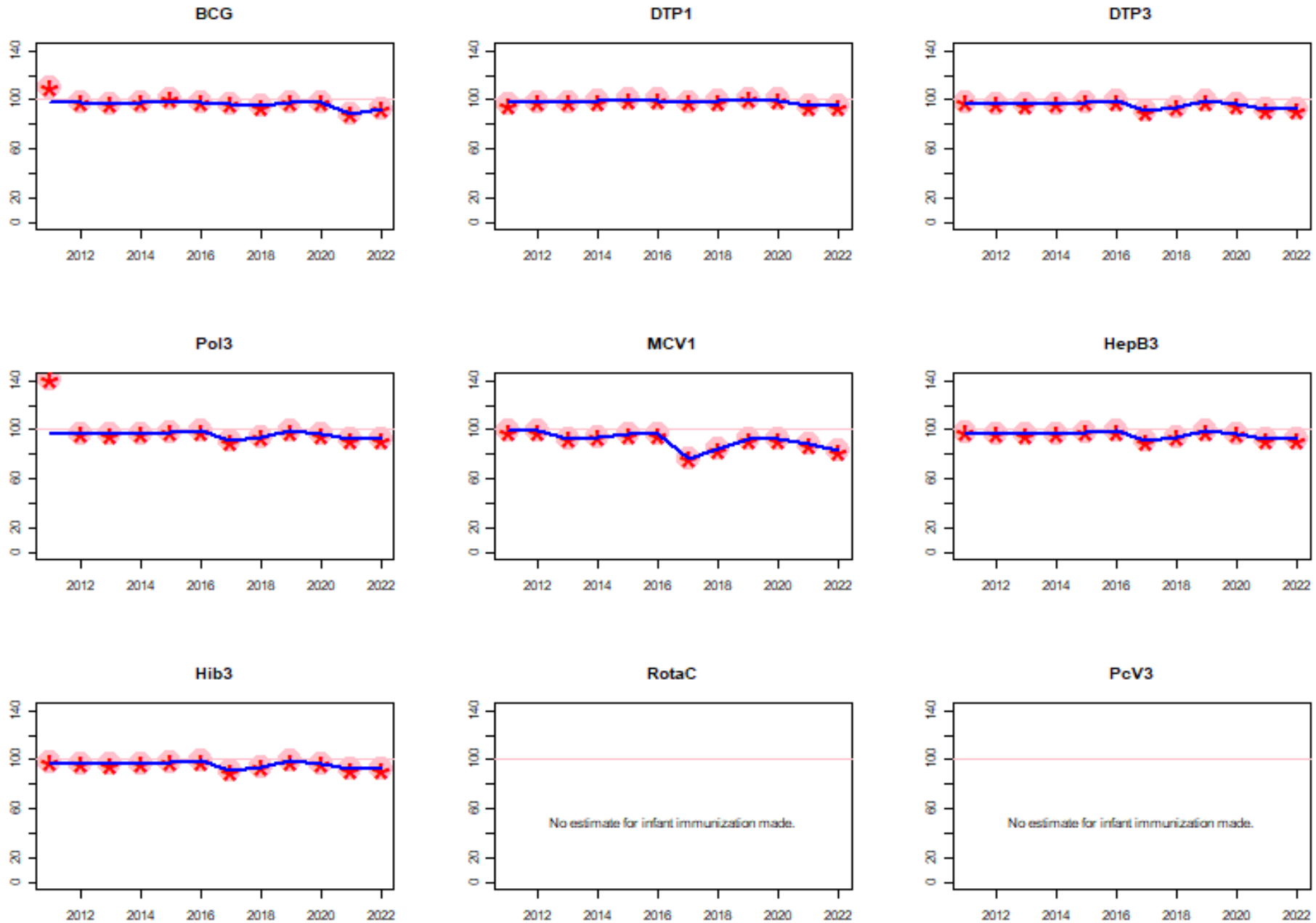


Dominica: WHO and UNICEF estimates of immunization coverage: 2022 revision



Dominica: WHO and UNICEF estimates of immunization coverage: 2022 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 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.

