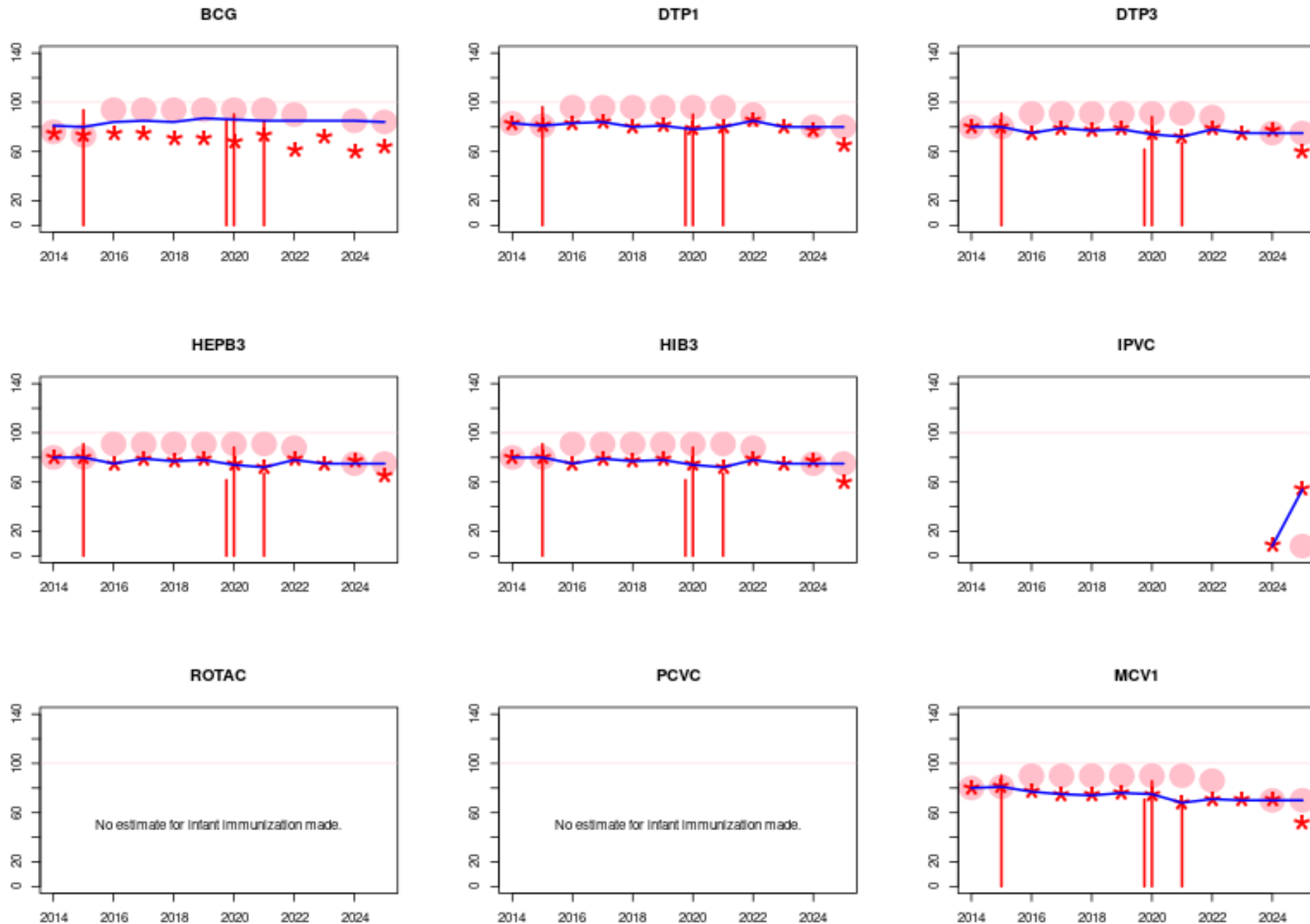




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

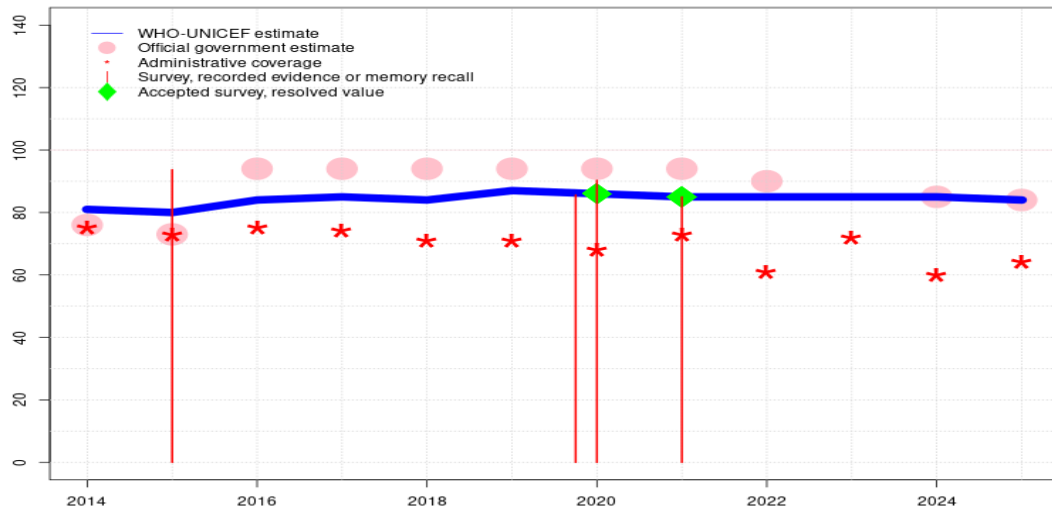
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la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

Comoros - BCG

COM - BCG



Description:

- 2025: Estimate informed by reported data. Decrease in coverage partially explained by a increase of 21 percent in surviving infants. WHO and UNICEF recommend an assessment of the reported administrative data. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimate of 85 percent changed from previous revision value of 84 percent. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between 2021 and 2024 levels. Estimate of 85 percent changed from previous revision value of 84 percent. Estimate challenged by: R-
- 2022: Estimate informed by interpolation between 2021 and 2024 levels. Reported data excluded due to decline in reported coverage from 73 percent to 61 percent with increase to 72 percent. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Programme notes that reported official coverage is informed by results from a 2016 coverage survey. Programme reports a two months vaccine stockout. