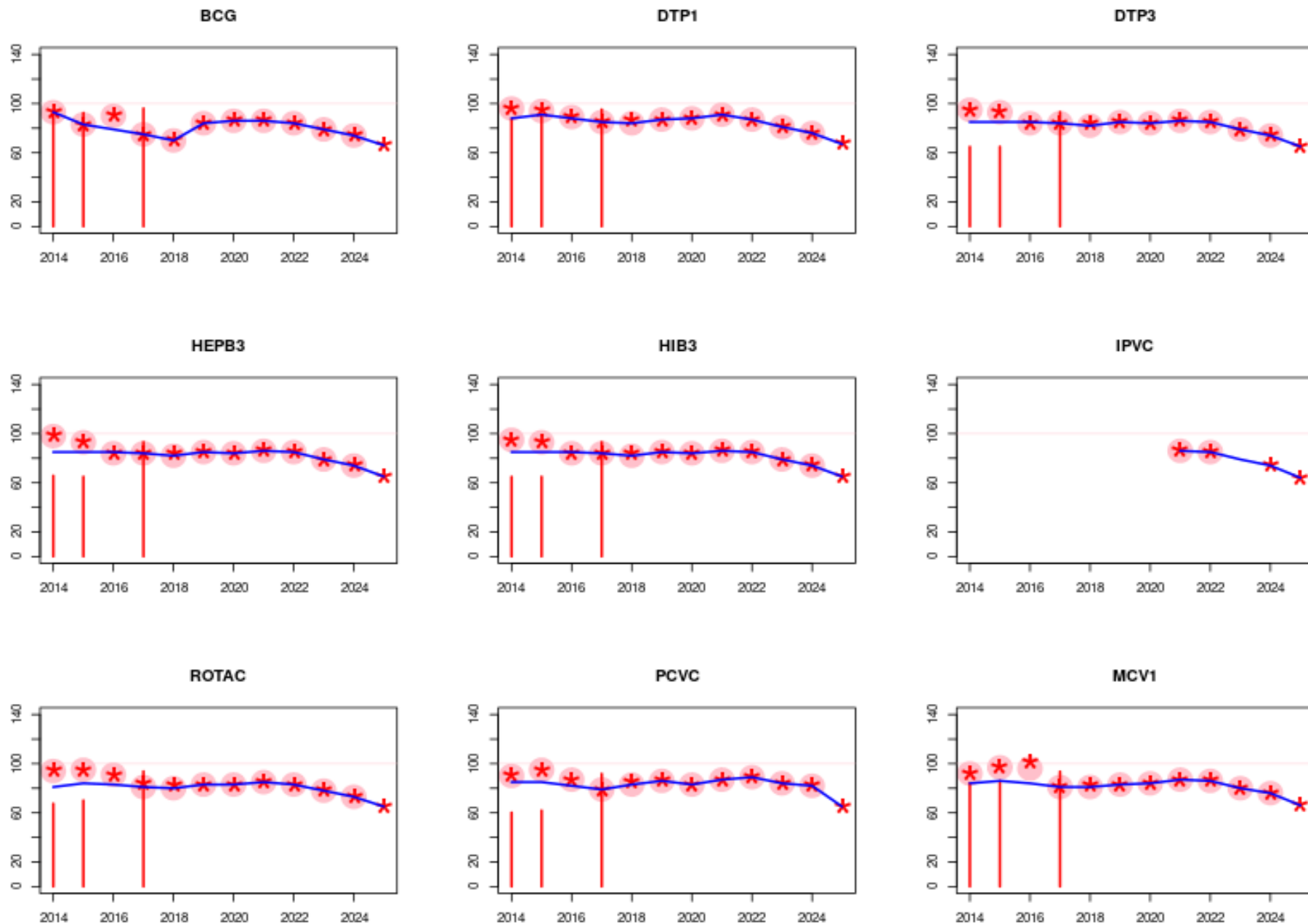




South Africa: WHO and UNICEF estimates of immunization coverage: 2025 revision

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

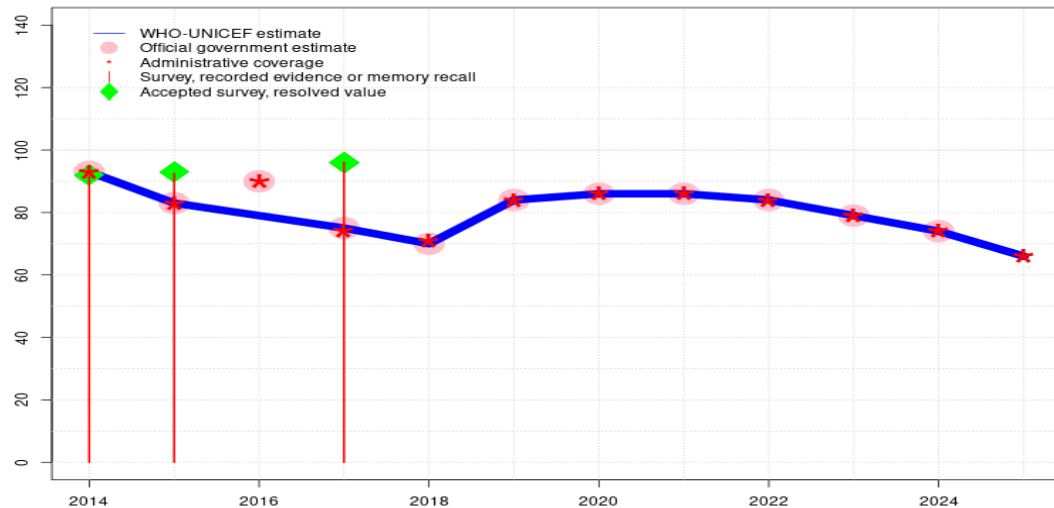
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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South Africa - BCG

ZAF - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	83	79	75	70	84	86	86	84	79	74	66
Estimate GoC	●	●	●	●	●	●	●●	●●	●●	●●	●●	●●
Official	93	83	90	75	70	84	86	86	84	79	74	-
Administrative	93	83	90	74	71	84	86	86	84	79	74	66
Survey	92	93	-	96	-	-	-	-	-	-	-	-

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.

