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:

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

PcvV3: 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 PcvV 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.

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

### Description:

2022: Estimate informed by the difference between administrative coverage 2021 to 2022 applied to the 2021 WUENIC estimate. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

2021: Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Estimate challenged by: R-

2020: Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-

2019: Reported data calibrated to 2006 levels. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-

2018: Reported data calibrated to 2006 levels. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-

2017: Reported data calibrated to 2006 levels. Reported data excluded because 112 percent greater than 100 percent. Estimate challenged by: R-

2016: Reported data calibrated to 2006 levels. Reported data excluded because 116 percent greater than 100 percent. Estimate challenged by: R-

2015: Reported data calibrated to 2006 levels. Reported data excluded because 119 percent greater than 100 percent. Estimate challenged by: R-

2014: Reported data calibrated to 2006 levels. Reported data excluded because 116 percent greater than 100 percent. Estimate challenged by: R-

2013: Reported data calibrated to 2006 levels. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: D-R-

2012: Reported data calibrated to 2006 levels. Reported data excluded because 118 percent greater than 100 percent. Estimate challenged by: D-R-

2011: Reported data calibrated to 2006 levels. Reported data excluded because 118 percent greater than 100 percent. Estimate challenged by: D-R-

### Table:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Estimate</strong></td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>93</td>
<td>86</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>GoC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Official</strong></td>
<td>118</td>
<td>118</td>
<td>114</td>
<td>116</td>
<td>116</td>
<td>112</td>
<td>103</td>
<td>108</td>
<td>103</td>
<td>96</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Administrative</strong></td>
<td>118</td>
<td>118</td>
<td>115</td>
<td>116</td>
<td>119</td>
<td>116</td>
<td>112</td>
<td>104</td>
<td>108</td>
<td>103</td>
<td>96</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td><strong>Survey</strong></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

### Description:

- **2022:** Estimate informed by the difference between administrative coverage 2021 to 2022 applied to the 2021 WUENIC estimate. Reported data excluded because 103 percent greater than 100 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-
- **2021:** Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Estimate challenged by: R-
- **2020:** Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
- **2019:** DTP1 coverage estimated based on DTP3 coverage of 98. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-
- **2018:** DTP1 coverage estimated based on DTP3 coverage of 98. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: R-
- **2017:** DTP1 coverage estimated based on DTP3 coverage of 98. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: R-
- **2016:** DTP1 coverage estimated based on DTP3 coverage of 98. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: R-
- **2015:** DTP1 coverage estimated based on DTP3 coverage of 98. Reported data excluded because 111 percent greater than 100 percent. Estimate challenged by: R-
- **2014:** DTP1 coverage estimated based on DTP3 coverage of 98. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-
- **2013:** DTP1 coverage estimated based on DTP3 coverage of 98. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: R-
- **2012:** DTP1 coverage estimated based on DTP3 coverage of 98. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-
- **2011:** DTP1 coverage estimated based on DTP3 coverage of 98. Reported data excluded because 107 percent greater than 100 percent. Estimate challenged by: R-

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

### Description:

- **2022:** Estimate informed by a review of the number of doses administered in 2022 compared to 2020 for a similar target population. Adjustment used for other antigens would imply an implausible year-to-year increase in coverage that would require independent verification. Reported data excluded because 113 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 101 level to 113 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

- **2021:** Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-

- **2020:** Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: R-

- **2019:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 112 percent greater than 100 percent. GoC=R+ D+

- **2018:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

- **2017:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

- **2016:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

- **2015:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

- **2014:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

- **2013:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

- **2012:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

- **2011:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

---

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

### Description:

- **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.
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 a review of the number of doses administered in 2022 compared to 2020 for a similar target population. Adjustment used for other antigens would imply an implausible year-to-year increase in coverage that would require independent verification. Reported data excluded because 136 percent greater than 100 percent. Estimated data excluded due to sudden change in coverage from 101 level to 136 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

2021: Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-

2020: Estimate based on extrapolation from data reported by national government. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: R-

2019: Estimate based on extrapolation from data reported by national government. Reported data excluded because 112 percent greater than 100 percent. GoC=R+ D+

2018: Estimate based on extrapolation from data reported by national government. Reported data excluded because 110 percent greater than 100 percent. GoC=R+ D+

2017: Estimate based on extrapolation from data reported by national government. Reported data excluded because 110 percent greater than 100 percent. GoC=R+ D+

