

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.

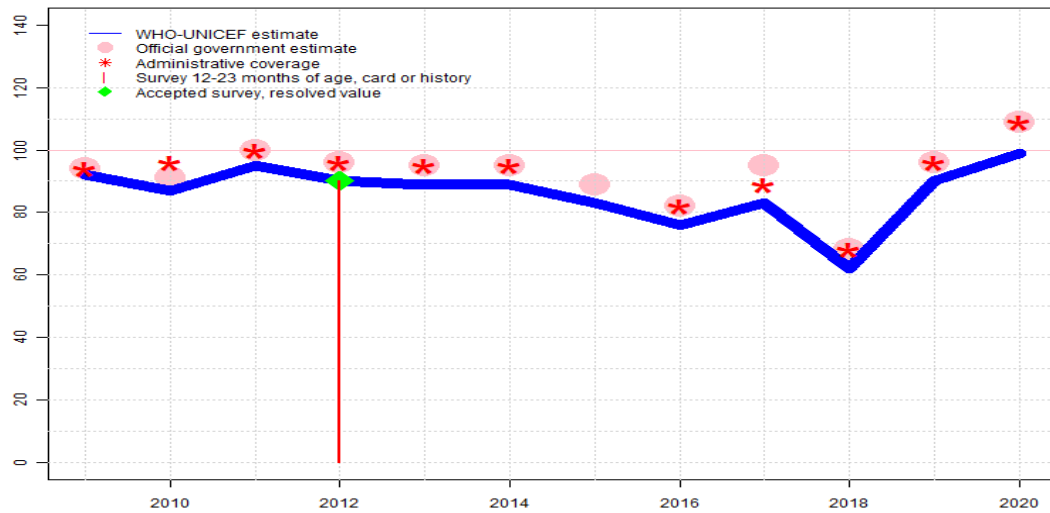
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

WSM - BCG



| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 92 | 87 | 95 | 90 | 89 | 89 | 83 | 76 | 83 | 62 | 90 | 99 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 94 | 91 | 100 | 96 | 95 | 95 | 89 | 82 | 95 | 68 | 96 | 109 |
| Administrative | 94 | 96 | 100 | 96 | 95 | 95 | NA | 82 | 89 | 68 | 96 | 109 |
| Survey | NA | NA | NA | 90 | 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.

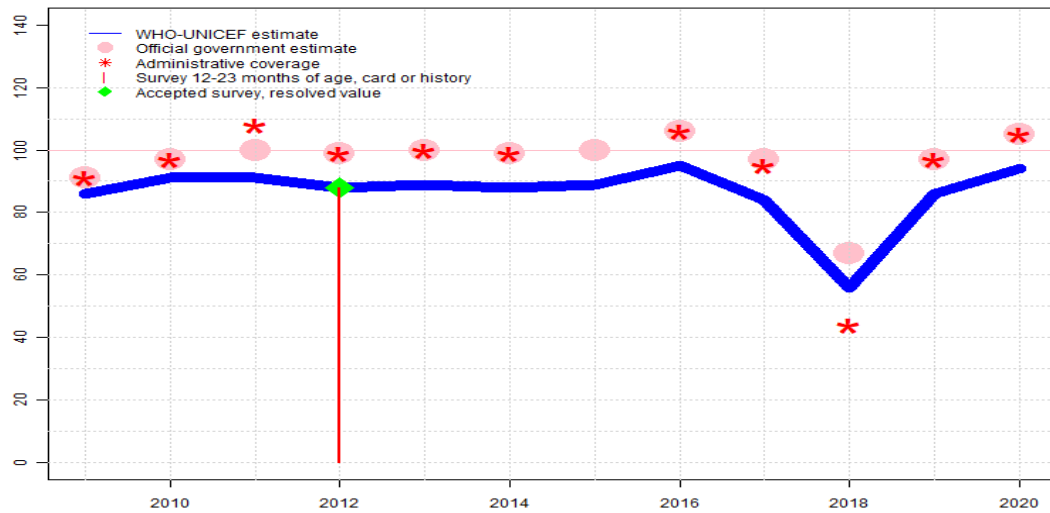
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Reported data calibrated to 2012 levels. Preliminary 2019-2020 MICS results suggest BCG coverage of 76 percent. This survey may have coincided with period of reduced coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2012 levels. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2012: Estimate of 90 percent assigned by working group. Estimate based on survey result. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2010: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

Samoa - DTP1

WSM - DTP1



Description:

- 2020: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2012 levels. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 88 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2009: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 86 | 91 | 91 | 88 | 89 | 88 | 89 | 95 | 84 | 56 | 86 | 94 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 91 | 97 | 100 | 99 | 100 | 99 | 100 | 106 | 97 | 67 | 97 | 105 |
| Administrative | 91 | 97 | 108 | 99 | 100 | 99 | NA | 106 | 95 | 44 | 97 | 105 |
| Survey | NA | NA | NA | 88 | NA | NA | NA | NA | NA | NA | NA | NA |

