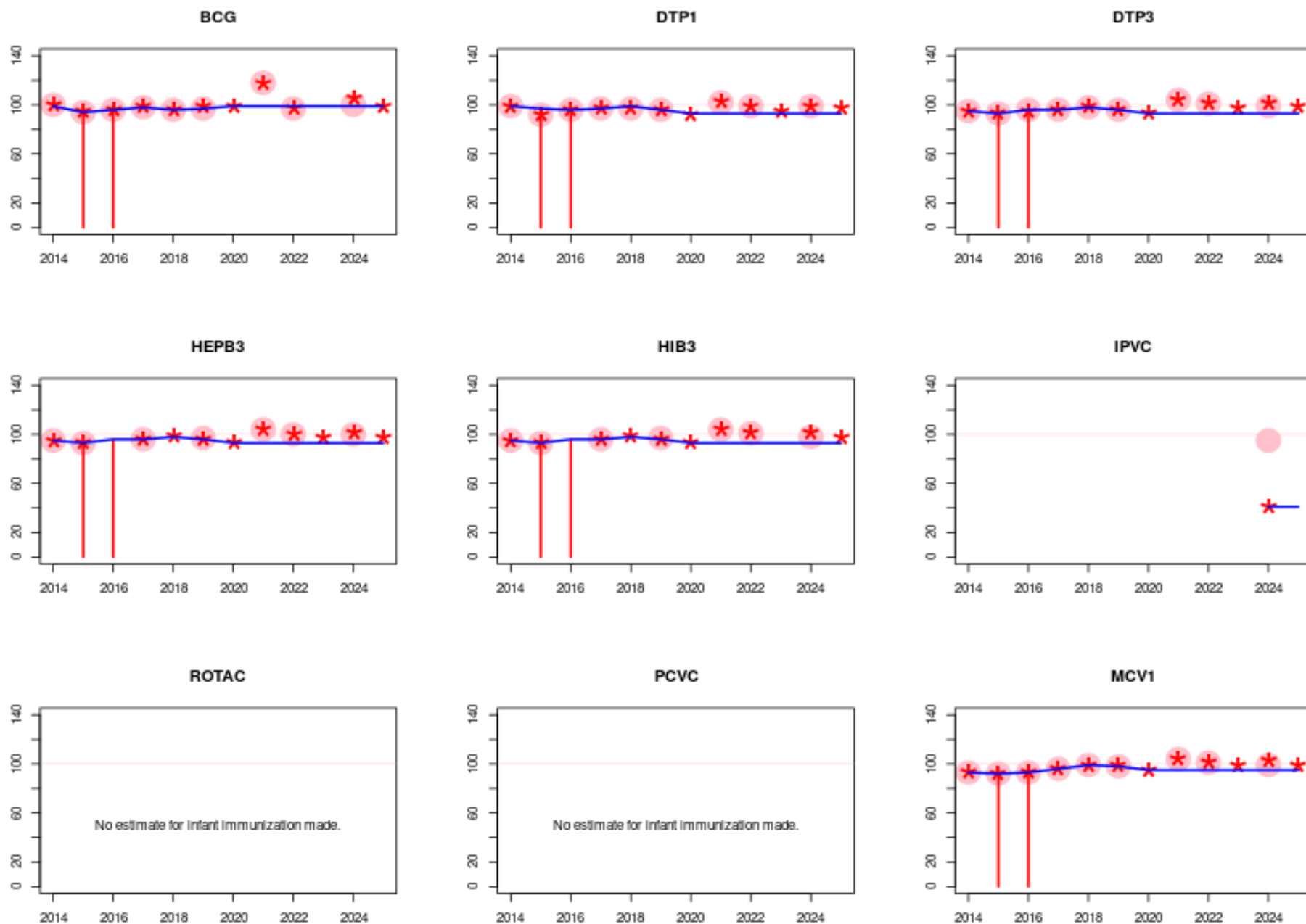




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage. The estimates refer to immunizations delivered through routine immunization services to children less than 12 months of age, or at the age specified in the recommended immunization schedule, for whom vaccinations are recorded. Immunizations received through supplemental immunization activities, such as polio and measles campaigns, are not included.

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. Bull World Health Organ. * Burton et al. 2012. PLoS One.
* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

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 6-11, 12-23 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 data collection period.

ABBREVIATIONS AND DEFINITIONS

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.

IPV1: percentage of surviving infants who received the first dose of inactivated polio vaccine.

IPVC: percentage of surviving infants who received the final recommended dose of IPV in the primary series, according to the national immunization schedule primary series (e.g., second or third dose).

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 in the production of the estimate.

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.