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Comoros Routine Immunization Coverage Survey Report, 2022 results ignored by working group. Estimate of 86 percent changed from previous revision value of 78 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2012 and 2020 levels. Estimate of 87 percent changed from previous revision value of 81 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2012 and 2020 levels. Estimate of 84 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2012 and 2020 levels. Estimate of 85 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2012 and 2020 levels. Reported official coverage levels are based on survey results. Estimate of 84 percent changed from previous revision value of 81 percent. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2020 levels. Comoros Measles Post-campaign and Routine Survey 2016 results ignored by working group. Estimate of 80 percent changed from previous revision value of 77 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Reported data calibrated to 2012 and 2020 levels. Estimate of 81 percent changed from previous revision value of 78 percent. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	81	80	84	85	84	87	86	85	85	85	85	84
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	••
Official	76	73	94	94	94	94	94	94	90	-	85	84
Administrative	75	73	75	74	71	71	68	73	61	72	60	64
Survey	-	94	-	-	-	-	*	85	-	-	-	-

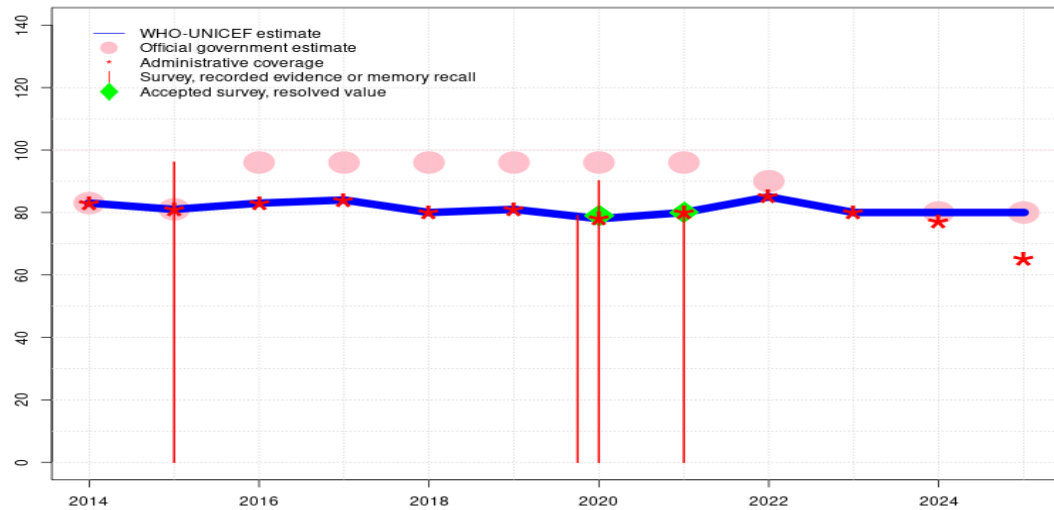
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Comoros - DTP1

