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:

*B Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around

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 administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 months or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on the period of data collection.

ABBREVIATIONS
BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.
DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.
Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.
IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

YFV: percentage of surviving infants who received the 1st dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children’s Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children’s Fund be liable for damages arising from its use.
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 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.
Spain - DTP1

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

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Description:

2020: Estimate based on coverage reported by national government. Programme reports that because of the COVID-19 situation, 2020 coverage data is not updated and only the 2019 data can be reported. Reports received from 18 out of 19 subnational reporting entities. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Serosurvey 2017-2018 (Rev Esp Salud Publica. 2021. Vol. 95. March 18th e1-5) includes estimated prevalence for some vaccine-preventable diseases. The reports present data in a format that does not allow to obtain coverage levels by single age cohorts. GoC=R+ D+

2019: Estimate based on coverage reported by national government. Reported data based on provisional information and incomplete reporting. Data are available online at https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/. Reported coverage reflects the 2nd dose as the programme does not monitor 1st dose coverage. GoC=R+ D+

2018: Estimate based on coverage reported by national government. Reported coverage reflects the 2nd dose as the programme does not monitor 1st dose coverage. GoC=R+ D+

2017: Estimate based on reported administrative data. Schedule change in 2017 from DTaP-IPV-Hib-HepB recommended at 2-4-6 months to 2-4-11 months. Reported coverage reflects the 2nd dose as the programme does not monitor 1st dose coverage. GoC=R+ D+

2016: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2015: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2014: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2013: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2012: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2011: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2010: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

2009: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data

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.
Spain - DTP3

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.

2020: Estimate based on coverage reported by national government. Programme reports that because of the COVID-19 situation, 2020 coverage data is not updated and only the 2019 data can be reported. Reports received from 18 out of 19 subnational reporting entities. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Serosurvey 2017-2018 (Rev Esp Salud Publica. 2021. Vol. 95. March 18th e1-5) includes estimated prevalence for some vaccine-preventable diseases. The reports present data in a format that does not allow to obtain coverage levels by single age cohorts. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government. Reported data based on provisional information and incomplete reporting. Data are available online at https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2018: Estimate based on coverage reported by national government. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2017: Estimate based on coverage reported by national government. Schedule change in 2017 from DTaP-IPV-Hib-HepB recommended at 2-4-6 months to 2-4-11 months. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2016: Estimate based on coverage reported by national government. GoC=R+ D+

2015: Estimate based on coverage reported by national government. GoC=R+ D+

2014: Estimate based on coverage reported by national government. GoC=R+ D+

2013: Estimate based on coverage reported by national government. GoC=R+ D+

2012: Estimate based on coverage reported by national government. Estimate of 96 percent changed from previous revision value of 97 percent. GoC=R+ D+

2011: Estimate based on coverage reported by national government. GoC=R+ D+

2010: Estimate based on coverage reported by national government. GoC=R+ D+

2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
### Description:

2020: Estimate based on coverage reported by national government. Programme reports that because of the COVID-19 situation, 2020 coverage data is not updated and only the 2019 data can be reported. Reports received from 18 out of 19 subnational reporting entities. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Serosurvey 2017-2018 (Rev Esp Salud Pública. 2021. Vol. 95. March 18th e1-5) includes estimated prevalence for some vaccine-preventable diseases. The reports present data in a format that does not allow to obtain coverage levels by single age cohorts. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government. Reported data based on provisional information and incomplete reporting. Data are available online at https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2018: Estimate based on coverage reported by national government. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2017: Estimate based on coverage reported by national government. Schedule change in 2017 from DTaP-IPV-Hib-HepB recommended at 2-4-6 months to 2-4-11 months. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2016: Estimate based on coverage reported by national government. GoC=R+ D+

2015: Estimate based on coverage reported by national government. GoC=R+ D+

2014: Estimate based on coverage reported by national government. GoC=R+ D+

2013: Estimate based on coverage reported by national government. GoC=R+ D+

2012: Estimate based on coverage reported by national government. Estimate of 96 percent changed from previous revision value of 97 percent. GoC=R+ D+

