

**BACKGROUND NOTE:** Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from the published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

\*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

\*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

\*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

## DATA SOURCES.

**ADMINISTRATIVE coverage:** Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

**OFFICIAL coverage:** Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

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

## ABBREVIATIONS

**BCG:** percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

**DTP1 / DTP3:** percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

**Pol3:** percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

**IPV1:** percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine

immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

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

**MCV1:** percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

**MCV2:** percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

**RCV1:** percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration nor are the data represented in the accompanying graph and data table.

**HepBB:** percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HepB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

**HepB3:** percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

**Hib3:** percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

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

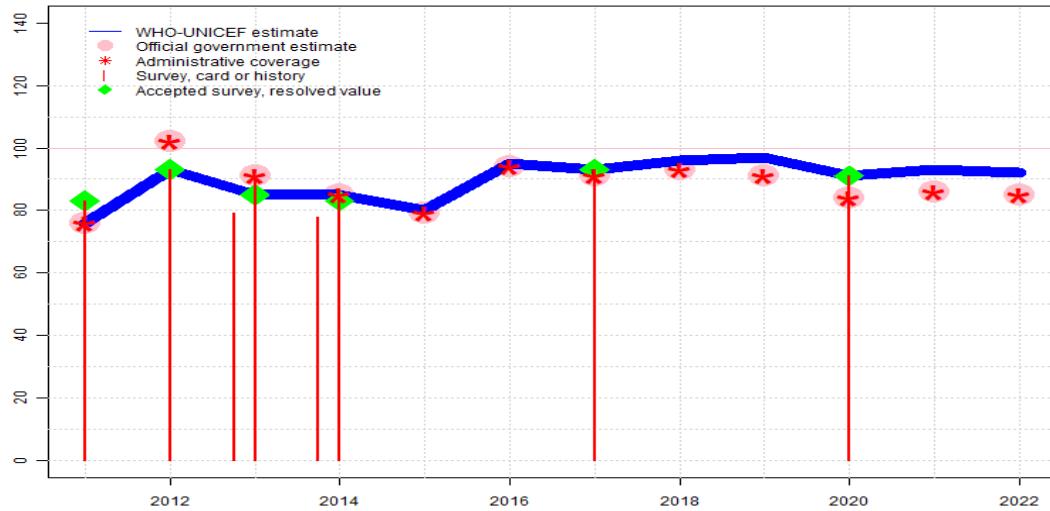
**PcV3:** percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

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

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# Côte d'Ivoire - BCG

CIV - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	76	93	85	85	80	95	93	96	97	91	93	92
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	76	102	91	85	79	94	91	93	91	84	86	85
Administrative	76	102	91	85	79	94	91	93	91	84	86	85
Survey	83	93	*	*	NA	NA	93	NA	NA	91	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

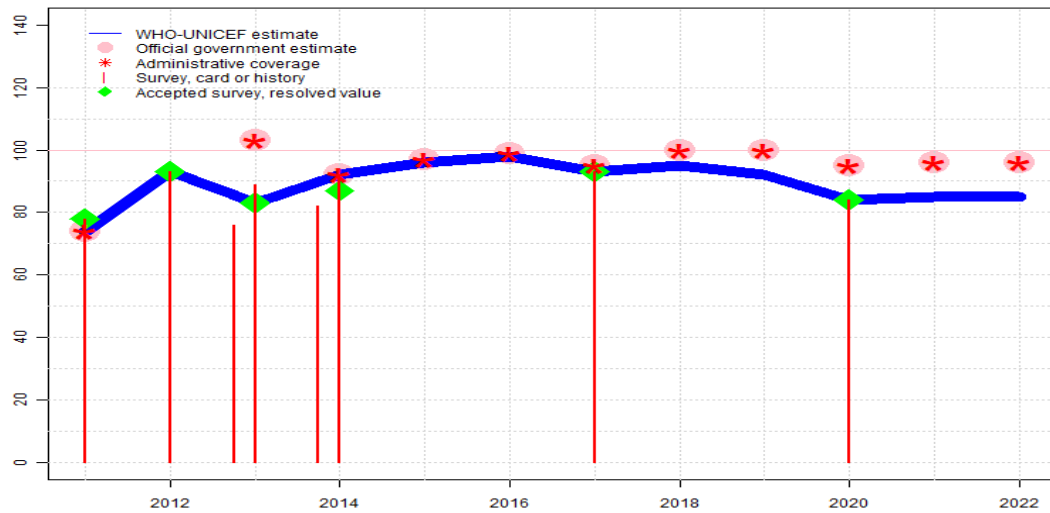
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2022: Reported data calibrated to 2020 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 87 percent coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports a two months vaccine stock-out. Estimate challenged by: D-R-
- 2020: Estimate of 91 percent assigned by working group. Estimate based on survey results. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2017: Estimate of 93 percent assigned by working group. Estimate based on survey results. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Increase may be the result of recovering from previous year BCG stockout. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2014 and 2017 levels. Programme reports three months stockout at national level. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 2 survey(s). Programme reports four months stockout at national level. Estimate is based on reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate of 85 percent assigned by working group. Estimate based on survey result. Programme reports a two months stockout at national level. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2012: Estimate of 93 percent assigned by working group. Estimate is based on survey results consistent with other antigens. Reported coverage might reflect recovery activities following the vaccine shortage in 2011. Estimate challenged by: R-
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Decline in coverage is attributable to vaccine shortages in 70 districts. Estimate challenged by: S-

# Côte d'Ivoire - DTP1

CIV - DTP1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	74	93	83	92	96	98	93	95	92	84	85	85
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	74	NA	103	92	97	99	95	100	100	95	96	96
Administrative	74	NA	103	92	97	99	95	100	100	95	96	96
Survey	78	93	*	*	NA	NA	93	NA	NA	84	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

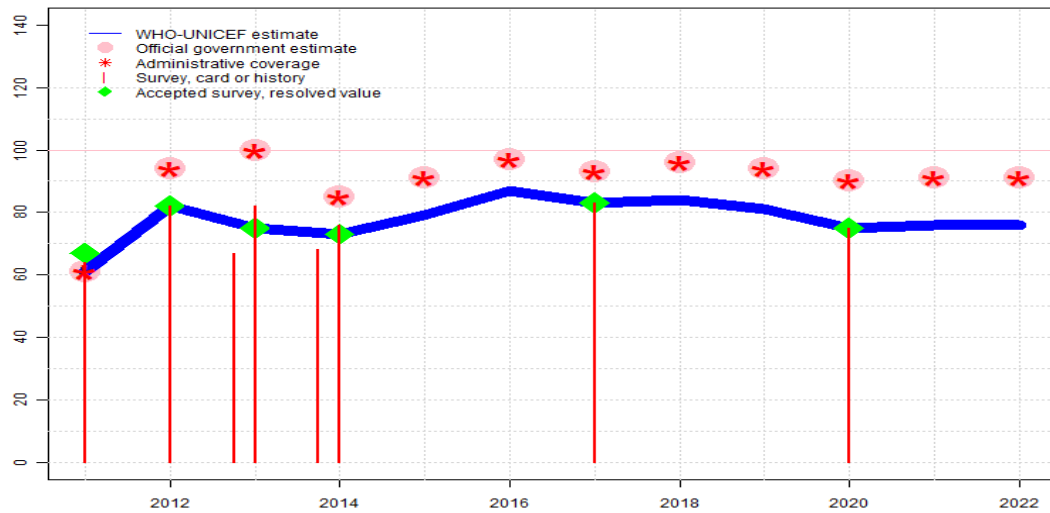
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2022: Reported data calibrated to 2020 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 70 percent coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports a four months vaccine stock-out. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 84 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-
- 2017: Estimate of 93 percent assigned by working group. Estimate based on survey results. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2014 and 2017 levels. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 2 survey(s). Programme reports seven month stockout at national level. Survey results do not reflect a decline in coverage as might be expected. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate of 83 percent assigned by working group. Estimate based on survey result. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 93 percent based on 1 survey(s). Reported coverage might reflect recovery activities following the vaccine shortage in 2011. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 78 percent based on 1 survey(s). Decline in coverage is attributable to vaccine shortages in 70 districts. Estimate challenged by: S-