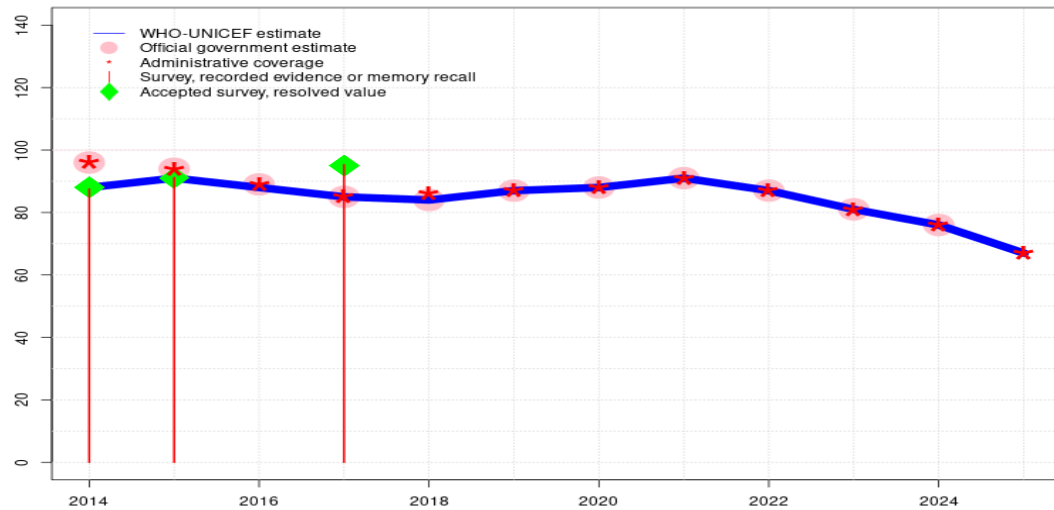
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data suggests increase in doses administered, in spite of one month national vaccine stockout, and recovery from prior year supply disruption. Estimate challenged by: S-
- 2018: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. Estimate challenged by: S-
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported denominator increased 16 percent between 2016 and 2017. Decline in reported coverage unexplained. Estimate follows trend in reported data consistent with other antigens. Estimate challenged by: S-
- 2016: Estimate informed by interpolation between reported data. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Estimate challenged by: S-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Programme reports three months national level stockout. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: D-

South Africa - DTP1

ZAF - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	91	88	85	84	87	88	91	87	81	76	67
Estimate GoC	•	•	•	•••	•	•••	••	••	••	••	••	••
Official	96	94	89	85	84	87	88	91	87	81	76	-
Administrative	96	94	89	85	86	87	88	91	87	81	76	67
Survey	88	91	-	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.

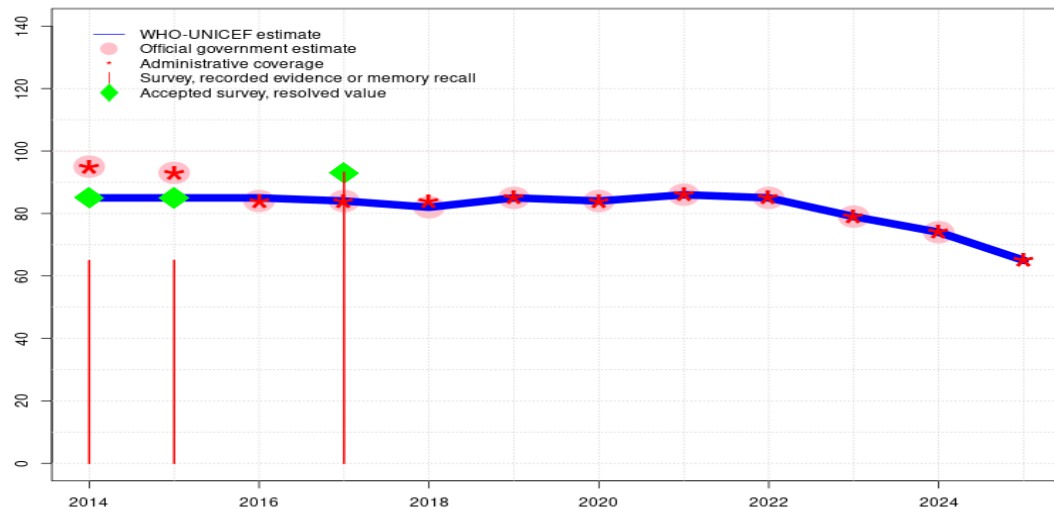
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports vaccine stockout of unspecified duration at subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Programme reports one month vaccine stockout at national and district levels. Estimate challenged by: D-R-
- 2015: Estimate of 91 percent assigned by working group. Estimate informed by survey results. Estimate challenged by: R-
- 2014: Estimate of 88 percent assigned by working group. Estimate informed by survey results. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-

South Africa - DTP3

ZAF - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	85	85	84	82	85	84	86	85	79	74	65
Estimate GoC	•	•	•	•••	•	•••	••	••	••	••	••	••
Official	95	93	84	84	82	85	84	86	85	79	74	-
Administrative	95	93	84	84	84	85	84	86	85	79	74	65
Survey	65	65	-	93	-	-	-	-	-	-	-	-

