

**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.

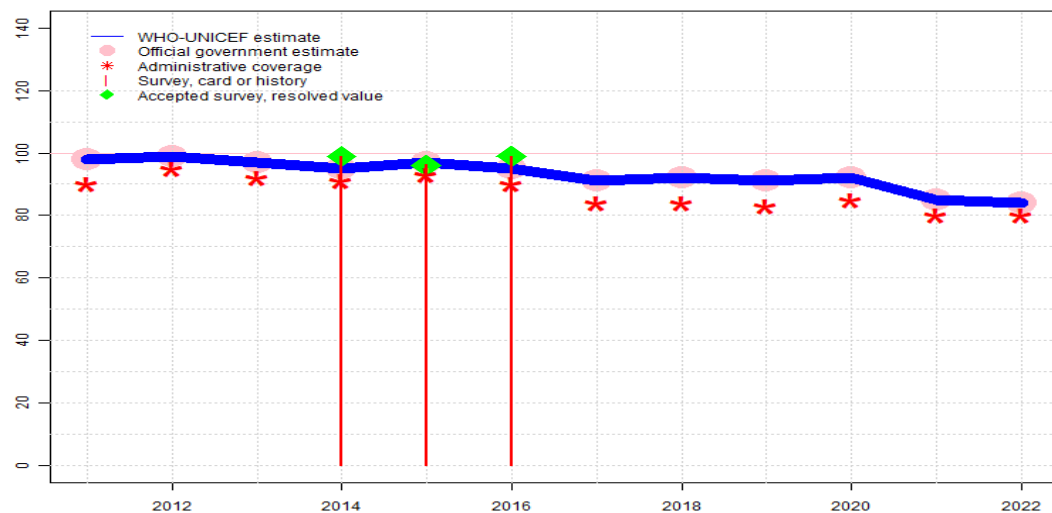
**PcV3:** percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

**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.

# Tunisia - BCG

TUN - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	99	97	95	97	95	91	92	91	92	85	84
Estimate GoC	•	•••	•••	•••	•••	•••	•••	•••	••	•	•	•
Official	98	99	97	95	97	95	91	92	91	92	85	84
Administrative	90	95	92	91	93	90	84	84	83	85	80	80
Survey	NA	NA	NA	99	96.3	98.9	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.

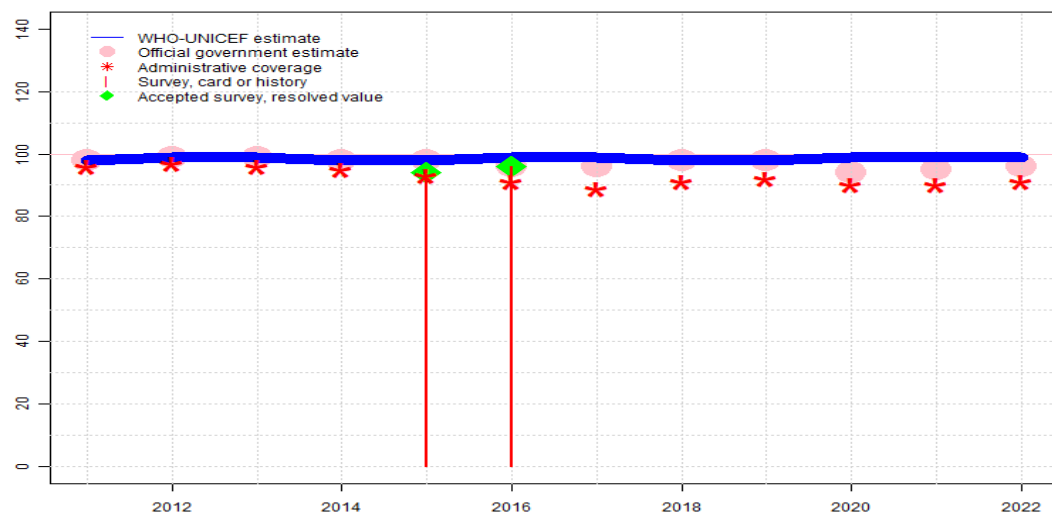
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports vaccine stockouts of one month at the subnational level. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2017: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=Assigned by working group. Consistency with other antigens.
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. Estimate challenged by: D-

# Tunisia - DTP1

TUN - DTP1



## Description:

- 2022: DTP1 coverage estimated based on DTP3 coverage of 97. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: DTP1 coverage estimated based on DTP3 coverage of 97. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-R-
- 2020: DTP1 coverage estimated based on DTP3 coverage of 97. Programme reports vaccine stockouts of one month at the national and subnational levels. Estimate challenged by: D-R-
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2017: DTP1 coverage estimated based on DTP3 coverage of 98. GoC=Assigned by working group. Consistency with other antigens.
- 2016: DTP1 coverage estimated based on DTP3 coverage of 98. GoC=Assigned by working group. Consistency with other antigens.
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	99	99	98	98	99	99	98	98	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●	●	●
Official	98	99	99	98	98	96	96	98	98	94	95	96
Administrative	96	97	96	95	93	91	89	91	92	90	90	91
Survey	NA	NA	NA	NA	93.5	95.9	NA	NA	NA	NA	NA	NA

