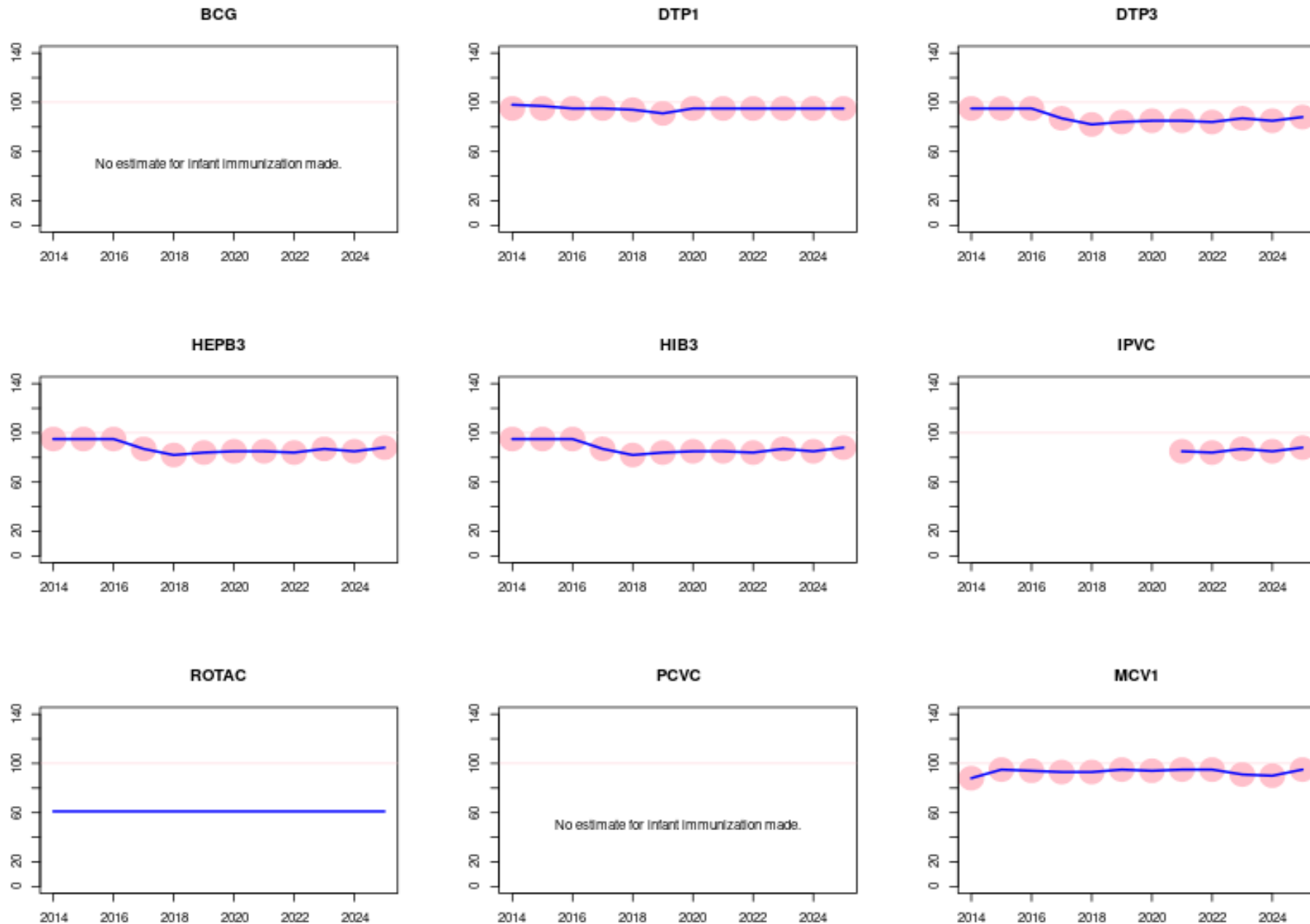




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage. The estimates refer to immunizations delivered through routine immunization services to children less than 12 months of age, or at the age specified in the recommended immunization schedule, for whom vaccinations are recorded. Immunizations received through supplemental immunization activities, such as polio and measles campaigns, are not included.

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

* Burton et al. 2009. Bull World Health Organ. * Burton et al. 2012. PLoS One.
* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES

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

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

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 6-11, 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS AND DEFINITIONS

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

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

IPV1: percentage of surviving infants who received the first dose of inactivated polio vaccine.

IPVC: percentage of surviving infants who received the final recommended dose of IPV in the primary series, according to the national immunization schedule primary series (e.g., second or third dose).

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

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

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration in the production of the estimate.