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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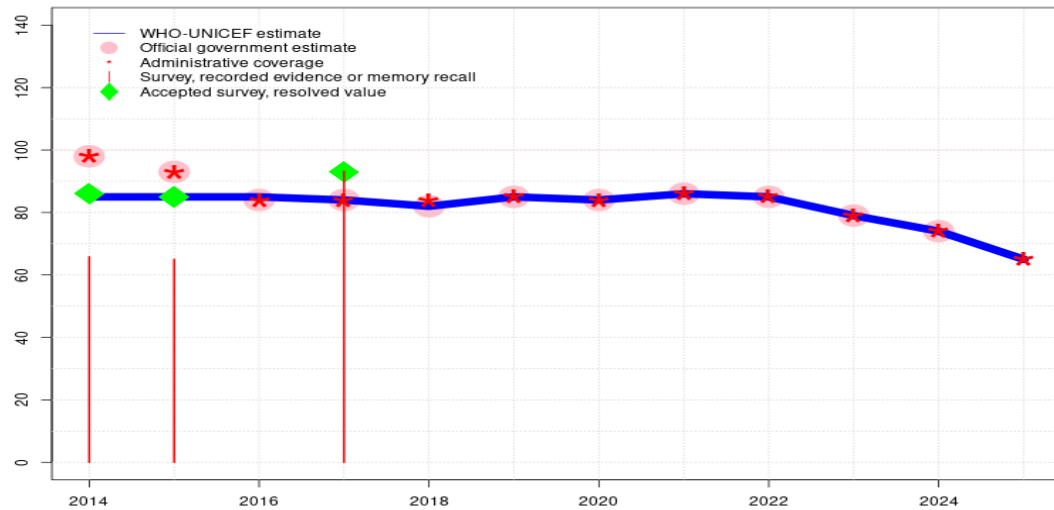
- 2025: Estimate informed by reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports vaccine stockout of unspecified duration at subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Programme reports one month vaccine stockout at national and district levels. Estimate challenged by: D-R-
- 2015: Estimate of 85 percent assigned by working group. Estimate informed by survey results. South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 65 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 62 percent. Estimate challenged by: R-
- 2014: Estimate of 85 percent assigned by working group. Estimate informed by survey results. South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 65 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 59 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series us-

South Africa - DTP3

ing updated population estimates following the release of the recent census. Estimate
challenged by: R-

South Africa - HEPB3

ZAF - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	85	85	84	82	85	84	86	85	79	74	65
Estimate GoC	•	•	•	•••	•	•••	••	••	••	••	••	••
Official	98	93	84	84	82	85	84	86	85	79	74	-
Administrative	98	93	84	84	84	85	84	86	85	79	74	65
Survey	66	65	-	93	-	-	-	-	-	-	-	-

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.

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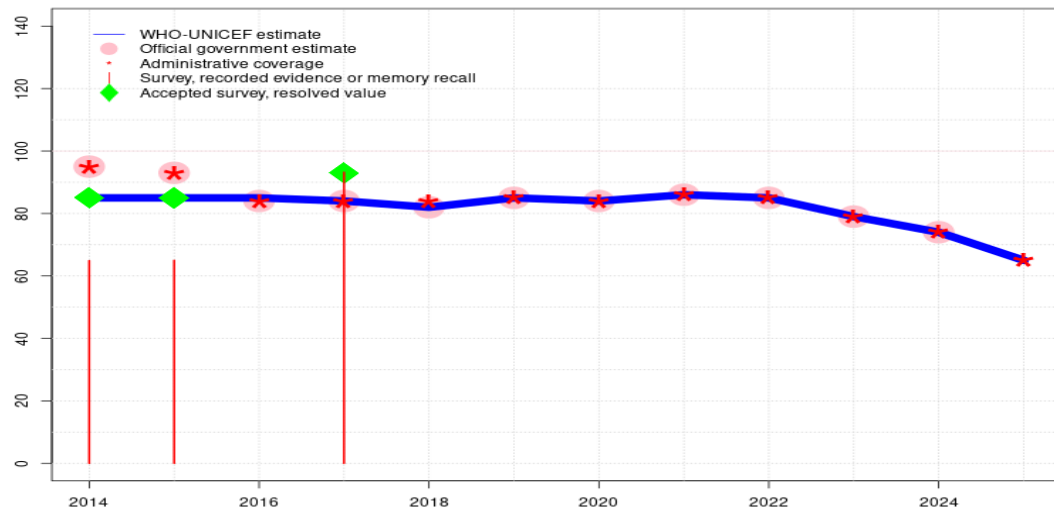
- 2025: Estimate informed by reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration at subnational levels. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Programme reports one month vaccine stockout at national and district levels. Estimate challenged by: D-R-
- 2015: Estimate of 85 percent assigned by working group. Estimate informed by survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 65 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 62 percent. Estimate challenged by: R-
- 2014: Estimate of 85 percent assigned by working group. Estimate informed by survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 66 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 60 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported cov-

South Africa - HEPB3

verage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-

South Africa - HIB3

ZAF - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	85	85	84	82	85	84	86	85	79	74	65
Estimate GoC	•	•	•	•••	•	•••	••	••	••	••	••	••
Official	95	93	84	84	82	85	84	86	85	79	74	-
Administrative	95	93	84	84	84	85	84	86	85	79	74	65
Survey	65	65	-	93	-	-	-	-	-	-	-	-

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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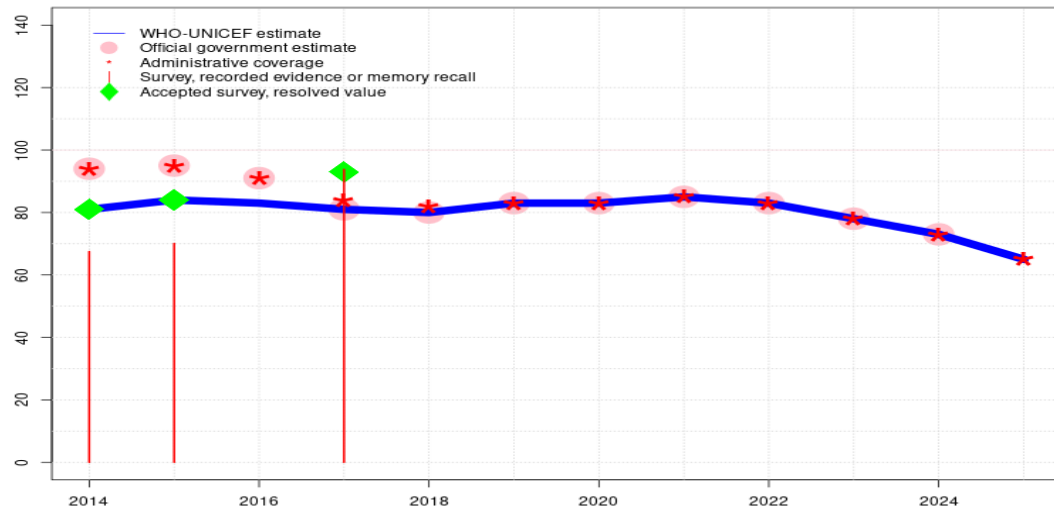
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- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
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- 2020: Estimate informed by reported data. GoC=R+ D+
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- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
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- 2015: Estimate of 85 percent assigned by working group. Estimate informed by survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 65 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 62 percent. Estimate challenged by: R-
- 2014: Estimate of 85 percent assigned by working group. Estimate informed by survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 65 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 59 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported cov-

