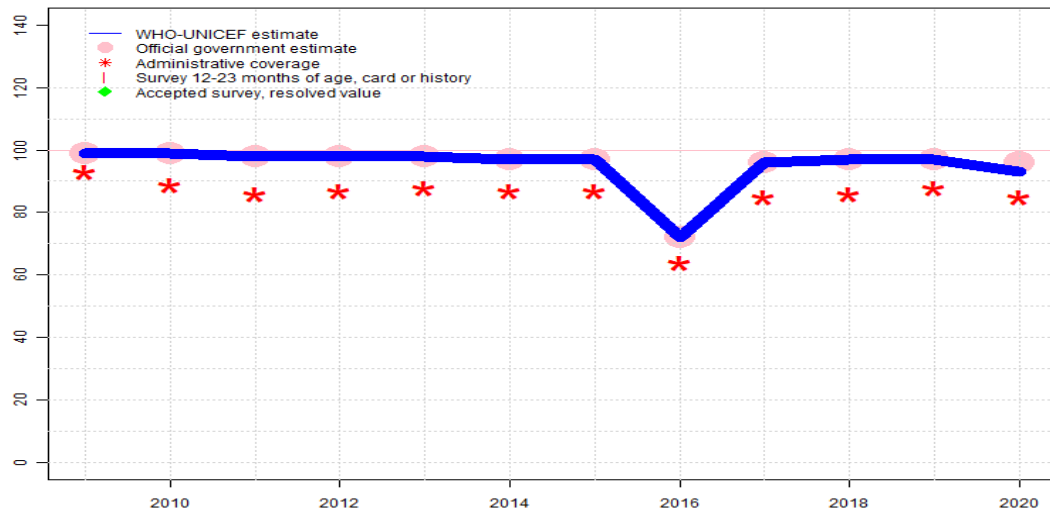
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mauritius - HepB3

MUS - HepB3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	99	99	98	98	98	97	97	72	96	97	97	93
Estimate GoC	••	••	•	••	•	•	•	••	••	•	••	•
Official	99	99	98	98	98	97	97	72	96	97	97	96
Administrative	93	89	86	87	88	87	87	64	85	86	88	85
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.

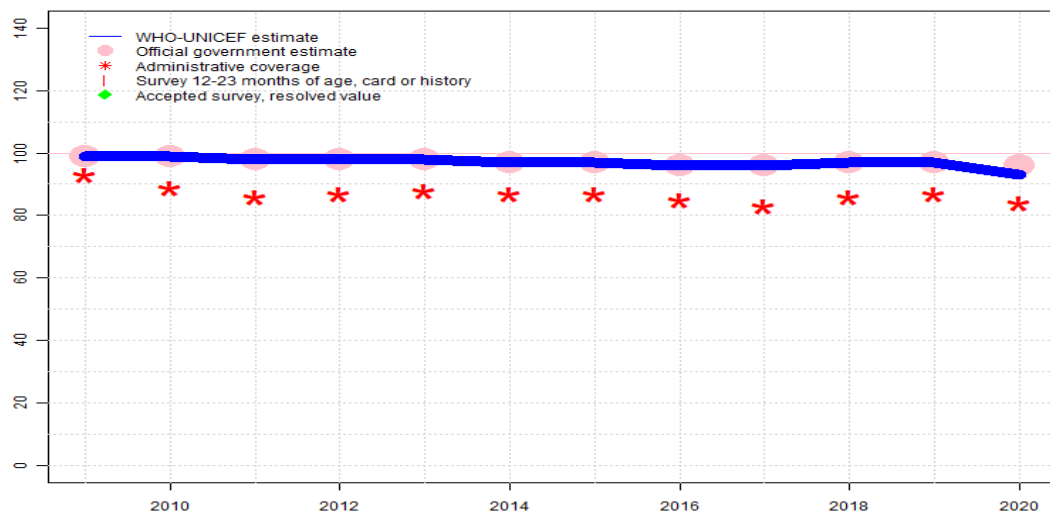
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to sudden change in coverage from 97 level to 85 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector.. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Decline in reported coverage due in part to a change in the recommended schedule from 6-10-14 weeks prior to 2016 to recommended HepB vaccine administration at 6 and 10 weeks and at 9 months. Programme notes that this is the first recommended vaccine at 9 months of age. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

Mauritius - Hib3

MUS - Hib3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	99	99	98	98	98	97	97	96	96	97	97	93
Estimate GoC	●●	●●	●	●●	●	●	●	●	●●	●	●	●
Official	99	99	98	98	98	97	97	96	96	97	97	96
Administrative	93	89	86	87	88	87	87	85	83	86	87	84
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

- 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.