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

HEPB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

HIB3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

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

PCVC: percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine according to the national immunization schedule (e.g., second or third dose).

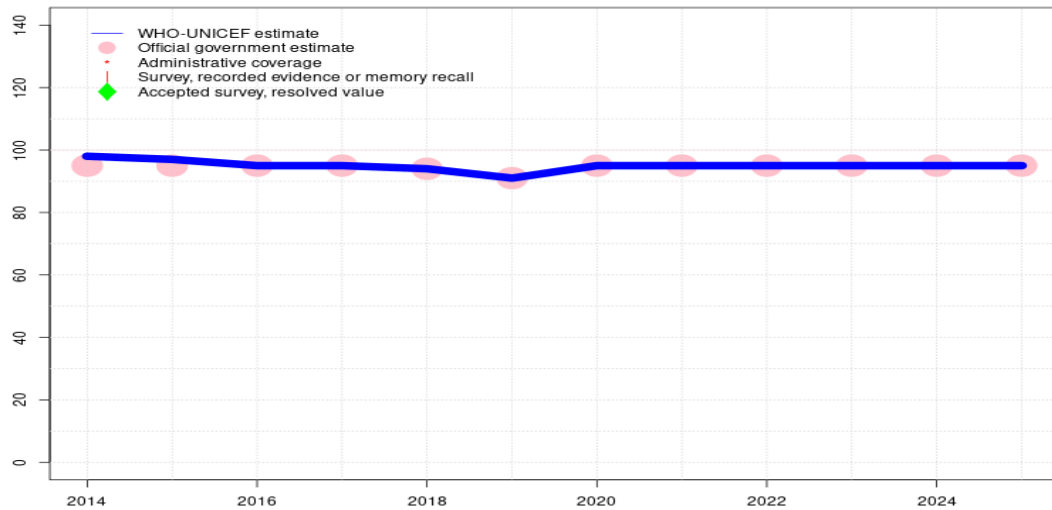
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

MENGA: percentage of children who received one dose of meningococcal A conjugate vaccine. MENGA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

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Austria - DTP1

AUT - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	97	95	95	94	91	95	95	95	95	95	95
Estimate GoC	•	•	••	••	••	••	••	••	••	••	••	••
Official	95	95	95	95	94	91	95	95	95	95	95	95
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

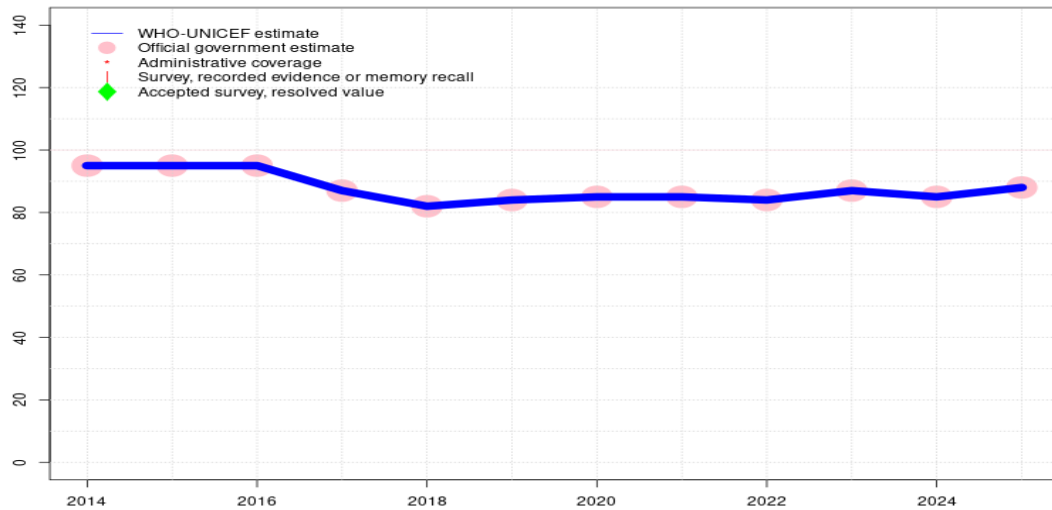
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+
- 2024: Estimate informed by reported data. GoC=R+
- 2023: Estimate informed by reported data. GoC=R+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout. Estimate of 95 percent changed from previous revision value of 91 percent. GoC=R+
- 2021: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 96 percent. GoC=R+
- 2020: Estimate informed by reported data. GoC=R+
- 2019: Estimate informed by reported data. Estimate of 91 percent changed from previous revision value of 93 percent. GoC=R+
- 2018: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 90 percent. GoC=R+
- 2017: Estimate informed by reported data. Programme reports seven month stockout of vaccine. Estimate of 95 percent changed from previous revision value of 94 percent. GoC=R+
- 2016: Estimate informed by reported coverage. Reported coverage reflects that achieved among children aged 4 years as of December 2015. Programme reports implementation of new agent-based, dynamic simulation model for estimating MMR and hexavalent vaccination coverage that considers distributed number of doses, administered number of doses, sales figures, as well as population characteristics, e.g. aging, births, deaths, emigration, and immigration. New vaccination coverage rates are not comparable to previous estimates. GoC=R+
- 2015: Estimated coverage informed by interpolation. Programme reports several months national level stockout. Estimate challenged by: R-
- 2014: Estimated coverage informed by estimated DTP3 coverage assuming zero dropout. Estimate challenged by: R-