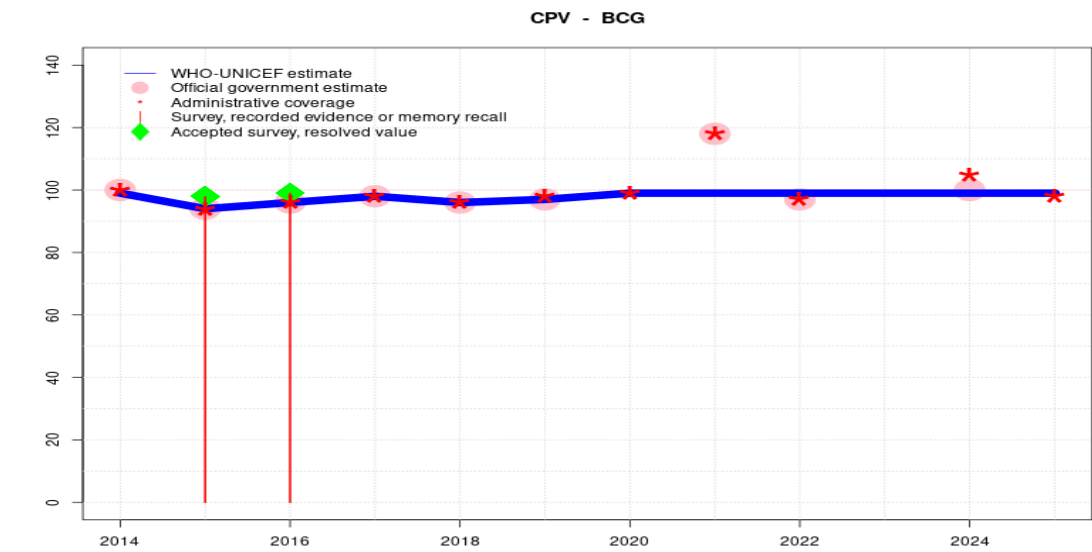
ROTAC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

PCVC: percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine according to the national immunization schedule (e.g., second or third dose).

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.

MENGA: percentage of children who received one dose of meningococcal A conjugate vaccine. MENGA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	94	96	98	96	97	99	99	99	99	99	99
Estimate GoC	●●●	●	●	●	●	●●	●	●	●	●	●●	●●
Official	100	94	96	98	96	97	-	118	97	-	100	-
Administrative	100	94	96	98	96	98	99	118	97	-	105	98
Survey	-	98	99	-	-	-	-	-	-	-	-	-

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.

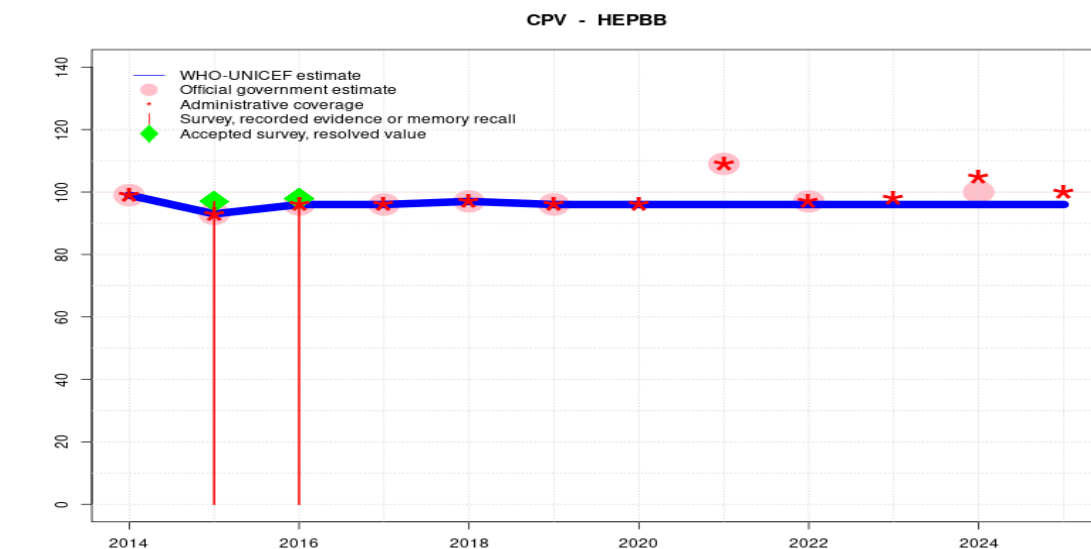
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increased of more than 25 percent between 2024 and 2025. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. GoC=R+ D+
- 2023: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Reported data excluded because 118 percent greater than 100 percent. Reported data excluded due to an increase from 99 percent to 118 percent with decrease to 97 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+

Cabo Verde - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	93	96	96	97	96	96	96	96	96	96	96
Estimate GoC	●●●	●	●	●	●	●●	●	●	●	●	●●	●●
Official	99	93	96	96	97	96	-	109	97	-	100	-
Administrative	99	93	96	96	97	96	96	109	97	98	105	100
Survey	-	97	98	-	-	-	-	-	-	-	-	-

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.

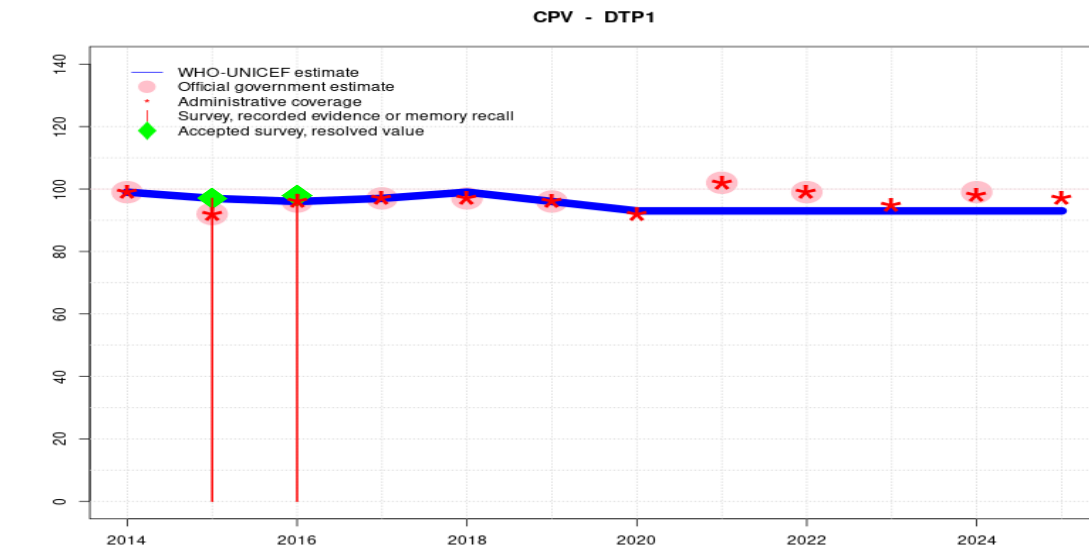
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.