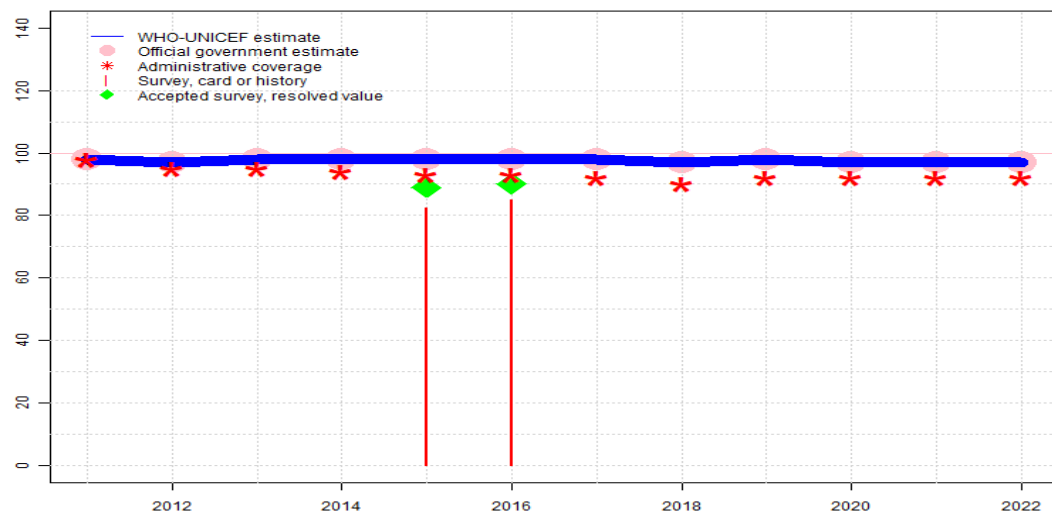
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Tunisia - DTP3

TUN - DTP3



## Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports vaccine stockouts of one month at the national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 85 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 83 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	97	98	98	98	98	98	97	98	97	97	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●	●	●
Official	98	97	98	98	98	98	98	97	98	97	97	97
Administrative	98	95	95	94	93	93	92	90	92	92	92	92
Survey	NA	NA	NA	NA	82.5	85.1	NA	NA	NA	NA	NA	NA

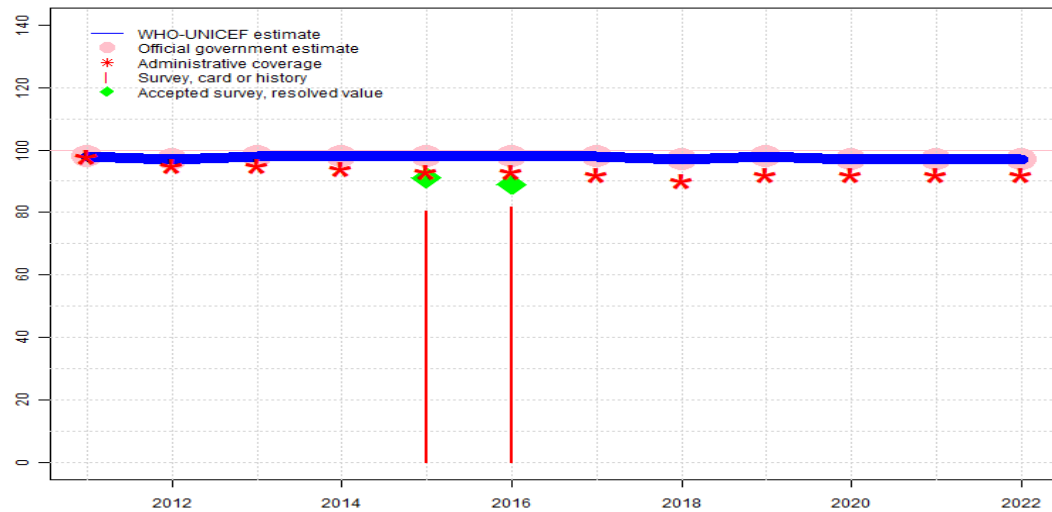
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Tunisia - Pol3

TUN - Pol3



## Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 82 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 84 percent and 3rd dose card only coverage of 78 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 81 percent modified for recall bias to 91 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	97	98	98	98	98	98	97	98	97	97	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●	●	●
Official	98	97	98	98	98	98	98	97	98	97	97	97
Administrative	98	95	95	94	93	93	92	90	92	92	92	92
Survey	NA	NA	NA	NA	80.6	81.6	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.