# Côte d'Ivoire - DTP3

CIV - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	61	82	75	73	79	87	83	84	81	75	76	76
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	61	94	100	85	91	97	93	96	94	90	91	91
Administrative	61	94	100	85	91	97	93	96	94	90	91	91
Survey	64	82	*	*	NA	NA	83	NA	NA	75	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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:

- 2022: Reported data calibrated to 2020 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 54 percent coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports a four months vaccine stock-out. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2017: Estimate of 83 percent assigned by working group. Estimate based on survey results. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 and 2017 levels. Drop-out observed in the reported data is inconsistent with that observed in the most recent survey, particularly among those with HBRs where coverage levels would be expected to be highest. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 2 survey(s). Côte d'Ivoire Multiple Indicator Cluster Survey 2016 card or history results of 68 percent modified for recall bias to 69 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 62 percent. Programme reports seven month stockout at national level. Survey results do not reflect a decline in coverage as might be expected. Government disagrees with WHO and UNICEF estimates. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: D-R-
- 2013: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 2 survey(s). Final Report of Evaluation of a Vaccination Campaign against Measles, Cote d'Ivoire, 2014 card or history results of 82 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 61 percent. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 card or history results of 67 percent modified for recall bias to 69 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 57 percent. National programme reports vaccinating 100 percent of children. The programme highlights the conduct of seven weeks of intensification activities that allowed the programme to reach additional children during 2013 compared to previous years. Survey evidence for the 2013 birth cohort challenges the reported coverage level. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey

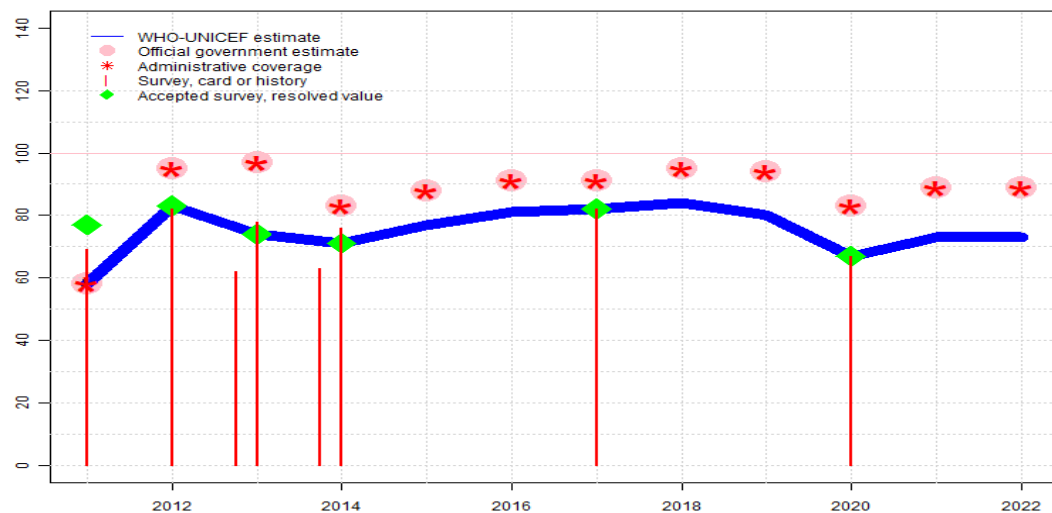
# Côte d'Ivoire - DTP3

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evidence of 82 percent based on 1 survey(s). Reported coverage might reflect recovery activities following the vaccine shortage in 2011. Estimate challenged by: R-S-  
2011: Estimate informed by reported data supported by survey. Survey evidence of 67 percent based on 1 survey(s). Côte d'Ivoire Demographic and Health and Multiple Indicator Cluster Survey 2011-2012 card or history results of 64 percent modified for recall bias to 67 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 56 percent. Decline in coverage is attributable to vaccine shortages in 70 districts. Estimate challenged by: S-

# Côte d'Ivoire - Pol3

CIV - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	58	83	74	71	77	81	82	84	80	67	73	73
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	58	95	97	83	88	91	91	95	94	83	89	89
Administrative	58	95	97	83	88	91	91	95	94	83	89	89
Survey	69	82	*	*	NA	NA	82	NA	NA	67	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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:

- 2022: Reported data calibrated to 2020 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 54 percent coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports a four months OPV vaccine stockout. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Programme reports a five month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-
- 2017: Estimate of 82 percent assigned by working group. Estimate based on survey results. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2017 levels. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 71 percent based on 2 survey(s). Côte d'Ivoire Multiple Indicator Cluster Survey 2016 card or history results of 63 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 79 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 58 percent. Programme reports four months stockout at national level. Government disagrees with WHO and UNICEF estimate. Estimate is based on trend in reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: D-R-S-
- 2013: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 2 survey(s). Final Report of Evaluation of a Vaccination Campaign against Measles, Cote d'Ivoire, 2014 card or history results of 78 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 58 percent and 3rd dose card only coverage of 55 percent. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 card or history results of 62 percent modified for recall bias to 69 percent based on 1st dose card or history coverage of 77 percent, 1st dose card only coverage of 60 percent and 3rd dose card only coverage of 54 percent. Programme reports two months stockout at national level. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 83 percent based on 1 survey(s). Vaccination Coverage Survey 2013 card or history results of 82 percent modified for recall bias to 83 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 78 percent. Reported coverage might reflect recovery activities following the vaccine shortage in 2011. Estimate challenged by: R-S-

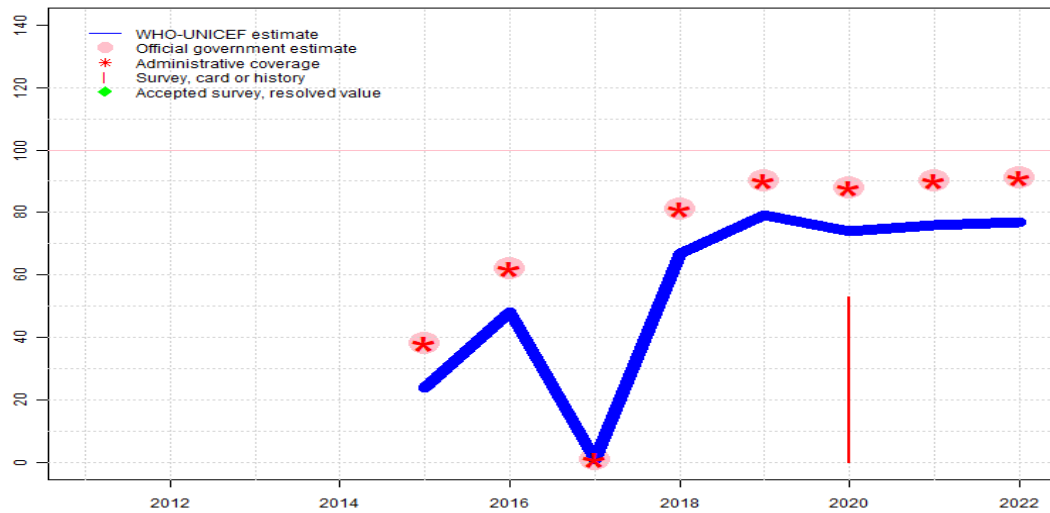


2011: Survey results likely contain doses administered during campaigns. Côte d'Ivoire Demographic and Health and Multiple Indicator Cluster Survey 2011-2012 card or history results of 69 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 71 percent and 3rd dose card only coverage of 60 percent. Decline in coverage is attributable to vaccine shortages in 70 districts. Estimate challenged by: S-



# Côte d'Ivoire - IPV1

CIV - IPV1



## Description:

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

- 2022: Reported data calibrated to 2018 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 57 percent coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2018 levels. Programme reports a two months vaccine stock-out. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. National vaccination coverage survey, Cote d'Ivoire (2021) results ignored by working group. Survey results inconsistent for IPV1 compared to other vaccine doses recommended at the same age. Estimate challenged by: D-R-
- 2019: Estimate is based on relative relationship between reported administrative and estimated DTP3 coverage applied to reported administrative coverage for IPV1. Estimate challenged by: D-R-
- 2018: Estimate of 67 percent assigned by working group. Estimate based on reported data adjusted for the difference between reported administrative and estimated DTP3 coverage. Programme reports five month vaccine stockout at national level. Estimate challenged by: D-R-
- 2017: Programme reports 12 month vaccine stockout. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2016: Reported data calibrated to 2018 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Programme reports a six months IPV stockout. Data reported exceptionally accepted due to year of introduction complicated by reported vaccine stockouts. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2018 levels. Inactivated polio vaccine introduced during 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	24	48	1	67	79	74	76	77
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	38	62	1	81	90	88	90	91
Administrative	NA	NA	NA	NA	38	62	1	81	90	88	90	91
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	53	NA	NA