2016: Estimate based on extrapolation from data reported by national government. Reported data excluded because 110 percent greater than 100 percent. GoC=R+ D+

2015: Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

2014: Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

2013: Estimate based on extrapolation from data reported by national government. Reported data excluded because 108 percent greater than 100 percent. GoC=R+ D+

2012: Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

2011: Estimate based on extrapolation from data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

---

July 1, 2023; page 6

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2024

data received as of June 26, 2023
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 the difference between administrative coverage 2021 to 2022 applied to the 2021 WUENIC estimate. Reported data excluded because 103 percent greater than 100 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

2021: Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Estimate challenged by: R-

2020: Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-

2019: Estimate informed by interpolation between reported data. Reported data excluded because 108 percent greater than 100 percent. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate informed by interpolation between reported data. Reported data excluded because 109 percent greater than 100 percent. GoC=Assigned by working group. Consistency with other antigens.

2017: Estimate informed by interpolation between reported data. Reported data excluded because 108 percent greater than 100 percent. GoC=Assigned by working group. Consistency with other antigens.

2016: Estimate informed by reported data. Estimate based on reported data, as IPV was introduced in late 2015. GoC=Assigned by working group. Consistency with other antigens.

2015: Estimate informed by reported data. Inactivated polio vaccine during November 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

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.

The graph shows the estimated coverage of IPV in Nicaragua from 2011 to 2022.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate</th>
<th>Official</th>
<th>Administrative</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2012</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2013</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2014</td>
<td>9</td>
<td>108</td>
<td>108</td>
<td>NA</td>
</tr>
<tr>
<td>2015</td>
<td>99</td>
<td>108</td>
<td>108</td>
<td>NA</td>
</tr>
<tr>
<td>2016</td>
<td>99</td>
<td>108</td>
<td>108</td>
<td>NA</td>
</tr>
<tr>
<td>2017</td>
<td>94</td>
<td>108</td>
<td>108</td>
<td>NA</td>
</tr>
<tr>
<td>2018</td>
<td>87</td>
<td>103</td>
<td>103</td>
<td>NA</td>
</tr>
<tr>
<td>2019</td>
<td>94</td>
<td>103</td>
<td>103</td>
<td>NA</td>
</tr>
<tr>
<td>2020</td>
<td>87</td>
<td>103</td>
<td>103</td>
<td>NA</td>
</tr>
<tr>
<td>2021</td>
<td>94</td>
<td>103</td>
<td>103</td>
<td>NA</td>
</tr>
<tr>
<td>2022</td>
<td>94</td>
<td>103</td>
<td>103</td>
<td>NA</td>
</tr>
</tbody>
</table>
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 the difference between administrative coverage 2021 to 2022 applied to the 2021 WUENIC estimate and a review of the number of doses administered in 2022 compared to 2020 for a similar target population. Reported data excluded because 110 percent greater than 100 percent. Estimate challenged by: R-

2021: Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Estimate challenged by: D-R-

2020: Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: R-

2019: Reported data calibrated to 2006 levels. Reported data excluded because 116 percent greater than 100 percent. Estimate challenged by: R-

2018: Reported data calibrated to 2006 levels. Reported data excluded because 113 percent greater than 100 percent. Estimate challenged by: R-

2017: Reported data calibrated to 2006 levels. Reported data excluded because 118 percent greater than 100 percent. Estimate challenged by: D-R-

2016: Reported data calibrated to 2006 levels. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: R-

2015: Reported data calibrated to 2006 levels. Reported data excluded because 116 percent greater than 100 percent. Estimate challenged by: D-R-

2014: Reported data calibrated to 2006 levels. Reported data excluded because 113 percent greater than 100 percent. Estimate challenged by: D-R-

2013: Reported data calibrated to 2006 levels. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: D-R-

2012: Reported data calibrated to 2006 levels. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: D-R-

2011: Reported data calibrated to 2006 levels. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: R-

### Table:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GoC</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Official</td>
<td>109</td>
<td>114</td>
<td>114</td>
<td>113</td>
<td>116</td>
<td>114</td>
<td>118</td>
<td>113</td>
<td>116</td>
<td>114</td>
<td>100</td>
<td>110</td>
</tr>
<tr>
<td>Administrative</td>
<td>109</td>
<td>114</td>
<td>114</td>
<td>113</td>
<td>116</td>
<td>114</td>
<td>118</td>
<td>113</td>
<td>116</td>
<td>114</td>
<td>100</td>
<td>110</td>
</tr>
<tr>
<td>Survey</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

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.
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 the difference between administrative coverage 2021 to 2022 applied to the 2021 WUENIC estimate and a review of the number of doses administered in 2022 compared to 2020 for a similar target population. Reported data excluded because 102 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 86 level to 102 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

2021: Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Reported data excluded due to decline in reported coverage from 101 percent to 86 percent with increase to 102 percent. Estimate challenged by: R-

2020: Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-

2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate informed by reported data. Increase in coverage following introduction. GoC=Assigned by working group. Consistency with other antigens.