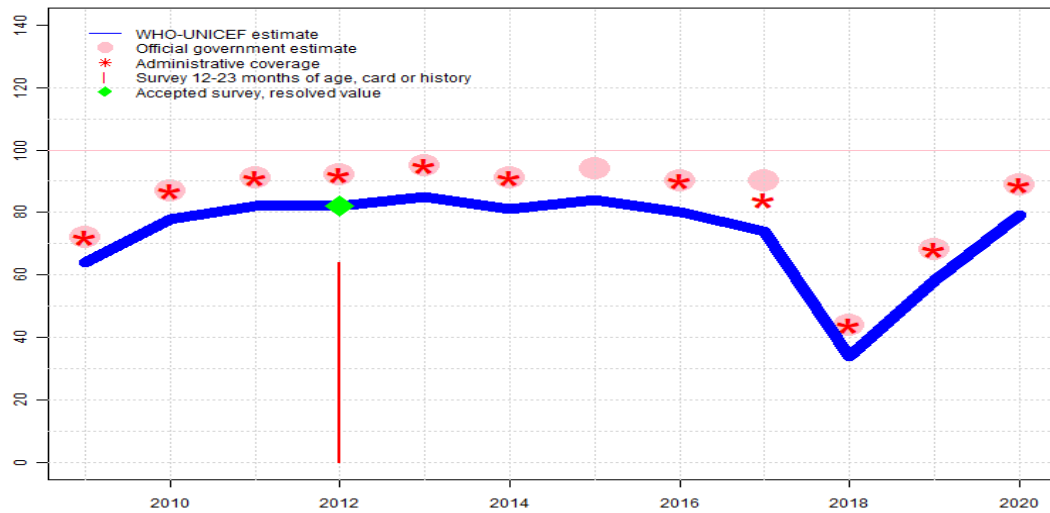
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Samoa - DTP3

WSM - DTP3



| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 64 | 78 | 82 | 82 | 85 | 81 | 84 | 80 | 74 | 34 | 58 | 79 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 72 | 87 | 91 | 92 | 95 | 91 | 94 | 90 | 90 | 44 | 68 | 89 |
| Administrative | 72 | 87 | 91 | 92 | 95 | 91 | NA | 90 | 84 | 44 | 68 | 89 |
| Survey | NA | NA | NA | 64 | 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.

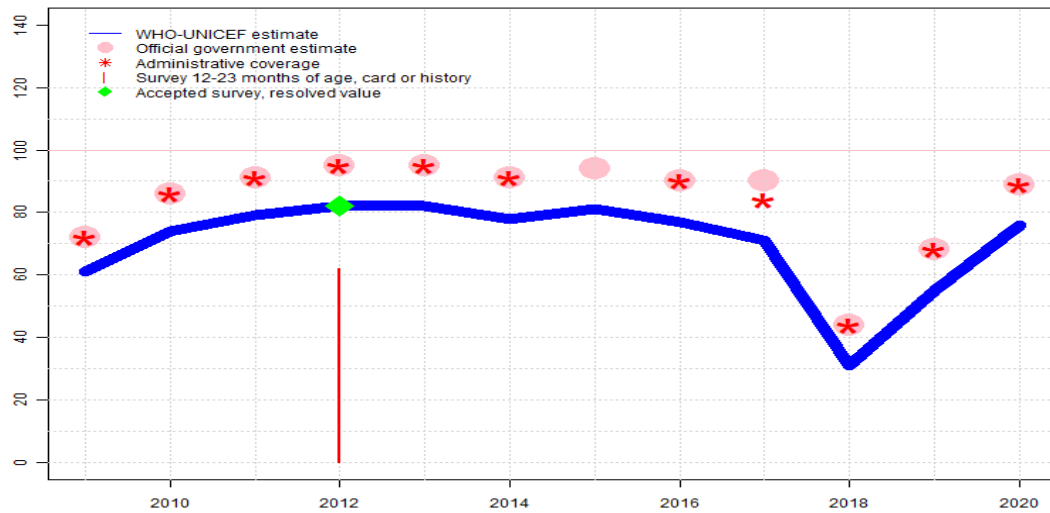
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Reported data calibrated to 2012 levels. Preliminary 2019-2020 MICS results suggest coverage of 39 percent. This survey may have coincided with period of reduced coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2012 levels. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2012: Estimate of 82 percent assigned by working group. Estimate based on adjusted survey result. Samoa Demographic and Health Survey card or history results of 64 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 57 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

Samoa - Pol3

WSM - Pol3



| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 61 | 74 | 79 | 82 | 82 | 78 | 81 | 77 | 71 | 31 | 55 | 76 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 72 | 86 | 91 | 95 | 95 | 91 | 94 | 90 | 90 | 44 | 68 | 89 |
| Administrative | 72 | 86 | 91 | 95 | 95 | 91 | NA | 90 | 84 | 44 | 68 | 89 |
| Survey | NA | NA | NA | 62 | 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.