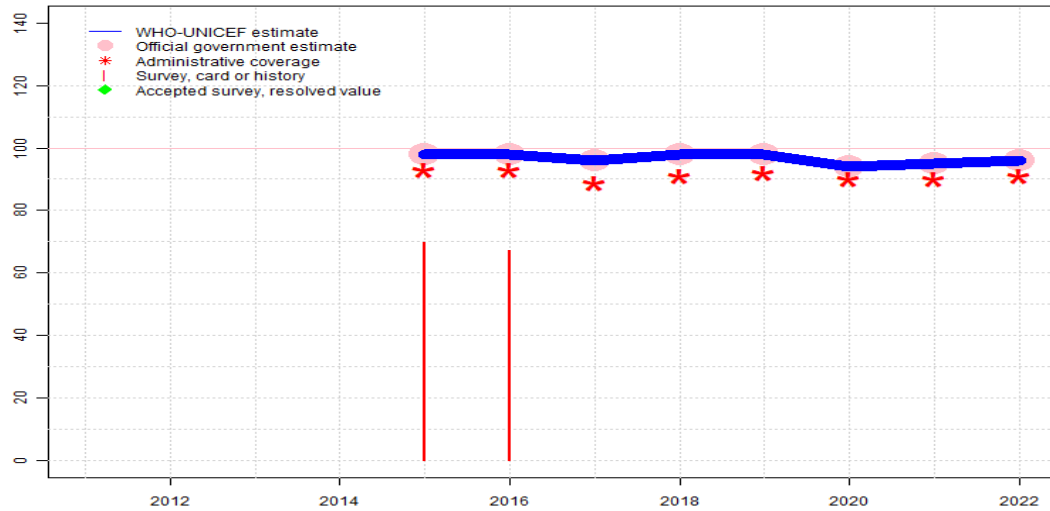
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.



# Tunisia - IPV1

TUN - IPV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	98	98	96	98	98	94	95	96
Estimate GoC	NA	NA	NA	NA	●●	●●	●●	●●	●●	●	●	●
Official	NA	NA	NA	NA	98	98	96	98	98	94	95	96
Administrative	NA	NA	NA	NA	93	93	89	91	92	90	90	91
Survey	NA	NA	NA	NA	69.9	67.2	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:

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. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-

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

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

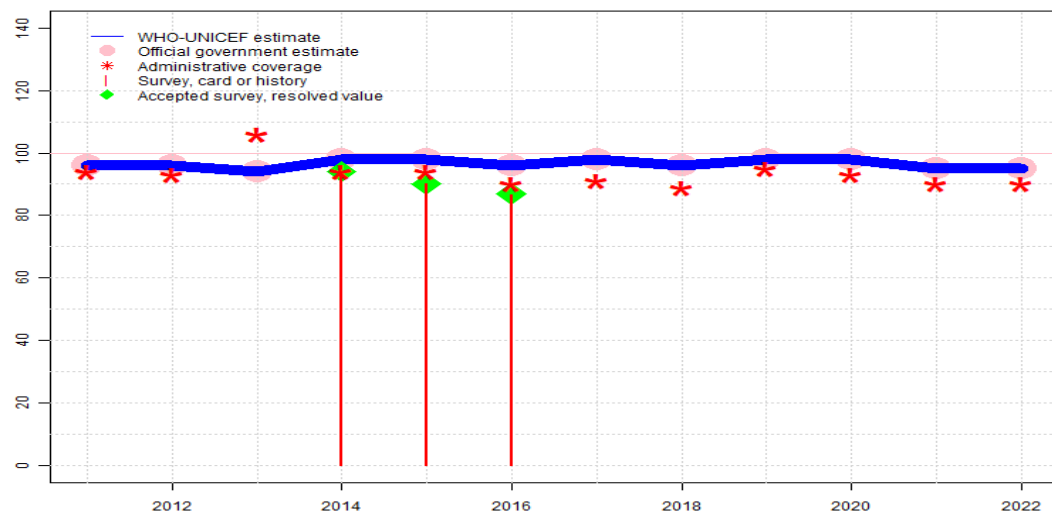
2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data, likely due to the timing of the survey fieldwork during vaccine introduction. GoC=R+ D+

2015: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data, likely due to the timing of the survey fieldwork during vaccine introduction. Inactivated polio vaccine in September 2014. GoC=R+ D+

# Tunisia - MCV1

TUN - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	96	94	98	98	96	98	96	98	98	95	95
Estimate GoC	●●●	●●●	●●●	●	●	●●●	●	●●●	●●	●●	●	●
Official	96	96	94	98	98	96	98	96	98	98	95	95
Administrative	94	93	106	94	94	90	91	89	95	93	90	90
Survey	NA	NA	NA	93.9	90.3	86.7	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.