COM - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	83	81	83	84	80	81	78	80	85	80	80	80
Estimate GoC	●●●	●●	●●	●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●
Official	83	81	96	96	96	96	96	96	90	-	80	80
Administrative	83	81	83	84	80	81	78	80	85	80	77	65
Survey	-	96	-	-	-	-	*	80	-	-	-	-

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.

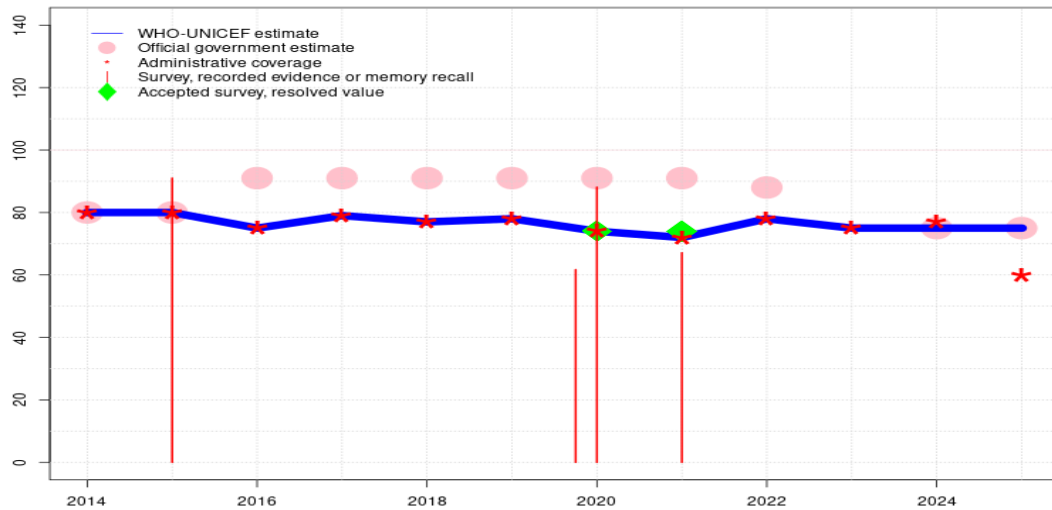
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Decrease in coverage partially explained by a increase of 21 percent in surviving infants. WHO and UNICEF recommend an assessment of the reported administrative data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2022: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data supported by survey.Survey evidence of 80 percent based on 1 survey(s). Programme notes that reported official coverage is informed by results from a 2016 coverage survey. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey.Survey evidence of 79 percent based on 1 survey(s). Comoros Routine Immunization Coverage Survey Report, 2022 results ignored by working group. Programme reports three months vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. Reported official coverage levels are based on survey results. GoC=R+ D+
- 2015: Estimate informed by reported data. Comoros Measles Post-campaign and Routine Survey 2016 results ignored by working group. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Comoros - DTP3

COM - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	80	75	79	77	78	74	72	78	75	75	75
Estimate GoC	●●●	●●	●●	●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●
Official	80	80	91	91	91	91	91	91	88	-	75	75
Administrative	80	80	75	79	77	78	74	72	78	75	77	60
Survey	-	91	-	-	-	-	*	67	-	-	-	-

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.