South Africa - HIB3

verage time series using updated population estimates following the release of the recent census. Estimate challenged by: D-R-

South Africa - ROTAC

ZAF - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	81	84	83	81	80	83	83	85	83	78	73	65
Estimate GoC	•	•	•	•	•	•••	••	••	••	••	••	••
Official	94	95	91	81	80	83	83	85	83	78	73	-
Administrative	94	95	91	84	82	83	83	85	83	78	73	65
Survey	68	70	-	94	-	-	-	-	-	-	-	-

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:

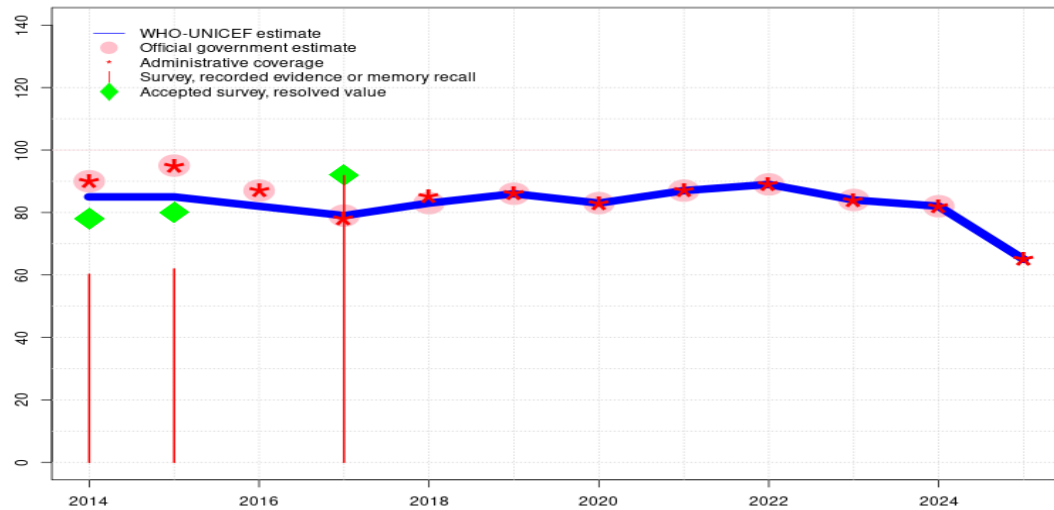
- 2025: Estimate informed by reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration at subnational levels. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Republic of South Africa Expanded Programme on Immunisation (EPI) National Coverage Survey Report 2020 record or recall results of 94 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 77 percent. Reported denominator increased 16 percent between 2016 and 2017. Estimate challenged by: S-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 84 percent based on 1 survey(s). South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 70 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 63 percent. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 81 percent based on 1 survey(s). South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 68 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only

South Africa - ROTAC

coverage of 60 percent and 3rd dose record only coverage of 57 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-

South Africa - PCVC

ZAF - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	85	82	79	83	86	83	87	89	84	82	65
Estimate GoC	●	●	●	●	●●●	●●●	●●	●●	●●	●●	●●	●●
Official	90	95	87	79	83	86	83	87	89	84	82	-
Administrative	90	95	87	78	85	86	83	87	89	84	82	65
Survey	60	62	-	92	-	-	-	-	-	-	-	-

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:

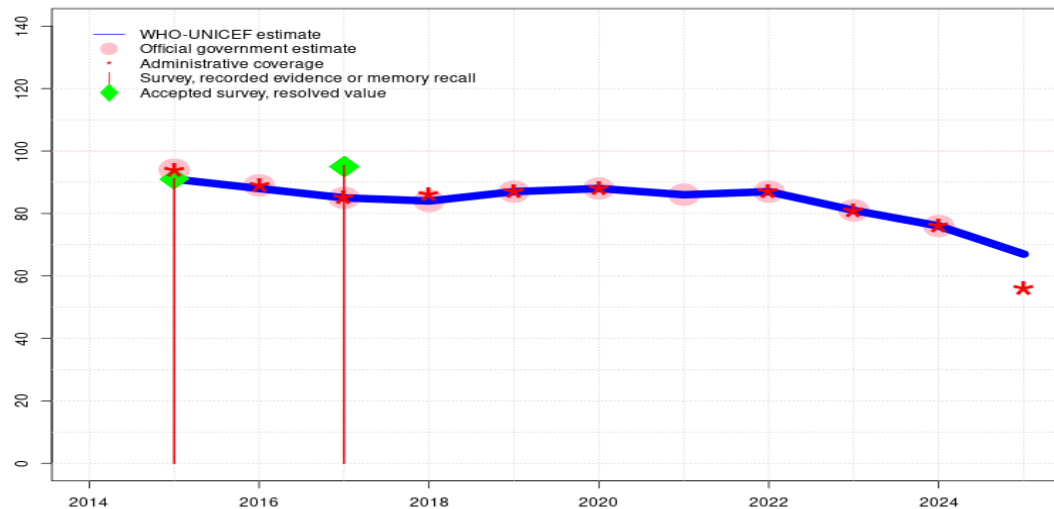
- 2025: Estimate informed by reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Estimate of 82 percent changed from previous revision value of 81 percent. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Estimate of 84 percent changed from previous revision value of 83 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports vaccine stockout of unspecified duration at subnational levels. Estimate of 89 percent changed from previous revision value of 88 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Estimate of 87 percent changed from previous revision value of 86 percent. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate of 83 percent changed from previous revision value of 82 percent. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate of 86 percent changed from previous revision value of 85 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate of 83 percent changed from previous revision value of 82 percent. GoC=R+ S+ D+
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported denominator increased 16 percent between 2016 and 2017. Estimate of 79 percent changed from previous revision value of 78 percent. Estimate challenged by: S-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Estimate challenged by: R-
- 2015: Estimate of 85 percent assigned by working group. Estimate informed by survey results for DTP3 adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 62 percent modified for recall bias to 80 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 59 percent. Estimate challenged by: R-
- 2014: Estimate of 85 percent assigned by working group. Estimate informed by survey results for