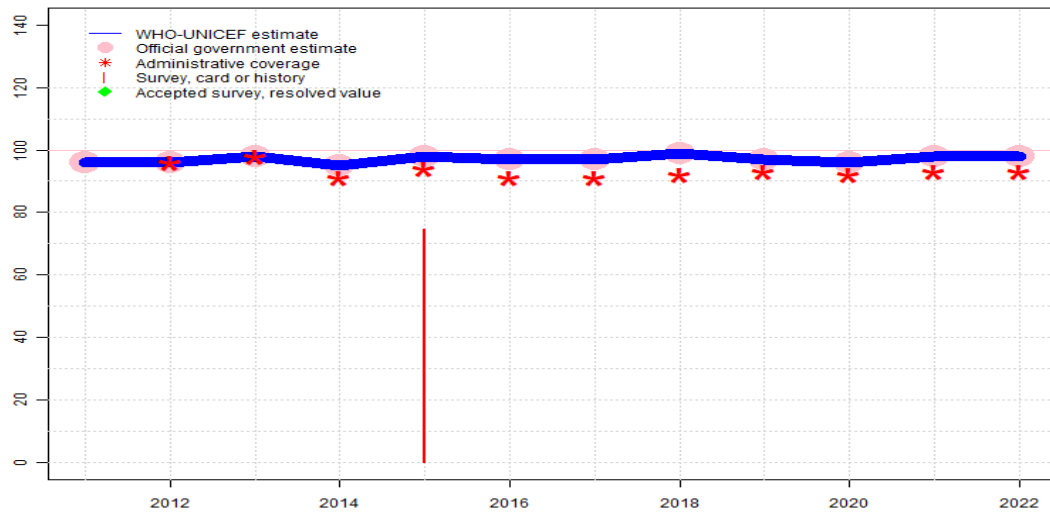
## Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Estimate challenged by: S-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: S-
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+



# Tunisia - MCV2

TUN - MCV2



## Description:

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

2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

2015: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. GoC=R+ D+

2014: Estimate informed by reported data. GoC=R+ D+

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Estimate challenged by: D-

2011: Estimate informed by reported data. GoC=R+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	96	98	95	98	97	97	99	97	96	98	98
Estimate GoC	●●	●	●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	96	96	98	95	98	97	97	99	97	96	98	98
Administrative	NA	96	98	91	94	91	91	92	93	92	93	93
Survey	NA	NA	NA	NA	74.5	NA	NA	NA	NA	NA	NA	NA

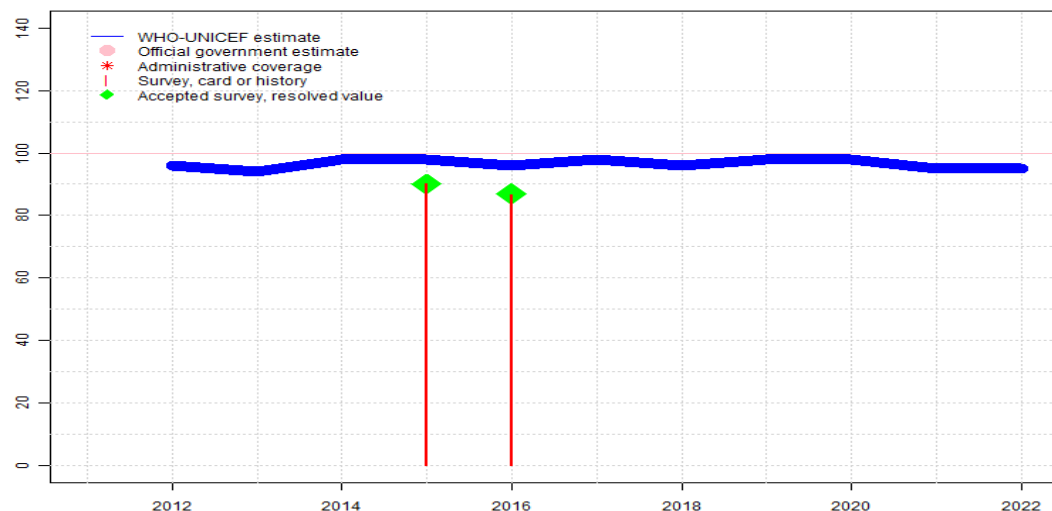
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Tunisia - RCV1

TUN - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	96	94	98	98	96	98	96	98	98	95	95
Estimate GoC	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	90.3	86.7	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. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. GoC=R+ D+

2019: Estimate based on estimated MCV1. GoC=R+ D+

2018: Estimate based on estimated MCV1. GoC=R+ S+ D+

2017: Estimate based on estimated MCV1. Estimate challenged by: S-

2016: Estimate based on estimated MCV1. GoC=R+ S+ D+

2015: Estimate based on estimated MCV1. Estimate challenged by: S-

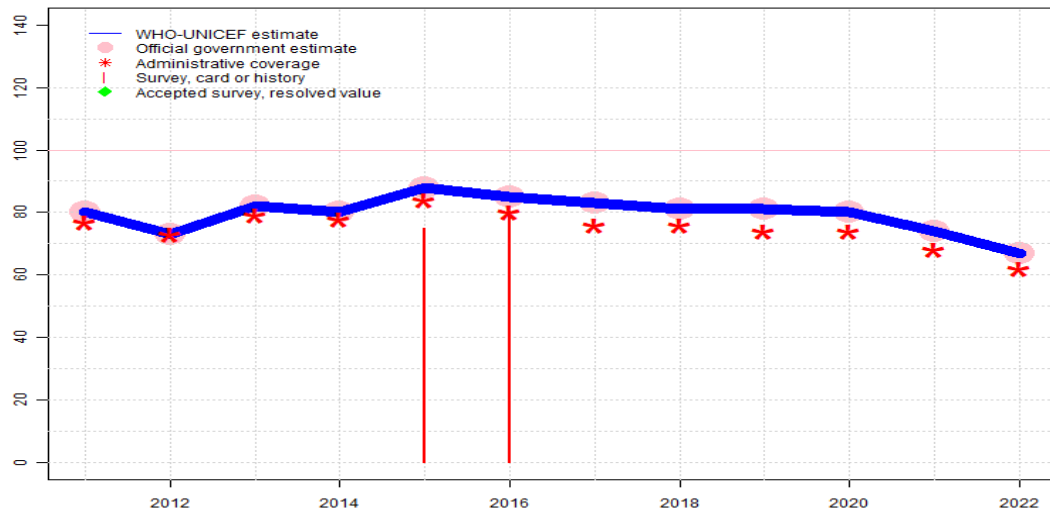
2014: Estimate based on estimated MCV1. Estimate challenged by: S-