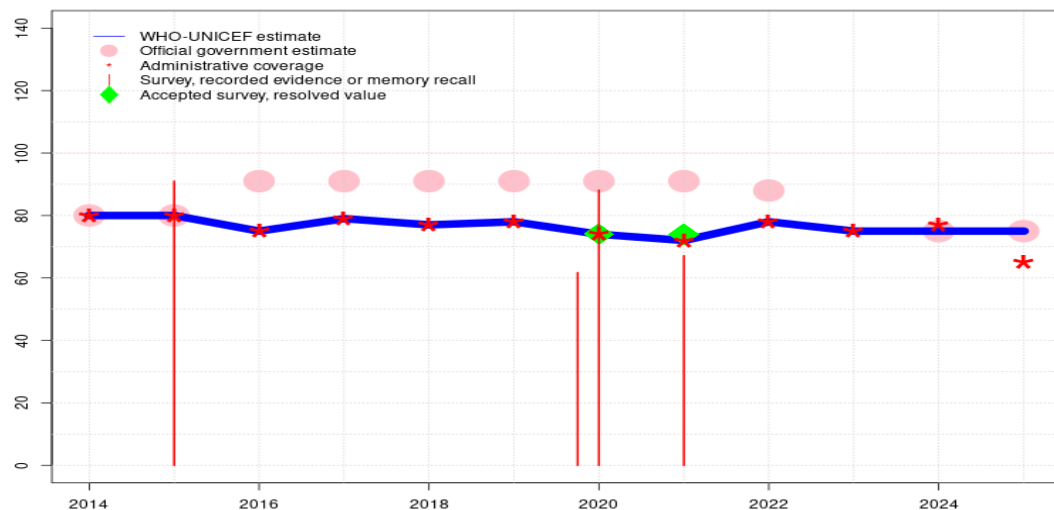
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

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- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2022: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data supported by survey.Survey evidence of 74 percent based on 1 survey(s). Comoros Multiple Indicator Cluster Survey 2022 record or recall results of 67 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 80 percent, 1st dose record only coverage of 72 percent and 3rd dose record only coverage of 67 percent. Programme notes that reported official coverage is informed by results from a 2016 coverage survey. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey.Survey evidence of 74 percent based on 1 survey(s). Comoros Routine Immunization Coverage Survey Report, 2022 results ignored by working group. Comoros Multiple Indicator Cluster Survey 2022 record or recall results of 62 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 79 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 61 percent. Programme reports three months vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. Reported official coverage levels are based on survey results. GoC=R+ D+
- 2015: Estimate informed by reported data. Comoros Measles Post-campaign and Routine Survey 2016 results ignored by working group. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Comoros - HEPB3

COM - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	80	75	79	77	78	74	72	78	75	75	75
Estimate GoC	••	••	••	••	•••	•••	•••	•••	•••	•••	••	••
Official	80	80	91	91	91	91	91	91	88	-	75	75
Administrative	80	80	75	79	77	78	74	72	78	75	77	65
Survey	-	91	-	-	-	-	*	67	-	-	-	-

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.

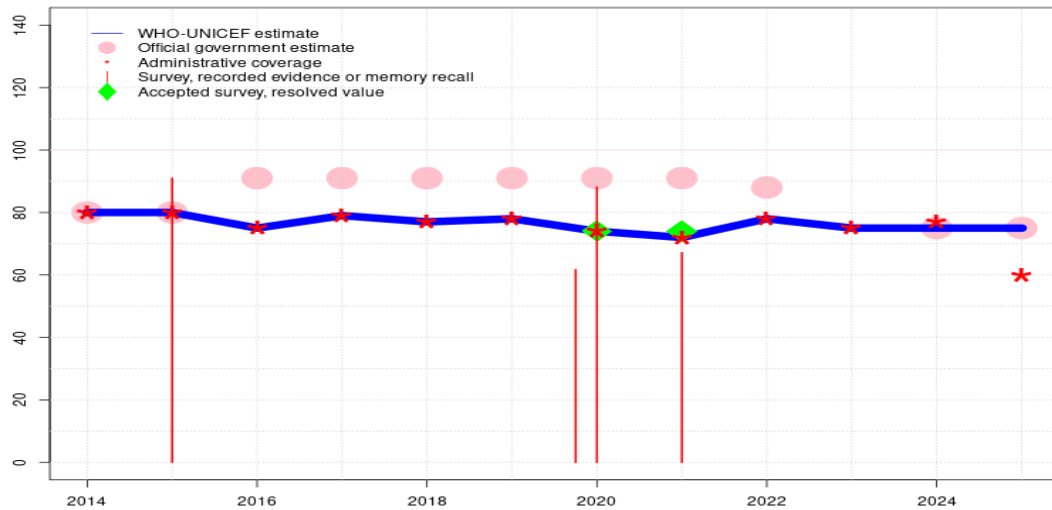
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- 2021: Estimate informed by reported administrative data supported by survey.Survey evidence of 74 percent based on 1 survey(s). Comoros Multiple Indicator Cluster Survey 2022 record or recall results of 67 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 80 percent, 1st dose record only coverage of 72 percent and 3rd dose record only coverage of 67 percent. Programme notes that reported official coverage is informed by results from a 2016 coverage survey. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey.Survey evidence of 74 percent based on 1 survey(s). Comoros Routine Immunization Coverage Survey Report, 2022 results ignored by working group. Comoros Multiple Indicator Cluster Survey 2022 record or recall results of 62 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 79 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 61 percent. Programme reports three months vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. Reported official coverage levels are based on survey results. GoC=R+ D+
- 2015: Estimate informed by reported data. Comoros Measles Post-campaign and Routine Survey 2016 results ignored by working group. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Comoros - HIB3