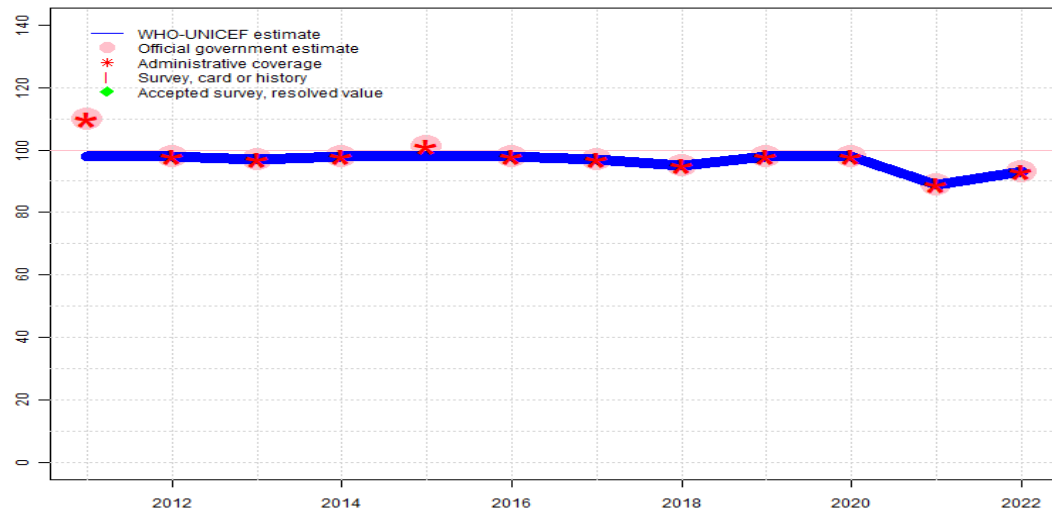
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

DMA - BCG



Description:

- 2022: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Programme reports a six month vaccine stockout at national and subnational levels due to cold chain issues. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. . GoC=R+ D+
- 2011: Estimate informed by interpolation between reported data. Reported data excluded because 110 percent greater than 100 percent. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	98	97	98	98	98	97	95	98	98	89	93
Estimate GoC	●●	●●	●●	●●	●●	●	●●	●	●	●	●	●
Official	110	98	97	98	101	98	97	95	98	98	89	93
Administrative	110	98	97	98	101	98	97	95	98	98	89	93
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

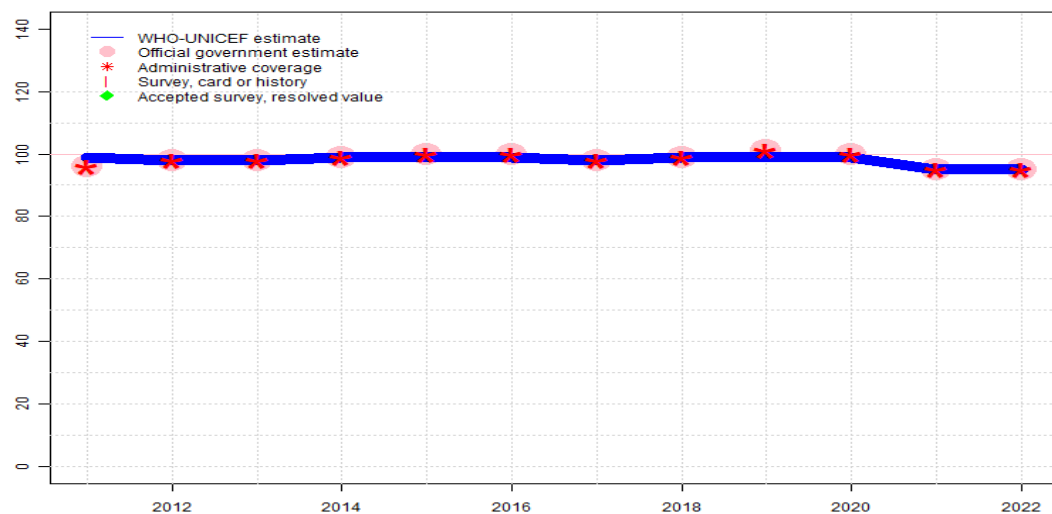
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Dominica - DTP1

DMA - DTP1



Description:

- 2022: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. Programme reports six months of vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: DTP1 coverage estimated based on DTP3 coverage of 98. Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	98	98	99	99	99	98	99	99	99	95	95
Estimate GoC	•	••	••	••	•	••	••	•	•	•	•	•
Official	96	98	98	99	100	100	98	99	101	100	95	95
Administrative	96	98	98	99	100	100	98	99	101	100	95	95
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

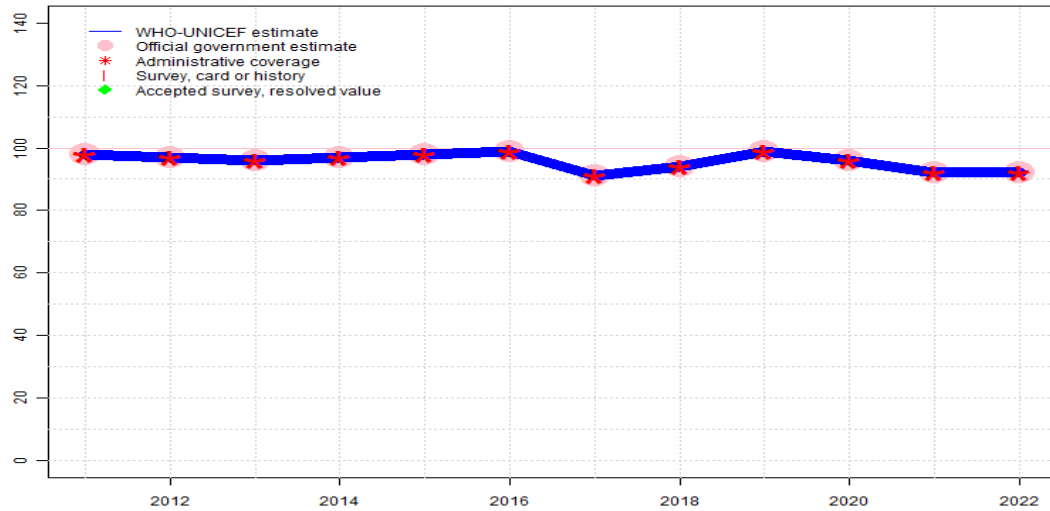
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Dominica - DTP3

DMA - DTP3



Description:

- 2022: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports six months of vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	97	96	97	98	99	91	94	99	96	92	92
Estimate GoC	●●	●●	●●	●●	●	●●	●●	●	●	●	●	●
Official	98	97	96	97	98	99	91	94	99	96	92	92
Administrative	98	97	96	97	98	99	91	94	99	96	92	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

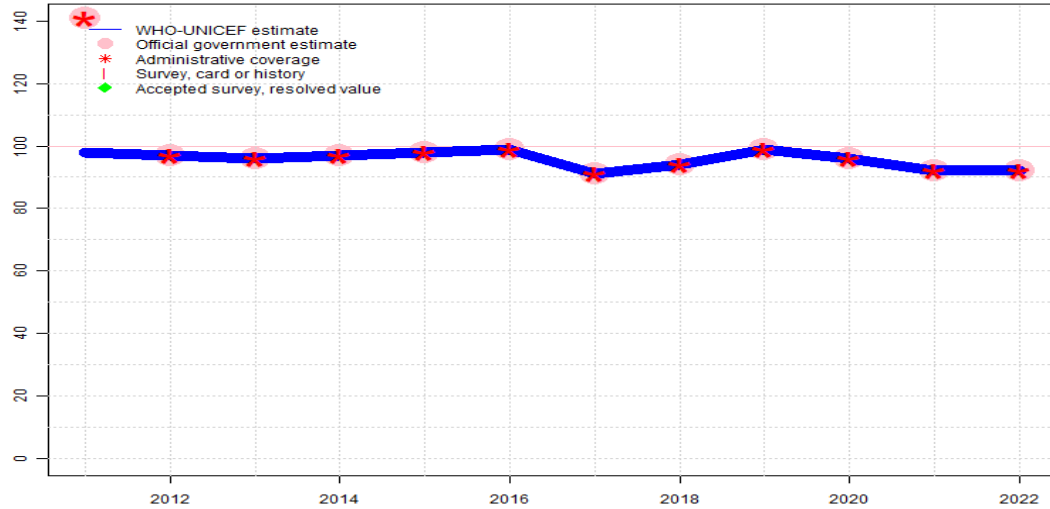
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Dominica - Pol3