2013: Estimate based on estimated MCV1. Recommended age of administration changed to 12 months of age. GoC=R+ S+ D+

2012: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Rubella containing vaccine re-introduced in 2012 and recommended at six years of age. Between 2004-2011 RCV recommended for girls aged 12 years. Estimate challenged by: D-

# Tunisia - HepBB

TUN - HepBB



## Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+
- 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	80	73	82	80	88	85	83	81	81	80	74	67
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	80	73	82	80	88	85	83	81	81	80	74	67
Administrative	77	73	79	78	84	80	76	76	74	74	68	62
Survey	NA	NA	NA	NA	75.1	80.5	NA	NA	NA	NA	NA	NA

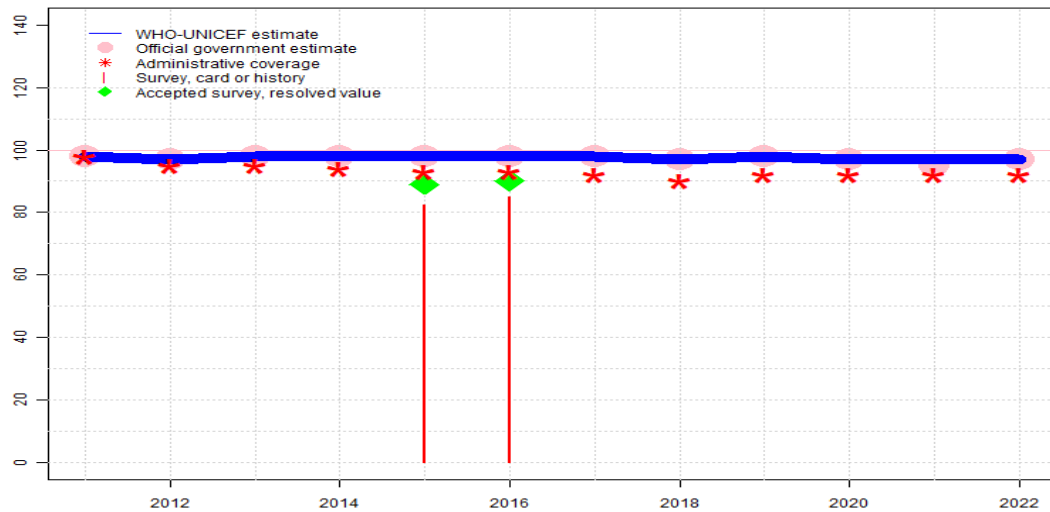
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Tunisia - HepB3

TUN - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	97	98	98	98	98	98	97	98	97	97	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●	●	●
Official	98	97	98	98	98	98	98	97	98	97	95	97
Administrative	98	95	95	94	93	93	92	90	92	92	92	92
Survey	NA	NA	NA	NA	82.5	85.1	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.

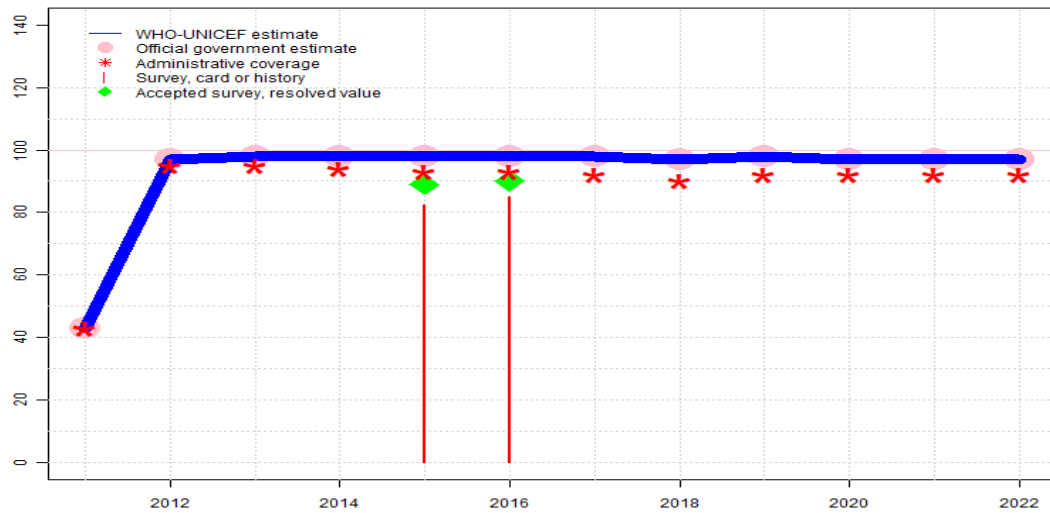
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by estimated DTP3 coverage given vaccine presentation. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate of 97 percent changed from previous revision value of 95 percent. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Programme reports vaccine stockouts of one month at the national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 85 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 83 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

# Tunisia - Hib3

TUN - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	43	97	98	98	98	98	98	97	98	97	97	97
Estimate GoC	●●	●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●	●	●
Official	43	97	98	98	98	98	98	97	98	97	97	97
Administrative	43	95	95	94	93	93	92	90	92	92	92	92
Survey	NA	NA	NA	NA	82.5	85.1	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.