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Description:

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- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. GoC=R+ D+
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Reported data excluded because 109 percent greater than 100 percent. Reported data excluded due to an increase from 96 percent to 109 percent with decrease to 97 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+

Cabo Verde - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	97	96	97	99	96	93	93	93	93	93	93
Estimate GoC	●●●	●	●	●	●	●●	●	●	●	●	●	●
Official	99	92	96	97	97	96	-	102	99	-	99	-
Administrative	99	92	96	97	97	96	92	102	99	95	98	97
Survey	-	97	98	-	-	-	-	-	-	-	-	-

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: 2024 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.

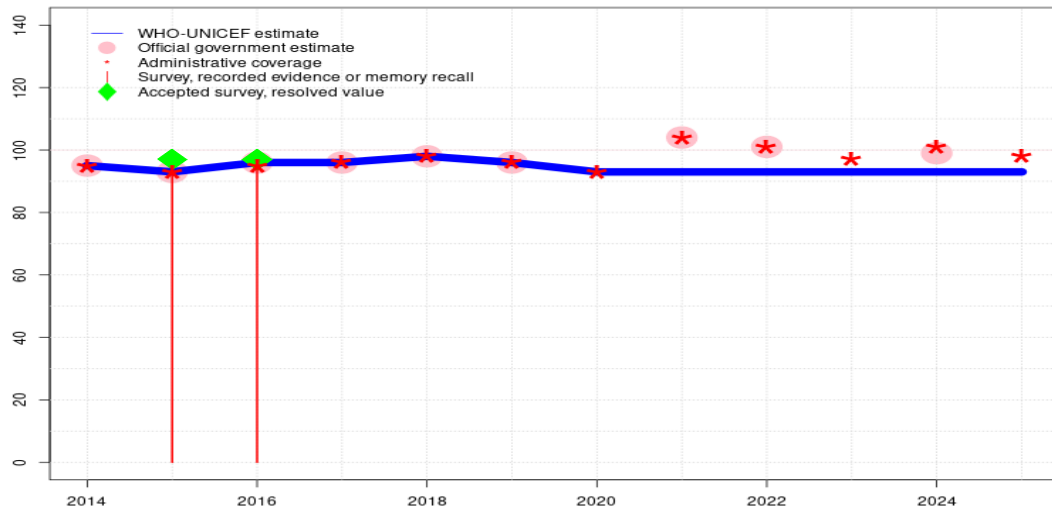
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on DTP3 coverage of 93. Reported data excluded. Reported target population increased of more than 25 percent between 2024 and 2025. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Estimate based on DTP3 coverage of 93. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Estimate challenged by: R-
- 2023: Estimate based on DTP3 coverage of 93. Reported data excluded. Estimate challenged by: D-R-
- 2022: Estimate based on DTP3 coverage of 93. Reported data excluded. Estimate challenged by: D-R-
- 2021: Estimate based on DTP3 coverage of 93. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Reported data excluded because 102 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate based on DTP3 coverage of 93. Estimate challenged by: D-R-
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by estimated DTP3 coverage. Estimate challenged by: D-R-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by estimated DTP3 coverage. Estimate challenged by: D-R-
- 2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+

Cabo Verde - DTP3

CPV - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	93	96	96	98	96	93	93	93	93	93	93
Estimate GoC	●●●	●	●	●	●	●●	●	●	●	●	●●	●
Official	95	93	96	96	98	96	-	104	101	-	99	-
Administrative	95	93	95	96	98	96	93	104	101	97	101	98
Survey	-	94	95	-	-	-	-	-	-	-	-	-

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.

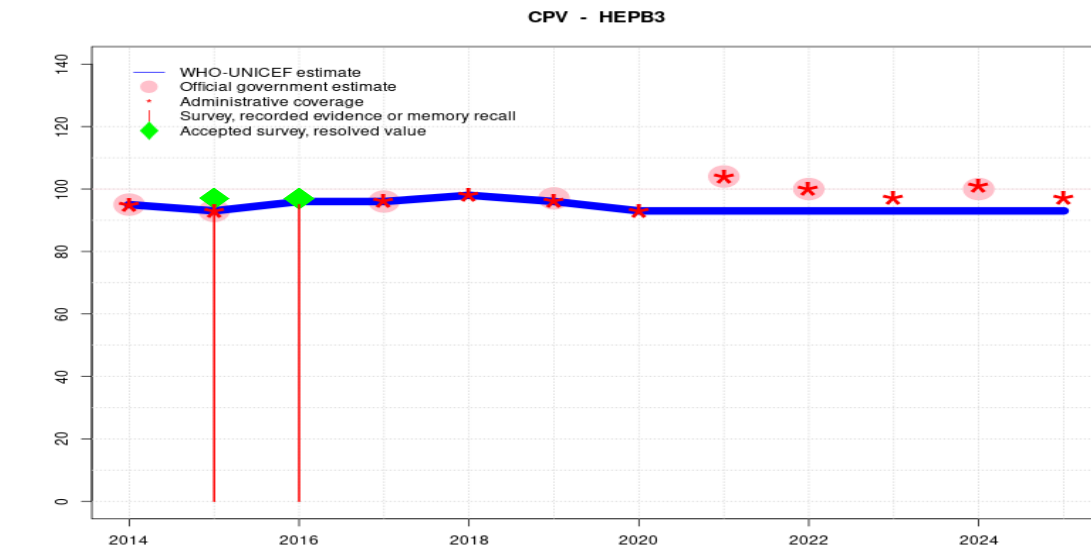
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increased of more than 25 percent between 2024 and 2025. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. GoC=R+ D+
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 record or recall results of 95 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 91 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 record or recall results of 94 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 88 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+