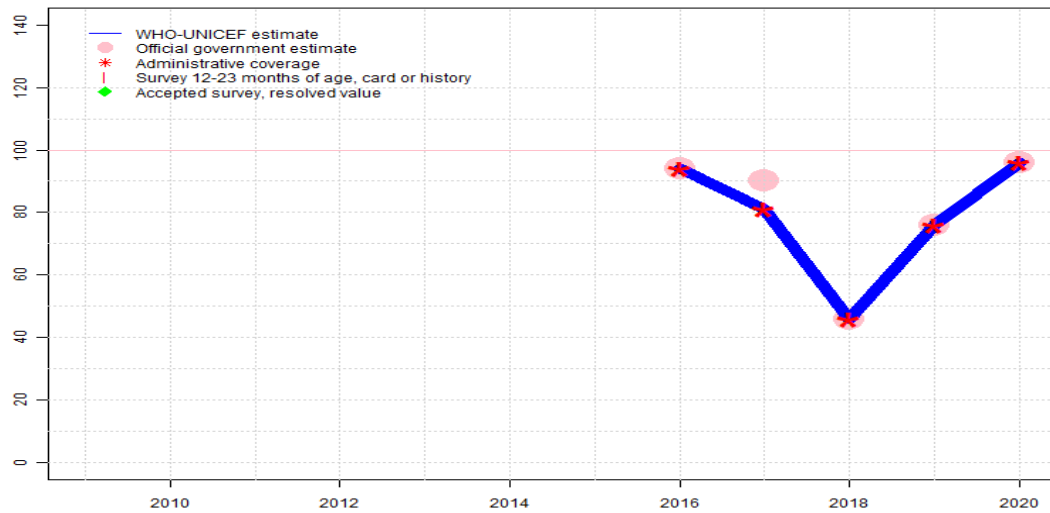
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Reported data calibrated to 2012 levels. Preliminary 2019-2020 MICS results suggest coverage of 32 percent for OPV3 or IPV1. This survey may have coincided with period of reduced coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2012 levels. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2012: Estimate of 82 percent assigned by working group. Estimate based on adjusted survey result. Samoa Demographic and Health Survey card or history results of 62 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 57 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

Samoa - IPV1

WSM - 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 coverage reported by national government. Preliminary 2019-2020 MICS results suggest coverage of 32 percent for OPV3 or IPV1. This survey may have coincided with period of reduced coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate based on coverage reported by national government. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2017: Estimate based on reported administrative estimate. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government. Inactivated polio vaccine introduced in October 2015 and reporting began in 2016. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | 94 | 81 | 46 | 76 | 96 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | • | • | • | • | • |
| Official | NA | NA | NA | NA | NA | NA | NA | 94 | 90 | 46 | 76 | 96 |
| Administrative | NA | NA | NA | NA | NA | NA | NA | 94 | 81 | 46 | 76 | 96 |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

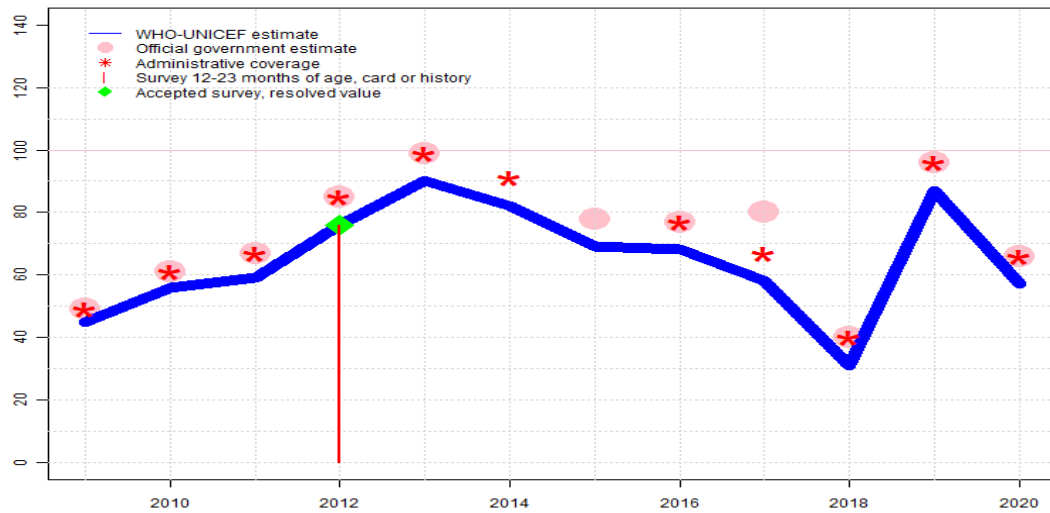
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Samoa - MCV1

WSM - MCV1



| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 45 | 56 | 59 | 76 | 90 | 82 | 69 | 68 | 58 | 31 | 87 | 57 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 49 | 61 | 67 | 85 | 99 | NA | 78 | 77 | 80 | 40 | 96 | 66 |
| Administrative | 49 | 61 | 67 | 85 | 99 | 91 | NA | 77 | 67 | 40 | 96 | 66 |
| Survey | NA | NA | NA | 76 | 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.