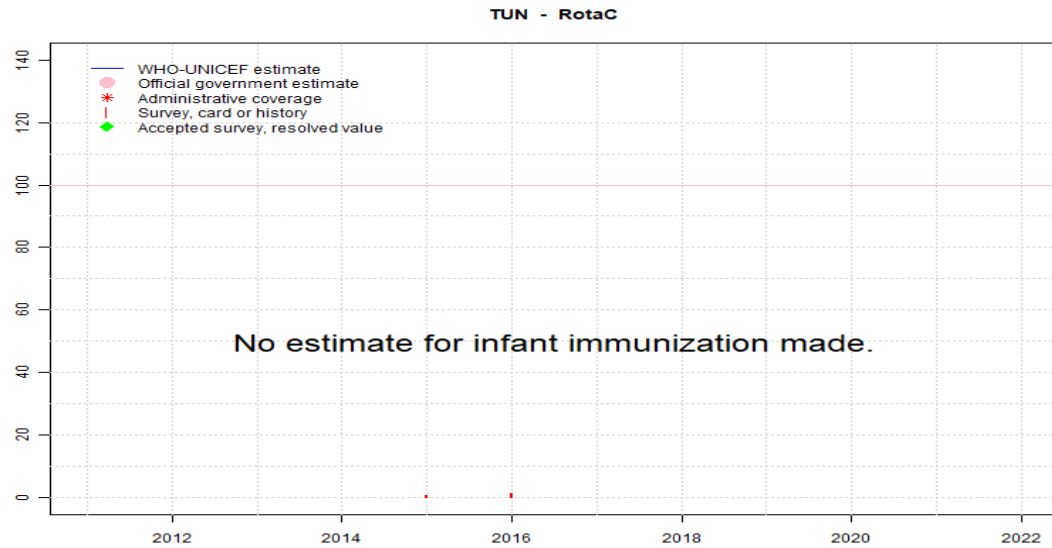
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports vaccine stockouts of one month at the national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 85 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 83 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. Hib vaccine re-introduced in April 2011 as a component of a DTP-HepB-Hib combination vaccine. GoC=R+ D+

# Tunisia - 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	0.5	1.2	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.

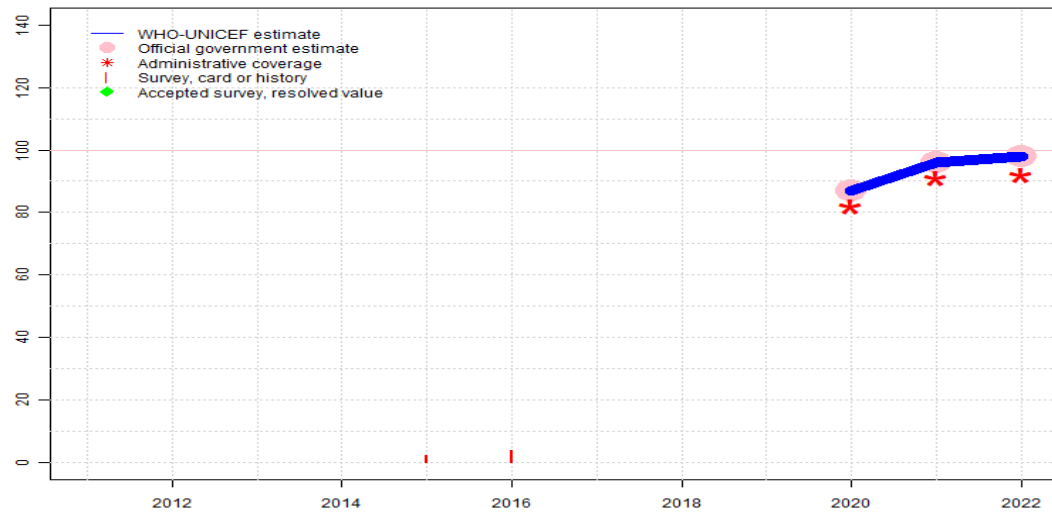
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.



# Tunisia - PcV3

TUN - PcV3



## Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Vaccine introduced in 2019. Reporting started for 2020. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	87	96	98
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	87	96	98
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	82	91	92
Survey	NA	NA	NA	NA	2.1	3.8	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.

# Tunisia - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12 to 23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated 1 or 2 years prior to the survey field work.