South Africa - PCVC

DTP3 adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 record or recall results of 60 percent modified for recall bias to 78 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 55 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-

South Africa - IPV1

ZAF - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	91	88	85	84	87	88	86	87	81	76	67
Estimate GoC	-	•	•	•••	•	•••	••	••	••	••	••	•
Official	-	94	89	85	84	87	88	86	87	81	76	-
Administrative	-	94	89	85	86	87	88	-	87	81	76	56
Survey	-	91	-	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.

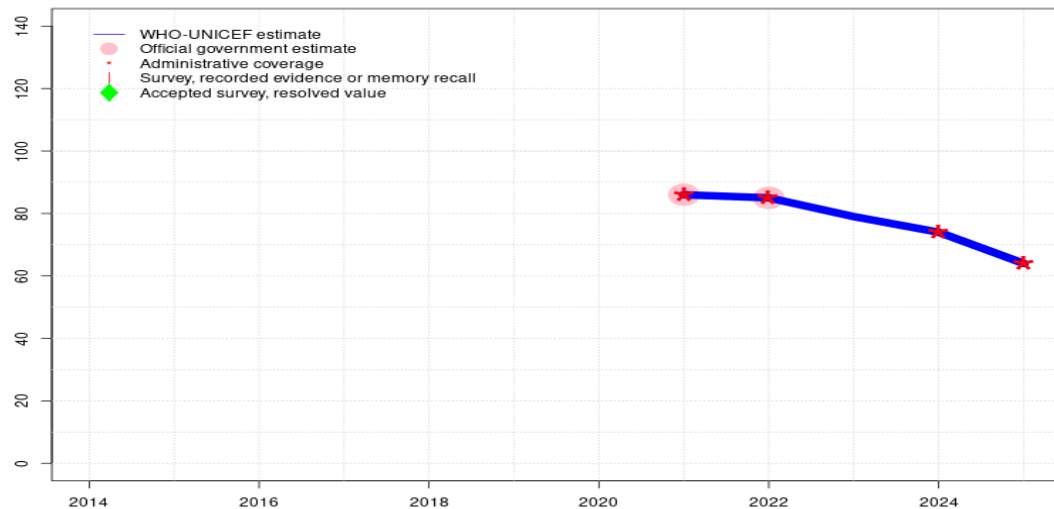
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated DTP1 coverage. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. Estimate challenged by: R-
- 2024: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Programme reports one month national and district stockout. Estimate challenged by: D-R-
- 2015: Estimate of 91 percent assigned by working group. Estimate informed by survey results. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

South Africa - IPVC

ZAF - IPVC



Description:

- 2025: Estimate informed by reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+
- 2024: Estimate informed by reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Estimate of 74 percent changed from previous revision value of 73 percent. GoC=R+ D+
- 2023: Estimated coverage informed by estimated DTP3. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Estimate of 79 percent changed from previous revision value of 78 percent. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Estimate of 85 percent changed from previous revision value of 84 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. Third dose of inactivated polio vaccine introduced prior to 2021. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	86	85	79	74	64
Estimate GoC	-	-	-	-	-	-	-	●●	●●	●	●●	●●
Official	-	-	-	-	-	-	-	86	85	-	-	-
Administrative	-	-	-	-	-	-	-	86	85	-	74	64
Survey	-	-	-	-	-	-	-	-	-	-	-	-

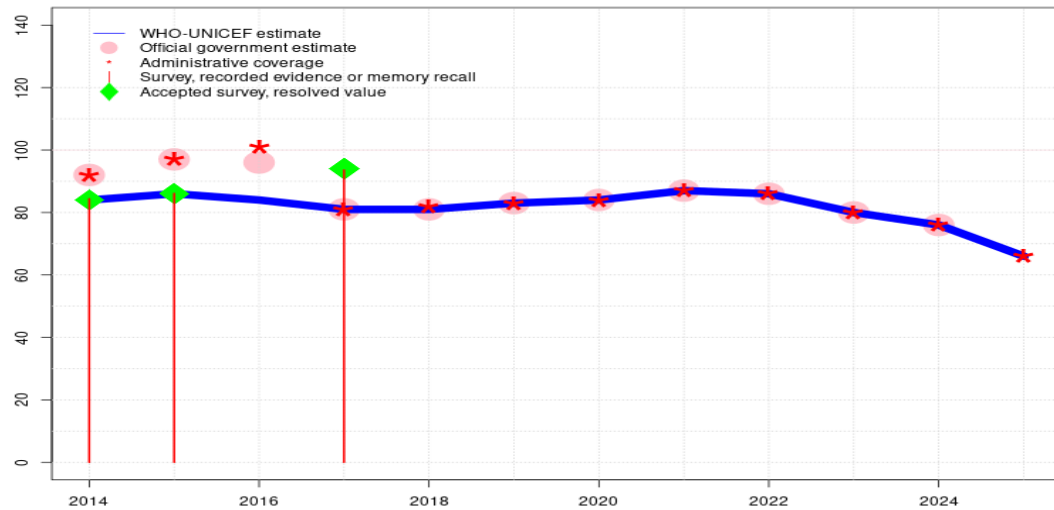
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

South Africa - MCV1

ZAF - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	84	86	84	81	81	83	84	87	86	80	76	66
Estimate GoC	•	•	•	•	•	•	••	••	••	••	••	••
Official	92	97	96	81	81	83	84	87	86	80	76	-
Administrative	92	97	101	81	82	83	84	87	86	80	76	66
Survey	84	86	-	94	-	-	-	-	-	-	-	-

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.