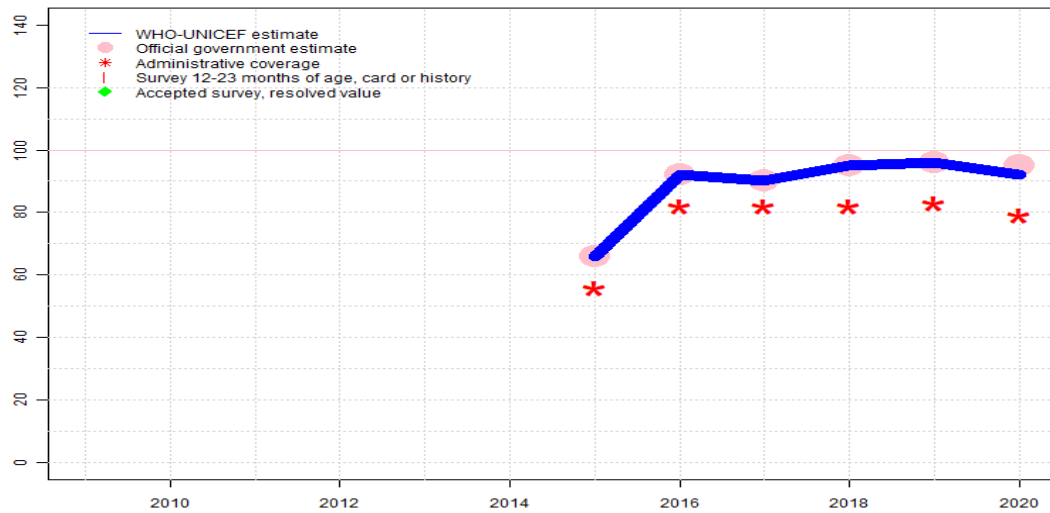
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to sudden change in coverage from 97 level to 84 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Programme reports one month vaccine stock-out. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2011: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

Mauritius - RotaC

MUS - RotaC



Description:

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to decline in reported coverage from 96 level to 79 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Rotavirus vaccine introduced in March 2015. Estimate challenged by: D-

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	66	92	90	95	96	92
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	••	•	•	•
Official	NA	NA	NA	NA	NA	NA	66	92	90	95	96	95
Administrative	NA	NA	NA	NA	NA	NA	56	82	82	82	83	79
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

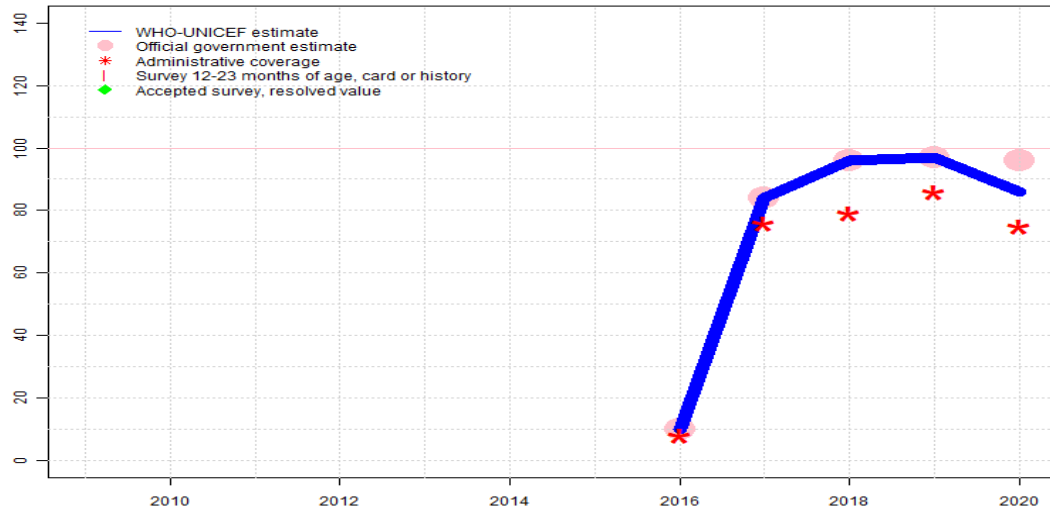
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mauritius - PcV3

MUS - PcV3



Description:

- 2020: Estimate based on difference in administrative coverage between 2019 and 2020 applied to the 2019 estimated coverage. Reported data excluded due to decline in reported coverage from 97 level to 75 percent. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Official estimate excluded because the difference between administrative and official coverage is unexplained. Official coverage estimates present an inconsistent trend between 2019 and 2020. Estimate challenged by: R-
- 2019: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2018: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-
- 2017: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. National estimates are adjusted to include immunizations occurring in the private sector. Pneumococcal conjugate vaccine introduced during 2016. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	10	84	96	97	86
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	••	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	10	84	96	97	96
Administrative	NA	NA	NA	NA	NA	NA	NA	8	76	79	86	75
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.

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>