## 2016 Tunisia Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.4	12-23 m	662	87
BCG	Card	86.6	12-23 m	662	87
BCG	Card or History	98.9	12-23 m	662	87
BCG	History	12.3	12-23 m	662	87
DTP1	C or H <12 months	94.8	12-23 m	662	87
DTP1	Card	84.6	12-23 m	662	87
DTP1	Card or History	95.9	12-23 m	662	87
DTP1	History	11.3	12-23 m	662	87
DTP3	C or H <12 months	83.3	12-23 m	662	87
DTP3	Card	79.5	12-23 m	662	87
DTP3	Card or History	85.1	12-23 m	662	87
DTP3	History	5.6	12-23 m	662	87
HepB1	C or H <12 months	94.8	12-23 m	662	87
HepB1	Card	84.6	12-23 m	662	87
HepB1	Card or History	95.9	12-23 m	662	87
HepB1	History	11.3	12-23 m	662	87
HepB3	C or H <12 months	83.3	12-23 m	662	87
HepB3	Card	79.5	12-23 m	662	87
HepB3	Card or History	85.1	12-23 m	662	87
HepB3	History	5.6	12-23 m	662	87
HepBB	C or H <12 months	80.5	12-23 m	662	87
HepBB	Card	80.5	12-23 m	662	87
HepBB	Card or History	80.5	12-23 m	662	87
HepBB	History	0	12-23 m	662	87

Hib1	C or H <12 months	94.8	12-23 m	662	87
Hib1	Card	84.6	12-23 m	662	87
Hib1	Card or History	95.9	12-23 m	662	87
Hib1	History	11.3	12-23 m	662	87
Hib3	C or H <12 months	83.3	12-23 m	662	87
Hib3	Card	79.5	12-23 m	662	87
Hib3	Card or History	85.1	12-23 m	662	87
Hib3	History	5.6	12-23 m	662	87
IPV1	C or H <12 months	62.2	12-23 m	662	87
IPV1	Card	59.3	12-23 m	662	87
IPV1	Card or History	67.2	12-23 m	662	87
IPV1	History	7.9	12-23 m	662	87
MCV1	C or H <12 months	53.5	12-23 m	662	87
MCV1	Card	77.8	12-23 m	662	87
MCV1	Card or History	86.7	12-23 m	662	87
MCV1	History	8.9	12-23 m	662	87
PCV1	C or H <12 months	6.4	12-23 m	662	87
PCV1	Card	5	12-23 m	662	87
PCV1	Card or History	6.9	12-23 m	662	87
PCV1	History	1.9	12-23 m	662	87
PCV3	C or H <12 months	3	12-23 m	662	87
PCV3	Card	3.4	12-23 m	662	87
PCV3	Card or History	3.8	12-23 m	662	87
PCV3	History	0.4	12-23 m	662	87
Pol1	C or H <12 months	92.7	12-23 m	662	87
Pol1	Card	83.6	12-23 m	662	87
Pol1	Card or History	94.8	12-23 m	662	87
Pol1	History	11.2	12-23 m	662	87
Pol3	C or H <12 months	80.3	12-23 m	662	87
Pol3	Card	78.2	12-23 m	662	87
Pol3	Card or History	81.6	12-23 m	662	87
Pol3	History	3.4	12-23 m	662	87
RotaC	C or H <12 months	0.9	12-23 m	662	87
RotaC	Card	0.8	12-23 m	662	87
RotaC	Card or History	1.2	12-23 m	662	87
RotaC	History	0.4	12-23 m	662	87

## 2015 Tunisia Multiple Indicator Cluster Survey 2018

# Tunisia - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	95.9	24-35 m	655	87
BCG	Card	78.3	24-35 m	655	87
BCG	Card or History	96.3	24-35 m	655	87
BCG	History	18.1	24-35 m	655	87
DTP1	C or H <12 months	91.9	24-35 m	655	87
DTP1	Card	77.2	24-35 m	655	87
DTP1	Card or History	93.5	24-35 m	655	87
DTP1	History	16.3	24-35 m	655	87
DTP3	C or H <12 months	82.5	24-35 m	655	87
DTP3	Card	73.6	24-35 m	655	87
DTP3	Card or History	82.5	24-35 m	655	87
DTP3	History	8.8	24-35 m	655	87
HepB1	C or H <12 months	91.9	24-35 m	655	87
HepB1	Card	77.2	24-35 m	655	87
HepB1	Card or History	93.5	24-35 m	655	87
HepB1	History	16.3	24-35 m	655	87
HepB3	C or H <12 months	82.5	24-35 m	655	87
HepB3	Card	73.6	24-35 m	655	87
HepB3	Card or History	82.5	24-35 m	655	87
HepB3	History	8.8	24-35 m	655	87
HepBB	C or H <12 months	74.7	24-35 m	655	87
HepBB	Card	75.1	24-35 m	655	87
HepBB	Card or History	75.1	24-35 m	655	87
HepBB	History	0	24-35 m	655	87
Hib1	C or H <12 months	91.9	24-35 m	655	87
Hib1	Card	77.2	24-35 m	655	87
Hib1	Card or History	93.5	24-35 m	655	87
Hib1	History	16.3	24-35 m	655	87
Hib3	C or H <12 months	82.5	24-35 m	655	87
Hib3	Card	73.6	24-35 m	655	87
Hib3	Card or History	82.5	24-35 m	655	87
Hib3	History	8.8	24-35 m	655	87
IPV1	C or H <12 months	58.5	24-35 m	655	87
IPV1	Card	55.5	24-35 m	655	87
IPV1	Card or History	69.9	24-35 m	655	87
IPV1	History	14.4	24-35 m	655	87
MCV1	C or H <12 months	89.5	24-35 m	655	87
MCV1	Card	73.7	24-35 m	655	87
MCV1	Card or History	90.3	24-35 m	655	87