Cabo Verde - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	93	96	96	98	96	93	93	93	93	93	93
Estimate GoC	●●●	●	●●	●	●	●	●	●	●	●	●●	●
Official	95	93	-	96	-	97	-	104	100	-	100	-
Administrative	95	93	-	96	98	96	93	104	100	97	101	97
Survey	-	94	95	-	-	-	-	-	-	-	-	-

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: 2024 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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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

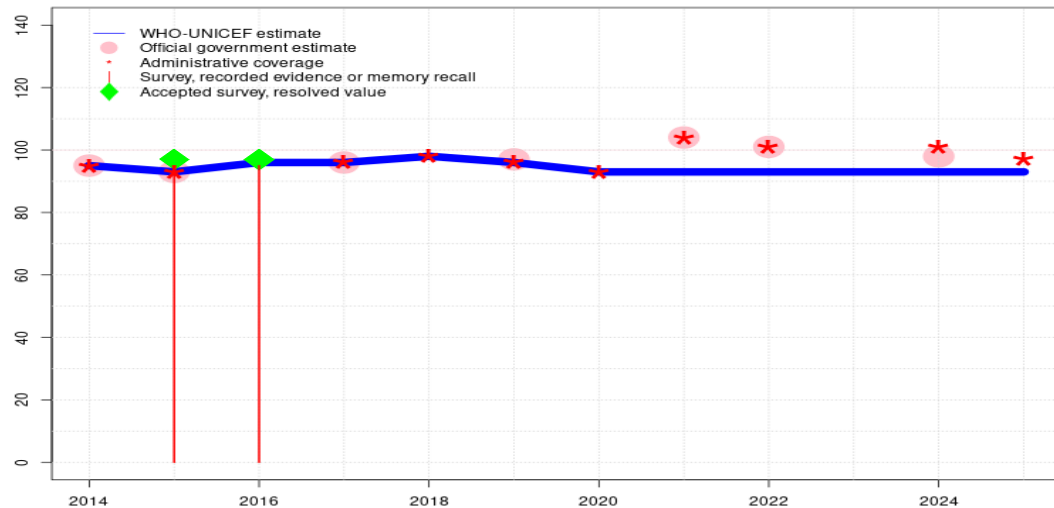
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

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- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. GoC=R+ D+
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2019: Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2018: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2017: Estimate informed by estimated DTP3 coverage. Estimate challenged by: D-
- 2016: Estimate of 96 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 record or recall results of 95 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 91 percent. GoC=S+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 record or recall results of 94 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 88 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+

Cabo Verde - HIB3

CPV - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	93	96	96	98	96	93	93	93	93	93	93
Estimate GoC	•••	•	••	•	•	•	•	•	•	•	••	•
Official	95	93	-	96	-	97	-	104	101	-	98	-
Administrative	95	93	-	96	98	96	93	104	101	-	101	97
Survey	-	94	95	-	-	-	-	-	-	-	-	-

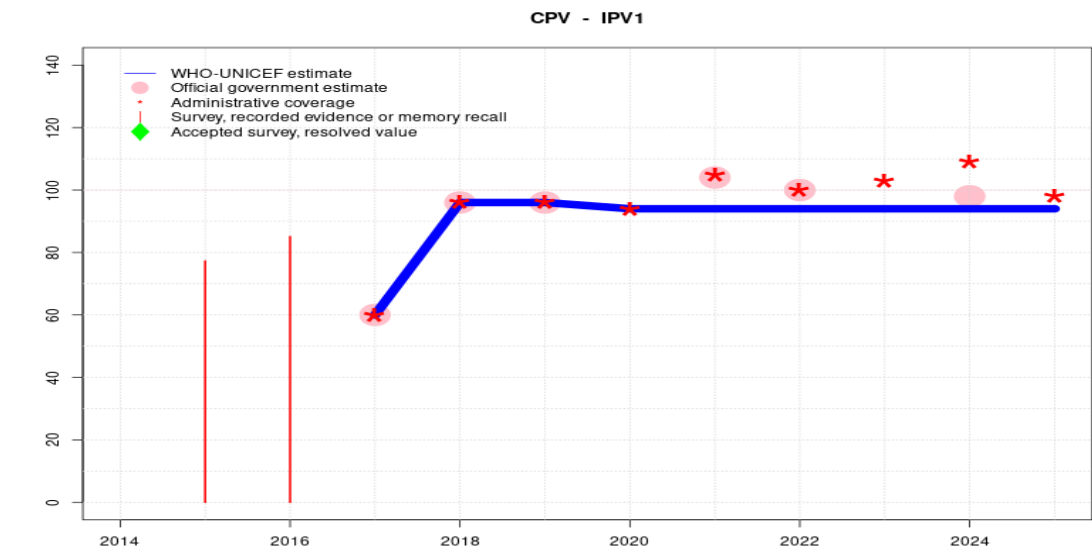
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While 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.