Austria - DTP3

AUT - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	95	95	87	82	84	85	85	84	87	85	88
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	95	95	87	82	84	85	85	84	87	85	88
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

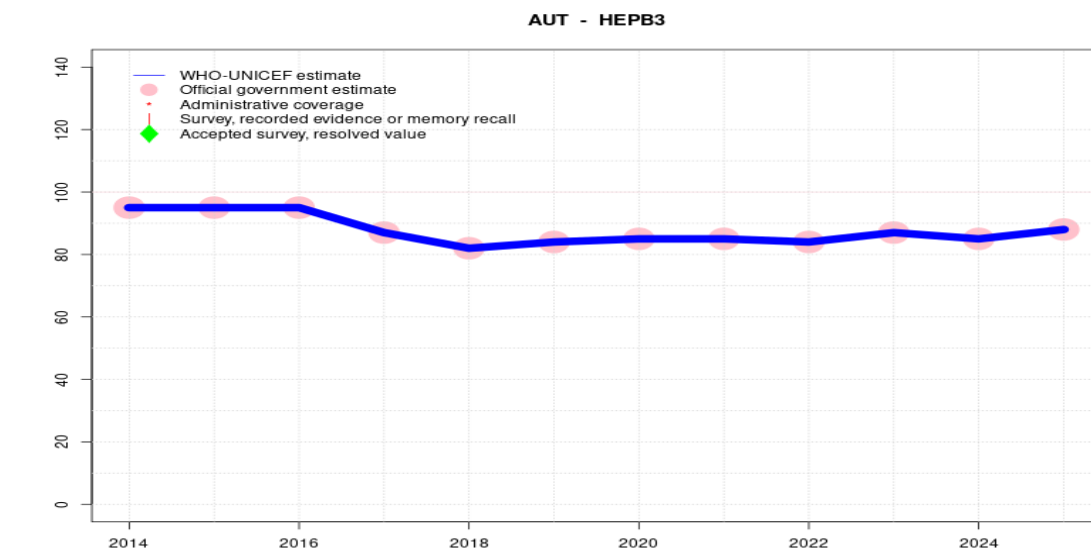
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

- 2025: Estimate informed by reported data. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+
- 2024: Estimate informed by reported data. GoC=R+
- 2023: Estimate informed by reported data. GoC=R+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout. GoC=R+
- 2021: Estimate informed by reported data. Estimate of 85 percent changed from previous revision value of 86 percent. GoC=R+
- 2020: Estimate informed by reported data. GoC=R+
- 2019: Estimate informed by reported data. Estimate of 84 percent changed from previous revision value of 88 percent. GoC=R+
- 2018: Estimate informed by reported data. Estimate of 82 percent changed from previous revision value of 85 percent. GoC=R+
- 2017: Estimate informed by reported data. Programme reports seven month stockout of vaccine. Estimate of 87 percent changed from previous revision value of 90 percent. GoC=R+
- 2016: Estimate informed by reported data. Programme reports implementation of new agent-based, dynamic simulation model for estimating MMR and hexavalent vaccination coverage that considers distributed number of doses, administered number of doses, sales figures, as well as population characteristics, e.g. aging, births, deaths, emigration, and immigration. New vaccination coverage rates are not comparable to previous estimates. Reported coverage reflects that achieved among children aged 4 years as of December 2015. Estimate of 95 percent changed from previous revision value of 87 percent. GoC=R+
- 2015: Estimate informed by reported data. Programme reports several months national level stockout. Estimate of 95 percent changed from previous revision value of 93 percent. GoC=R+
- 2014: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=R+

Austria - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	95	95	87	82	84	85	85	84	87	85	88
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	95	95	87	82	84	85	85	84	87	85	88
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