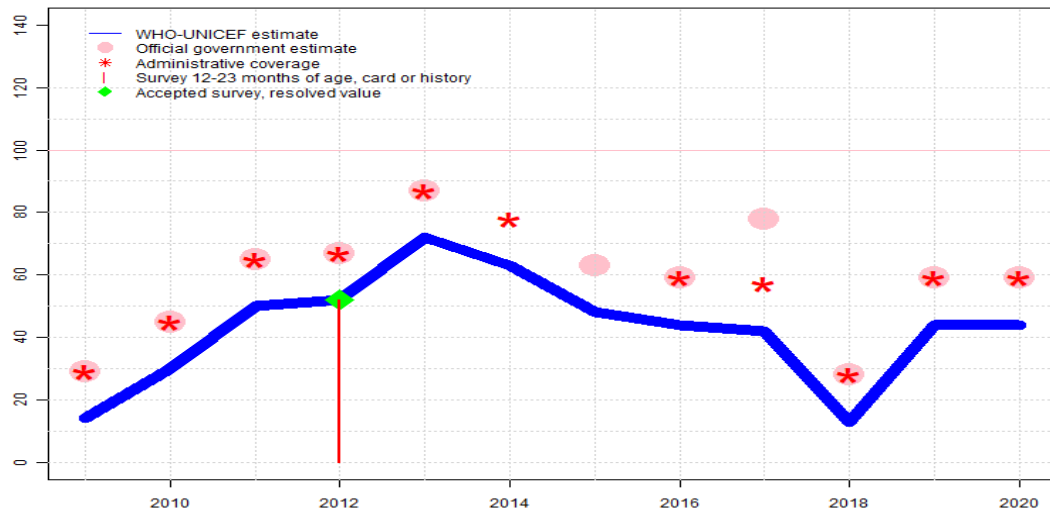
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Reported data calibrated to 2012 levels. Unexplained drop for MMR1 between 2019 and 2020. Preliminary 2019-2020 MICS results suggest coverage of 49 percent. This survey may have coincided with period of reduced coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2012 levels. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2012: Estimate of 76 percent assigned by working group. Vaccine to vaccine consistency. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2010: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-
- 2009: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-

Samoa - MCV2

WSM - MCV2



| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 14 | 30 | 50 | 52 | 72 | 63 | 48 | 44 | 42 | 13 | 44 | 44 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 29 | 45 | 65 | 67 | 87 | NA | 63 | 59 | 78 | 28 | 59 | 59 |
| Administrative | 29 | 45 | 65 | 67 | 87 | 78 | NA | 59 | 57 | 28 | 59 | 59 |
| Survey | NA | NA | NA | 52 | 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: Reported data calibrated to 2012 levels. Preliminary 2019-2020 MICS results suggest coverage of 25 percent. This survey may have coincided with period of reduced coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2019: Reported data calibrated to 2012 levels. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2017: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-

2016: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2015: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-

2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 52 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

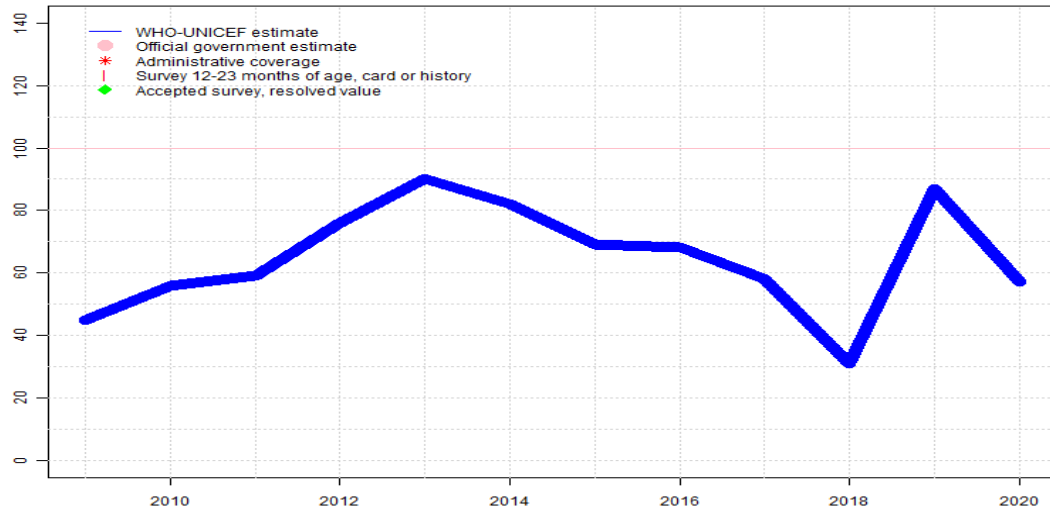
2011: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2010: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-

2009: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

Samoa - RCV1

WSM - RCV1



| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 45 | 56 | 59 | 76 | 90 | 82 | 69 | 68 | 58 | 31 | 87 | 57 |
| 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. Unexplained drop for MMR1 between 2019 and 2020. Preliminary 2019-2020 MICS results suggest coverage of 49 percent. This survey may have coincided with period of reduced coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2019: Estimate based on estimated MCV1. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2018: Estimate based on estimated MCV1. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2017: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-

2016: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2015: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

2014: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2013: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-