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- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increased of more than 25 percent between 2024 and 2025. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. GoC=R+ D+
- 2023: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2019: Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2018: Estimate informed by estimated DTP3 coverage. Estimate challenged by: D-R-
- 2017: Estimate informed by estimated DTP3 coverage. Estimate challenged by: D-
- 2016: Estimate of 96 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 record or recall results of 95 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 91 percent. GoC=S+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 record or recall results of 94 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 88 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	60	96	96	94	94	94	94	94	94
Estimate GoC	-	-	-	•	•	••	•	•	•	•	•	•
Official	-	-	-	60	96	96	-	104	100	-	98	-
Administrative	-	-	-	60	96	96	94	105	100	103	109	98
Survey	-	77	85	-	-	-	-	-	-	-	-	-

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.

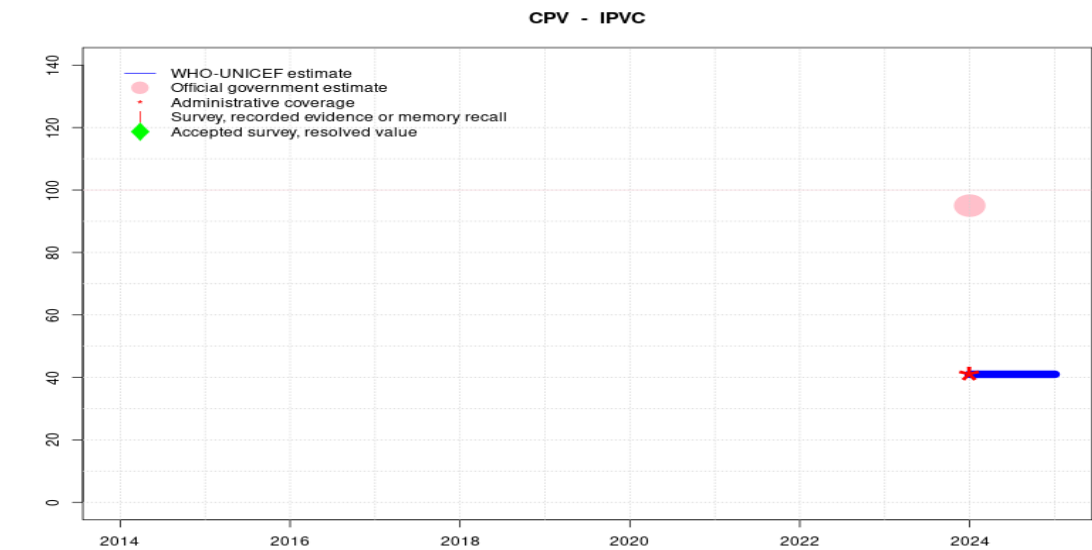
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increased of more than 25 percent between 2024 and 2025. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Estimate challenged by: D-
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. Increase following vaccine introduction Estimate challenged by: D-
- 2017: Estimate informed by reported data. Inactivated polio vaccine introduced in July 2017. Estimate challenged by: D-

Cabo Verde - IPV



Description:

- 2025: Estimate based on prior year estimate. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2024: Second dose of inactivated polio vaccine introduced in 2023. Reporting started in 2024. Estimate exceptionally based on admin coverage. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	41	41
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●	●
Official	-	-	-	-	-	-	-	-	-	-	95	-
Administrative	-	-	-	-	-	-	-	-	-	-	41	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

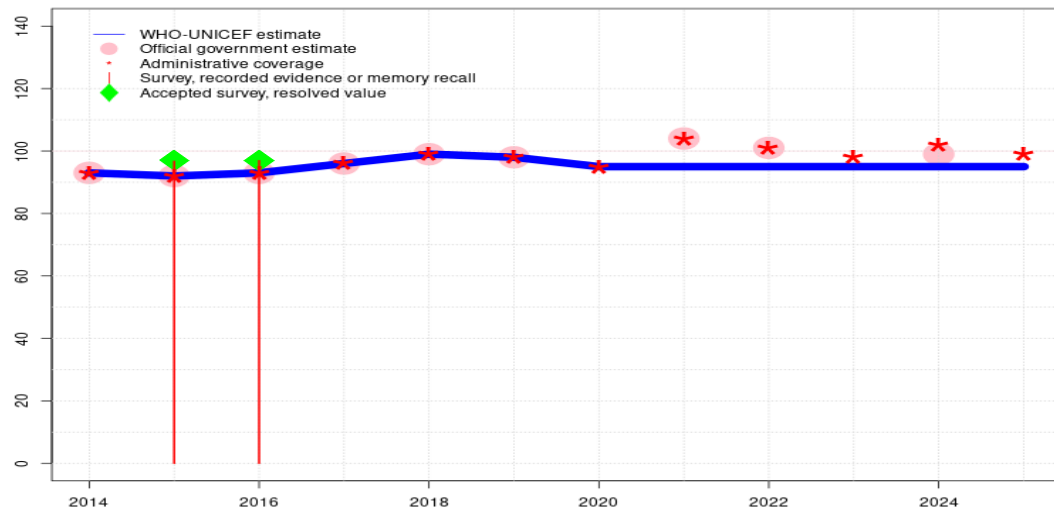
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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.