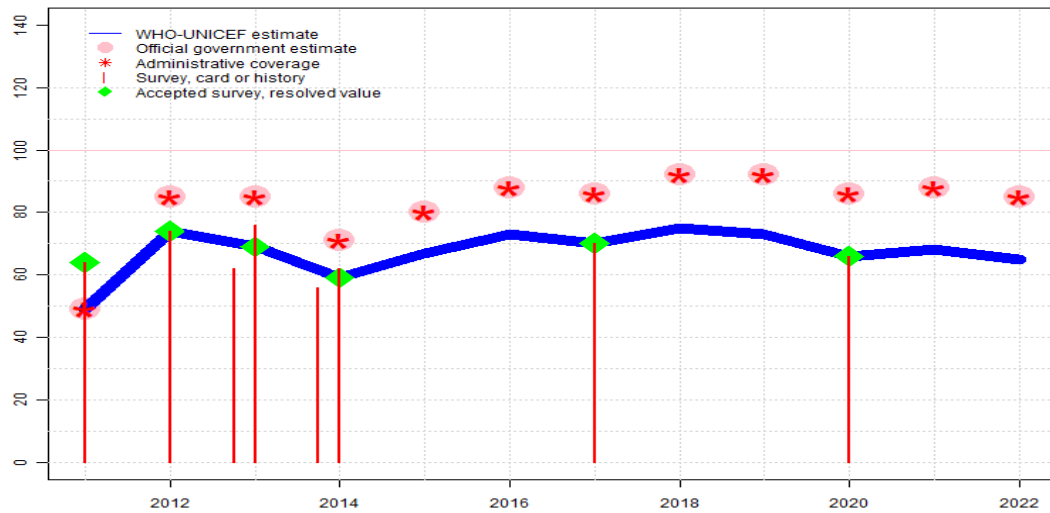
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

# Côte d'Ivoire - MCV1

CIV - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	49	74	69	59	67	73	70	75	73	66	68	65
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	49	85	85	71	80	88	86	92	92	86	88	85
Administrative	49	85	85	71	80	88	86	92	92	86	88	85
Survey	64	74	*	*	NA	NA	70	NA	NA	66	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

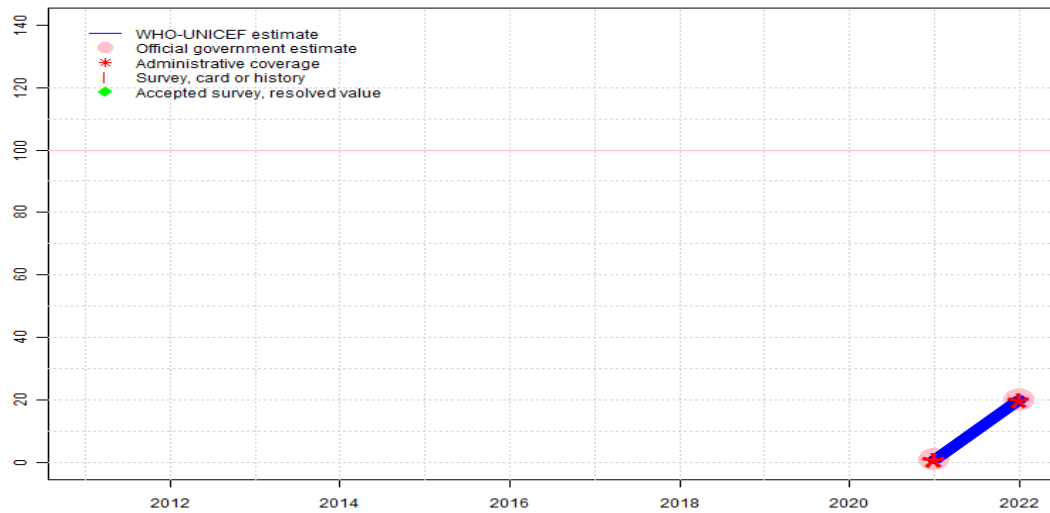
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2022: Reported data calibrated to 2020 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 60 percent coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 66 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2017: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 70 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 and 2017 levels. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 59 percent based on 2 survey(s). Programme reports five month stockout at national level. Government disagrees with WHO and UNICEF estimate. Estimate is based on trend in reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: D-R-S-
- 2013: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 69 percent based on 2 survey(s). Programme reports three months stockout at national level. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Reported coverage might reflect recovery activities following the vaccine shortage in 2011. Estimate challenged by: R-S-
- 2011: Survey results likely contain doses administered during campaigns. Decline in coverage is attributable to vaccine shortages in 70 districts. Estimate challenged by: S-

# Côte d'Ivoire - MCV2

CIV - MCV2



## Description:

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

2022: Estimate informed by reported data. Estimate informed by reported data following vaccine introduction in 2021. GoC=R+ D+

2021: Estimate informed by reported data. Vaccine dose introduced in 2021. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	20
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	••	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	20
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	20
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

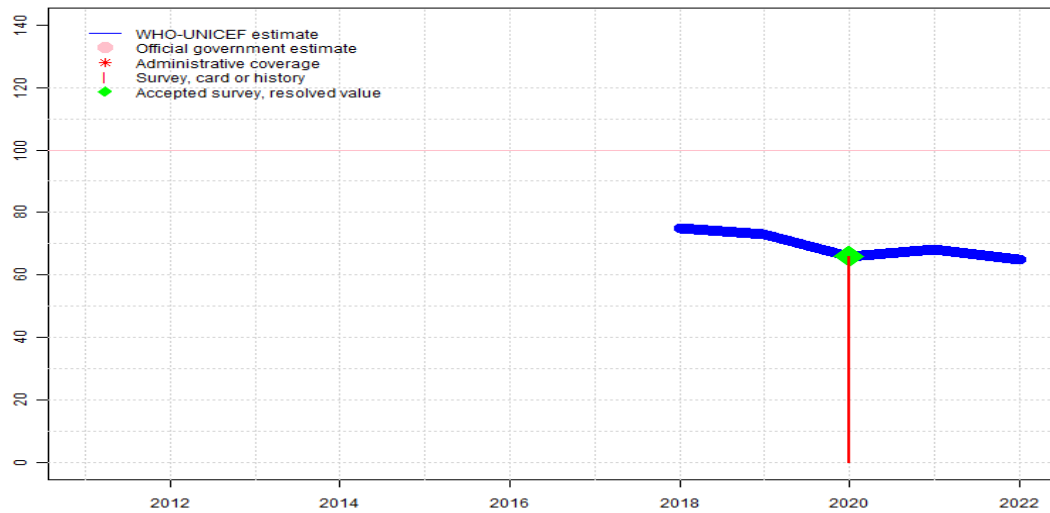
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

# Côte d'Ivoire - RCV1

CIV - RCV1



## Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

- 2022: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2021: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2019: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Rubella containing vaccine introduced in 2018. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	75	73	66	68	65
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	66	NA	NA