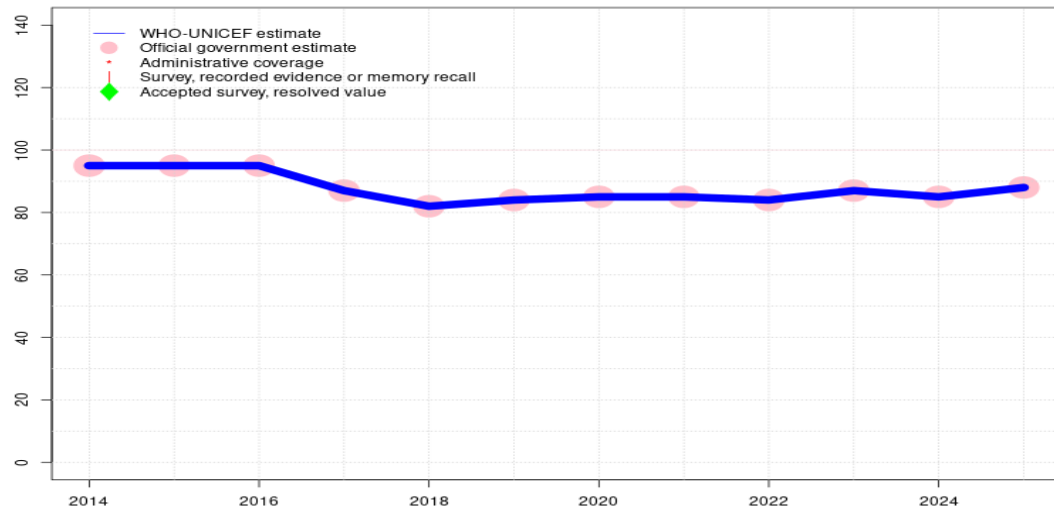
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+
- 2024: Estimate informed by reported data. GoC=R+
- 2023: Estimate informed by reported data. GoC=R+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout. GoC=R+
- 2021: Estimate informed by reported data. Estimate of 85 percent changed from previous revision value of 86 percent. GoC=R+
- 2020: Estimate informed by reported data. GoC=R+
- 2019: Estimate informed by reported data. Estimate of 84 percent changed from previous revision value of 88 percent. GoC=R+
- 2018: Estimate informed by reported data. Estimate of 82 percent changed from previous revision value of 85 percent. GoC=R+
- 2017: Estimate informed by reported data. Programme reports seven month stockout of vaccine. Estimate of 87 percent changed from previous revision value of 90 percent. GoC=R+
- 2016: Estimate informed by reported data. Programme reports implementation of new agent-based, dynamic simulation model for estimating MMR and hexavalent vaccination coverage that considers distributed number of doses, administered number of doses, sales figures, as well as population characteristics, e.g. aging, births, deaths, emigration, and immigration. New vaccination coverage rates are not comparable to previous estimates. Reported coverage reflects that achieved among children aged 4 years as of December 2015. Estimate of 95 percent changed from previous revision value of 87 percent. GoC=R+
- 2015: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 93 percent. GoC=R+
- 2014: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=R+

Austria - HIB3

AUT - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	95	95	87	82	84	85	85	84	87	85	88
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	95	95	87	82	84	85	85	84	87	85	88
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

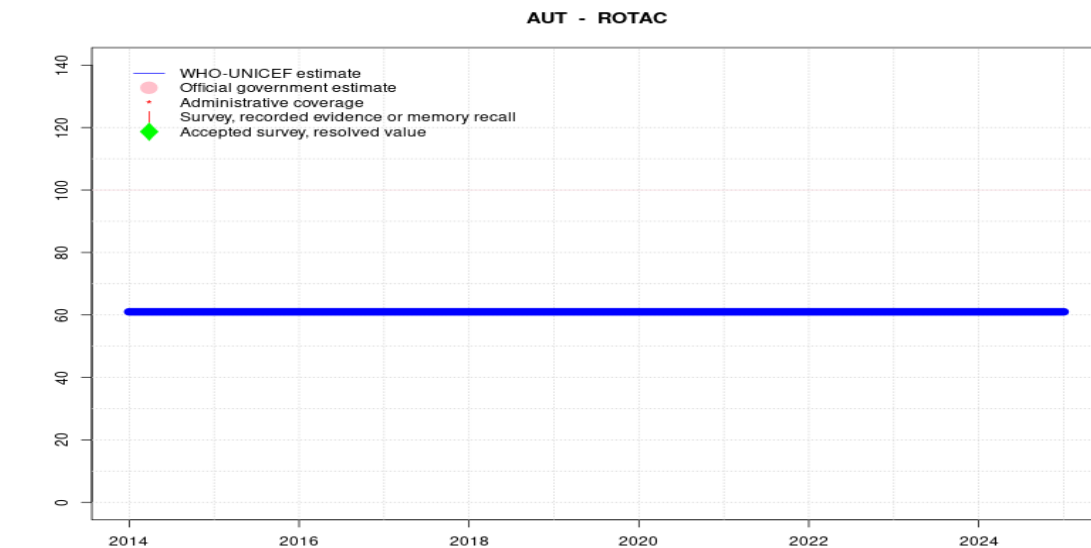
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

