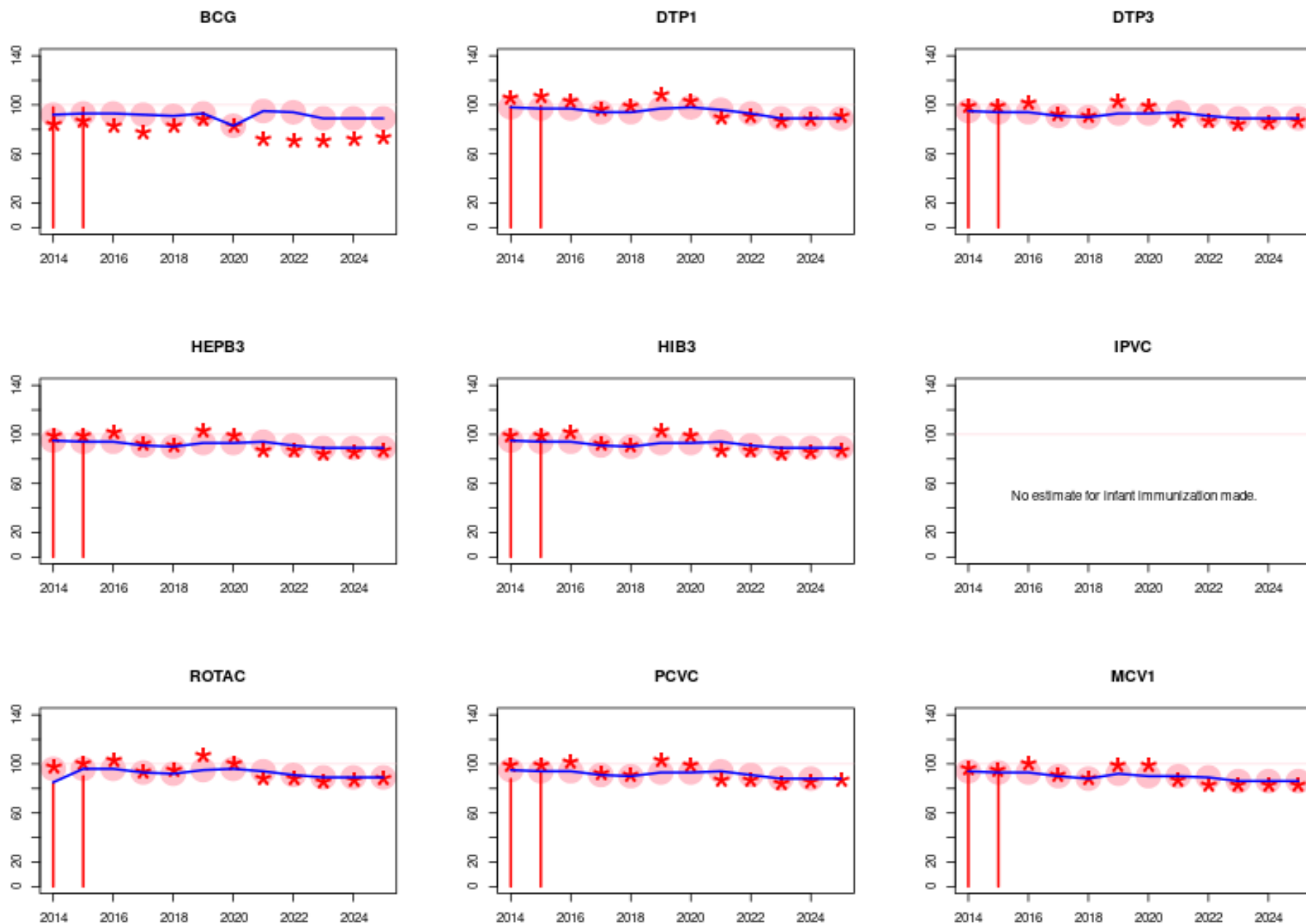




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, 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.

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.

NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture. Les estimations se réfèrent aux vaccinations administrées et documentées dans le cadre des services de vaccination de routine aux enfants de moins de 12 mois, ou à l'âge spécifié dans le calendrier vaccinal recommandé. Les vaccinations reçues dans le cadre d'activités de vaccination supplémentaires, telles que les campagnes contre la poliomyélite ou la rougeole, ne sont pas incluses.

Les estimations de l'OMS et de l'UNICEF sont spécifiques à chaque pays ; c'est-à-dire que les données de chaque pays sont examinées individuellement, et aucune donnée n'est empruntée à d'autres pays en l'absence de données. Les estimations ne reposent pas sur des ajustements ponctuels des données rapportées ; dans certains cas, des données empiriques proviennent d'une seule source, généralement les données de couverture déclarées au niveau national. Lorsqu'aucune donnée n'est disponible pour une combinaison donnée de pays/vaccin/année, les données des années précédentes et suivantes sont prises en compte et interpolées pour estimer la couverture des années manquantes. Dans les cas où les sources de données sont variées et présentent de grandes variations, une tentative est faite pour identifier l'estimation la plus probable en tenant compte des biais potentiels dans les données disponibles. Pour les méthodes, voir :

* 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.

SOURCES DE DONNÉES

Couverture ADMINISTRATIVE: Rapportée par les autorités nationales et basée sur des rapports administratifs agrégés provenant des prestataires de services de santé concernant le nombre de vaccinations administrées sur une période donnée (données du numérateur) et les données déclarées sur la population cible (données du dénominateur). Cette couverture peut être biaisée par des inexactitudes dans les données du numérateur et/ou du dénominateur.

Couverture OFFICIELLE: Estimation de la couverture rapportée par les autorités nationales, reflétant leur évaluation de la couverture la plus probable sur la base d'une combinaison de la couverture administrative, des estimations basées sur des enquêtes ou d'autres sources de données ou ajustements. Les approches pour déterminer la couverture OFFICIELLE peuvent varier d'un pays à l'autre.

Couverture par ENQUÊTE: Basée sur des estimations de couverture issues d'enquêtes menées auprès des ménages chez des enfants âgés de 6-11, 12-23 ou 24-35 mois, suivant une revue des méthodes et des résultats de l'enquête. Les informations reposent sur une combinaison de l'historique vaccinal, basé sur des preuves documentées ou le rappel des soignants. Les résultats des enquêtes sont considérés pour la cohorte de naissance appropriée en fonction de la période de collecte des données.