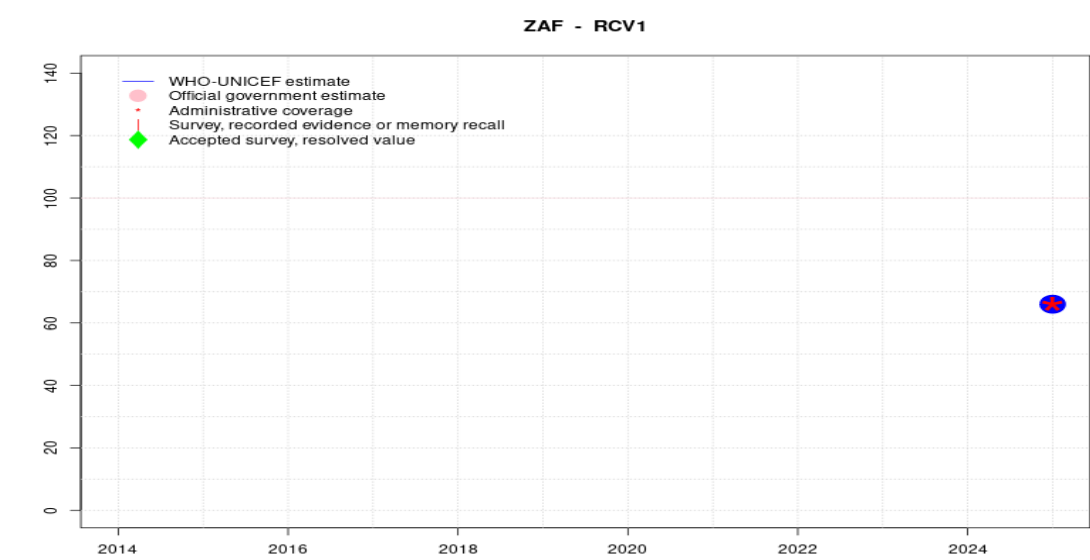
Description:

- 2025: Estimate informed by reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+
- 2024: Estimate informed by reported data. Country switched from Measles to MR vaccine in 2024 with 1st dose recommended at 6 months and 2nd dose at 12 months. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported coverage reflects doses administered at 6 months of age. Estimate challenged by: S-
- 2018: Estimate informed by reported data. Reported coverage reflects doses administered at 6 months of age. Estimate challenged by: S-
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported coverage reflects doses administered at 6 months of age. Reported denominator increased 16 percent between 2016 and 2017. Decline in reported coverage is unexplained. Estimate follows trend in reported data consistent with other antigens. Estimate challenged by: S-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Recommended age of vaccination for measles changed for first dose from nine months to 6 months. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Estimate of 84 percent assigned by working group. Estimate informed by survey results. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population esti-

South Africa - MCV1

mates following the release of the recent census. Estimate challenged by: R-

South Africa - RCV1



Description:

2025: Estimate based on estimated MCV1. Rubella vaccine introduced in 2024 as part of MR vaccine. Reporting started in 2025. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	66
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●●
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	66
Survey	-	-	-	-	-	-	-	-	-	-	-	-

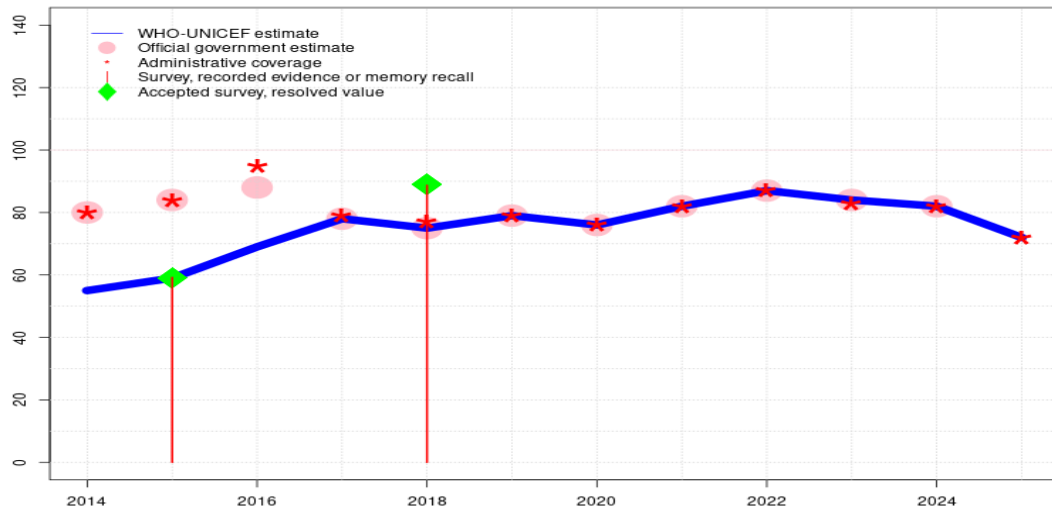
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

South Africa - MCV2

ZAF - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	55	59	69	78	75	79	76	82	87	84	82	72
Estimate GoC	•	•	•	•	•	•••	•	••	••	••	••	••
Official	80	84	88	78	75	79	76	82	87	84	82	-
Administrative	80	84	95	79	77	79	76	82	87	83	82	72
Survey	-	59	-	-	89	-	-	-	-	-	-	-

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 reported administrative data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decrease in reported coverage can be partially attributed to the 6 percent increase in denominator. GoC=R+ D+
- 2024: Estimate informed by reported data. Country switched from Measles to MR vaccine in 2024 with 1st dose recommended at 6 months and 2nd dose at 12 months. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate challenged by: S-
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate based on reported coverage for consistency with other vaccine-doses. Estimate challenged by: S-
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported denominator increased 16 percent between 2016 and 2017. Estimate challenged by: S-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Recommended age of vaccination for measles changed for second dose from 18 months to 12 months. Estimate challenged by: D-R-S-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 59 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2003 and 2015 levels. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: D-R-

South Africa - 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.