- 2025: Estimate informed by reported data. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+
- 2024: Estimate informed by reported data. GoC=R+
- 2023: Estimate informed by reported data. GoC=R+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout. GoC=R+
- 2021: Estimate informed by reported data. Estimate of 85 percent changed from previous revision value of 86 percent. GoC=R+
- 2020: Estimate informed by reported data. GoC=R+
- 2019: Estimate informed by reported data. Estimate of 84 percent changed from previous revision value of 85 percent. GoC=R+
- 2018: Estimate informed by reported data. Estimate of 82 percent changed from previous revision value of 85 percent. GoC=R+
- 2017: Estimate informed by reported data. Programme reports seven month stockout of vaccine. Estimate of 87 percent changed from previous revision value of 90 percent. GoC=R+
- 2016: Estimate informed by reported data. Programme reports implementation of new agent-based, dynamic simulation model for estimating MMR and hexavalent vaccination coverage that considers distributed number of doses, administered number of doses, sales figures, as well as population characteristics, e.g. aging, births, deaths, emigration, and immigration. New vaccination coverage rates are not comparable to previous estimates. Reported coverage reflects that achieved among children aged 4 years as of December 2015. Estimate of 95 percent changed from previous revision value of 87 percent. GoC=R+
- 2015: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 93 percent. GoC=R+
- 2014: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 98 percent. GoC=R+

Austria - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	61	61	61	61	61	61	61	61	61	61	61	61
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

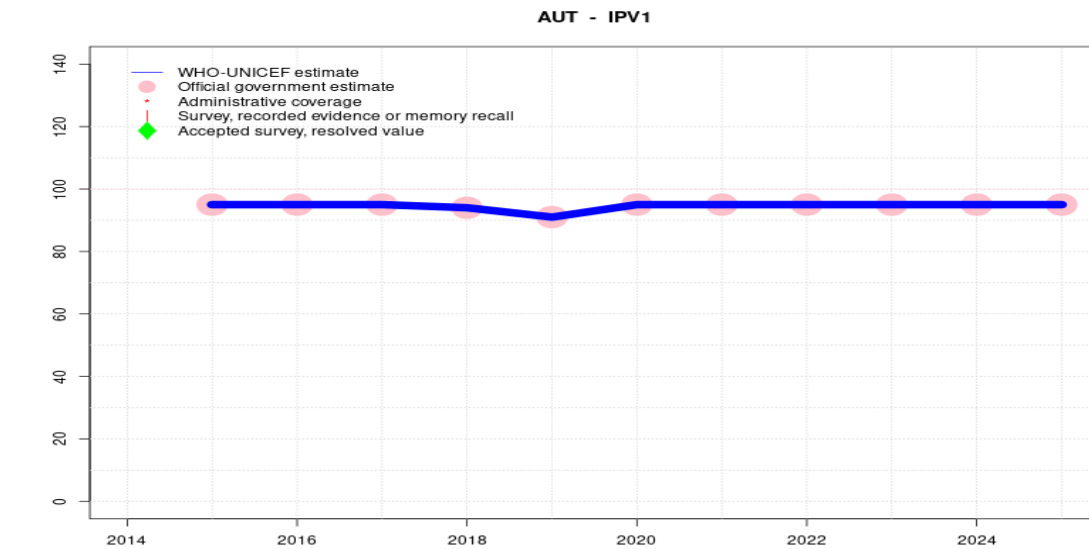
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2024: Estimate informed by extrapolation from reported data. Programme reported 2 months vaccine stockout at the national level. GoC=No accepted empirical data
- 2023: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2022: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2021: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2020: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2019: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2018: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2017: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2016: Estimate informed by extrapolation from reported data. Reported coverage reflects that achieved among children aged 4 years as of December 2015. GoC=No accepted empirical data
- 2015: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2014: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

Austria - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	95	95	95	94	91	95	95	95	95	95	95
Estimate GoC	-	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	-	95	95	95	94	91	95	95	95	95	95	95
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