DMA - Pol3



Description:

- 2022: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. Programme reports four to six month stockout of polio vaccine at the national level. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by interpolation between reported data. Reported data excluded because 141 percent greater than 100 percent. Reported data excluded due to an increase from 99 percent to 141 percent with decrease 97 percent. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	97	96	97	98	99	91	94	99	96	92	92
Estimate GoC	•	••	••	••	••	••	••	•	•	•	•	•
Official	141	97	96	97	98	99	91	94	99	96	92	92
Administrative	141	97	96	97	98	99	91	94	99	96	92	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

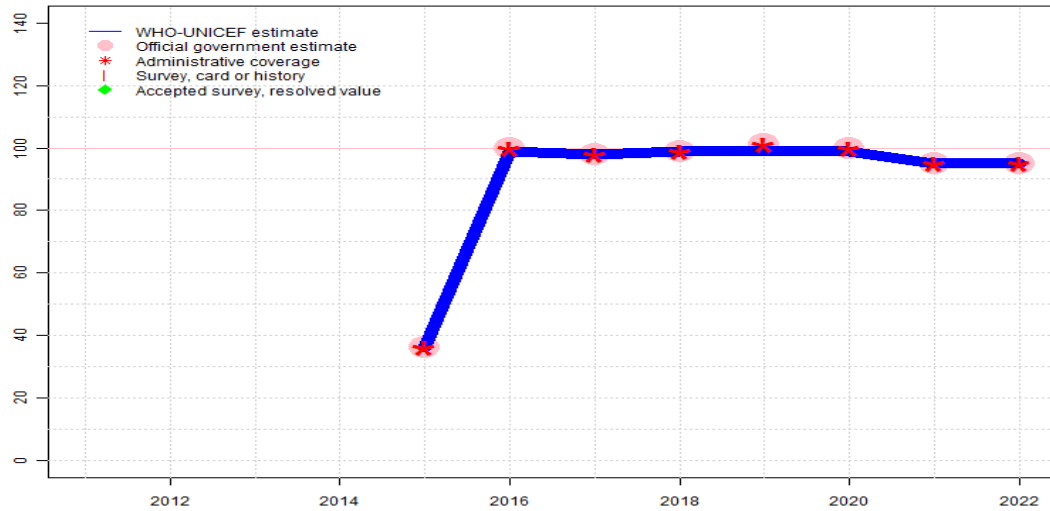
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Dominica - IPV1

DMA - 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: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-

2018: Estimate informed by reported data. Programme reports four to five month vaccine stock-out at national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+

2016: Estimate informed by reported data. Full roll out of IPV GoC=R+ D+

2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. Inactivated polio vaccine during September 2015. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	36	99	98	99	99	99	95	95
Estimate GoC	NA	NA	NA	NA	●●	●●	●●	●	●	●	●	●
Official	NA	NA	NA	NA	36	100	98	99	101	100	95	95
Administrative	NA	NA	NA	NA	36	100	98	99	101	100	95	95
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

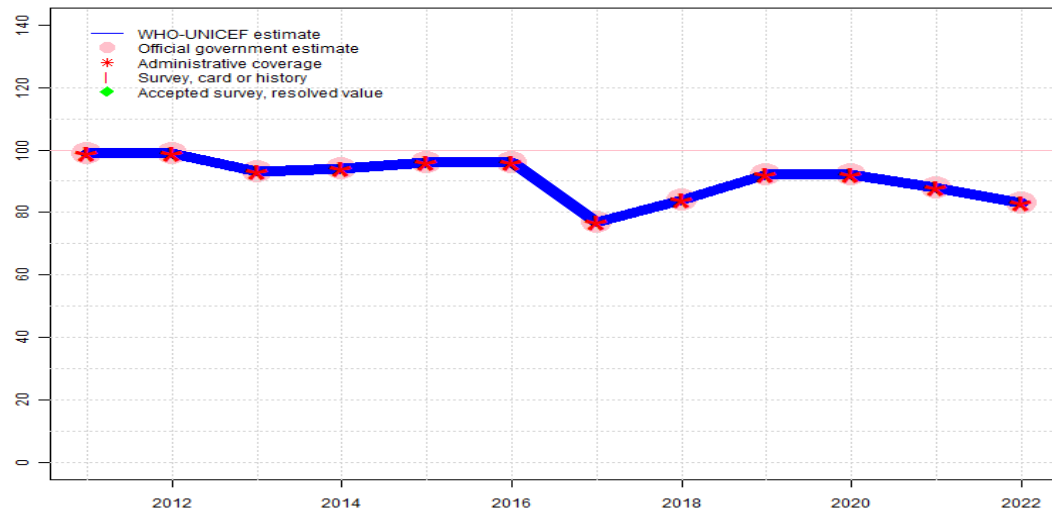
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Dominica - MCV1