2018 Republic of South Africa Expanded Programme on Immunisation (EPI) National Coverage Survey Report 2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV2	Recall	16.7	24-35 m	20867	83
MCV2	Record	72.6	24-35 m	20867	83
MCV2	Record or Recall	88.7	24-35 m	20867	83

2017 Republic of South Africa Expanded Programme on Immunisation (EPI) National Coverage Survey Report 2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	17.5	24-35 m	20867	83
BCG	Record	79.1	24-35 m	20867	83
BCG	Record or Recall	96.1	24-35 m	20867	83
DTP1	Recall	17.2	24-35 m	20867	83
DTP1	Record	78.6	24-35 m	20867	83
DTP1	Record or Recall	95.3	24-35 m	20867	83
DTP3	Recall	17.1	24-35 m	20867	83
DTP3	Record	76.7	24-35 m	20867	83

DTP3	Record or Recall	93.2	24-35 m	20867	83
HEPB1	Recall	17.2	24-35 m	20867	83
HEPB1	Record	78.6	24-35 m	20867	83
HEPB1	Record or Recall	95.3	24-35 m	20867	83
HEPB3	Recall	17.1	24-35 m	20867	83
HEPB3	Record	76.7	24-35 m	20867	83
HEPB3	Record or Recall	93.2	24-35 m	20867	83
HIB1	Recall	17.2	24-35 m	20867	83
HIB1	Record	78.6	24-35 m	20867	83
HIB1	Record or Recall	95.3	24-35 m	20867	83
HIB3	Recall	17.1	24-35 m	20867	83
HIB3	Record	76.7	24-35 m	20867	83
HIB3	Record or Recall	93.2	24-35 m	20867	83
IPV1	Recall	17.2	24-35 m	20867	83
IPV1	Record	78.6	24-35 m	20867	83
IPV1	Record or Recall	95.3	24-35 m	20867	83
MCV1	Recall	17	24-35 m	20867	83
MCV1	Record	77.2	24-35 m	20867	83
MCV1	Record or Recall	93.6	24-35 m	20867	83
PCV1	Recall	17.3	24-35 m	20867	83
PCV1	Record	78.9	24-35 m	20867	83
PCV1	Record or Recall	95.5	24-35 m	20867	83
PCVC	Recall	16.9	24-35 m	20867	83
PCVC	Record	75.5	24-35 m	20867	83
PCVC	Record or Recall	91.8	24-35 m	20867	83
ROTAC	Recall	17.1	24-35 m	20867	83
ROTAC	Record	77.3	24-35 m	20867	83
ROTAC	Record or Recall	93.8	24-35 m	20867	83

2015 South Africa Demographic and Health Survey (SADHS) 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	27.9	12-23 m	228	66
BCG	Record	64.6	12-23 m	449	66
BCG	Record or Recall	92.5	12-23 m	677	66
BCG	Record or Recall<12m	92.2	12-23 m	677	66
DTP1	Recall	24.8	12-23 m	228	66
DTP1	Record	66.3	12-23 m	449	66
DTP1	Record or Recall	91.2	12-23 m	677	66

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DTP1	Record or Recall<12m	90.1	12-23 m	677	66
DTP3	Recall	2.8	12-23 m	228	66
DTP3	Record	62.2	12-23 m	449	66
DTP3	Record or Recall	65	12-23 m	677	66
DTP3	Record or Recall<12m	64.6	12-23 m	677	66
HEPB1	Recall	24.4	12-23 m	228	66
HEPB1	Record	65.8	12-23 m	449	66
HEPB1	Record or Recall	90.2	12-23 m	677	66
HEPB1	Record or Recall<12m	90	12-23 m	677	66
HEPB3	Recall	3.3	12-23 m	228	66
HEPB3	Record	61.7	12-23 m	449	66
HEPB3	Record or Recall	65	12-23 m	677	66
HEPB3	Record or Recall<12m	64.8	12-23 m	677	66
HIB1	Recall	24.8	12-23 m	228	66
HIB1	Record	66.3	12-23 m	449	66
HIB1	Record or Recall	91.2	12-23 m	677	66
HIB1	Record or Recall<12m	90.1	12-23 m	677	66
HIB3	Recall	2.8	12-23 m	228	66
HIB3	Record	62.2	12-23 m	449	66
HIB3	Record or Recall	65	12-23 m	677	66
HIB3	Record or Recall<12m	64.6	12-23 m	677	66
IPV1	Recall	24.8	12-23 m	228	66
IPV1	Record	66.3	12-23 m	449	66
IPV1	Record or Recall	91.2	12-23 m	677	66
IPV1	Record or Recall<12m	90.1	12-23 m	677	66
MCV1	Recall	23.9	12-23 m	228	66
MCV1	Record	62.3	12-23 m	449	66
MCV1	Record or Recall	86.1	12-23 m	677	66
MCV1	Record or Recall<12m	82	12-23 m	677	66
MCV2	Recall	10.7	24-35 m	258	-
MCV2	Record	48.5	24-35 m	402	-
MCV2	Record or Recall	59.2	24-35 m	660	-
MCV2	Record or Recall<24m	56.7	24-35 m	660	-
PCV1	Recall	22.8	12-23 m	228	66
PCV1	Record	65.9	12-23 m	449	66
PCV1	Record or Recall	88.7	12-23 m	677	66
PCV1	Record or Recall<12m	88.6	12-23 m	677	66
PCVC	Recall	2.8	12-23 m	228	66
PCVC	Record	59.1	12-23 m	449	66
PCVC	Record or Recall	61.9	12-23 m	677	66

PCVC	Record or Recall<12m	58.5	12-23 m	677	66
ROTAC	Recall	6.8	12-23 m	228	66
ROTAC	Record	63.3	12-23 m	449	66
ROTAC	Record or Recall	70.1	12-23 m	677	66
ROTAC	Record or Recall<12m	69.8	12-23 m	677	66