2012: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

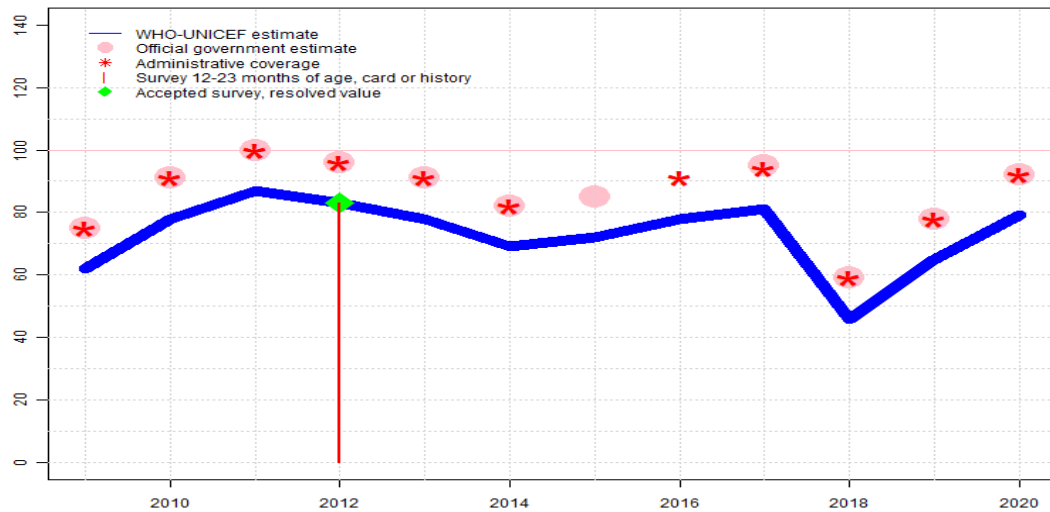
2011: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-

2010: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-

2009: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-

Samoa - HepBB

WSM - HepBB



Description:

- 2020: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2012 levels. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 83 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 62 | 78 | 87 | 83 | 78 | 69 | 72 | 78 | 81 | 46 | 65 | 79 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 75 | 91 | 100 | 96 | 91 | 82 | 85 | NA | 95 | 59 | 78 | 92 |
| Administrative | 75 | 91 | 100 | 96 | 91 | 82 | NA | 91 | 94 | 59 | 78 | 92 |
| Survey | NA | NA | NA | 83 | NA | NA | NA | NA | NA | NA | NA | NA |

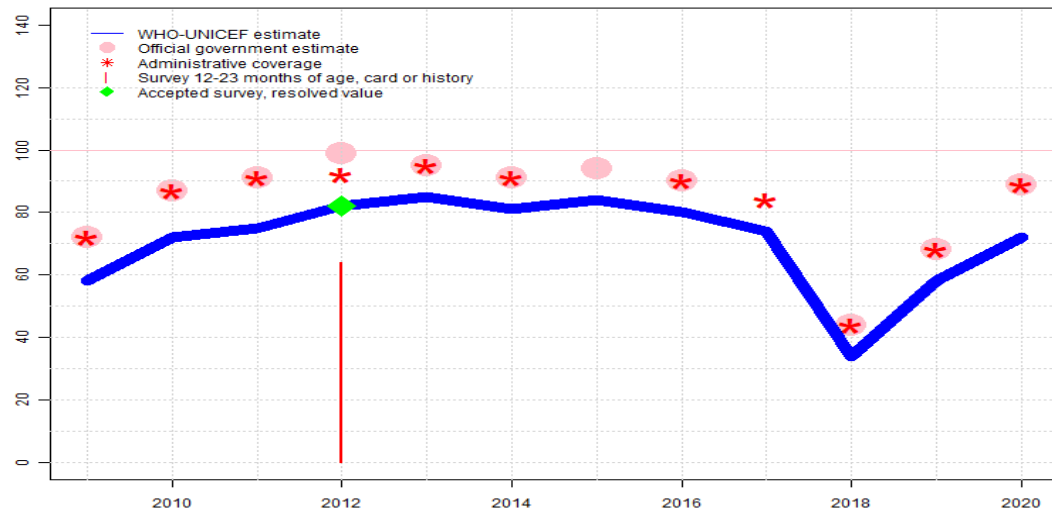
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Samoa - HepB3

WSM - HepB3



| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 58 | 72 | 75 | 82 | 85 | 81 | 84 | 80 | 74 | 34 | 58 | 72 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 72 | 87 | 91 | 99 | 95 | 91 | 94 | 90 | NA | 44 | 68 | 89 |
| Administrative | 72 | 87 | 91 | 92 | 95 | 91 | NA | 90 | 84 | 44 | 68 | 89 |
| Survey | NA | NA | NA | 64 | 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.

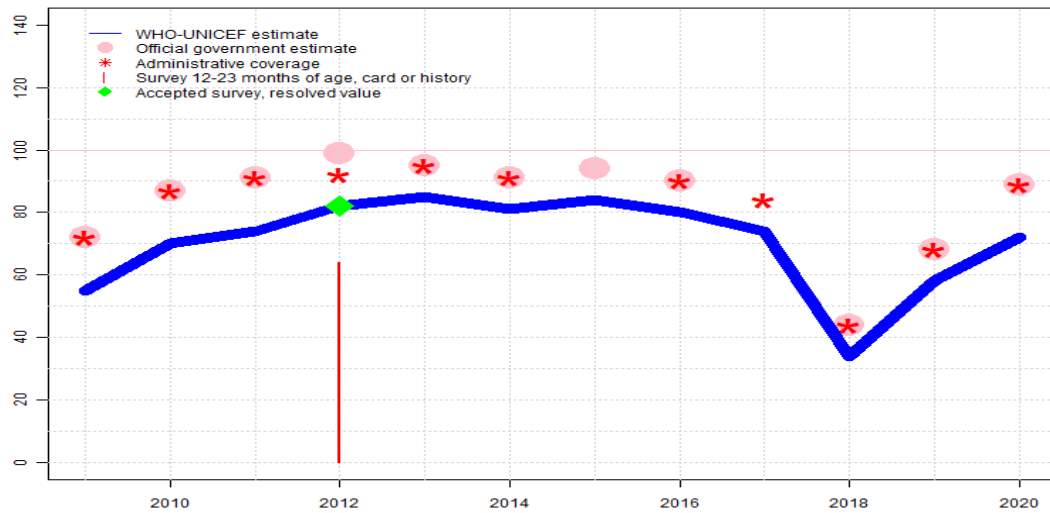
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Reported data calibrated to 2012 levels. Preliminary 2019-2020 MICS results suggest coverage of 39 percent. This survey may have coincided with period of reduced coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Estimate is based on estimated DTP3 level. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2018: Estimate based on estimated DTP3 coverage. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2017: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-
- 2016: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2015: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2013: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2012: Estimate of 82 percent assigned by working group. Estimate based on adjusted survey result. Samoa Demographic and Health Survey card or history results of 64 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 57 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