DMA - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	93	94	96	96	77	84	92	92	88	83
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●	●	●	●	●
Official	99	99	93	94	96	96	77	84	92	92	88	83
Administrative	99	99	93	94	96	96	77	84	92	92	88	83
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.

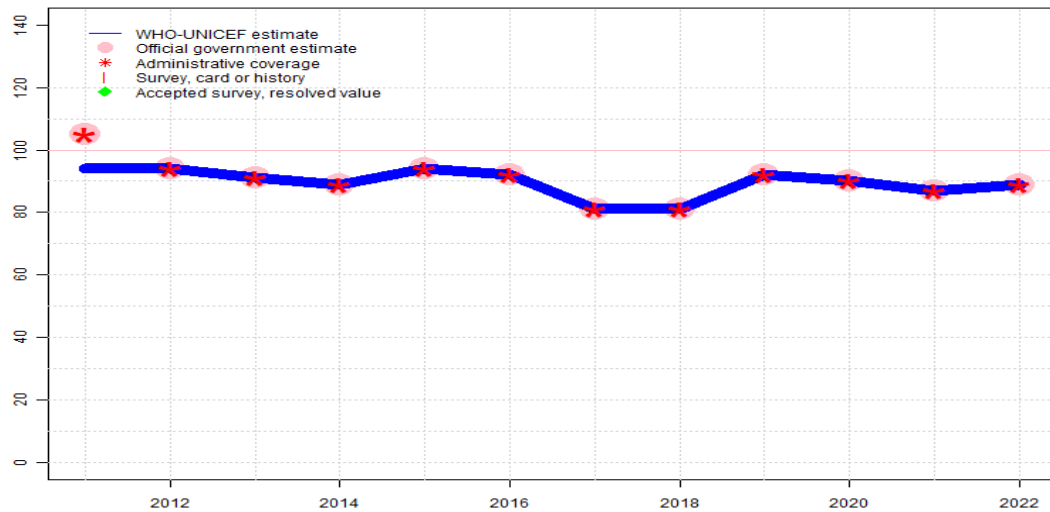
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Programme reports a six month vaccine stockout at national and subnational levels due to cold chain issues. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 88 percent changed from previous revision value of 92 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports three to four months of vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports eight month measles containing vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports three months stockout of MMR vaccine at the national level. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. Programme reports six month stockout of measles containing vaccine at national level. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. GoC=R+ D+

Dominica - MCV2

DMA - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	94	94	91	89	94	92	81	81	92	90	87	89
Estimate GoC	•	••	••	••	••	••	••	•	•	•	•	•
Official	105	94	91	89	94	92	81	81	92	90	87	89
Administrative	105	94	91	89	94	92	81	81	92	90	87	89
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.