2014 South Africa Demographic and Health Survey (SADHS) 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.8	24-35 m	258	-
BCG	Record	60.7	24-35 m	402	-
BCG	Record or Recall	91.5	24-35 m	660	-
BCG	Record or Recall<12m	90.7	24-35 m	660	-
DTP1	Recall	26.6	24-35 m	258	-
DTP1	Record	60.9	24-35 m	402	-
DTP1	Record or Recall	87.5	24-35 m	660	-
DTP1	Record or Recall<12m	86.8	24-35 m	660	-
DTP3	Recall	5.9	24-35 m	258	-
DTP3	Record	59	24-35 m	402	-
DTP3	Record or Recall	64.9	24-35 m	660	-
DTP3	Record or Recall<12m	62.4	24-35 m	660	-
HEPB1	Recall	26.2	24-35 m	258	-
HEPB1	Record	60.9	24-35 m	402	-
HEPB1	Record or Recall	87	24-35 m	660	-
HEPB1	Record or Recall<12m	86.3	24-35 m	660	-
HEPB3	Recall	5.9	24-35 m	258	-
HEPB3	Record	60	24-35 m	402	-
HEPB3	Record or Recall	65.8	24-35 m	660	-
HEPB3	Record or Recall<12m	63.6	24-35 m	660	-
HIB1	Recall	26.6	24-35 m	258	-
HIB1	Record	60.9	24-35 m	402	-
HIB1	Record or Recall	87.5	24-35 m	660	-
HIB1	Record or Recall<12m	86.8	24-35 m	660	-
HIB3	Recall	5.9	24-35 m	258	-
HIB3	Record	59	24-35 m	402	-
HIB3	Record or Recall	64.9	24-35 m	660	-
HIB3	Record or Recall<12m	62.4	24-35 m	660	-
MCV1	Recall	25.8	24-35 m	258	-
MCV1	Record	58.6	24-35 m	402	-

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MCV1	Record or Recall	84.4	24-35 m	660	-
MCV1	Record or Recall<12m	77.4	24-35 m	660	-
PCV1	Recall	24.9	24-35 m	258	-
PCV1	Record	60.5	24-35 m	402	-
PCV1	Record or Recall	85.5	24-35 m	660	-
PCV1	Record or Recall<12m	84.8	24-35 m	660	-
PCVC	Recall	4.8	24-35 m	258	-
PCVC	Record	55.4	24-35 m	402	-
PCVC	Record or Recall	60.2	24-35 m	660	-
PCVC	Record or Recall<12m	54.5	24-35 m	660	-
ROTAC	Recall	10.3	24-35 m	258	-
ROTAC	Record	57.2	24-35 m	402	-
ROTAC	Record or Recall	67.5	24-35 m	660	-
ROTAC	Record or Recall<12m	65.3	24-35 m	660	-

2007 South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	86.1	12-23 m	776	69
BCG	Record	74	12-23 m	776	69
BCG	Record or Recall	85.5	12-23 m	776	69
DTP1	Recall	76.5	12-23 m	776	69
DTP1	Record	63.6	12-23 m	776	69
DTP1	Record or Recall	72.8	12-23 m	776	69
DTP3	Recall	65.9	12-23 m	776	69
DTP3	Record	55.3	12-23 m	776	69
DTP3	Record or Recall	62.6	12-23 m	776	69
HEPB3	Recall	56.3	12-23 m	776	69
HEPB3	Record	49.7	12-23 m	776	69
HEPB3	Record or Recall	56.3	12-23 m	776	69
HIB3	Recall	48.1	12-23 m	776	69
HIB3	Record	40.1	12-23 m	776	69
HIB3	Record or Recall	45.2	12-23 m	776	69
MCV1	Recall	68.7	12-23 m	776	69
MCV1	Record	56.5	12-23 m	776	69
MCV1	Record or Recall	64.8	12-23 m	776	69

2003 South Africa Demographic and Health Survey 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	10.2	12-23 m	408	71
BCG	Record	71	12-23 m	408	71
BCG	Record or Recall	81.2	12-23 m	408	71
BCG	Record or Recall<12m	81.2	12-23 m	408	71
DTP1	Recall	9.1	12-23 m	408	71
DTP1	Record	67.6	12-23 m	408	71
DTP1	Record or Recall	76.7	12-23 m	408	71
DTP1	Record or Recall<12m	66.9	12-23 m	408	71
DTP3	Recall	5.9	12-23 m	408	71
DTP3	Record	61.1	12-23 m	408	71
DTP3	Record or Recall	67	12-23 m	408	71
DTP3	Record or Recall<12m	49.9	12-23 m	408	71
HEPB1	Recall	8.4	12-23 m	408	71
HEPB1	Record	68.4	12-23 m	408	71
HEPB1	Record or Recall	76.8	12-23 m	408	71
HEPB1	Record or Recall<12m	67.9	12-23 m	408	71
HEPB3	Recall	4.1	12-23 m	408	71
HEPB3	Record	62.7	12-23 m	408	71
HEPB3	Record or Recall	66.8	12-23 m	408	71
HEPB3	Record or Recall<12m	49	12-23 m	408	71
MCV1	Recall	6.4	12-23 m	408	71
MCV1	Record	55.6	12-23 m	408	71
MCV1	Record or Recall	62	12-23 m	408	71
MCV1	Record or Recall<12m	22.3	12-23 m	408	71

1997 South Africa Demographic and Health Survey 1998

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	96.8	12-23 m	973	75
BCG	Record or Recall<12m	96.4	12-23 m	973	75
DTP1	Record or Recall	93.3	12-23 m	973	75
DTP1	Record or Recall<12m	92.8	12-23 m	973	75
DTP3	Record or Recall	76.4	12-23 m	973	75
DTP3	Record or Recall<12m	74.2	12-23 m	973	75
HEPB1	Record or Recall	88.2	12-23 m	973	75
HEPB1	Record or Recall<12m	87.8	12-23 m	973	75

HEPB3	Record or Recall	73.9	12-23 m	973	75		MCV1	Record or Recall<12m	72.2	12-23 m	973	75
HEPB3	Record or Recall<12m	71.6	12-23 m	973	75							
MCV1	Record or Recall	82.2	12-23 m	973	75							

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