Samoa - Hib3

WSM - Hib3



| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 55 | 70 | 74 | 82 | 85 | 81 | 84 | 80 | 74 | 34 | 58 | 72 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 72 | 87 | 91 | 99 | 95 | 91 | 94 | 90 | NA | 44 | 68 | 89 |
| Administrative | 72 | 87 | 91 | 92 | 95 | 91 | NA | 90 | 84 | 44 | 68 | 89 |
| Survey | NA | NA | NA | 64 | 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.

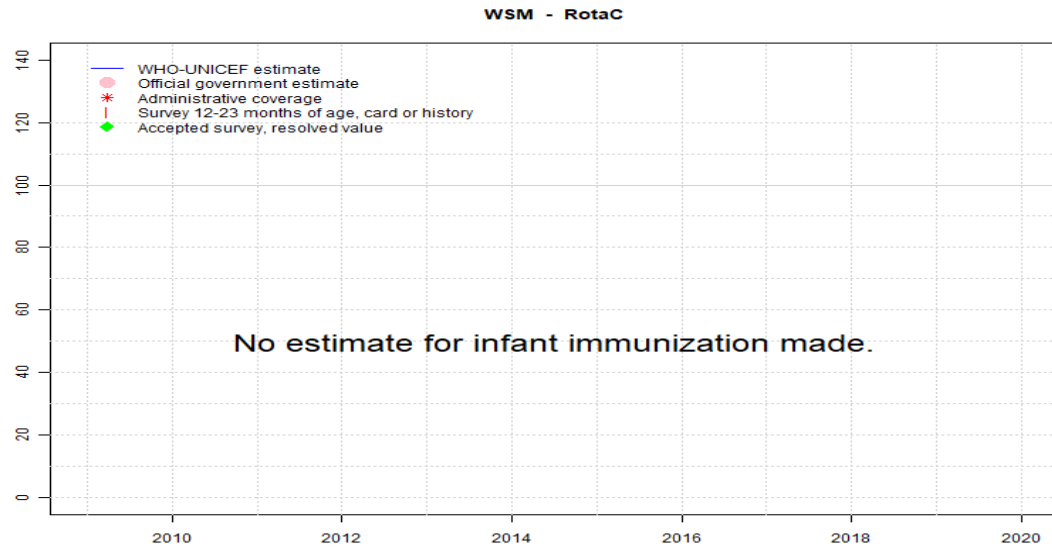
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: Reported data calibrated to 2012 levels. Preliminary 2019-2020 MICS results suggest coverage of 39 percent. This survey may have coincided with period of reduced coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2019: Estimate is based on estimated DTP3 level. Country notes that reported data are preliminary and that catch up doses were included with routine reports during intensification activities from October to December due to a measles outbreak. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2018: Estimate based on estimated DTP3 coverage. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2017: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-
- 2016: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2015: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2014: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2013: Estimate based on estimated DTP3 coverage. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2012: Estimate of 82 percent assigned by working group. Estimate based on adjusted survey result. Samoa Demographic and Health Survey card or history results of 64 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 57 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2009: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

Samoa - 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 |

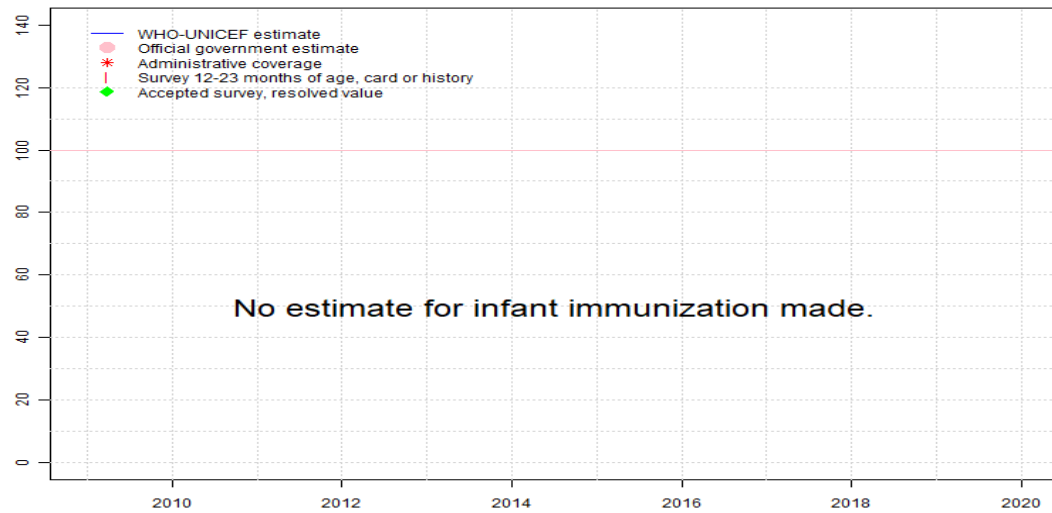
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Samoa - PcV3

WSM - PcV3



| | 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.