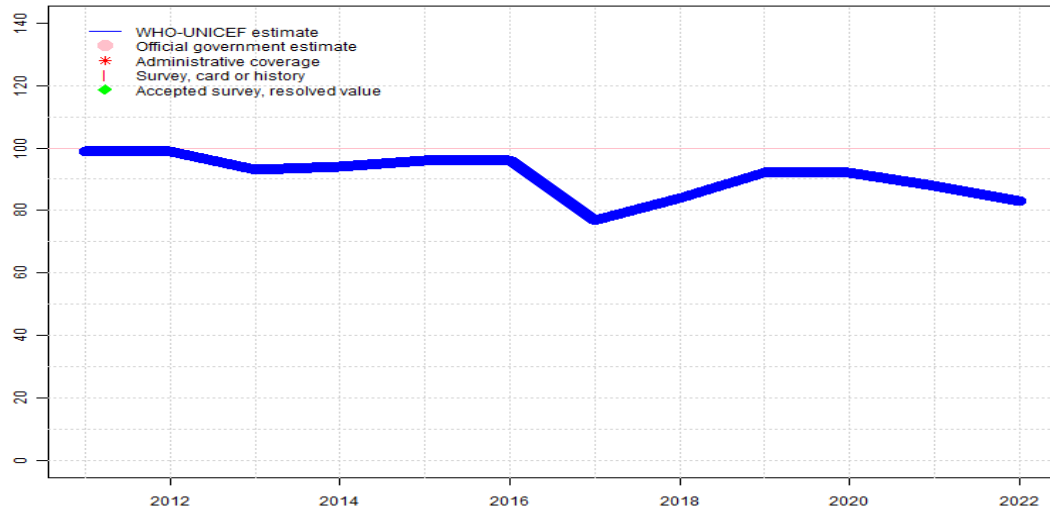
Description:

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

- 2022: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Programme reports a six month vaccine stockout at national and subnational levels due to cold chain issues. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 87 percent changed from previous revision value of 88 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports three to four months of vaccine stockout.. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports eight month measles containing vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports three months stockout of MMR vaccine at the national level. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. Recommended age of administration for the second dose of measles containing vaccine changed to 18 months. Programme reports six month stockout of measles containing vaccine at national level. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by interpolation between reported data. Reported data excluded because 105 percent greater than 100 percent. Estimate challenged by: D-

Dominica - RCV1

DMA - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	93	94	96	96	77	84	92	92	88	83
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

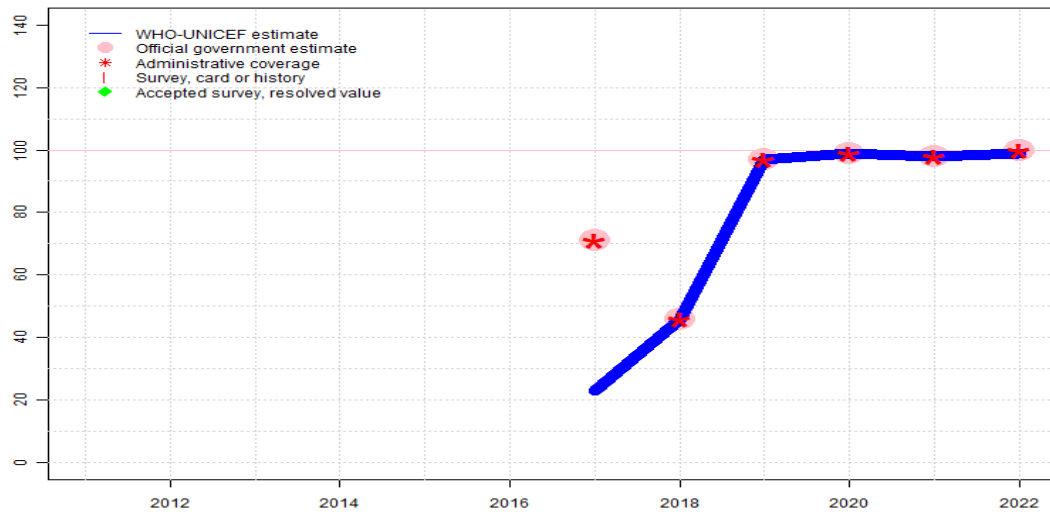
Description:

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. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Estimate of 88 percent changed from previous revision value of 92 percent. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ D+
- 2013: Estimate based on estimated MCV1. GoC=R+ D+
- 2012: Estimate based on estimated MCV1. GoC=R+ D+
- 2011: Estimate based on estimated MCV1. GoC=R+ D+

Dominica - HepBB

DMA - HepBB



Description:

- 2022: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stock-out at national level. Estimate challenged by: D-
- 2017: Birth dose introduced in 2017. Programme reports 71 percent coverage achieved in 33 percent of the national target population. Estimate is based on annualized coverage achieved in the national target population. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	23	46	97	99	98	99
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	71	46	97	99	98	100
Administrative	NA	NA	NA	NA	NA	NA	71	46	97	99	98	100
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