ABRÉVIATIONS ET DÉFINITIONS

BCG: pourcentage des naissances ayant reçu une dose du vaccin Bacillus Calmette-Guérin.

DTP1 (DTC1) / DTP3 (DTC3): pourcentage des nourrissons survivants ayant reçu respectivement la 1re / 3e dose du vaccin contenant l'anatoxine diphtérique et tétanique avec la coqueluche.

IPV1 (VPI1): pourcentage de nourrissons survivants ayant reçu la 1re dose de vaccin antipoliomyélitique inactivé (VPI).

IPVC (VPIC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de VPI de la série primaire, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

MCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rougeole. Dans les pays où le calendrier national recommande la 1re dose de MCV à 12 mois ou plus, en fonction de l'épidémiologie de la maladie dans le pays, les estimations de couverture reflètent le pourcentage d'enfants ayant reçu la 1re dose de MCV conformément à la recommandation.

MCV2: pourcentage des enfants ayant reçu la 2e dose de vaccin contenant la rougeole conformément au calendrier vaccinal du pays.

RCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rubéole. Les estimations de couverture sont basées sur les estimations de l'OMS et de l'UNICEF pour la dose de vaccin contenant la rougeole qui correspond à la première combinaison vaccin rougeole-rubéole. La couverture déclarée au niveau national pour le RCV n'est pas prise en compte dans l'élaboration de cette estimation.

HEPBB (VHBN): pourcentage des naissances ayant reçu une dose de vaccin contre l'hépatite B dans les 24 heures suivant l'accouchement. Les estimations de la couverture de la dose à la naissance contre l'hépatite B sont produites uniquement pour les pays ayant une politique universelle de dose à la naissance. Aucune estimation n'est réalisée pour les pays qui recommandent une dose à la naissance uniquement pour les nourrissons nés de mères infectées par le virus de l'hépatite B, ou pour les pays où les informations sont insuffisantes pour déterminer si la vaccination a eu lieu dans les 24 heures suivant la naissance.

HEPB3 (VHB3): pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant l'hépatite B après la dose à la naissance.

HIB3: pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant Haemophilus influenzae de type b.

ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

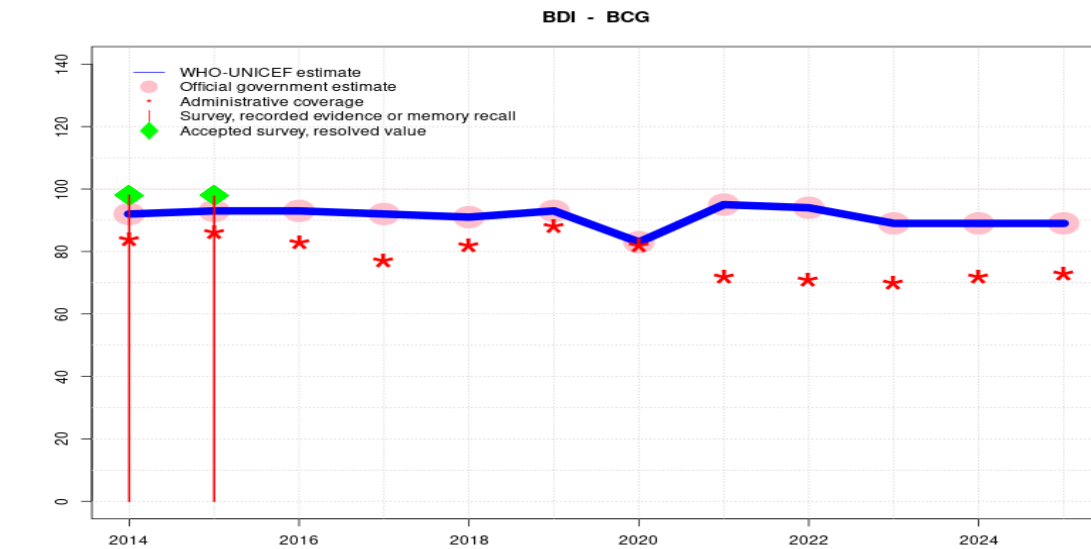
PCVC (VPCC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de vaccin antipneumococcique conjugué, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la cohorte des nourrissons survivants.

MENGA: pourcentage des enfants ayant reçu une dose de vaccin conjugué contre le méningocoque A. Les estimations de couverture MENGA sont produites pour les pays situés dans la ceinture de la méningite en Afrique subsaharienne.

Avertissement: Toutes les précautions raisonnables ont été prises par l'Organisation mondiale de la Santé et le Fonds des Nations Unies pour l'enfance pour vérifier les informations contenues dans cette publication. Toutefois, le matériel publié est distribué sans aucune garantie, explicite ou implicite. La responsabilité de l'interprétation et de l'utilisation du matériel incombe au lecteur. En aucun cas, l'Organisation mondiale de la Santé ou le Fonds des Nations Unies pour l'enfance ne sauraient être tenus responsables des dommages résultant de son utilisation.

Burundi - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	93	93	92	91	93	83	95	94	89	89	89
Estimate GoC	•	•••	•••	•	••	••	••	••	••	••	••	•
Official	92	93	93	92	91	93	83	95	94	89	89	89
Administrative	84	86	83	77	82	88	82	72	71	70	72	73
Survey	98	98	-	-	-	-	-	-	-	-	-	-

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.