Samoa - survey details

2012 Samoa Demographic and Health Survey

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 90.2 | 12-23 m | 674 | 67 |
| BCG | C or H <18 months | 89.9 | 18-29 m | 666 | 67 |
| BCG | Card | 59.5 | 18-29 m | 406 | 67 |
| BCG | Card or History | 89.9 | 18-29 m | 666 | 67 |
| BCG | History | 30.4 | 18-29 m | 260 | 67 |
| DTP1 | C or H <12 months | 87 | 12-23 m | 674 | 67 |
| DTP1 | C or H <18 months | 88.2 | 18-29 m | 666 | 67 |
| DTP1 | Card | 60.9 | 18-29 m | 406 | 67 |
| DTP1 | Card or History | 88.2 | 18-29 m | 666 | 67 |
| DTP1 | History | 27.3 | 18-29 m | 260 | 67 |
| DTP3 | C or H <12 months | 63.6 | 12-23 m | 674 | 67 |
| DTP3 | C or H <18 months | 62.9 | 18-29 m | 666 | 67 |
| DTP3 | Card | 56.8 | 18-29 m | 406 | 67 |
| DTP3 | Card or History | 63.8 | 18-29 m | 666 | 67 |
| DTP3 | History | 6.9 | 18-29 m | 260 | 67 |
| HepB1 | C or H <12 months | 87 | 12-23 m | 674 | 67 |
| HepB1 | C or H <18 months | 88.2 | 18-29 m | 666 | 67 |
| HepB1 | Card | 60.9 | 18-29 m | 406 | 67 |
| HepB1 | Card or History | 88.2 | 18-29 m | 666 | 67 |
| HepB1 | History | 27.3 | 18-29 m | 260 | 67 |
| HepB3 | C or H <12 months | 63.6 | 12-23 m | 674 | 67 |
| HepB3 | C or H <18 months | 62.9 | 18-29 m | 666 | 67 |
| HepB3 | Card | 56.8 | 18-29 m | 406 | 67 |
| HepB3 | Card or History | 63.8 | 18-29 m | 666 | 67 |
| HepB3 | History | 6.9 | 18-29 m | 260 | 67 |
| HepBB | C or H <12 months | 83.8 | 12-23 m | 674 | 67 |
| HepBB | C or H <18 months | 83.4 | 18-29 m | 666 | 67 |
| HepBB | Card | 58.8 | 18-29 m | 406 | 67 |
| HepBB | Card or History | 83.4 | 18-29 m | 666 | 67 |
| HepBB | History | 24.6 | 18-29 m | 260 | 67 |
| Hib1 | C or H <12 months | 87 | 12-23 m | 674 | 67 |
| Hib1 | C or H <18 months | 88.2 | 18-29 m | 666 | 67 |
| Hib1 | Card | 60.9 | 18-29 m | 406 | 67 |
| Hib1 | Card or History | 88.2 | 18-29 m | 666 | 67 |
| Hib1 | History | 27.3 | 18-29 m | 260 | 67 |
| Hib3 | C or H <12 months | 63.6 | 12-23 m | 674 | 67 |
| Hib3 | C or H <18 months | 62.9 | 18-29 m | 666 | 67 |

| | | | | | |
|------|-------------------|------|---------|-----|----|
| Hib3 | Card | 56.8 | 18-29 m | 406 | 67 |
| Hib3 | Card or History | 63.8 | 18-29 m | 666 | 67 |
| Hib3 | History | 6.9 | 18-29 m | 260 | 67 |
| MCV1 | C or H <12 months | 8.5 | 12-23 m | 674 | 67 |
| MCV1 | C or H <18 months | 71.4 | 18-29 m | 666 | 67 |
| MCV1 | Card | 51.3 | 18-29 m | 406 | 67 |
| MCV1 | Card or History | 76.4 | 18-29 m | 666 | 67 |
| MCV1 | History | 25 | 18-29 m | 260 | 67 |
| MCV2 | C or H <18 months | 37.8 | 18-29 m | 666 | 67 |
| MCV2 | Card | 39 | 18-29 m | 406 | 67 |
| MCV2 | Card or History | 52.1 | 18-29 m | 666 | 67 |
| MCV2 | History | 13.2 | 18-29 m | 260 | 67 |
| Pol1 | C or H <12 months | 86.9 | 12-23 m | 674 | 67 |
| Pol1 | C or H <18 months | 88.2 | 18-29 m | 666 | 67 |
| Pol1 | Card | 60.6 | 18-29 m | 406 | 67 |
| Pol1 | Card or History | 88.2 | 18-29 m | 666 | 67 |
| Pol1 | History | 27.7 | 18-29 m | 260 | 67 |
| Pol3 | C or H <12 months | 60.9 | 12-23 m | 674 | 67 |
| Pol3 | C or H <18 months | 61 | 18-29 m | 666 | 67 |
| Pol3 | Card | 56.6 | 18-29 m | 406 | 67 |
| Pol3 | Card or History | 61.8 | 18-29 m | 666 | 67 |
| Pol3 | History | 5.2 | 18-29 m | 260 | 67 |