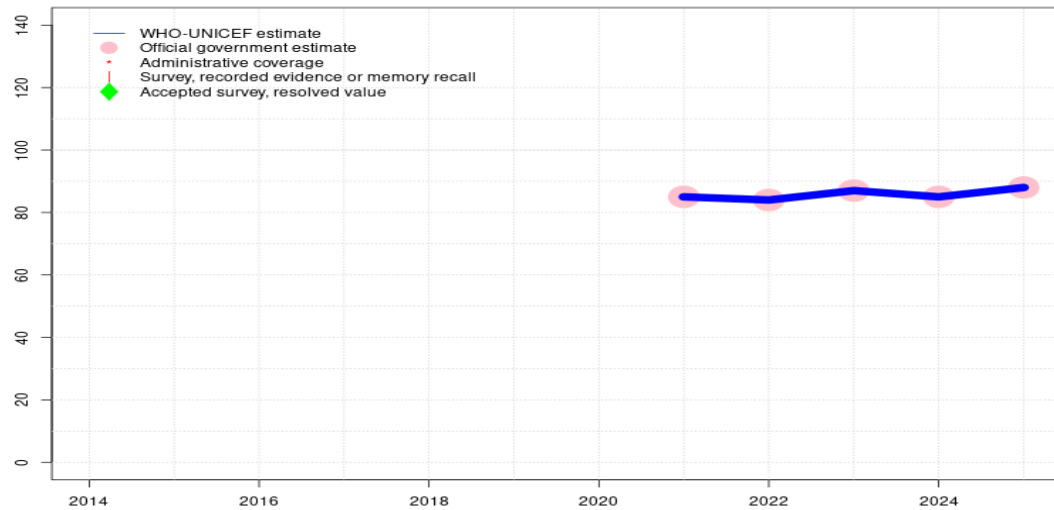
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+
- 2024: Estimate informed by reported data. GoC=R+
- 2023: Estimate informed by reported data. GoC=R+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout. Estimate of 95 percent changed from previous revision value of 91 percent. GoC=R+
- 2021: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 96 percent. GoC=R+
- 2020: Estimate informed by reported data. GoC=R+
- 2019: Estimate informed by reported data. Estimate of 91 percent changed from previous revision value of 93 percent. GoC=R+
- 2018: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 90 percent. GoC=R+
- 2017: Estimate informed by reported data. Programme reports seven month stockout of vaccine. Estimate of 95 percent changed from previous revision value of 94 percent. GoC=R+
- 2016: Estimate informed by reported data. Programme reports implementation of new agent-based, dynamic simulation model for estimating MMR and hexavalent vaccination coverage that considers distributed number of doses, administered number of doses, sales figures, as well as population characteristics, e.g. aging, births, deaths, emigration, and immigration. New vaccination coverage rates are not comparable to previous estimates. Reported coverage reflects that achieved among children aged 4 years as of December 2015. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+

Austria - IPV

AUT - IPV



Description:

2025: Estimate informed by reported data. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+

2024: Estimate informed by reported data. GoC=R+

2023: Estimate informed by reported data. GoC=R+

2022: Estimate informed by reported data. GoC=R+

2021: Estimate informed by reported data. GoC=R+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	85	84	87	85	88
Estimate GoC	-	-	-	-	-	-	-	●●	●●	●●	●●	●●
Official	-	-	-	-	-	-	-	85	84	87	85	88
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

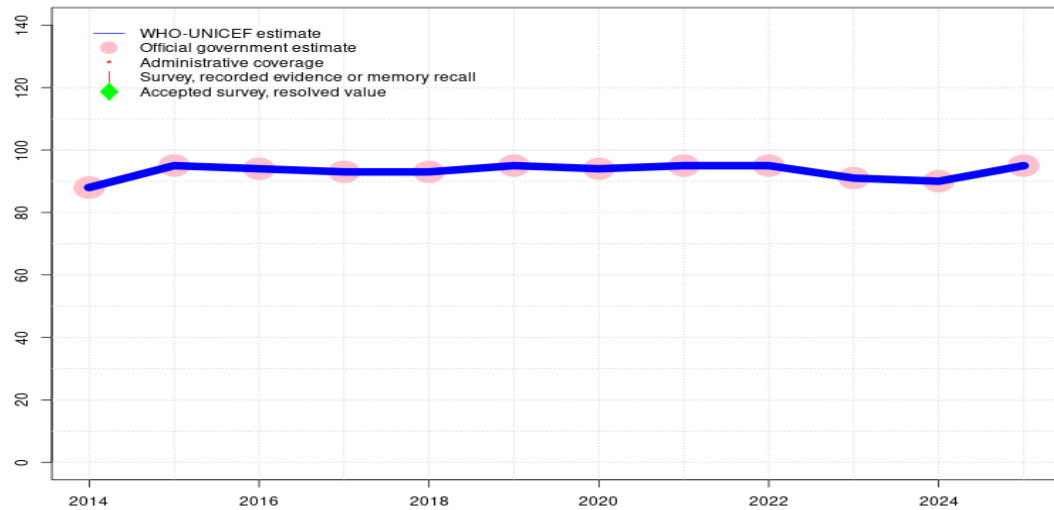
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Austria - MCV1