Cabo Verde - MCV1

CPV - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	92	93	96	99	98	95	95	95	95	95	95
Estimate GoC	●●●	●	●●	●	●	●●	●	●	●	●	●●	●
Official	93	92	93	96	99	98	-	104	101	-	99	-
Administrative	93	92	93	96	99	98	95	104	101	98	102	99
Survey	-	97	97	-	-	-	-	-	-	-	-	-

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.

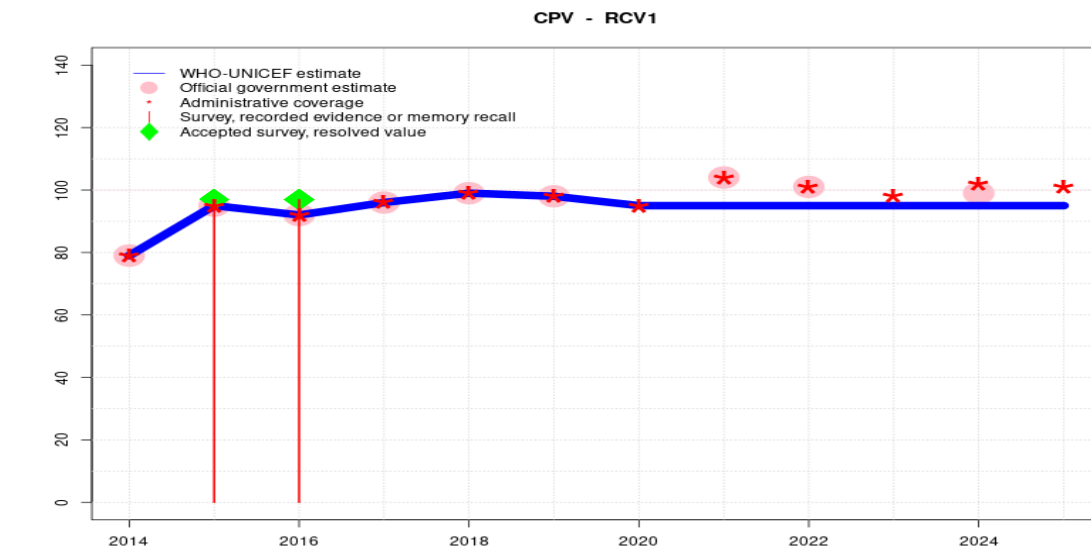
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increased of more than 25 percent between 2024 and 2025. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. GoC=R+ D+
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+

Cabo Verde - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	95	92	96	99	98	95	95	95	95	95	95
Estimate GoC	•	•	••	•	•	••	•	•	•	•	••	•
Official	79	95	92	96	99	98	-	104	101	-	99	-
Administrative	79	95	92	96	99	98	95	104	101	98	102	101
Survey	-	97	97	-	-	-	-	-	-	-	-	-

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: 2024 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.

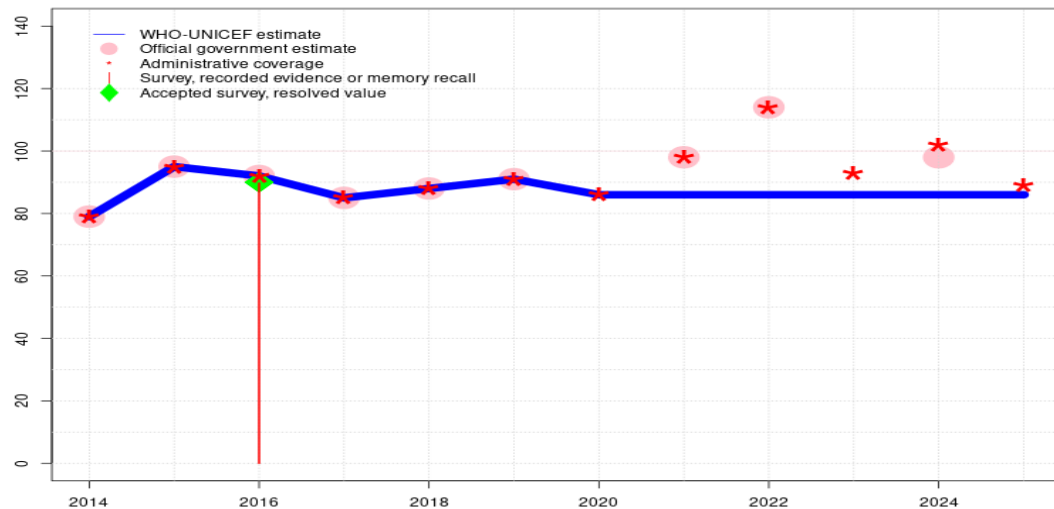
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. Reported data excluded. Reported target population increased of more than 25 percent between 2024 and 2025. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Reported data excluded because 101 percent greater than 100 percent. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. GoC=R+
- 2018: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2016: Estimate based on estimated MCV2. Presentation changed from MR to MMR and recommended schedule is 9 and 15 months. GoC=R+ S+
- 2015: Estimate based on estimated MCV2. Presentation changed from MR to MMR and recommended schedule is 15 months. Estimate challenged by: D-
- 2014: Estimate based on estimated MCV2. Survey results (based on documented evidence by home-based records) support reported coverage levels. Estimate challenged by: S-