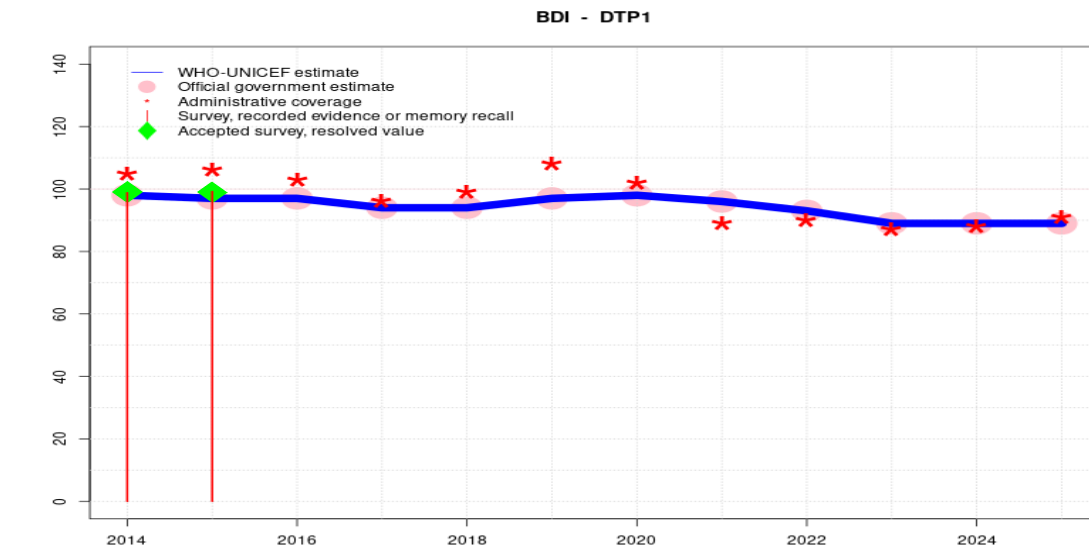
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). Estimate challenged by: D-

Burundi - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	97	97	94	94	97	98	96	93	89	89	89
Estimate GoC	●	●	●	●	●●	●●	●●	●●	●●	●●	●●	●
Official	98	97	97	94	94	97	98	96	93	89	89	89
Administrative	105	106	103	96	99	108	102	89	90	87	88	91
Survey	99	99	-	-	-	-	-	-	-	-	-	-

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.

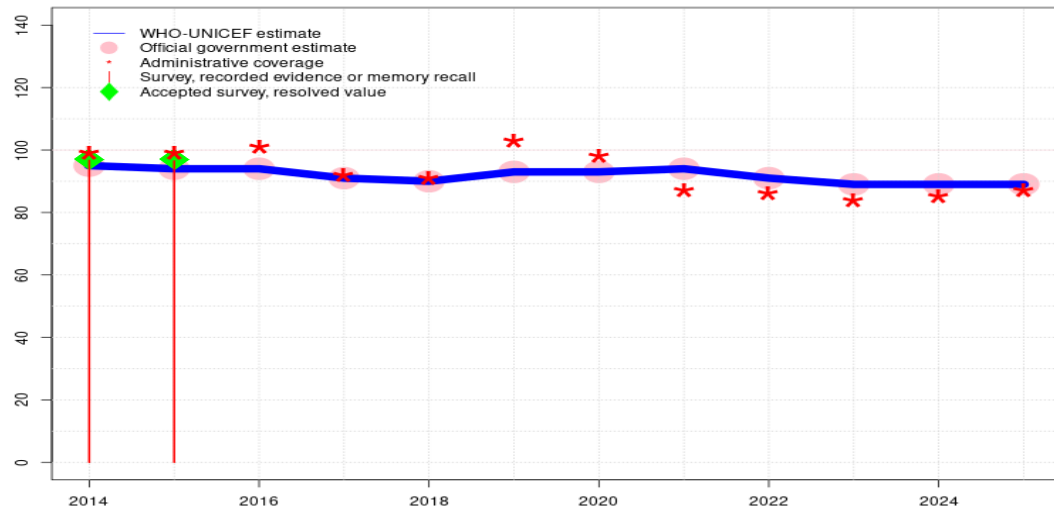
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Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-

Burundi - DTP3

BDI - DTP3



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	94	94	91	90	93	93	94	91	89	89	89
Estimate GoC	●	●	●	●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	94	94	91	90	93	93	94	91	89	89	89
Administrative	99	99	101	92	91	103	98	87	86	84	85	87
Survey	97	97	-	-	-	-	-	-	-	-	-	-

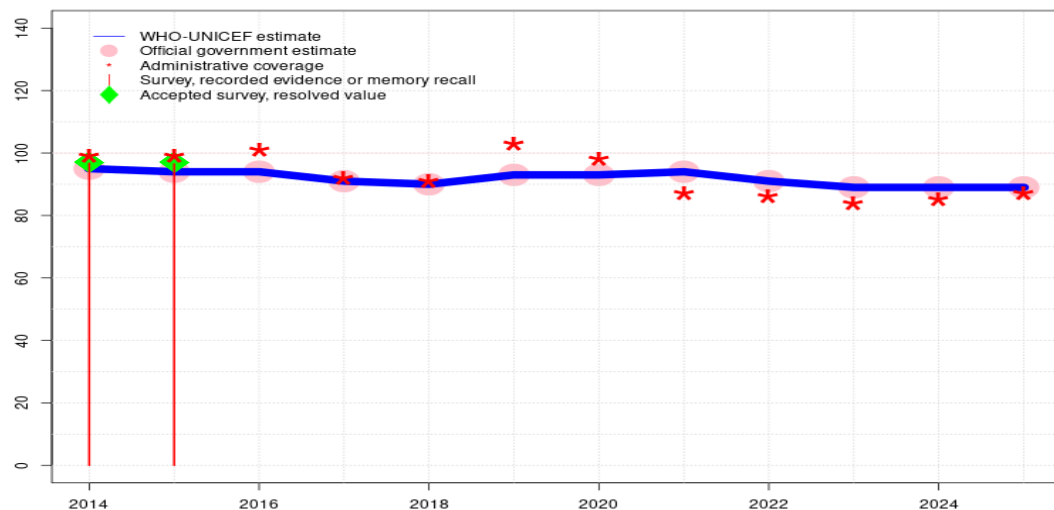
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Burundi - HEPB3