2017: Estimate informed by reported data. Second dose of MMR vaccine introduced in January 2017 and recommended at 18 months. GoC=Assigned by working group. Consistency with other antigens.
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 accompanying graph and data table.

2022: Estimate informed by estimated MCV1. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

2021: Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Estimate challenged by: D-R-

2020: Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Estimate challenged by: R-

2019: Estimate based on estimated MCV1. Estimate challenged by: R-

2018: Estimate based on estimated MCV1. Estimate challenged by: R-

2017: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2016: Estimate based on estimated MCV1. Estimate challenged by: R-

2015: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2014: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2013: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2012: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2011: Estimate based on estimated MCV1. Estimate challenged by: R-

### Nicaragua - RCV1

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate</th>
<th>Official</th>
<th>Administrative</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>99</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2021</td>
<td>99</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2020</td>
<td>99</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2019</td>
<td>99</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2018</td>
<td>99</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2017</td>
<td>99</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2016</td>
<td>99</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2015</td>
<td>97</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2014</td>
<td>97</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2013</td>
<td>83</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2012</td>
<td>93</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2011</td>
<td>97</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
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 a review of the number of doses administered in 2022 compared to 2020 for a similar target population. Adjustment used for other antigens would imply an implausible year-to-year increase in coverage that would require independent verification. Reported data excluded because 113 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 101 level to 113 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

2021: Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-

2020: Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: R-

2019: Estimate based on extrapolation from data reported by national government. Reported data excluded because 112 percent greater than 100 percent. GoC=R+ D+ 

2018: Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+ 

2017: Estimate based on extrapolation from data reported by national government. Reported data excluded because 107 percent greater than 100 percent. GoC=R+ D+ 

2016: Estimate based on extrapolation from data reported by national government. Reported data excluded because 104 percent greater than 100 percent. GoC=R+ D+ 

2015: Estimate based on extrapolation from data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+ 

2014: Estimate based on extrapolation from data reported by national government. Reported data excluded because 108 percent greater than 100 percent. GoC=R+ D+ 

2013: Estimate based on extrapolation from data reported by national government. Reported data excluded because 108 percent greater than 100 percent. GoC=R+ D+ 

2012: Estimate based on extrapolation from data reported by national government. Reported data excluded because 108 percent greater than 100 percent. GoC=R+ D+ 

2011: Estimate based on extrapolation from data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+ 

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

*** Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 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.
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 a review of the number of doses administered in 2022 compared to 2020 for a similar target population. Adjustment used for other antigens would imply an implausible year-to-year increase in coverage that would require independent verification. Reported data excluded because 113 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 101 level to 113 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

**2021:** Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-

**2020:** Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: R-

**2019:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 112 percent greater than 100 percent. GoC=R+ D+

**2018:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

**2017:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

**2016:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 110 percent greater than 100 percent. GoC=R+ D+

**2015:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 109 percent greater than 100 percent. GoC=R+ D+

**2014:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 104 percent greater than 100 percent. GoC=R+ D+

**2013:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 108 percent greater than 100 percent. GoC=R+ D+

**2012:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 108 percent greater than 100 percent. GoC=R+ D+

**2011:** Estimate based on extrapolation from data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

---

July 1, 2023; page 13

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2024

Data received as of June 26, 2023
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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate</th>
<th>GoC</th>
<th>D+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>87</td>
<td>R-</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>87</td>
<td>R-</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>87</td>
<td>R-</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>87</td>
<td>R-</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>92</td>
<td>D+</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>92</td>
<td>D+</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>92</td>
<td>D+</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>92</td>
<td>D+</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>92</td>
<td>D+</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>92</td>
<td>D+</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>92</td>
<td>D+</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>92</td>
<td>D+</td>
<td></td>
</tr>
</tbody>
</table>