MCV1	History	16.6	24-35 m	655	87
MCV2	C or H <12 months	71.5	24-35 m	655	87
MCV2	Card	63.3	24-35 m	655	87
MCV2	Card or History	74.5	24-35 m	655	87
MCV2	History	11.3	24-35 m	655	87
PCV1	C or H <12 months	3.9	24-35 m	655	87
PCV1	Card	2.8	24-35 m	655	87
PCV1	Card or History	4.3	24-35 m	655	87
PCV1	History	1.5	24-35 m	655	87
PCV3	C or H <12 months	1.8	24-35 m	655	87
PCV3	Card	2.1	24-35 m	655	87
PCV3	Card or History	2.1	24-35 m	655	87
PCV3	History	0	24-35 m	655	87
Pol1	C or H <12 months	91.8	24-35 m	655	87
Pol1	Card	75.8	24-35 m	655	87
Pol1	Card or History	92.8	24-35 m	655	87
Pol1	History	17	24-35 m	655	87
Pol3	C or H <12 months	78.2	24-35 m	655	87
Pol3	Card	74	24-35 m	655	87
Pol3	Card or History	80.6	24-35 m	655	87
Pol3	History	6.6	24-35 m	655	87
RotaC	C or H <12 months	0.5	24-35 m	655	87
RotaC	Card	0.4	24-35 m	655	87
RotaC	Card or History	0.5	24-35 m	655	87
RotaC	History	0.2	24-35 m	655	87

## 2014 Tunisian Health Examination Survey-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	99	18-29 m	437	84
MCV1	Card or History	93.9	18-29 m	437	84

## 2010 Tunisie Enquête par grappes à indicateurs multiples (MICS 4), 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.1	18-29 m	-	84

# Tunisia - survey details

BCG	Card	83	18-29 m	-	84
BCG	Card or History	98.2	18-29 m	600	84
BCG	History	15.2	18-29 m	-	84
DTP1	C or H <12 months	98.4	18-29 m	-	84
DTP1	Card	84	18-29 m	-	84
DTP1	Card or History	99.3	18-29 m	600	84
DTP1	History	15.3	18-29 m	-	84
DTP3	C or H <12 months	91.7	18-29 m	-	84
DTP3	Card	82.9	18-29 m	-	84
DTP3	Card or History	95.9	18-29 m	600	84
DTP3	History	13	18-29 m	-	84
HepB1	C or H <12 months	98.2	18-29 m	-	84
HepB1	Card	84.2	18-29 m	-	84
HepB1	Card or History	98.2	18-29 m	600	84
HepB1	History	14	18-29 m	-	84
HepB3	C or H <12 months	89.5	18-29 m	-	84
HepB3	Card	83.1	18-29 m	-	84
HepB3	Card or History	91.9	18-29 m	600	84
HepB3	History	8.8	18-29 m	-	84
MCV1	C or H <12 months	85.9	18-29 m	-	84
MCV1	Card	79	18-29 m	-	84
MCV1	Card or History	94.3	18-29 m	600	84
MCV1	History	15.3	18-29 m	-	84
Pol1	C or H <12 months	98.4	18-29 m	-	84
Pol1	Card	83.9	18-29 m	-	84
Pol1	Card or History	99.3	18-29 m	600	84
Pol1	History	15.5	18-29 m	-	84
Pol3	C or H <12 months	89.1	18-29 m	-	84
Pol3	Card	82.8	18-29 m	-	84
Pol3	Card or History	93.8	18-29 m	600	84
Pol3	History	11	18-29 m	-	84

## 2005 L'enquête sur la santé et le bien-être de la mère et l'enfant MICS3, Tunisie 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	98.6	12-23 m	595	-
DTP3	Card or History	99.7	12-23 m	595	-
HepB3	Card or History	99.2	12-23 m	595	-
Hib3	Card or History	99.7	12-23 m	595	-
Pol3	Card or History	99.7	12-23 m	595	-

## 2004 L'enquête sur la santé et le bien-être de la mère et l'enfant MICS3, Tunisie 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
MCV1	Card or History	98.5	24-35 m	595	-

## 1999 Tunisia MICS 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	97.4	12-23 m	2158	-
DTP3	Card or History	96	12-23 m	2158	-
HepB3	Card or History	87.6	12-23 m	2158	-
MCV1	Card or History	71.3	12-23 m	2158	-
Pol3	Card or History	96	12-23 m	2158	-

# Tunisia - survey details

---

Further information and estimates for previous years are available at:

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

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