BDI - HEPB3



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-

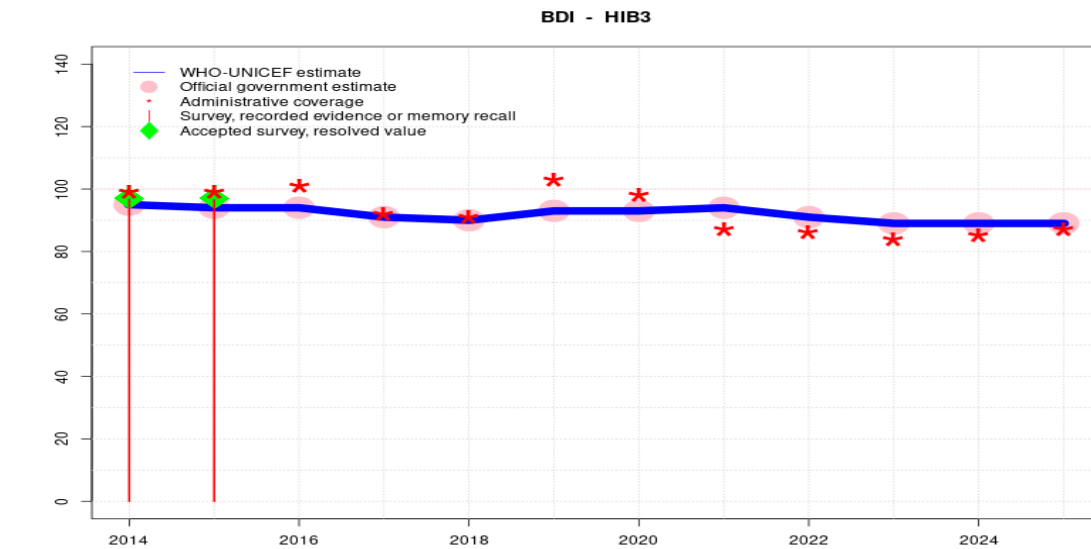
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	94	94	91	90	93	93	94	91	89	89	89
Estimate GoC	●	●	●	●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	94	94	91	90	93	93	94	91	89	89	89
Administrative	99	99	101	92	91	103	98	87	86	84	85	87
Survey	97	97	-	-	-	-	-	-	-	-	-	-

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.

Burundi - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	94	94	91	90	93	93	94	91	89	89	89
Estimate GoC	•	•	•	•	••	••	••	••	••	••	••	••
Official	95	94	94	91	90	93	93	94	91	89	89	89
Administrative	99	99	101	92	91	103	98	87	86	84	85	87
Survey	97	97	-	-	-	-	-	-	-	-	-	-

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.

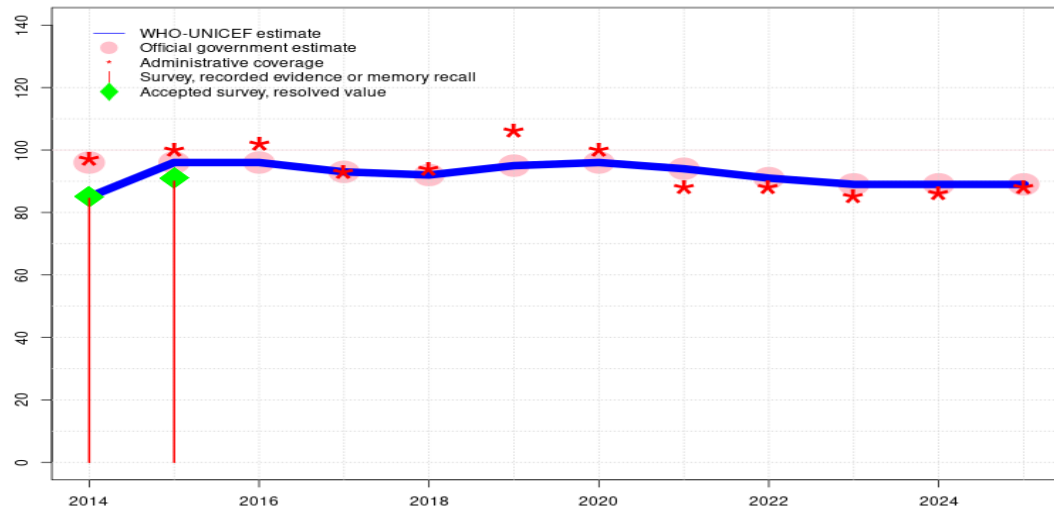
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-

Burundi - ROTAC

BDI - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	96	96	93	92	95	96	94	91	89	89	89
Estimate GoC	●	●	●	●	●●	●●	●●	●●	●●	●●	●●	●●
Official	96	96	96	93	92	95	96	94	91	89	89	89
Administrative	97	100	102	93	94	106	100	88	88	85	86	88
Survey	85	90	-	-	-	-	-	-	-	-	-	-

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.

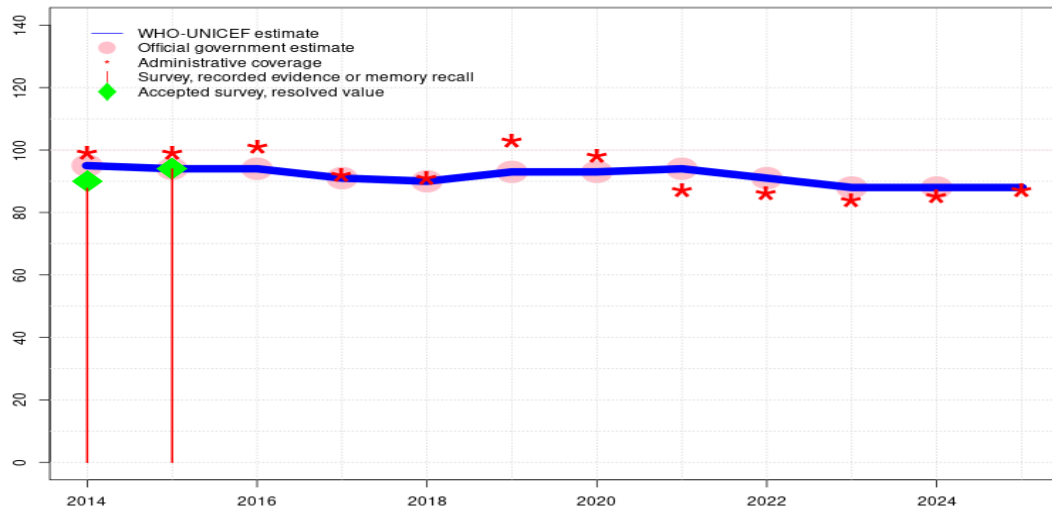
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-S-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 record or recall results of 90 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 75 percent. Estimate challenged by: D-S-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Rotavirus vaccine introduced in 2013. Reporting started in 2014. Estimate challenged by: D-R-