July 1, 2023; page 14  WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2024  data received as of June 26, 2023
The WHO and UNICEF estimates of national immunization coverage (vuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

For each year, the estimates are described as follows:

- **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 the difference between administrative coverage 2021 to 2022 applied to the 2021 WUENIC estimate. Reported data excluded because 106 percent greater than 100 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

**2021**: Estimate informed by the difference between administrative coverage 2020 to 2021 applied to the 2020 WUENIC estimate. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-

**2020**: Estimate based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: R-

**2019**: Reported data calibrated to 2013 levels. Reported data excluded because 112 percent greater than 100 percent. Estimate challenged by: R-

**2018**: Reported data calibrated to 2013 levels. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: R-

**2017**: Reported data calibrated to 2013 levels. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-

**2016**: Reported data calibrated to 2013 levels. Reported data excluded because 110 percent greater than 100 percent. Estimate challenged by: R-

**2015**: Reported data calibrated to 2013 levels. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-

**2014**: Reported data calibrated to 2013 levels. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-

**2013**: Estimate of 98 percent assigned by working group. Estimate based on DTP3 levels. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-

**2012**: Estimate of 98 percent assigned by working group. Estimate based on DTP3 levels. Reported data excluded because 107 percent greater than 100 percent. Estimate challenged by: R-

**2011**: Ninety-one percent coverage reached in 67 percent of the population. Pneumococcal conjugate vaccine introduced in December 2010. Reporting started in 2011. Estimate challenged by: R-

---

**Table**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td>91</td>
<td>107</td>
<td>108</td>
<td>108</td>
<td>108</td>
<td>110</td>
<td>109</td>
<td>109</td>
<td>112</td>
<td>106</td>
<td>101</td>
<td>106</td>
</tr>
<tr>
<td><strong>Survey</strong></td>
<td></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

July 1, 2023; page 15

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2024

data received as of June 26, 2023
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.

### 2005 Encuesta Nicaragüense de Demografía y Salud ENDESA 2006-2007

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Card or History</td>
<td>98.3</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
<tr>
<td>DTP1</td>
<td>Card or History</td>
<td>98.4</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
<tr>
<td>DTP3</td>
<td>Card or History</td>
<td>95.1</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
<tr>
<td>HepB1</td>
<td>Card or History</td>
<td>98.4</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
<tr>
<td>HepB3</td>
<td>Card or History</td>
<td>95.1</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
<tr>
<td>Hib1</td>
<td>Card or History</td>
<td>98.4</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
<tr>
<td>Hib3</td>
<td>Card or History</td>
<td>95.1</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
<tr>
<td>MCV1</td>
<td>Card or History</td>
<td>87.6</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
<tr>
<td>Pol1</td>
<td>Card or History</td>
<td>98.6</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
<tr>
<td>Pol3</td>
<td>Card or History</td>
<td>95.1</td>
<td>18-29 m</td>
<td>1815</td>
<td>80</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>C or H &lt;12 months</td>
<td>94.3</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>BCG</td>
<td>Card or History</td>
<td>95</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>BCG</td>
<td>History</td>
<td>22.8</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>DTP1</td>
<td>C or H &lt;12 months</td>
<td>92.7</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>DTP1</td>
<td>Card or History</td>
<td>95.4</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>DTP1</td>
<td>History</td>
<td>22.2</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>DTP3</td>
<td>C or H &lt;12 months</td>
<td>68.8</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>DTP3</td>
<td>Card or History</td>
<td>79.7</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>DTP3</td>
<td>History</td>
<td>13.6</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>MCV1</td>
<td>C or H &lt;12 months</td>
<td>70.8</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>MCV1</td>
<td>Card or History</td>
<td>85.7</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>MCV1</td>
<td>History</td>
<td>18.8</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>Pol1</td>
<td>C or H &lt;12 months</td>
<td>94.6</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>Pol1</td>
<td>Card or History</td>
<td>96.6</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>Pol1</td>
<td>History</td>
<td>23</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>Pol3</td>
<td>C or H &lt;12 months</td>
<td>73</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>Pol3</td>
<td>Card or History</td>
<td>83</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
<tr>
<td>Pol3</td>
<td>History</td>
<td>16.2</td>
<td>12-23 m</td>
<td>1486</td>
<td>66</td>
</tr>
</tbody>
</table>
Further information and estimates for previous years are available at:
https://data.unicef.org/topic/child-health/immunization/
https://immunizationdata.who.int/listing.html