2011 Samoa Demographic and Health Survey

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 87.1 | 24-35 m | 680 | 67 |
| DTP1 | C or H <12 months | 84.4 | 24-35 m | 680 | 67 |
| DTP3 | C or H <12 months | 53.7 | 24-35 m | 680 | 67 |
| HepB1 | C or H <12 months | 84.4 | 24-35 m | 680 | 67 |
| HepB3 | C or H <12 months | 53.7 | 24-35 m | 680 | 67 |
| HepBB | C or H <12 months | 82.2 | 24-35 m | 680 | 67 |
| Hib1 | C or H <12 months | 84.4 | 24-35 m | 680 | 67 |
| Hib3 | C or H <12 months | 53.7 | 24-35 m | 680 | 67 |
| MCV1 | C or H <12 months | 5.2 | 24-35 m | 680 | 67 |
| Pol1 | C or H <12 months | 84.4 | 24-35 m | 680 | 67 |
| Pol3 | C or H <12 months | 49.6 | 24-35 m | 680 | 67 |

Samoa - survey details

2010 Samoa Demographic and Health Survey

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 87.7 | 36-47 m | 605 | 67 |
| DTP1 | C or H <12 months | 84.6 | 36-47 m | 605 | 67 |
| DTP3 | C or H <12 months | 50.1 | 36-47 m | 605 | 67 |
| HepB1 | C or H <12 months | 84.6 | 36-47 m | 605 | 67 |
| HepB3 | C or H <12 months | 50.1 | 36-47 m | 605 | 67 |
| HepBB | C or H <12 months | 80.6 | 36-47 m | 605 | 67 |
| Hib1 | C or H <12 months | 84.6 | 36-47 m | 605 | 67 |
| Hib3 | C or H <12 months | 50.1 | 36-47 m | 605 | 67 |
| MCV1 | C or H <12 months | 6.6 | 36-47 m | 605 | 67 |
| Pol1 | C or H <12 months | 84.5 | 36-47 m | 605 | 67 |
| Pol3 | C or H <12 months | 46.6 | 36-47 m | 605 | 67 |

2009 Samoa Demographic and Health Survey

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 83.9 | 48-59 m | 559 | 67 |
| DTP1 | C or H <12 months | 77.2 | 48-59 m | 559 | 67 |
| DTP3 | C or H <12 months | 45.1 | 48-59 m | 559 | 67 |
| HepB1 | C or H <12 months | 77.2 | 48-59 m | 559 | 67 |
| HepB3 | C or H <12 months | 45.1 | 48-59 m | 559 | 67 |
| HepBB | C or H <12 months | 75.2 | 48-59 m | 559 | 67 |
| Hib1 | C or H <12 months | 77.2 | 48-59 m | 559 | 67 |
| Hib3 | C or H <12 months | 45.1 | 48-59 m | 559 | 67 |
| MCV1 | C or H <12 months | 5 | 48-59 m | 559 | 67 |
| Pol1 | C or H <12 months | 78.6 | 48-59 m | 559 | 67 |
| Pol3 | C or H <12 months | 42 | 48-59 m | 559 | 67 |

2007 Samoa Demographic and Health Survey 2009

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 83.6 | 18-29 m | 321 | 40 |
| BCG | Card | 38.8 | 18-29 m | 321 | 40 |
| BCG | Card or History | 83.6 | 18-29 m | 321 | 40 |
| BCG | History | 44.8 | 18-29 m | 321 | 40 |
| DTP1 | C or H <12 months | 75.5 | 18-29 m | 321 | 40 |
| DTP1 | Card | 38.3 | 18-29 m | 321 | 40 |
| DTP1 | Card or History | 77 | 18-29 m | 321 | 40 |
| DTP1 | History | 38.6 | 18-29 m | 321 | 40 |
| DTP3 | C or H <12 months | 37.2 | 18-29 m | 321 | 40 |
| DTP3 | Card | 28.2 | 18-29 m | 321 | 40 |
| DTP3 | Card or History | 37.5 | 18-29 m | 321 | 40 |
| DTP3 | History | 9.3 | 18-29 m | 321 | 40 |
| MCV1 | C or H <12 months | 55.7 | 18-29 m | 321 | 40 |
| MCV1 | Card | 26.8 | 18-29 m | 321 | 40 |
| MCV1 | Card or History | 63.1 | 18-29 m | 321 | 40 |
| MCV1 | History | 36.3 | 18-29 m | 321 | 40 |
| Pol1 | C or H <12 months | 72.4 | 18-29 m | 321 | 40 |
| Pol1 | Card | 34.6 | 18-29 m | 321 | 40 |
| Pol1 | Card or History | 74 | 18-29 m | 321 | 40 |
| Pol1 | History | 39.4 | 18-29 m | 321 | 40 |
| Pol3 | C or H <12 months | 34.1 | 18-29 m | 321 | 40 |
| Pol3 | Card | 25.4 | 18-29 m | 321 | 40 |
| Pol3 | Card or History | 34.4 | 18-29 m | 321 | 40 |
| Pol3 | History | 9 | 18-29 m | 321 | 40 |

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>