Cabo Verde - MCV2

CPV - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	95	92	85	88	91	86	86	86	86	86	86
Estimate GoC	•	•	••	•	•	••	•	•	•	•	•	•
Official	79	95	92	85	88	91	-	98	114	-	98	-
Administrative	79	95	92	85	88	91	86	98	114	93	102	89
Survey	-	-	90	-	-	-	-	-	-	-	-	-

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: 2024 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:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increased of more than 25 percent between 2024 and 2025. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Denominator declines of about 20 percent between 2023 and 2024. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. Estimate challenged by: D-
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded because 114 percent greater than 100 percent. Reported data excluded due to an increase from 98 percent to 114 percent with decrease to 93 percent. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. GoC=Assigned by working group. GoC of one based on no reported data accepted.
- 2020: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). GoC=R+ S+
- 2015: Estimate informed by reported data. Programme reports intensification activities among children aged 15-24 months which may explain the exceptional year-to-year increase between 2014 and 2015. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. Estimate challenged by: S-

Cabo Verde - Survey Details

NOTE A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2016 Inquérito Demográfico e de Saúde Reprodutiva, IDSR-III, Cabo Verde 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	6.6	12-23 m	28	92
BCG	Record	92.4	12-23 m	343	92
BCG	Record or Recall	98.9	12-23 m	372	92
BCG	Record or Recall<12m	98.1	12-23 m	372	92
DTP1	Recall	5.9	12-23 m	28	92
DTP1	Record	92.4	12-23 m	343	92
DTP1	Record or Recall	98.3	12-23 m	372	92
DTP1	Record or Recall<12m	98.3	12-23 m	372	92
DTP3	Recall	4.1	12-23 m	28	92
DTP3	Record	90.9	12-23 m	343	92
DTP3	Record or Recall	95	12-23 m	372	92
DTP3	Record or Recall<12m	91.6	12-23 m	372	92
HEPB1	Recall	5.9	12-23 m	28	92
HEPB1	Record	92.4	12-23 m	343	92
HEPB1	Record or Recall	98.3	12-23 m	372	92
HEPB1	Record or Recall<12m	98.3	12-23 m	372	92
HEPB3	Recall	4.1	12-23 m	28	92
HEPB3	Record	90.9	12-23 m	343	92

HEPB3	Record or Recall	95	12-23 m	372	92
HEPB3	Record or Recall<12m	91.6	12-23 m	372	92
HEPBB	Recall	6.2	12-23 m	28	92
HEPBB	Record	91.7	12-23 m	343	92
HEPBB	Record or Recall	98	12-23 m	372	92
HEPBB	Record or Recall<12m	97.8	12-23 m	372	92
HIB1	Recall	5.9	12-23 m	28	92
HIB1	Record	92.4	12-23 m	343	92
HIB1	Record or Recall	98.3	12-23 m	372	92
HIB1	Record or Recall<12m	98.3	12-23 m	372	92
HIB3	Recall	4.1	12-23 m	28	92
HIB3	Record	90.9	12-23 m	343	92
HIB3	Record or Recall	95	12-23 m	372	92
HIB3	Record or Recall<12m	91.6	12-23 m	372	92
IPV1	Recall	6	12-23 m	28	92
IPV1	Record	79.1	12-23 m	343	92
IPV1	Record or Recall	85.1	12-23 m	372	92
IPV1	Record or Recall<12m	84.3	12-23 m	372	92
MCV1	Recall	6.3	12-23 m	28	92
MCV1	Record	90.6	12-23 m	343	92
MCV1	Record or Recall	96.9	12-23 m	372	92
MCV1	Record or Recall<12m	93.7	12-23 m	372	92
MCV2	Recall	5.5	24-35 m	53	-
MCV2	Record	84.2	24-35 m	376	-
MCV2	Record or Recall	89.7	24-35 m	429	-
MCV2	Record or Recall<12m	88.1	24-35 m	429	-
RCV1	Recall	6.3	12-23 m	28	92
RCV1	Record	90.6	12-23 m	343	92
RCV1	Record or Recall	96.9	12-23 m	372	92
RCV1	Record or Recall<12m	93.7	12-23 m	372	92

2015 Inquérito Demográfico e de Saúde Reprodutiva, IDSR-III, Cabo Verde 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	10.3	24-35 m	53	-
BCG	Record	87.6	24-35 m	376	-
BCG	Record or Recall	97.8	24-35 m	429	-
BCG	Record or Recall<12m	97.7	24-35 m	429	-