2011: Estimate based on coverage reported by national government. GoC=R+ D+

2010: Estimate based on coverage reported by national government. GoC=R+ D+

2009: Estimate based on coverage reported by national government. Estimate challenged by: D-

### Table

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The WHO and UNICEF estimates of national immunization coverage (vuenic) 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.
- Estimate is challenged if there are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

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- Estimate is supported by at least one data source: [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

**Description:**

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

**2020:** Estimate based on reported administrative estimate. Programme reports that because of the COVID-19 situation, 2020 coverage data is not updated and only the 2019 data can be reported. Reports received from 18 out of 19 subnational reporting entities. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Serosurvey 2017-2018 (Rev Esp Salud Pública. 2021. Vol. 95. March 18th e1-5) includes estimated prevalence for some vaccine-preventable diseases. The reports present data in a format that does not allow to obtain coverage levels by single age cohorts. GoC=R+ D+

**2019:** Estimate based on coverage reported by national government. Reported data based on provisional information and incomplete reporting. Data are available online at https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/. Reported coverage reflects the 2nd dose as the programme does not monitor 1st dose coverage. GoC=R+ D+

**2018:** Estimate based on coverage reported by national government. Reported coverage reflects the 2nd dose as the programme does not monitor 1st dose coverage. GoC=R+ D+

**2017:** Estimate based on coverage reported by national government. Schedule change in 2017 from DTaP-IPV-Hib-HepB recommended at 2-4-6 months to 2-4-11 months. Reported coverage reflects the 2nd dose as the programme does not monitor 1st dose coverage. GoC=R+ D+

**2016:** Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data

**2015:** Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

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

*** Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 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 coverage reported by national government. Programme reports that because of the COVID-19 situation, 2020 coverage data is not updated and only the 2019 data can be reported. Reports received from 18 out of 19 subnational reporting entities. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Serosurvey 2017-2018 (Rev Esp Salud Pública. 2021. Vol. 95. March 18th e1-5) includes estimated prevalence for some vaccine-preventable diseases. The reports present data in a format that does not allow to obtain coverage levels by single age cohorts. GoC=R+ D+

#### 2019:
Estimate based on coverage reported by national government. Reported data based on provisional information and incomplete reporting. Data are available online at https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/. Estimate challenged by: D-

#### 2018:
Estimate based on coverage reported by national government. GoC=R+ D+

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

#### 2016:
Estimate based on coverage reported by national government. GoC=R+ D+

#### 2015:
Estimate based on coverage reported by national government. Estimate challenged by: D-

#### 2014:
Estimate based on coverage reported by national government. Estimate challenged by: D-

#### 2013:
Estimate based on coverage reported by national government. Estimate challenged by: D-

#### 2012:
Estimate based on coverage reported by national government. GoC=R+ D+

#### 2011:
Estimate based on coverage reported by national government. GoC=R+ D+

#### 2010:
Estimate based on coverage reported by national government. GoC=R+ D+

#### 2009:
Estimate challenged by: D-

### June 7, 2021; page 9 WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2022 data received as of July 6, 2021
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 accompanying graph and data table.

2020: Estimate based on estimated MCV1. Programme reports that because of the COVID-19 situation, 2020 coverage data is not updated and only the 2019 data can be reported. Reports received from 18 out of 19 subnational reporting entities. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Serosurvey 2017-2018 (Rev Esp Salud Pública. 2021. Vol. 95. March 18th e1-5) includes estimated prevalence for some vaccine-preventable diseases. The reports present data in a format that does not allow to obtain coverage levels by single age cohorts. GoC=R+ D+


2018: Estimate based on estimated MCV1. GoC=R+ D+

2017: Estimate based on estimated MCV1. GoC=R+ D+

2016: Estimate based on estimated MCV1. GoC=R+ D+

2015: Estimate based on estimated MCV1. GoC=R+ D+

2014: Estimate based on estimated MCV1. GoC=R+ D+

2013: Estimate based on estimated MCV1. GoC=R+ D+

2012: Estimate based on estimated MCV1. GoC=R+ D+

2011: Estimate based on estimated MCV1. GoC=R+ D+

2010: Estimate based on estimated MCV1. GoC=R+ D+

2009: Estimate based on estimated MCV1. Estimate challenged by: D-
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.