AUT - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	95	94	93	93	95	94	95	95	91	90	95
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	88	95	94	93	93	95	94	95	95	91	90	95
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

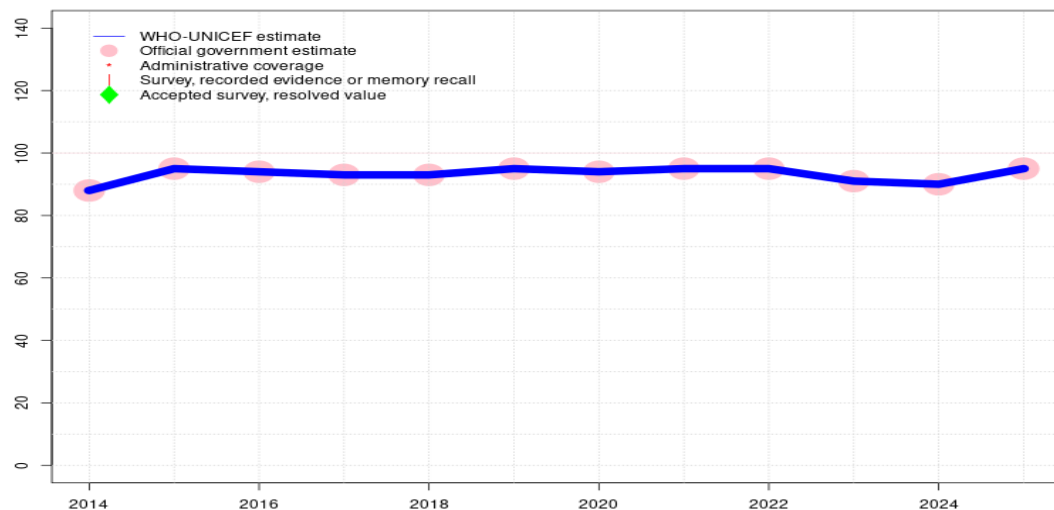
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+
- 2024: Estimate informed by reported data. GoC=R+
- 2023: Estimate informed by reported data. Estimate of 91 percent changed from previous revision value of 90 percent. GoC=R+
- 2022: Estimate informed by reported data. Programme reports a one-half month vaccine stock-out. GoC=R+
- 2021: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 99 percent. GoC=R+
- 2020: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 95 percent. GoC=R+
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. Estimate of 93 percent changed from previous revision value of 94 percent. GoC=R+
- 2017: Estimate informed by reported data. Estimate of 93 percent changed from previous revision value of 96 percent. GoC=R+
- 2016: Estimate informed by reported data. Programme reports implementation of new agent-based, dynamic simulation model for estimating MMR and hexavalent vaccination coverage that considers distributed number of doses, administered number of doses, sales figures, as well as population characteristics, e.g. aging, births, deaths, emigration, and immigration. New vaccination coverage rates are not comparable to previous estimates. Reported coverage reflects that achieved among children aged 4 years as of December 2015. Estimate of 94 percent changed from previous revision value of 95 percent. GoC=R+
- 2015: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 96 percent. GoC=R+
- 2014: Estimate informed by reported data. Estimate of 88 percent changed from previous revision value of 96 percent. GoC=R+

Austria - RCV1

AUT - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	95	94	93	93	95	94	95	95	91	90	95
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	88	95	94	93	93	95	94	95	95	91	90	95
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