Burundi - PCVC

BDI - PCVC



Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Official coverage not reported. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Burundi Demographic and Health Survey 2016-2017 record or recall results of 88 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 53 percent. Estimate challenged by: D-

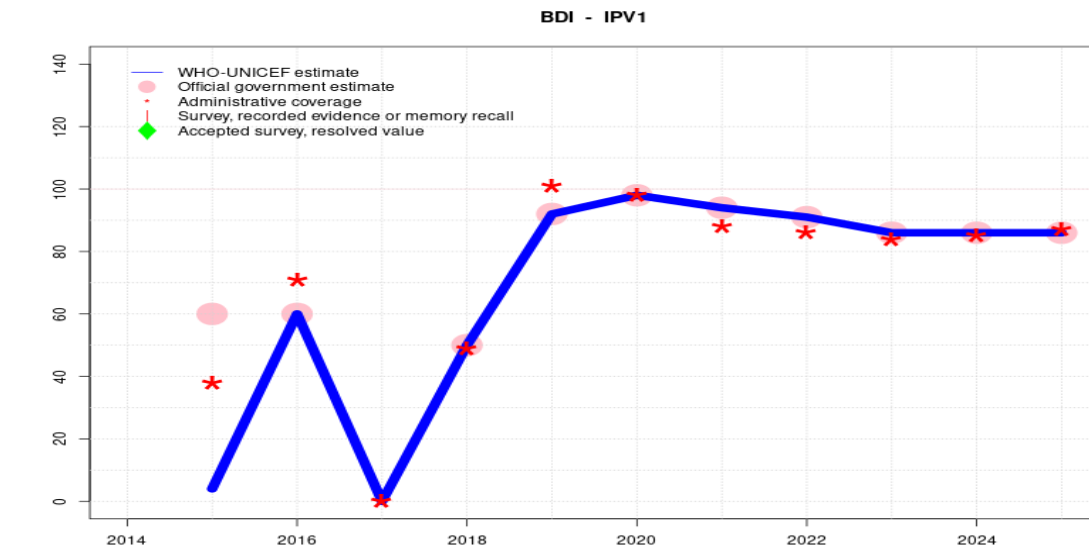
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	94	94	91	90	93	93	94	91	88	88	88
Estimate GoC	•	•	•	•	••	••	••	••	••	••	••	••
Official	95	94	94	91	90	93	93	94	91	88	88	-
Administrative	99	99	101	92	91	103	98	87	86	84	85	87
Survey	88	94	-	-	-	-	-	-	-	-	-	-

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.

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Burundi - IPV1



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported administrative data. Programme reports 12 months IPV stockout. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate informed by reported data following introduction. GoC=R+ D+
- 2015: Inactivated polio vaccine introduced in November 2015. Programme reports 38 percent coverage in 13 percent of the target population. Estimates based on coverage achieved in the total annual national target population. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	4	60	0	50	92	98	94	91	86	86	86
Estimate GoC	-	•	••	••	••	••	••	••	••	••	••	••
Official	-	60	60	-	50	92	98	94	91	86	86	86
Administrative	-	38	71	0	49	101	98	88	86	84	85	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

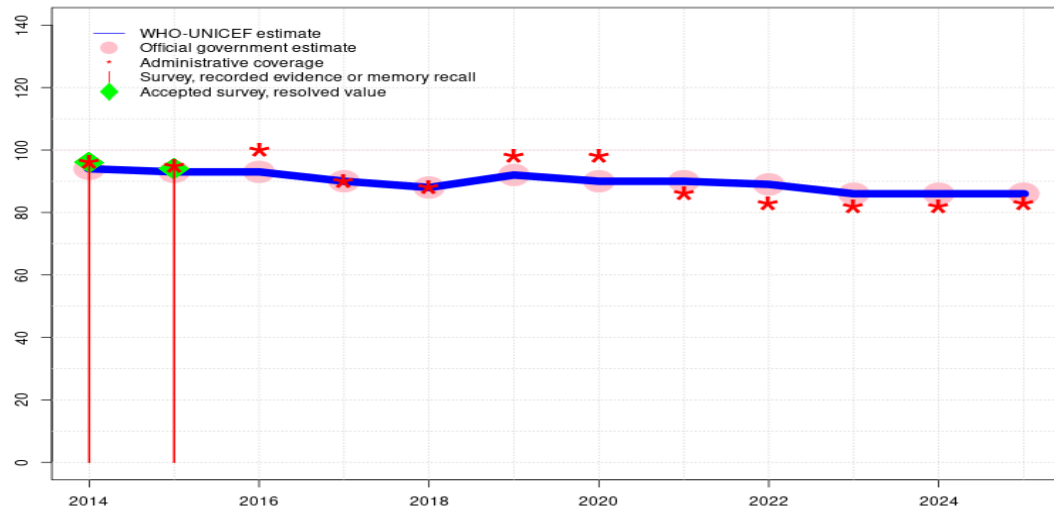
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Burundi - MCV1