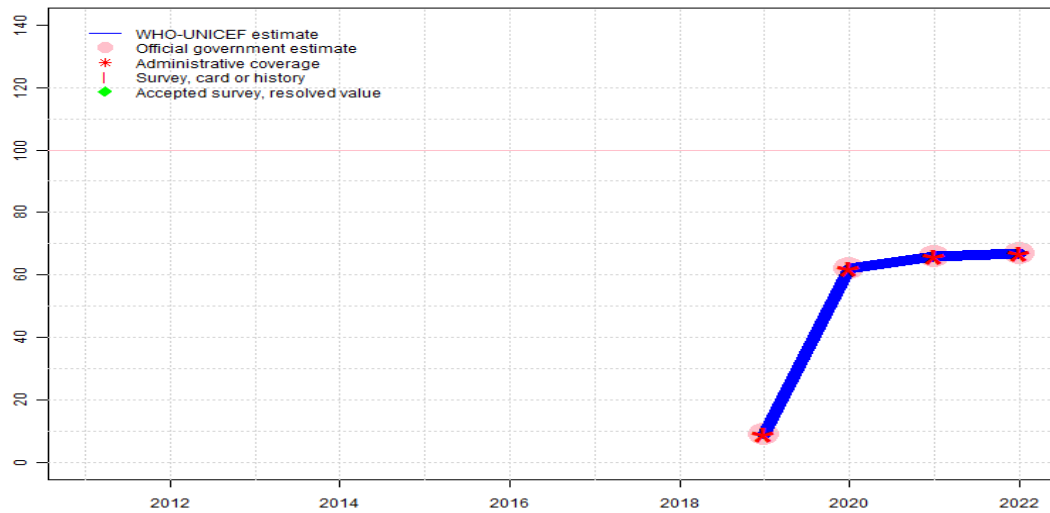
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

# Côte d'Ivoire - HepBB

CIV - HepBB



## Description:

- 2022: Estimate informed by reported data. Programme reports a one month vaccine stockout. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate based on reported data following recent vaccine introduction. Programme reports a two months vaccine stockout at national level. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Hepatitis B birth dose introduced in 2019. GoC=Assigned by working group. Consistency with other antigens.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	9	62	66	67
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	9	62	66	67
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	9	62	66	67
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

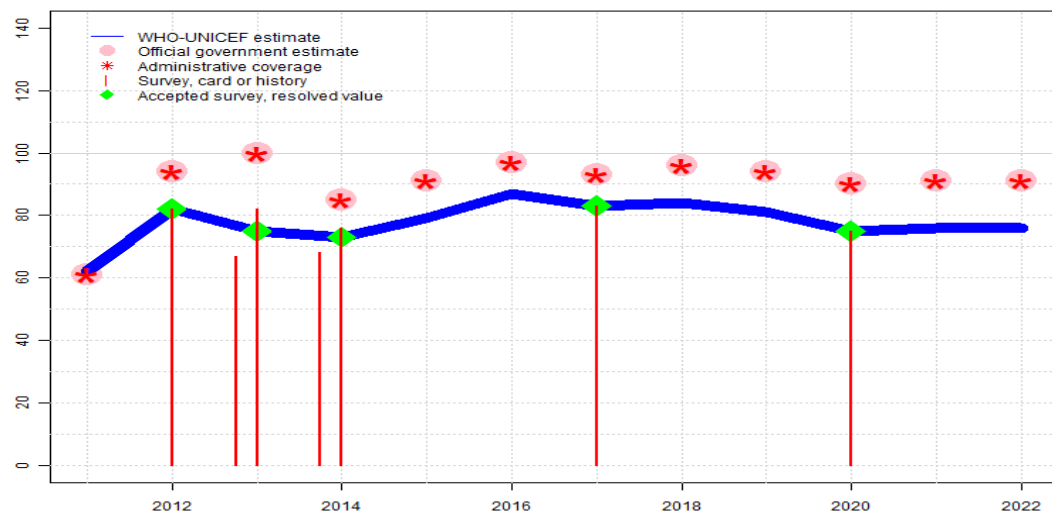
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

# Côte d'Ivoire - HepB3

CIV - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	62	82	75	73	79	87	83	84	81	75	76	76
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	61	94	100	85	91	97	93	96	94	90	91	91
Administrative	61	94	100	85	91	97	93	96	94	90	91	91
Survey	NA	82	*	*	NA	NA	83	NA	NA	75	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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:

- 2022: Reported data calibrated to 2020 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 54 percent coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports a four months vaccine stock-out. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2017: Estimate of 83 percent assigned by working group. Estimate based on survey results. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 and 2017 levels. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 2 survey(s). Côte d'Ivoire Multiple Indicator Cluster Survey 2016 card or history results of 68 percent modified for recall bias to 69 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 62 percent. Programme reports seven month stockout at national level. Government disagrees with WHO and UNICEF estimates. Estimate is based on trend in reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: D-R-
- 2013: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 2 survey(s). Final Report of Evaluation of a Vaccination Campaign against Measles, Cote d'Ivoire, 2014 card or history results of 82 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 61 percent. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 card or history results of 67 percent modified for recall bias to 69 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 57 percent. National programme reports vaccinating 100 percent of children. The programme highlights the conduct of seven weeks of intensification activities that allowed the programme to reach additional children during 2013 compared to previous years. Survey evidence for the 2013 birth cohort challenges the reported coverage level. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Reported coverage might reflect recovery activities following the vaccine shortage in 2011. Estimate challenged by: R-
- 2011: Estimate of 62 percent assigned by working group. Estimate based on DTP3 coverage

# Côte d'Ivoire - HepB3

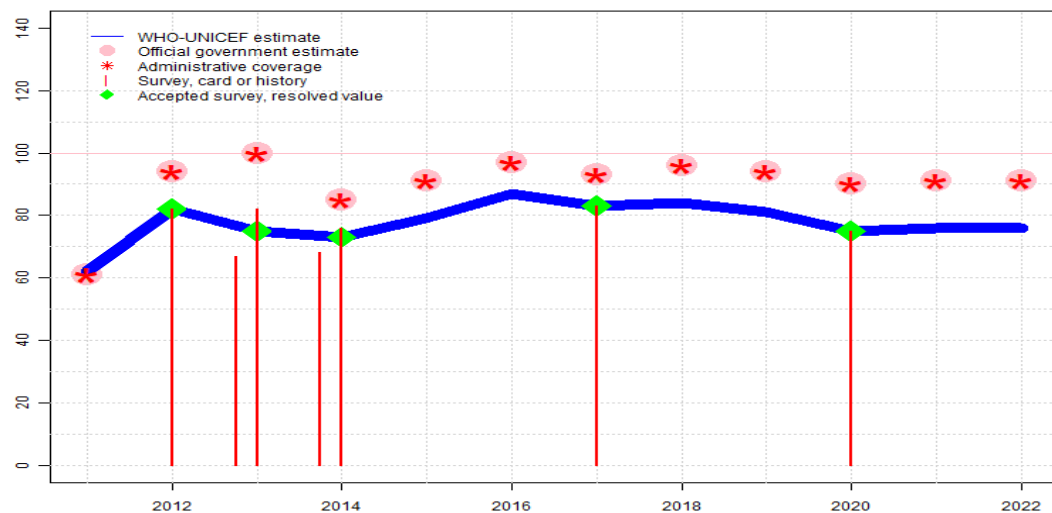
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level. Decline in coverage is attributable to vaccine shortages in 70 districts. Estimate challenged by: R-S-



# Côte d'Ivoire - Hib3

CIV - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	62	82	75	73	79	87	83	84	81	75	76	76
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	61	94	100	85	91	97	93	96	94	90	91	91
Administrative	61	94	100	85	91	97	93	96	94	90	91	91
Survey	NA	82	*	*	NA	NA	83	NA	NA	75	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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:

- 2022: Reported data calibrated to 2020 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 54 percent coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports a four months vaccine stock-out. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2017: Estimate of 83 percent assigned by working group. Estimate based on survey results. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 and 2017 levels. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 2 survey(s). Côte d'Ivoire Multiple Indicator Cluster Survey 2016 card or history results of 68 percent modified for recall bias to 69 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 62 percent. Programme reports seven month stockout at national level. Government disagrees with WHO and UNICEF estimates. Estimate is based on trend in reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: D-R-
- 2013: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 2 survey(s). Final Report of Evaluation of a Vaccination Campaign against Measles, Cote d'Ivoire, 2014 card or history results of 82 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 61 percent. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 card or history results of 67 percent modified for recall bias to 69 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 57 percent. National programme reports vaccinating 100 percent of children. The programme highlights the conduct of seven weeks of intensification activities that allowed the programme to reach additional children during 2013 compared to previous years. Survey evidence for the 2013 birth cohort challenges the reported coverage level. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Reported coverage might reflect recovery activities following the vaccine shortage in 2011. Estimate challenged by: R-
- 2011: Estimate of 62 percent assigned by working group. Estimate based on DTP3 coverage