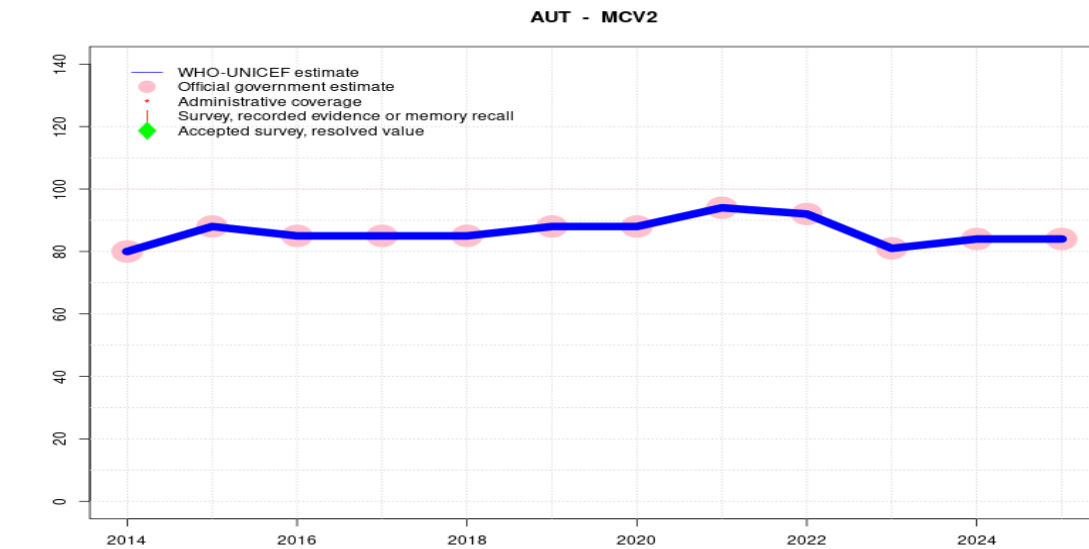
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

- 2025: Estimate based on estimated MCV1. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+
- 2024: Estimate based on estimated MCV1. GoC=R+
- 2023: Estimate based on estimated MCV1. Estimate of 91 percent changed from previous revision value of 90 percent. GoC=R+
- 2022: Estimate based on estimated MCV1. GoC=R+
- 2021: Estimate based on estimated MCV1. Estimate of 95 percent changed from previous revision value of 99 percent. GoC=R+
- 2020: Estimate based on estimated MCV1. Estimate of 94 percent changed from previous revision value of 95 percent. GoC=R+
- 2019: Estimate based on estimated MCV1. GoC=R+
- 2018: Estimate based on estimated MCV1. Estimate of 93 percent changed from previous revision value of 94 percent. GoC=R+
- 2017: Estimate based on estimated MCV1. Estimate of 93 percent changed from previous revision value of 96 percent. GoC=R+
- 2016: Estimate based on estimated MCV1. Programme reports implementation of new agent-based, dynamic simulation model for estimating MMR and hexavalent vaccination coverage that considers distributed number of doses, administered number of doses, sales figures, as well as population characteristics, e.g. aging, births, deaths, emigration, and immigration. New vaccination coverage rates are not comparable to previous estimates. Reported coverage reflects that achieved among children aged 4 years as of December 2015. Estimate of 94 percent changed from previous revision value of 95 percent. GoC=R+
- 2015: Estimate based on estimated MCV1. Estimate of 95 percent changed from previous revision value of 96 percent. GoC=R+
- 2014: Estimate based on estimated MCV1. Estimate of 88 percent changed from previous revision value of 96 percent. GoC=R+

Austria - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	88	85	85	85	88	88	94	92	81	84	84
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	80	88	85	85	85	88	88	94	92	81	84	84
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. Reported coverage rates are calculated using an agent-based dynamic simulation model. This model considers distributed and administered number of doses, sales figures and other data embedded in a model of the Austrian population included aging, births, deaths and in and out migration. These coverage estimates always refer to children aged 4 years as of 31 December of the respective year. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+

2024: Estimate informed by reported data. GoC=R+

2023: Estimate informed by reported data. GoC=R+

2022: Estimate informed by reported data. Programme reports a one-half month vaccine stock-out. Estimate of 92 percent changed from previous revision value of 94 percent. GoC=R+

2021: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 97 percent. GoC=R+

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

2019: Estimate informed by reported data. Estimate of 88 percent changed from previous revision value of 89 percent. GoC=R+

2018: Estimate informed by reported data. Estimate of 85 percent changed from previous revision value of 84 percent. GoC=R+

2017: Estimate informed by reported data. Estimate of 85 percent changed from previous revision value of 84 percent. GoC=R+

2016: Estimate informed by reported data. Programme reports implementation of new agent-based, dynamic simulation model for estimating MMR and hexavalent vaccination coverage that considers distributed number of doses, administered number of doses, sales figures, as well as population characteristics, e.g. aging, births, deaths, emigration, and immigration. New vaccination coverage rates are not comparable to previous estimates. Reported coverage reflects that achieved among children aged 4 years as of December 2015. Estimate of 85 percent changed from previous revision value of 89 percent. GoC=R+

2015: Estimate informed by reported data. GoC=R+

2014: Estimate informed by reported data. Estimate of 80 percent changed from previous revision value of 87 percent. GoC=R+

Further information and estimates for previous years are available at:

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

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