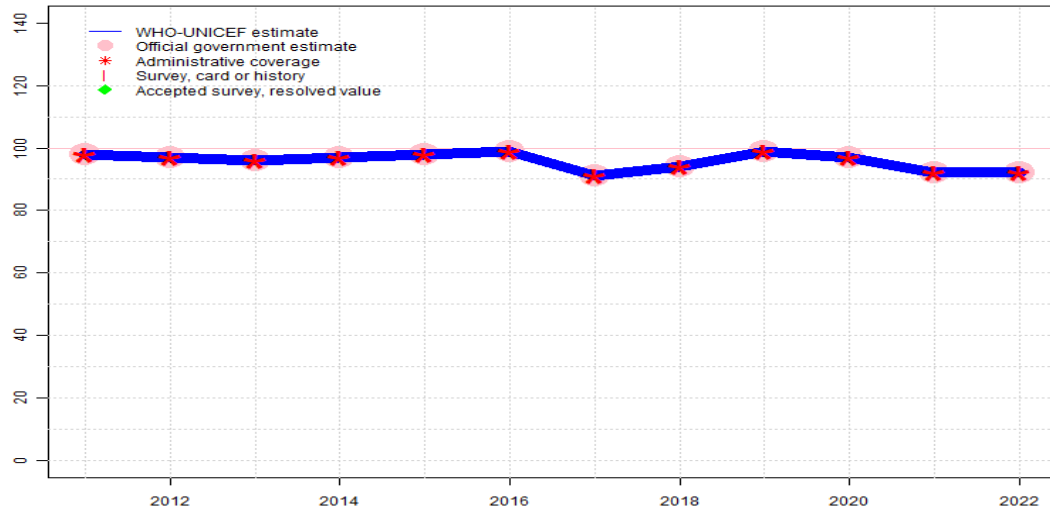
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Dominica - HepB3

DMA - HepB3



Description:

- 2022: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stock-out at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	97	96	97	98	99	91	94	99	97	92	92
Estimate GoC	●●	●●	●●	●●	●	●●	●●	●	●	●	●	●
Official	98	97	96	97	98	99	91	94	99	97	92	92
Administrative	98	97	96	97	98	99	91	94	99	97	92	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

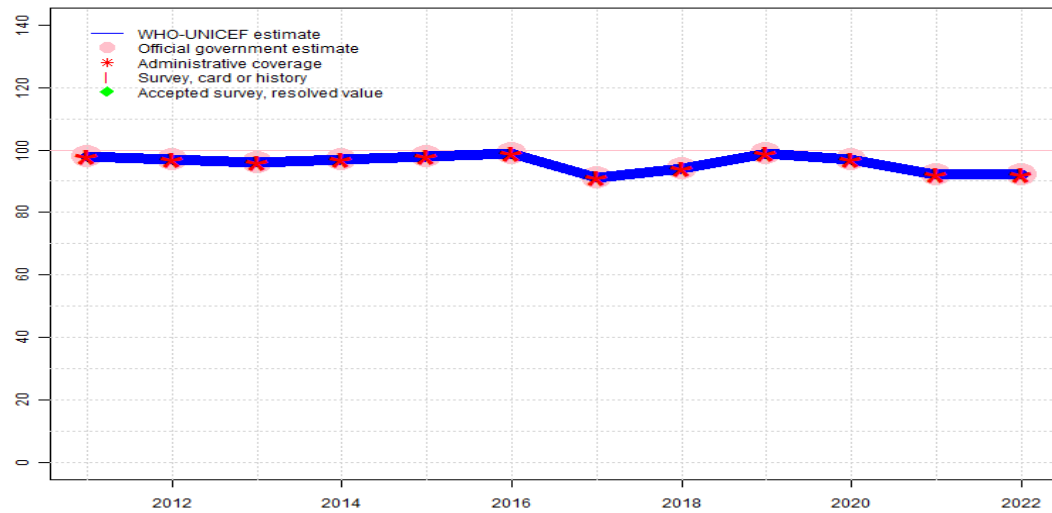
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Dominica - Hib3

DMA - Hib3



Description:

- 2022: Estimate informed by reported data. No nationally representative independent assessment has been conducted within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stock-out at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. GoC=R+ D+