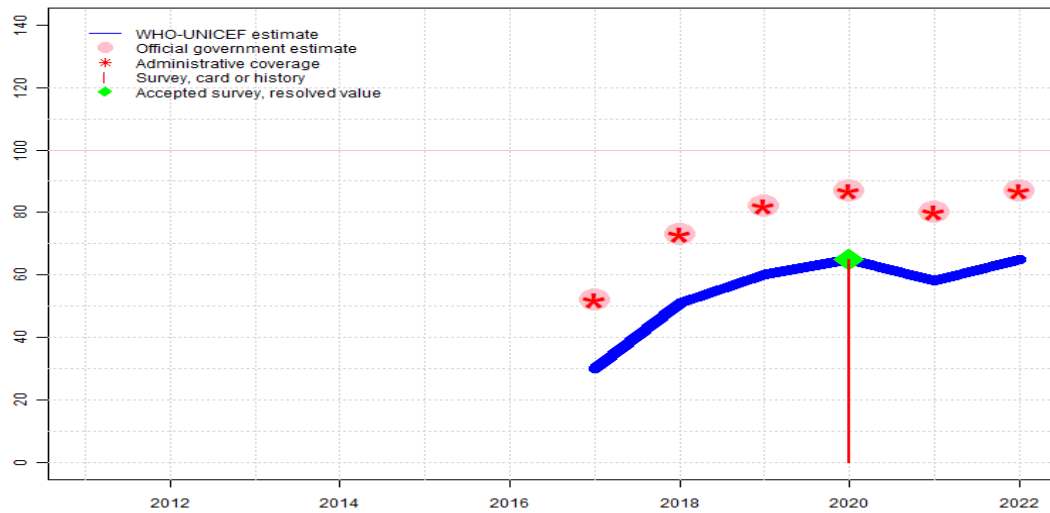
# Côte d'Ivoire - Hib3

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level. Decline in coverage is attributable to vaccine shortages in 70 districts. Estimate challenged by: R-S-

# Côte d'Ivoire - RotaC

CIV - RotaC



## Description:

- 2022: Reported data calibrated to 2020 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 58 percent coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports a seven month vaccine stock-out. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 65 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-S-
- 2017: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	30	51	60	65	58	65
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	52	73	82	87	80	87
Administrative	NA	NA	NA	NA	NA	NA	52	73	82	87	80	87
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	65	NA	NA

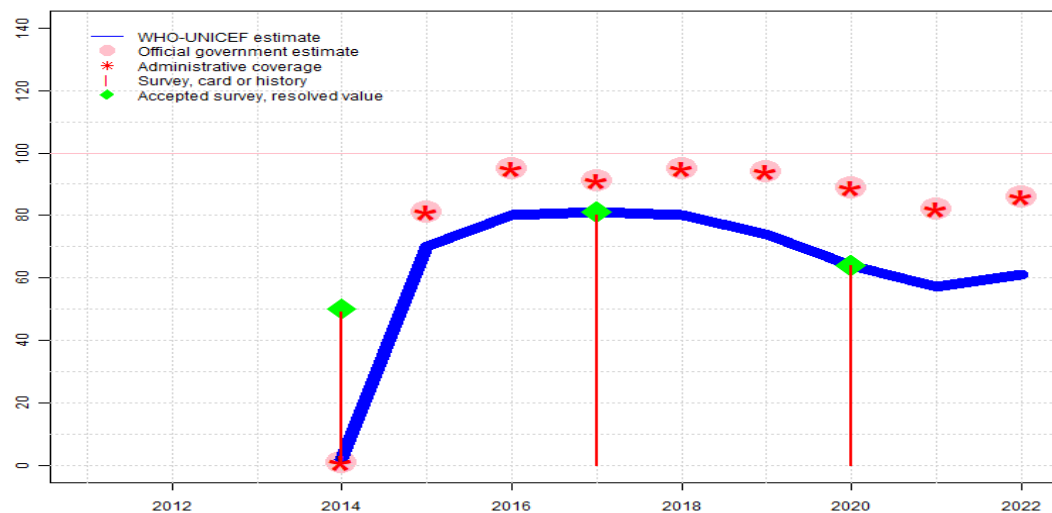
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

# Côte d'Ivoire - PcV3

CIV - PcV3



## Description:

- 2022: Reported data calibrated to 2020 levels. Preliminary results from the 2021 Demographic and Health Survey suggest 50 percent coverage. Programme reports a one month vaccine stockout. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports an eight month vaccine stockout. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-
- 2017: Estimate of 81 percent assigned by working group. Estimate based on survey results. Côte d'Ivoire Vaccination Coverage Survey 2018 card or history results of 80 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 84 percent and 3rd dose card only coverage of 74 percent. Estimate challenged by: D-R-
- 2016: Estimate based on reported coverage adjusted for the difference between reported administrative and estimated DTP3. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-S-
- 2015: Estimate is based on the reported PCV3 coverage adjusted for the difference between reported administrative and estimated coverage for DTP3. Estimate challenged by: D-R-S-
- 2014: Estimate of 2 percent assigned by working group. Pneumococcal conjugate vaccine introduced 30 September 2014. Estimate is based on reported data. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 card or history results of 49 percent modified for recall bias to 50 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 58 percent and 3rd dose card only coverage of 46 percent. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	2	70	80	81	80	74	64	57	61
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	1	81	95	91	95	94	89	82	86
Administrative	NA	NA	NA	1	81	95	91	95	94	89	82	86
Survey	NA	NA	NA	49	NA	NA	80	NA	NA	64	NA	NA

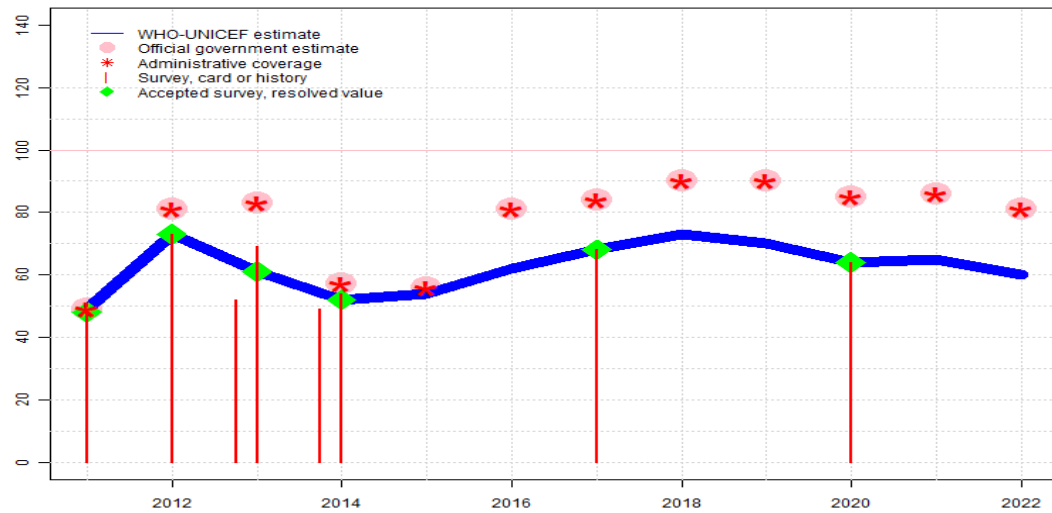
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

# Côte d'Ivoire - YFV

CIV - YFV



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	49	73	61	52	54	62	68	73	70	64	65	60
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	49	81	83	57	56	81	84	90	90	85	86	81
Administrative	49	81	83	57	56	81	84	90	90	85	86	81
Survey	48	73	*	*	NA	NA	68	NA	NA	64	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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:

- 2022: Reported data calibrated to 2020 levels. Programme reports a two months vaccine stock-out. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2017: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 68 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2016: Estimate is based on reported data adjusted for the difference between reported and estimated coverage for MCV1. Programme reports a two months vaccine stockout at national level. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-
- 2015: Estimate of 54 percent assigned by working group. Estimate based on survey level. Programme reports three months stockout at national level. Estimate challenged by: R-S-
- 2014: Estimate of 52 percent assigned by working group. Estimate based on survey level. Programme reports six month stockout at national level. Estimate is based on trend in reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: R-S-
- 2013: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 61 percent based on 2 survey(s). Programme reports four months stockout at national level. Estimate challenged by: D-R-S-
- 2012: Estimate of 73 percent assigned by working group. Estimate is based on survey results consistent with other antigens. Reported coverage might reflect recovery activities following the vaccine shortage in 2011. Estimate challenged by: R-S-
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 48 percent based on 1 survey(s). Decline in coverage is attributable to vaccine shortages in 70 districts. Estimate challenged by: S-

# Côte d'Ivoire - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 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 to 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 1 or 2 years prior to the survey field work.