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Spain - HepB3

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 coverage reported by national government. Programme reports that because of the COVID-19 situation, 2020 coverage data is not updated and only the 2019 data can be reported. Reports received from 18 out of 19 subnational reporting entities. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Serosurvey 2017-2018 (Rev Esp Salud Pública. 2021. Vol. 95. March 18th e1-5) includes estimated prevalence for some vaccine-preventable diseases. The reports present data in a format that does not allow to obtain coverage levels by single age cohorts. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government. Reported data based on provisional information and incomplete reporting. Data are available online at https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2018: Estimate based on coverage reported by national government. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2017: Estimate based on coverage reported by national government. Programme reports ten months vaccine stock-out. Schedule change in 2017 from DTaP-IPV-Hib-HepB recommended at 2-4-6 months to 2-4-11 months. Reported coverage reflects the 1st booster dose recommended at 11 months. Estimate of 94 percent changed from previous revision value of 95 percent. GoC=R+ D+

2016: Estimate based on coverage reported by national government. GoC=R+ D+

2015: Estimate based on coverage reported by national government. GoC=R+ D+

2014: Estimate based on coverage reported by national government. GoC=R+ D+

2013: Estimate based on coverage reported by national government. GoC=R+ D+

2012: Estimate based on coverage reported by national government. GoC=R+ D+

2011: Estimate based on coverage reported by national government. Estimate challenged by: D-

2010: Estimate based on coverage reported by national government. GoC=R+ D+

2009: Estimate based on coverage reported by national government. Estimate challenged by: D-

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July 8, 2021; page 12

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2022
data received as of July 6, 2021
Spain - Hib3

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

### Description:

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2019: Estimate based on coverage reported by national government. Reported data based on provisional information and incomplete reporting. Data are available online at https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2018: Estimate based on coverage reported by national government. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2017: Estimate based on coverage reported by national government. Schedule change in 2017 from DTaP-IPV-Hib-HepB recommended at 2-4-6 months to 2-4-11 months. Reported coverage reflects the 1st booster dose recommended at 11 months. GoC=R+ D+

2016: Estimate based on coverage reported by national government. GoC=R+ D+

2015: Estimate based on coverage reported by national government. GoC=R+ D+

2014: Estimate based on coverage reported by national government. GoC=R+ D+

2013: Estimate based on coverage reported by national government. GoC=R+ D+

2012: Estimate based on coverage reported by national government. Estimate of 96 percent changed from previous revision value of 97 percent. GoC=R+ D+

2011: Estimate based on coverage reported by national government. GoC=R+ D+

2010: Estimate based on coverage reported by national government. GoC=R+ D+

2009: Estimate based on coverage reported by national government. Estimate challenged by: D-

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No estimate for infant immunization made.
Spain - PcV3

Description:

2020: Estimate based on coverage reported by national government. Programme reports that because of the COVID-19 situation, 2020 coverage data is not updated and only the 2019 data can be reported. Reports received from 18 out of 19 subnational reporting entities. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Serosurvey 2017-2018 (Rev Esp Salud Pública. 2021. Vol. 95. March 18th e1-5) includes estimated prevalence for some vaccine-preventable diseases. The reports present data in a format that does not allow to obtain coverage levels by single age cohorts. GoC=R+ D+

2019: Estimate based on coverage reported by national government. Reported data based on provisional information and incomplete reporting. Data are available online at https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/. GoC=R+ D+

2018: Estimate based on coverage reported by national government. Estimate of 95 percent changed from previous revision value of 93 percent. GoC=R+ D+

2017: Estimate based on coverage reported by national government. Pneumococcal conjugate vaccine introduced in 2017. Estimate of 88 percent changed from previous revision value of 93 percent. GoC=R+ D+

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