BDI - MCV1



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-

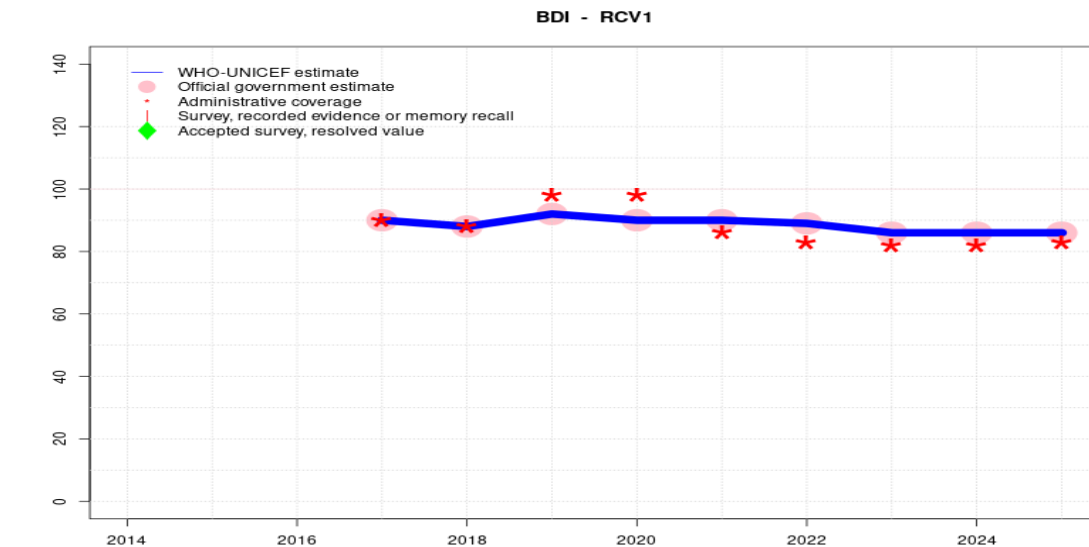
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	94	93	93	90	88	92	90	90	89	86	86	86
Estimate GoC	•	•	•••	•	•	••	••	••	••	••	••	••
Official	94	93	93	90	88	92	90	90	89	86	86	86
Administrative	96	95	100	90	88	98	98	86	83	82	82	83
Survey	96	94	-	-	-	-	-	-	-	-	-	-

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.

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Burundi - RCV1



Description:

- 2025: Estimate based on estimated MCV1. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Rubella vaccine introduced in 2017 as MR and recommended at 9 and 18 months. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	90	88	92	90	90	89	86	86	86
Estimate GoC	-	-	-	•	•	••	••	••	••	••	••	••
Official	-	-	-	90	88	92	90	90	89	86	86	86
Administrative	-	-	-	90	88	98	98	86	83	82	82	83
Survey	-	-	-	-	-	-	-	-	-	-	-	-

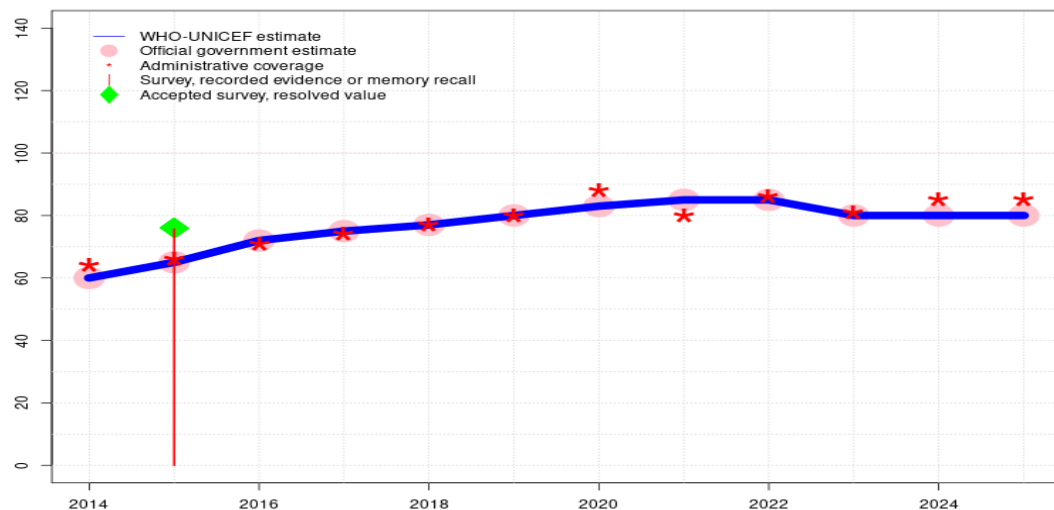
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Burundi - MCV2

BDI - MCV2



Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. The 2022 Vaccination Coverage Survey only includes estimated coverage among the 90 percent of children in the survey sample with cards seen. WHO and UNICEF recommend revising the time series for denominator and administrative coverage, taking into account the results of the most recent survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Decline in administrative coverage is mostly due to revised births and surviving infants for 2021 using 4.7 percent of total population for births and 3.7 percent of total population for surviving infants, resulting in 17 percent increase for target population compared to previous year. WHO and UNICEF recommend revising the time series for denominator and administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data are provisional. Programme notes challenges with administrative recording and reporting system. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported coverage for vaccine to vaccine consistency. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data. Estimate challenged by: D-S-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	60	65	72	75	77	80	83	85	85	80	80	80
Estimate GoC	●	●	●	●	●	●	●●	●●	●●	●●	●	●
Official	60	65	72	75	77	80	83	85	85	80	80	80
Administrative	64	66	71	74	77	80	88	80	86	81	85	85
Survey	-	76	-	-	-	-	-	-	-	-	-	-

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.

Burundi - Survey Details

NOTE A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 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 12-23 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 one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2022 Enquete post campagne vaccinale de suivi contre la rougeole et la rubeole couplee a l'enquete nationale de couvrtnure vaccinale de routine (ENCV), 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV2	Record	75.8	12-23 m	4766	90

2021 Enquete post campagne vaccinale de suivi contre la rougeole et la rubeole couplee a l'enquete nationale de couvrtnure vaccinale de routine (ENCV), 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	89	12-23 m	4766	90
DTP1	Record	88.7	12-23 m	4766	90
DTP3	Record	88.6	12-23 m	4766	90
HEPB1	Record	88.7	12-23 m	4766	90
HEPB3	Record	88.6	12-23 m	4766	90
HIB1	Record	88.7	12-23 m	4766	90
HIB3	Record	88.6	12-23 m	4766	90
IPV1	Record	85.7	12-23 m	4766	90

MCV1	Record	85.9	12-23 m	4766	90
MCV2	Record	77.6	24-35 m	4308	84
PCV1	Record	88.9	12-23 m	4766	90
PCVC	Record	88.2	12-23 m	4766	90
RCV1	Record	85.9	12-23 m	4766	90
ROTAC	Record	88.6	12-23 m	4766	90