PCV3	Card or History	64.2	12-23 m	1298	86
PCV3	History	5.3	12-23 m	1298	86
Pol1	Card or History	78.2	12-23 m	1298	86
Pol3	Card	61.5	12-23 m	1298	86
Pol3	Card or History	66.7	12-23 m	1298	86
Pol3	History	5.2	12-23 m	1298	86
RotaC	Card	57.6	12-23 m	1298	86
RotaC	Card or History	64.9	12-23 m	1298	86
RotaC	History	7.3	12-23 m	1298	86
YFV	Card	59.9	12-23 m	1298	86
YFV	Card or History	64.5	12-23 m	1298	86
YFV	History	4.6	12-23 m	1298	86

## 2020 Enquete nationale de couverture vaccinale systematique, Cote d'Ivoire 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	80.2	12-23 m	1298	86
BCG	Card or History	90.7	12-23 m	1298	86
BCG	History	10.5	12-23 m	1298	86
DTP1	Card or History	84.3	12-23 m	1298	86
DTP3	Card	70.2	12-23 m	1298	86
DTP3	Card or History	75.4	12-23 m	1298	86
DTP3	History	5.2	12-23 m	1298	86
HepB1	Card or History	84.3	12-23 m	1298	86
HepB3	Card	70.2	12-23 m	1298	86
HepB3	Card or History	75.4	12-23 m	1298	86
HepB3	History	5.2	12-23 m	1298	86
Hib1	Card or History	84.3	12-23 m	1298	86
Hib3	Card	70.2	12-23 m	1298	86
Hib3	Card or History	75.4	12-23 m	1298	86
Hib3	History	5.2	12-23 m	1298	86
IPV1	Card	48	12-23 m	1298	86
IPV1	Card or History	52.8	12-23 m	1298	86
IPV1	History	4.8	12-23 m	1298	86
MCV1	Card	61.2	12-23 m	1298	86
MCV1	Card or History	65.8	12-23 m	1298	86
MCV1	History	4.6	12-23 m	1298	86
PCV1	Card or History	73.9	12-23 m	1298	86
PCV3	Card	58.9	12-23 m	1298	86

## 2017 Enquete de Couverture Vaccinale Systematique 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	89.1	12-23 m	1312	90
BCG	Card or History	92.6	12-23 m	1312	90
DTP1	Card	84.8	12-23 m	1312	90
DTP1	Card or History	93.2	12-23 m	1312	90
DTP3	Card	75.8	12-23 m	1312	90
DTP3	Card or History	82.6	12-23 m	1312	90
HepB1	Card	84.8	12-23 m	1312	90
HepB1	Card or History	93.2	12-23 m	1312	90
HepB3	Card	75.8	12-23 m	1312	90
HepB3	Card or History	82.6	12-23 m	1312	90
Hib1	Card	84.8	12-23 m	1312	90
Hib1	Card or History	93.2	12-23 m	1312	90
Hib3	Card	75.8	12-23 m	1312	90
Hib3	Card or History	82.6	12-23 m	1312	90
MCV1	Card	64.9	12-23 m	1312	90
MCV1	Card or History	69.8	12-23 m	1312	90
PcV1	Card	84	12-23 m	1312	90
PcV1	Card or History	91.6	12-23 m	1312	90
PCV3	Card	73.5	12-23 m	1312	90
PCV3	Card or History	79.7	12-23 m	1312	90
Pol1	Card	84.1	12-23 m	1312	90
Pol1	Card or History	92.5	12-23 m	1312	90
Pol3	Card	74.9	12-23 m	1312	90

# Côte d'Ivoire - survey details

Pol3	Card or History	82.1	12-23 m	1312	90
YFV	Card	63.4	12-23 m	1312	90
YFV	Card or History	68.3	12-23 m	1312	90

## 2014 Côte d'Ivoire Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	78.3	12-23 m	1753	81
BCG	Card	67.9	12-23 m	1753	81
BCG	Card or History	78.3	12-23 m	1753	81
BCG	History	10.4	12-23 m	1753	81
DTP1	C or H <12 months	81.6	12-23 m	1753	81
DTP1	Card	74.1	12-23 m	1753	81
DTP1	Card or History	82.3	12-23 m	1753	81
DTP1	History	8.2	12-23 m	1753	81
DTP3	C or H <12 months	65.9	12-23 m	1753	81
DTP3	Card	62.5	12-23 m	1753	81
DTP3	Card or History	67.9	12-23 m	1753	81
DTP3	History	5.4	12-23 m	1753	81
HepB1	C or H <12 months	81.6	12-23 m	1753	81
HepB1	Card	74.1	12-23 m	1753	81
HepB1	Card or History	82.3	12-23 m	1753	81
HepB1	History	8.2	12-23 m	1753	81
HepB3	C or H <12 months	65.9	12-23 m	1753	81
HepB3	Card	62.5	12-23 m	1753	81
HepB3	Card or History	67.9	12-23 m	1753	81
HepB3	History	5.4	12-23 m	1753	81
Hib1	C or H <12 months	81.6	12-23 m	1753	81
Hib1	Card	74.1	12-23 m	1753	81
Hib1	Card or History	82.3	12-23 m	1753	81
Hib1	History	8.2	12-23 m	1753	81
Hib3	C or H <12 months	65.9	12-23 m	1753	81
Hib3	Card	62.5	12-23 m	1753	81
Hib3	Card or History	67.9	12-23 m	1753	81
Hib3	History	5.4	12-23 m	1753	81
MCV1	C or H <12 months	51.8	12-23 m	1753	81
MCV1	Card	50.6	12-23 m	1753	81
MCV1	Card or History	56.2	12-23 m	1753	81
MCV1	History	5.6	12-23 m	1753	81

PCV1	C or H <12 months	61.6	12-23 m	1753	81
PCV1	Card	58.4	12-23 m	1753	81
PCV1	Card or History	63.1	12-23 m	1753	81
PCV1	History	4.7	12-23 m	1753	81
PCV3	C or H <12 months	46.3	12-23 m	1753	81
PCV3	Card	45.9	12-23 m	1753	81
PCV3	Card or History	48.8	12-23 m	1753	81
PCV3	History	2.9	12-23 m	1753	81
Pol1	C or H <12 months	78.9	12-23 m	1753	81
Pol1	Card	68.8	12-23 m	1753	81
Pol1	Card or History	79.2	12-23 m	1753	81
Pol1	History	10.3	12-23 m	1753	81
Pol3	C or H <12 months	61.1	12-23 m	1753	81
Pol3	Card	58.3	12-23 m	1753	81
Pol3	Card or History	62.6	12-23 m	1753	81
Pol3	History	4.3	12-23 m	1753	81
YFV	C or H <12 months	47.9	12-23 m	1753	81
YFV	Card	48.5	12-23 m	1753	81
YFV	Card or History	53.9	12-23 m	1753	81
YFV	History	5.4	12-23 m	1753	81

## 2014 Revue Externe du Programme Elargi de Vaccination de Côte d'Ivoire 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	85	12-23 m	6416	91
BCG	Card or History	87	12-23 m	6416	91
DTP1	Card	84	12-23 m	6416	91
DTP1	Card or History	91	12-23 m	6416	91
DTP3	Card	70	12-23 m	6416	91
DTP3	Card or History	76	12-23 m	6416	91
HepB1	Card	84	12-23 m	6416	91
HepB1	Card or History	91	12-23 m	6416	91
HepB3	Card	70	12-23 m	6416	91
HepB3	Card or History	76	12-23 m	6416	91
Hib1	Card	84	12-23 m	6416	91
Hib1	Card or History	91	12-23 m	6416	91
Hib3	Card	70	12-23 m	6416	91
Hib3	Card or History	76	12-23 m	6416	91