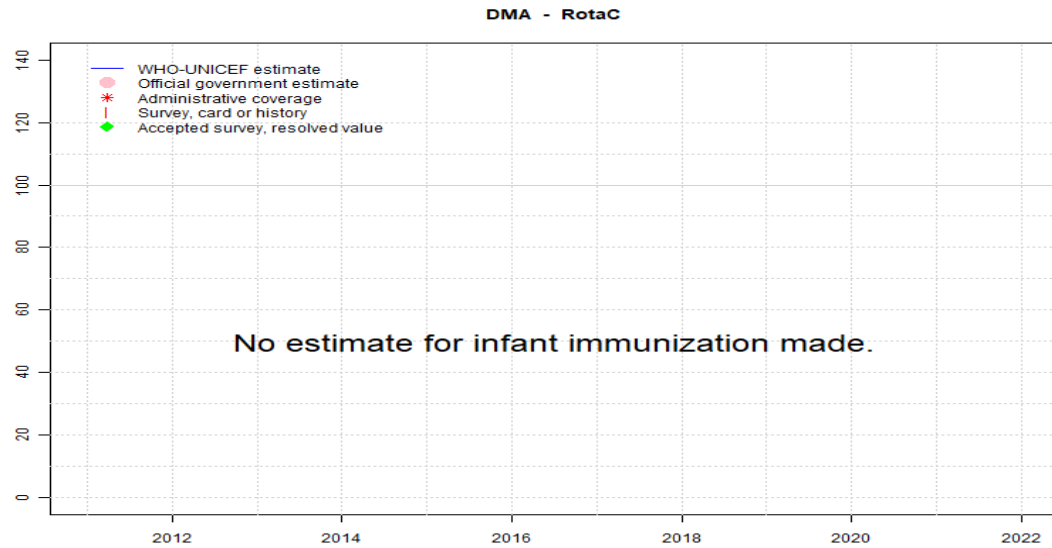
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	97	96	97	98	99	91	94	99	97	92	92
Estimate GoC	●●	●●	●●	●●	●	●●	●●	●	●	●	●	●
Official	98	97	96	97	98	99	91	94	99	97	92	92
Administrative	98	97	96	97	98	99	91	94	99	97	92	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

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Dominica - RotaC



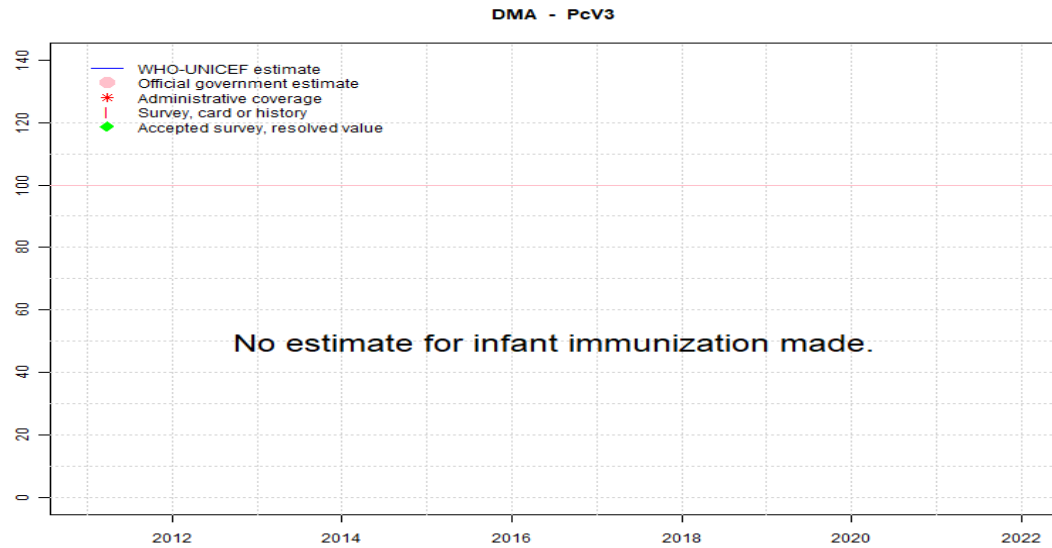
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

Dominica - PcV3



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

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

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

Further information and estimates for previous years are available at:

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

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