2015 Burundi Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	16.4	12-23 m	455	83
BCG	Record	81.3	12-23 m	2226	83
BCG	Record or Recall	97.7	12-23 m	2681	83
BCG	Record or Recall<12m	97.5	12-23 m	2681	83
DTP1	Recall	16.4	12-23 m	455	83
DTP1	Record	82.8	12-23 m	2226	83
DTP1	Record or Recall	99.2	12-23 m	2681	83
DTP1	Record or Recall<12m	99	12-23 m	2681	83
DTP3	Recall	15.7	12-23 m	455	83
DTP3	Record	80.8	12-23 m	2226	83
DTP3	Record or Recall	96.5	12-23 m	2681	83
DTP3	Record or Recall<12m	95.9	12-23 m	2681	83
HEPB1	Recall	16.4	12-23 m	455	83
HEPB1	Record	82.8	12-23 m	2226	83
HEPB1	Record or Recall	99.2	12-23 m	2681	83
HEPB1	Record or Recall<12m	99	12-23 m	2681	83
HEPB3	Recall	15.7	12-23 m	455	83
HEPB3	Record	80.8	12-23 m	2226	83
HEPB3	Record or Recall	96.5	12-23 m	2681	83
HEPB3	Record or Recall<12m	95.9	12-23 m	2681	83
HIB1	Recall	16.4	12-23 m	455	83
HIB1	Record	82.8	12-23 m	2226	83
HIB1	Record or Recall	99.2	12-23 m	2681	83
HIB1	Record or Recall<12m	99	12-23 m	2681	83
HIB3	Recall	15.7	12-23 m	455	83
HIB3	Record	80.8	12-23 m	2226	83
HIB3	Record or Recall	96.5	12-23 m	2681	83
HIB3	Record or Recall<12m	95.9	12-23 m	2681	83
MCV1	Recall	15.2	12-23 m	455	83

Burundi - Survey Details

MCV1	Record	78.6	12-23 m	2226	83
MCV1	Record or Recall	93.8	12-23 m	2681	83
MCV1	Record or Recall<12m	92	12-23 m	2681	83
MCV2	Recall	29.9	24-35 m	957	-
MCV2	Record	45.8	24-35 m	1486	-
MCV2	Record or Recall	75.7	24-35 m	2443	-
MCV2	Record or Recall<12m	74.3	24-35 m	2443	-
PCV1	Recall	16.1	12-23 m	455	83
PCV1	Record	81.6	12-23 m	2226	83
PCV1	Record or Recall	97.7	12-23 m	2681	83
PCV1	Record or Recall<12m	97.5	12-23 m	2681	83
PCVC	Recall	14.7	12-23 m	455	83
PCVC	Record	79.3	12-23 m	2226	83
PCVC	Record or Recall	93.9	12-23 m	2681	83
PCVC	Record or Recall<12m	93.2	12-23 m	2681	83
ROTAC	Recall	15	12-23 m	455	83
ROTAC	Record	74.9	12-23 m	2226	83
ROTAC	Record or Recall	90	12-23 m	2681	83
ROTAC	Record or Recall<12m	89.2	12-23 m	2681	83

2014 Burundi Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	38	24-35 m	957	-
BCG	Record	60.1	24-35 m	1486	-
BCG	Record or Recall	98	24-35 m	2443	-
BCG	Record or Recall<12m	97.4	24-35 m	2443	-
DTP1	Recall	38.2	24-35 m	957	-
DTP1	Record	60.6	24-35 m	1486	-
DTP1	Record or Recall	98.8	24-35 m	2443	-
DTP1	Record or Recall<12m	98.2	24-35 m	2443	-
DTP3	Recall	36.8	24-35 m	957	-
DTP3	Record	59.9	24-35 m	1486	-
DTP3	Record or Recall	96.7	24-35 m	2443	-
DTP3	Record or Recall<12m	95.8	24-35 m	2443	-
HEPB1	Recall	38.2	24-35 m	957	-
HEPB1	Record	60.6	24-35 m	1486	-
HEPB1	Record or Recall	98.8	24-35 m	2443	-
HEPB1	Record or Recall<12m	98.2	24-35 m	2443	-

HEPB3	Recall	36.8	24-35 m	957	-
HEPB3	Record	59.9	24-35 m	1486	-
HEPB3	Record or Recall	96.7	24-35 m	2443	-
HEPB3	Record or Recall<12m	95.8	24-35 m	2443	-
HIB1	Recall	38.2	24-35 m	957	-
HIB1	Record	60.6	24-35 m	1486	-
HIB1	Record or Recall	98.8	24-35 m	2443	-
HIB1	Record or Recall<12m	98.2	24-35 m	2443	-
HIB3	Recall	36.8	24-35 m	957	-
HIB3	Record	59.9	24-35 m	1486	-
HIB3	Record or Recall	96.7	24-35 m	2443	-
HIB3	Record or Recall<12m	95.8	24-35 m	2443	-
MCV1	Recall	36.7	24-35 m	957	-
MCV1	Record	59.5	24-35 m	1486	-
MCV1	Record or Recall	96.1	24-35 m	2443	-
MCV1	Record or Recall<12m	92.8	24-35 m	2443	-
PCV1	Recall	37.2	24-35 m	957	-
PCV1	Record	54.4	24-35 m	1486	-
PCV1	Record or Recall	91.6	24-35 m	2443	-
PCV1	Record or Recall<12m	90.9	24-35 m	2443	-
PCVC	Recall	34.6	24-35 m	957	-
PCVC	Record	53.1	24-35 m	1486	-
PCVC	Record or Recall	87.7	24-35 m	2443	-
PCVC	Record or Recall<12m	87	24-35 m	2443	-
ROTAC	Recall	33.8	24-35 m	957	-
ROTAC	Record	50.6	24-35 m	1486	-
ROTAC	Record or Recall	84.5	24-35 m	2443	-
ROTAC	Record or Recall<12m	83.4	24-35 m	2443	-

2011 Enquête de Couverture Vaccinale de Routine et apres une Campagne de Suivi de Vaccination Contre la Rougeole Couplee a l'Administration de la Vitamine A, de l'Albendazole et du Praziquantel 2012 (ENCV 2012)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	69.3	12-23 m	-	51
BCG	Record	29	12-23 m	-	51
BCG	Record or Recall	98.3	12-23 m	5951	51