# Côte d'Ivoire - survey details

MCV1	Card	57	12-23 m	6416	91
MCV1	Card or History	62	12-23 m	6416	91
Pol3	Card	70	12-23 m	6416	91
Pol3	Card or History	76	12-23 m	6416	91
YFV	Card	44	12-23 m	6416	91
YFV	Card or History	49	12-23 m	6416	91

## 2013 Côte d'Ivoire Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	78.5	24-35 m	1720	81
BCG	Card	61.7	24-35 m	1720	81
BCG	Card or History	79	24-35 m	1720	81
BCG	History	17.3	24-35 m	1720	81
DTP1	C or H <12 months	75.3	24-35 m	1720	81
DTP1	Card	62.8	24-35 m	1720	81
DTP1	Card or History	76.3	24-35 m	1720	81
DTP1	History	13.4	24-35 m	1720	81
DTP3	C or H <12 months	62.7	24-35 m	1720	81
DTP3	Card	57.2	24-35 m	1720	81
DTP3	Card or History	66.7	24-35 m	1720	81
DTP3	History	9.5	24-35 m	1720	81
HepB1	C or H <12 months	75.3	24-35 m	1720	81
HepB1	Card	62.8	24-35 m	1720	81
HepB1	Card or History	76.3	24-35 m	1720	81
HepB1	History	13.4	24-35 m	1720	81
HepB3	C or H <12 months	62.7	24-35 m	1720	81
HepB3	Card	57.2	24-35 m	1720	81
HepB3	Card or History	66.7	24-35 m	1720	81
HepB3	History	9.5	24-35 m	1720	81
Hib1	C or H <12 months	75.3	24-35 m	1720	81
Hib1	Card	62.8	24-35 m	1720	81
Hib1	Card or History	76.3	24-35 m	1720	81
Hib1	History	13.4	24-35 m	1720	81
Hib3	C or H <12 months	62.7	24-35 m	1720	81
Hib3	Card	57.2	24-35 m	1720	81
Hib3	Card or History	66.7	24-35 m	1720	81
Hib3	History	9.5	24-35 m	1720	81
MCV1	C or H <12 months	51.6	24-35 m	1720	81

MCV1	Card	51.1	24-35 m	1720	81
MCV1	Card or History	62.3	24-35 m	1720	81
MCV1	History	11.2	24-35 m	1720	81
PCV1	C or H <12 months	31.7	24-35 m	1720	81
PCV1	Card	28.5	24-35 m	1720	81
PCV1	Card or History	36.1	24-35 m	1720	81
PCV1	History	7.7	24-35 m	1720	81
Pol1	C or H <12 months	76.3	24-35 m	1720	81
Pol1	Card	60.5	24-35 m	1720	81
Pol1	Card or History	77.2	24-35 m	1720	81
Pol1	History	16.7	24-35 m	1720	81
Pol3	C or H <12 months	58.2	24-35 m	1720	81
Pol3	Card	54.5	24-35 m	1720	81
Pol3	Card or History	62	24-35 m	1720	81
Pol3	History	7.5	24-35 m	1720	81
YFV	C or H <12 months	37.6	24-35 m	1720	81
YFV	Card	41.7	24-35 m	1720	81
YFV	Card or History	52.5	24-35 m	1720	81
YFV	History	10.8	24-35 m	1720	81

## 2013 Republique de la Côte d'Ivoire Evaluation de la Campagne de Vaccination contre la Rougeole 2014 (Rapport Final)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	61.4	12-23 m	-	75
BCG	Card or History	91.2	12-23 m	8787	75
DTP1	Card	67.5	12-23 m	-	75
DTP1	Card or History	89.1	12-23 m	8787	75
DTP3	Card	61.1	12-23 m	-	75
DTP3	Card or History	81.5	12-23 m	8787	75
HepB1	Card	67.5	12-23 m	-	75
HepB1	Card or History	89.1	12-23 m	8787	75
HepB3	Card	61.1	12-23 m	-	75
HepB3	Card or History	81.5	12-23 m	8787	75
Hib1	Card	67.5	12-23 m	-	75
Hib1	Card or History	89.1	12-23 m	8787	75
Hib3	Card	61.1	12-23 m	-	75
Hib3	Card or History	81.5	12-23 m	8787	75
MCV1	Card	54.6	12-23 m	-	75

# Côte d'Ivoire - survey details

MCV1	Card or History	76.5	12-23 m	8787	75
Pol1	Card	57.6	12-23 m	-	75
Pol1	Card or History	82.6	12-23 m	8787	75
Pol3	Card	54.8	12-23 m	-	75
Pol3	Card or History	77.7	12-23 m	8787	75
YFV	Card	48.7	12-23 m	-	75
YFV	Card or History	69.3	12-23 m	8787	75

## 2012 Enquête de Couverture Vaccinale 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	87	12-23 m	-	88
BCG	Card or History	93	12-23 m	4751	88
DTP1	Card	88	12-23 m	-	88
DTP1	Card or History	93	12-23 m	4751	88
DTP3	Card	78	12-23 m	-	88
DTP3	Card or History	82	12-23 m	4751	88
HepB1	Card	88	12-23 m	-	88
HepB1	Card or History	93	12-23 m	4751	88
HepB3	Card	78	12-23 m	-	88
HepB3	Card or History	82	12-23 m	4751	88
Hib1	Card	88	12-23 m	-	88
Hib1	Card or History	93	12-23 m	4751	88
Hib3	Card	78	12-23 m	-	88
Hib3	Card or History	82	12-23 m	4751	88
MCV1	Card	71	12-23 m	-	88
MCV1	Card or History	74	12-23 m	4751	88
Pol1	Card	88	12-23 m	-	88
Pol1	Card or History	94	12-23 m	4751	88
Pol3	Card	78	12-23 m	-	88
Pol3	Card or History	82	12-23 m	4751	88
YFV	Card	69	12-23 m	-	88
YFV	Card or History	73	12-23 m	4751	88

## 2011 Enquête Démographique et de Santé et à Indicateurs Multiples EDSCI-III, Côte d'Ivoire, 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82.9	12-23 m	1432	74
BCG	Card	68	12-23 m	1061	74
BCG	Card or History	83.4	12-23 m	1432	74
BCG	History	15.4	12-23 m	371	74
DTP1	C or H <12 months	76.8	12-23 m	1432	74
DTP1	Card	65.4	12-23 m	1061	74
DTP1	Card or History	77.5	12-23 m	1432	74
DTP1	History	12	12-23 m	371	74
DTP3	C or H <12 months	60	12-23 m	1432	74
DTP3	Card	56	12-23 m	1061	74
DTP3	Card or History	63.8	12-23 m	1432	74
DTP3	History	7.8	12-23 m	371	74
MCV1	C or H <12 months	49.2	12-23 m	1432	74
MCV1	Card	52.6	12-23 m	1061	74
MCV1	Card or History	64.5	12-23 m	1432	74
MCV1	History	11.9	12-23 m	371	74
Pol1	C or H <12 months	90.7	12-23 m	1432	74
Pol1	Card	71	12-23 m	1061	74
Pol1	Card or History	91.4	12-23 m	1432	74
Pol1	History	20.3	12-23 m	371	74
Pol3	C or H <12 months	64.8	12-23 m	1432	74
Pol3	Card	60.4	12-23 m	1061	74
Pol3	Card or History	69.2	12-23 m	1432	74
Pol3	History	8.8	12-23 m	371	74
YFV	C or H <12 months	33.5	12-23 m	1432	74
YFV	Card	47.7	12-23 m	1061	74
YFV	Card or History	47.7	12-23 m	1432	74
YFV	History	0	12-23 m	371	74

## 2010 Enquête Démographique et de Santé et à Indicateurs Multiples EDSCI-III, Côte d'Ivoire, 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	84	24-35 m	1350	74
DTP1	C or H <12 months	79.4	24-35 m	1350	74
DTP3	C or H <12 months	61.5	24-35 m	1350	74
MCV1	C or H <12 months	52	24-35 m	1350	74
Pol1	C or H <12 months	89.6	24-35 m	1350	74