Cabo Verde - Survey Details

DTP1	Recall	9.4	24-35 m	53	-
DTP1	Record	87.6	24-35 m	376	-
DTP1	Record or Recall	97	24-35 m	429	-
DTP1	Record or Recall<12m	96.5	24-35 m	429	-
DTP3	Recall	6.5	24-35 m	53	-
DTP3	Record	87.6	24-35 m	376	-
DTP3	Record or Recall	94.1	24-35 m	429	-
DTP3	Record or Recall<12m	89.7	24-35 m	429	-
HEPB1	Recall	9.4	24-35 m	53	-
HEPB1	Record	87.6	24-35 m	376	-
HEPB1	Record or Recall	97	24-35 m	429	-
HEPB1	Record or Recall<12m	96.5	24-35 m	429	-
HEPB3	Recall	6.5	24-35 m	53	-
HEPB3	Record	87.6	24-35 m	376	-
HEPB3	Record or Recall	94.1	24-35 m	429	-
HEPB3	Record or Recall<12m	89.7	24-35 m	429	-
HEPBB	Recall	9.9	24-35 m	53	-
HEPBB	Record	87	24-35 m	376	-
HEPBB	Record or Recall	96.9	24-35 m	429	-
HEPBB	Record or Recall<12m	96.7	24-35 m	429	-
HIB1	Recall	9.4	24-35 m	53	-
HIB1	Record	87.6	24-35 m	376	-
HIB1	Record or Recall	97	24-35 m	429	-
HIB1	Record or Recall<12m	96.5	24-35 m	429	-
HIB3	Recall	6.5	24-35 m	53	-
HIB3	Record	87.6	24-35 m	376	-
HIB3	Record or Recall	94.1	24-35 m	429	-
HIB3	Record or Recall<12m	89.7	24-35 m	429	-
IPV1	Recall	8.8	24-35 m	53	-
IPV1	Record	68.5	24-35 m	376	-
IPV1	Record or Recall	77.3	24-35 m	429	-
IPV1	Record or Recall<12m	66.4	24-35 m	429	-
MCV1	Recall	10.1	24-35 m	53	-
MCV1	Record	86.6	24-35 m	376	-
MCV1	Record or Recall	96.7	24-35 m	429	-
MCV1	Record or Recall<12m	91	24-35 m	429	-
RCV1	Recall	10.1	24-35 m	53	-
RCV1	Record	86.6	24-35 m	376	-
RCV1	Record or Recall	96.7	24-35 m	429	-
RCV1	Record or Recall<12m	91	24-35 m	429	-

2014 Rapport Final de la Revue du PEV Cabo Verde

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	93.1	12-23 m	1696	99
DTP1	Record	92.9	12-23 m	1696	99
DTP3	Record	92.2	12-23 m	1696	99
HEPB1	Record	92.9	12-23 m	1696	99
HEPB3	Record	92.2	12-23 m	1696	99
HEPBB	Record	67.8	12-23 m	1696	99
HIB1	Record	92.9	12-23 m	1696	99
HIB3	Record	92.2	12-23 m	1696	99
MCV1	Record	90.4	12-23 m	1696	99

2010 Enquête de couverture vaccinale, Cap-Vert 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.9	12-23 m	1598	98
DTP1	Record or Recall	99.9	12-23 m	1598	98
DTP3	Record or Recall	99.6	12-23 m	1598	98
HEPB1	Record or Recall	99.7	12-23 m	1598	98
HEPB3	Record or Recall	98.1	12-23 m	1598	98
MCV1	Record or Recall	96.8	12-23 m	1598	98

2009 Enquête de couverture vaccinale de la 3ème dose de trois vaccins (contre la diphtérie, la coqueluche et le tétanos - DTC3) et la rougeole - Cap-Vert 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP3	Record	97.6	12-23 m	4458	100
MCV1	Record	94	12-23 m	4458	100

2008 Enquête de couverture vaccinale de la 3ème dose de trois vaccins (contre la diphtérie, la coqueluche et le tétanos - DTC3) et la rougeole - Le Cap-Vert 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP3	Record or Recall	98	12-23 m	1696	98
MCV1	Record or Recall	96.2	12-23 m	1696	98

2008 Inquérito nacional de cobertura vacinal. Cabo Verde, 2009.

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	97.8	12-23 m	1684	98
BCG	Record or Recall	99.9	12-23 m	1684	98
BCG	Scar	79.1	12-23 m	1684	98
DTP1	Record	97.9	12-23 m	1684	98
DTP1	Record or Recall	99.9	12-23 m	1684	98
DTP3	Record	97.3	12-23 m	1684	98
DTP3	Record or Recall	99.3	12-23 m	1684	98
HEPB1	Record	97.6	12-23 m	1684	98
HEPB1	Record or Recall	99.4	12-23 m	1684	98
HEPB3	Record	96.9	12-23 m	1684	98
HEPB3	Record or Recall	98.8	12-23 m	1684	98
MCV1	Record	94.4	12-23 m	1684	98
MCV1	Record or Recall	96.5	12-23 m	1684	98

2004 República de Cabo Verde, Inquérito de avaliação da cobertura vacinal 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	98.6	12-23 m	1160	97
DTP1	Record	96.3	12-23 m	1160	97
DTP3	Record	93.4	12-23 m	1160	97
HEPB1	Record	93.5	12-23 m	1160	97
HEPB3	Record	91	12-23 m	1160	97

Further information and estimates for previous years are available at:
<https://data.unicef.org/topic/child-health/immunization/>
<https://immunizationdata.who.int/listing.html>

MCV1	Record	90.7	12-23 m	1160	97
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2004 Segundo Inquérito Demográfico e de Saúde Reprodutiva, Cabo Verde, IDSR-II, 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	96.5	12-23 m	436	81
DTP1	Record or Recall	94	12-23 m	436	81
DTP3	Record or Recall	84.4	12-23 m	436	81
HEPB1	Record or Recall	75.3	12-23 m	436	81
HEPB3	Record or Recall	70.7	12-23 m	436	81
MCV1	Record or Recall	88.7	12-23 m	436	81

2001 Capo Verde, Inquérito Nacional de Cobertura Vacinal, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.1	12-23 m	-	100
DTP3	Record or Recall	85.3	12-23 m	-	100
MCV1	Record or Recall	75.4	12-23 m	-	100

1999 Capo Verde, Inquérito Nacional de Cobertura Vacinal, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92.3	12-23 m	208	94
DTP1	Record or Recall	92.8	12-23 m	208	94
DTP3	Record or Recall	86.5	12-23 m	208	94
MCV1	Record or Recall	79.8	12-23 m	208	94