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BCG	Record or Recall<12m	97.6	12-23 m	5951	51
DTP1	Recall	70	12-23 m	-	51
DTP1	Record	29	12-23 m	-	51
DTP1	Record or Recall	99	12-23 m	5951	51
DTP1	Record or Recall<12m	97.2	12-23 m	5951	51
DTP3	Recall	69.3	12-23 m	-	51
DTP3	Record	29	12-23 m	-	51
DTP3	Record or Recall	98.3	12-23 m	5951	51
DTP3	Record or Recall<12m	95.9	12-23 m	5951	51
HEPB1	Recall	70	12-23 m	-	51
HEPB1	Record	29	12-23 m	-	51
HEPB1	Record or Recall	99	12-23 m	5951	51
HEPB1	Record or Recall<12m	97.2	12-23 m	5951	51
HEPB3	Recall	69.3	12-23 m	-	51
HEPB3	Record	29	12-23 m	-	51
HEPB3	Record or Recall	98.3	12-23 m	5951	51
HEPB3	Record or Recall<12m	95.9	12-23 m	5951	51
HIB1	Recall	70	12-23 m	-	51
HIB1	Record	29	12-23 m	-	51
HIB1	Record or Recall	99	12-23 m	5951	51
HIB1	Record or Recall<12m	97.2	12-23 m	5951	51
HIB3	Recall	69.3	12-23 m	-	51
HIB3	Record	29	12-23 m	-	51
HIB3	Record or Recall	98.3	12-23 m	5951	51
HIB3	Record or Recall<12m	95.9	12-23 m	5951	51
MCV1	Recall	68.6	12-23 m	-	51
MCV1	Record	28.5	12-23 m	-	51
MCV1	Record or Recall	97	12-23 m	5951	51
MCV1	Record or Recall<12m	93.2	12-23 m	5951	51

DTP1	Record or Recall	99	12-23 m	1552	62
DTP1	Record or Recall<12m	98.8	12-23 m	1552	62
DTP3	Recall	34.7	12-23 m	591	62
DTP3	Record	60.6	12-23 m	961	62
DTP3	Record or Recall	95.4	12-23 m	1552	62
DTP3	Record or Recall<12m	94.6	12-23 m	1552	62
HEPB1	Recall	37.2	12-23 m	591	62
HEPB1	Record	61.8	12-23 m	961	62
HEPB1	Record or Recall	99	12-23 m	1552	62
HEPB1	Record or Recall<12m	98.8	12-23 m	1552	62
HEPB3	Recall	34.7	12-23 m	591	62
HEPB3	Record	60.6	12-23 m	961	62
HEPB3	Record or Recall	95.4	12-23 m	1552	62
HEPB3	Record or Recall<12m	94.6	12-23 m	1552	62
HIB1	Recall	37.2	12-23 m	591	62
HIB1	Record	61.8	12-23 m	961	62
HIB1	Record or Recall	99	12-23 m	1552	62
HIB1	Record or Recall<12m	98.8	12-23 m	1552	62
HIB3	Recall	34.7	12-23 m	591	62
HIB3	Record	60.6	12-23 m	961	62
HIB3	Record or Recall	95.4	12-23 m	1552	62
HIB3	Record or Recall<12m	94.6	12-23 m	1552	62
MCV1	Recall	35	12-23 m	591	62
MCV1	Record	59.3	12-23 m	961	62
MCV1	Record or Recall	94.3	12-23 m	1552	62
MCV1	Record or Recall<12m	88.8	12-23 m	1552	62

2004 Enquête Nationale d'Évaluation des Conditions de vie de l'Enfant et de la Femme au Burundi - 2005

2009 Enquête Démographique et de Santé Burundi 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	37.3	12-23 m	591	62	BCG	Recall	28.3	12-23 m	1453	64
BCG	Record	61.7	12-23 m	961	62	BCG	Record	62.4	12-23 m	1453	64
BCG	Record or Recall	98.9	12-23 m	1552	62	BCG	Record or Recall	90.7	12-23 m	1453	64
BCG	Record or Recall<12m	98.8	12-23 m	1552	62	BCG	Record or Recall<12m	90.2	12-23 m	1453	64
DTP1	Recall	37.2	12-23 m	591	62	DTP1	Recall	27.5	12-23 m	1453	64
DTP1	Record	61.8	12-23 m	961	62	DTP1	Record	47.4	12-23 m	1453	64
						DTP1	Record or Recall	74.9	12-23 m	1453	64

DTP1	Record or Recall<12m	73.9	12-23 m	1453	64						
DTP3	Recall	18.6	12-23 m	1453	64	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP3	Record	44.1	12-23 m	1453	64	BCG	Recall	23.1	12-23 m	-	62
DTP3	Record or Recall	62.7	12-23 m	1453	64	BCG	Record	61.2	12-23 m	-	62
DTP3	Record or Recall<12m	60.1	12-23 m	1453	64	BCG	Record or Recall	84.3	12-23 m	598	62
MCV1	Recall	27.2	12-23 m	1453	64	DTP1	Recall	24.4	12-23 m	-	62
MCV1	Record	50.8	12-23 m	1453	64	DTP1	Record	61.5	12-23 m	-	62
MCV1	Record or Recall	77.9	12-23 m	1453	64	DTP1	Record or Recall	86	12-23 m	598	62
MCV1	Record or Recall<12m	68.8	12-23 m	1453	64	DTP3	Recall	17.2	12-23 m	-	62
						DTP3	Record	57.2	12-23 m	-	62
						DTP3	Record or Recall	72.8	12-23 m	598	62
1999	Enquête Nationale d'Evaluation des Conditions de vie de l'Enfant					MCV1	Recall	23.1	12-23 m	-	62
	et de la Femme au Burundi (ENECEF-BURUNDI 2000), Rapport					MCV1	Record	51.7	12-23 m	-	62
	Préliminaire					MCV1	Record or Recall	69.9	12-23 m	598	62

Further information and estimates for previous years are available at:
<https://data.unicef.org/topic/child-health/immunization/>
<https://immunizationdata.who.int/listing.html>