# Côte d'Ivoire - survey details

Pol3 C or H <12 months 63.8 24-35 m 1350 74

## 2009 Côte d'Ivoire Revue externe 2010 du Programme Elargi de Vaccination

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	87	12-23 m	-	91
BCG	Card <12 months	78	12-23 m	-	91
BCG	Card or History	91	12-23 m	3455	91
DTP1	Card	78	12-23 m	-	91
DTP1	Card <12 months	72	12-23 m	-	91
DTP1	Card or History	92	12-23 m	3455	91
DTP3	Card	64	12-23 m	-	91
DTP3	Card <12 months	53	12-23 m	-	91
DTP3	Card or History	75	12-23 m	3455	91
HepB1	Card	78	12-23 m	-	91
HepB1	Card <12 months	72	12-23 m	-	91
HepB1	Card or History	92	12-23 m	3455	91
HepB3	Card	64	12-23 m	-	91
HepB3	Card <12 months	53	12-23 m	-	91
HepB3	Card or History	75	12-23 m	3455	91
MCV1	Card	57	12-23 m	-	91
MCV1	Card <12 months	40	12-23 m	-	91
MCV1	Card or History	63	12-23 m	3455	91
Pol1	Card	81	12-23 m	-	91
Pol1	Card <12 months	74	12-23 m	-	91
Pol1	Card or History	92	12-23 m	3455	91
Pol3	Card	66	12-23 m	-	91
Pol3	Card <12 months	55	12-23 m	-	91
Pol3	Card or History	75	12-23 m	3455	91
YFV	Card	36	12-23 m	-	91
YFV	Card <12 months	24	12-23 m	-	91
YFV	Card or History	41	12-23 m	3455	91

## 2009 Enquête Démographique et de Santé et à Indicateurs Multiples EDSCI-III, Côte d'Ivoire, 2011-2012

Vaccine Confirmation method Coverage Age cohort Sample Cards seen

BCG	C or H <12 months	79	36-47 m	1289	74
DTP1	C or H <12 months	71.8	36-47 m	1289	74
DTP3	C or H <12 months	54.2	36-47 m	1289	74
MCV1	C or H <12 months	47.8	36-47 m	1289	74
Pol1	C or H <12 months	83.7	36-47 m	1289	74
Pol3	C or H <12 months	56.6	36-47 m	1289	74

## 2008 Enquête Démographique et de Santé et à Indicateurs Multiples EDSCI-III, Côte d'Ivoire, 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	79.4	46-59 m	1250	74
DTP1	C or H <12 months	71.8	46-59 m	1250	74
DTP3	C or H <12 months	53.8	46-59 m	1250	74
MCV1	C or H <12 months	50.1	46-59 m	1250	74
Pol1	C or H <12 months	84.3	46-59 m	1250	74
Pol3	C or H <12 months	55	46-59 m	1250	74

## 2005 Enquête par grappes à indicateurs multiples, Côte d'Ivoire, 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	85.1	12-23 m	1751	73
BCG	Card	72.2	12-23 m	1751	73
BCG	Card or History	85.4	12-23 m	1751	73
BCG	History	13.2	12-23 m	1751	73
DTP1	C or H <12 months	81	12-23 m	1751	73
DTP1	Card	71.6	12-23 m	1751	73
DTP1	Card or History	82.8	12-23 m	1751	73
DTP1	History	11.2	12-23 m	1751	73
DTP3	C or H <12 months	74.1	12-23 m	1751	73
DTP3	Card	66.5	12-23 m	1751	73
DTP3	Card or History	78.9	12-23 m	1751	73
DTP3	History	12.4	12-23 m	1751	73
HepB1	C or H <12 months	81	12-23 m	1751	73
HepB1	Card	71.6	12-23 m	1751	73
HepB1	Card or History	82.8	12-23 m	1751	73
HepB1	History	11.2	12-23 m	1751	73
HepB3	C or H <12 months	74.1	12-23 m	1751	73

# Côte d'Ivoire - survey details

HepB3	Card	66.5	12-23 m	1751	73
HepB3	Card or History	78.9	12-23 m	1751	73
HepB3	History	12.4	12-23 m	1751	73
MCV1	C or H <12 months	72.3	12-23 m	1751	73
MCV1	Card	67.7	12-23 m	1751	73
MCV1	Card or History	84.1	12-23 m	1751	73
MCV1	History	16.4	12-23 m	1751	73
Pol1	C or H <12 months	91.4	12-23 m	1751	73
Pol1	Card	70.8	12-23 m	1751	73
Pol1	Card or History	93.5	12-23 m	1751	73
Pol1	History	22.7	12-23 m	1751	73
Pol3	C or H <12 months	76.2	12-23 m	1751	73
Pol3	Card	65.9	12-23 m	1751	73
Pol3	Card or History	81.2	12-23 m	1751	73
Pol3	History	15.2	12-23 m	1751	73
YFV	C or H <12 months	70.8	12-23 m	1751	73
YFV	Card	73.5	12-23 m	1751	73
YFV	Card or History	82.8	12-23 m	1751	73
YFV	History	9.4	12-23 m	1751	73

## 2000 Revue externe du PEV 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	87	12-23 m	-	98
DTP1	Card or History	87	12-23 m	-	98
DTP3	Card or History	70	12-23 m	-	98
MCV1	Card or History	69	12-23 m	-	98
Pol3	Card or History	70	12-23 m	-	98

## 1999 Côte d'Ivoire, Enquête à Indicateurs Multiples MICS 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	83	12-23 m	1588	77
BCG	Card	71.3	12-23 m	1588	77
BCG	Card or History	84.4	12-23 m	1588	77
BCG	History	13.1	12-23 m	1588	77
DTP1	C or H <12 months	74.8	12-23 m	1588	77

DTP1	Card	70.1	12-23 m	1588	77
DTP1	Card or History	78.7	12-23 m	1588	77
DTP1	History	8.6	12-23 m	1588	77
DTP3	C or H <12 months	56.5	12-23 m	1588	77
DTP3	Card	56	12-23 m	1588	77
DTP3	Card or History	61.9	12-23 m	1588	77
DTP3	History	5.9	12-23 m	1588	77
MCV1	C or H <12 months	53.2	12-23 m	1588	77
MCV1	Card	51.9	12-23 m	1588	77
MCV1	Card or History	61.5	12-23 m	1588	77
MCV1	History	9.6	12-23 m	1588	77
Pol1	C or H <12 months	82.5	12-23 m	1588	77
Pol1	Card	71.4	12-23 m	1588	77
Pol1	Card or History	85.7	12-23 m	1588	77
Pol1	History	14.3	12-23 m	1588	77
Pol3	C or H <12 months	56.5	12-23 m	1588	77
Pol3	Card	55	12-23 m	1588	77
Pol3	Card or History	62	12-23 m	1588	77
Pol3	History	7	12-23 m	1588	77
YFV	Card	47.1	12-23 m	1588	77
YFV	Card or History	48.5	12-23 m	1588	77
YFV	History	1.4	12-23 m	1588	77

## 1997 Enquête Démographique et de Santé, Côte d'Ivoire 1998-99, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82	12-23 m	439	73
BCG	Card	69.9	12-23 m	439	73
BCG	Card or History	83.7	12-23 m	439	73
BCG	History	13.8	12-23 m	439	73
DTP1	C or H <12 months	79.7	12-23 m	439	73
DTP1	Card	68.6	12-23 m	439	73
DTP1	Card or History	82.9	12-23 m	439	73
DTP1	History	14.3	12-23 m	439	73
DTP3	C or H <12 months	54.9	12-23 m	439	73
DTP3	Card	53.7	12-23 m	439	73
DTP3	Card or History	60.9	12-23 m	439	73
DTP3	History	7.2	12-23 m	439	73
MCV1	C or H <12 months	51.3	12-23 m	439	73

## Côte d'Ivoire - survey details

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MCV1	Card	57.2	12-23 m	439	73	Pol1	History	16.4	12-23 m	439	73
MCV1	Card or History	66.2	12-23 m	439	73	Pol3	C or H <12 months	54.6	12-23 m	439	73
MCV1	History	9	12-23 m	439	73	Pol3	Card	53.5	12-23 m	439	73
Pol1	C or H <12 months	82.5	12-23 m	439	73	Pol3	Card or History	60.6	12-23 m	439	73
Pol1	Card	69.8	12-23 m	439	73	Pol3	History	7.1	12-23 m	439	73
Pol1	Card or History	86.3	12-23 m	439	73						

# Côte d'Ivoire - survey details

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Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>