COM - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	80	75	79	77	78	74	72	78	75	75	75
Estimate GoC	••	••	••	••	•••	•••	•••	•••	•••	•••	••	••
Official	80	80	91	91	91	91	91	91	88	-	75	75
Administrative	80	80	75	79	77	78	74	72	78	75	77	60
Survey	-	91	-	-	-	-	*	67	-	-	-	-

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.

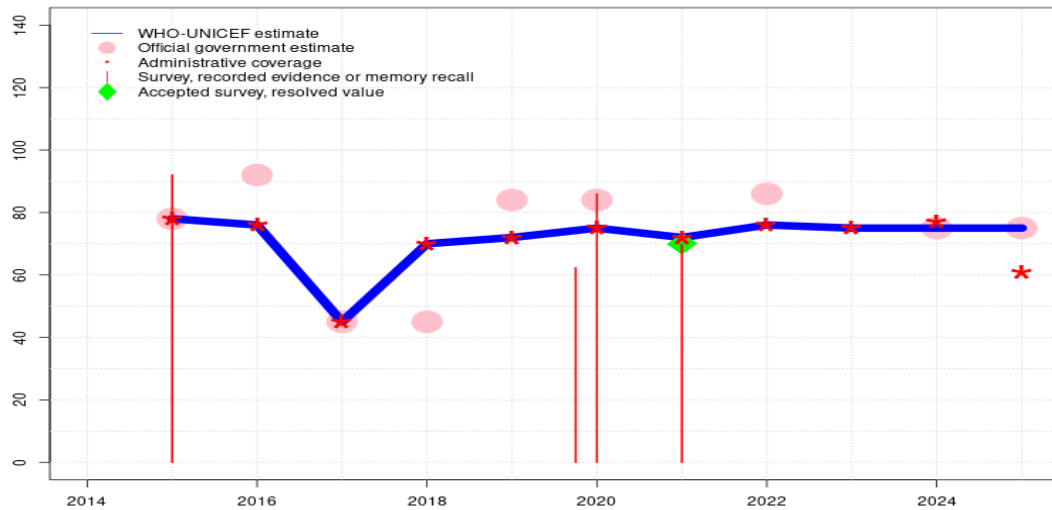
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Decrease in coverage partially explained by a increase of 21 percent in surviving infants. WHO and UNICEF recommend an assessment of the reported administrative data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2022: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data supported by survey.Survey evidence of 74 percent based on 1 survey(s). Comoros Multiple Indicator Cluster Survey 2022 record or recall results of 67 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 80 percent, 1st dose record only coverage of 72 percent and 3rd dose record only coverage of 67 percent. Programme notes that reported official coverage is informed by results from a 2016 coverage survey. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey.Survey evidence of 74 percent based on 1 survey(s). Comoros Routine Immunization Coverage Survey Report, 2022 results ignored by working group. Comoros Multiple Indicator Cluster Survey 2022 record or recall results of 62 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 79 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 61 percent. Programme reports three months vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. Reported official coverage levels are based on survey results. GoC=R+ D+
- 2015: Estimate informed by reported data. Comoros Measles Post-campaign and Routine Survey 2016 results ignored by working group. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Comoros - IPV1

COM - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	78	76	45	70	72	75	72	76	75	75	75
Estimate GoC	-	●●	●●	●●	●●	●●●	●●●	●●●	●●●	●●●	●●	●●
Official	-	78	92	45	45	84	84	-	86	-	75	75
Administrative	-	78	76	45	70	72	75	72	76	75	77	61
Survey	-	92	-	-	-	-	*	70	-	-	-	-

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.

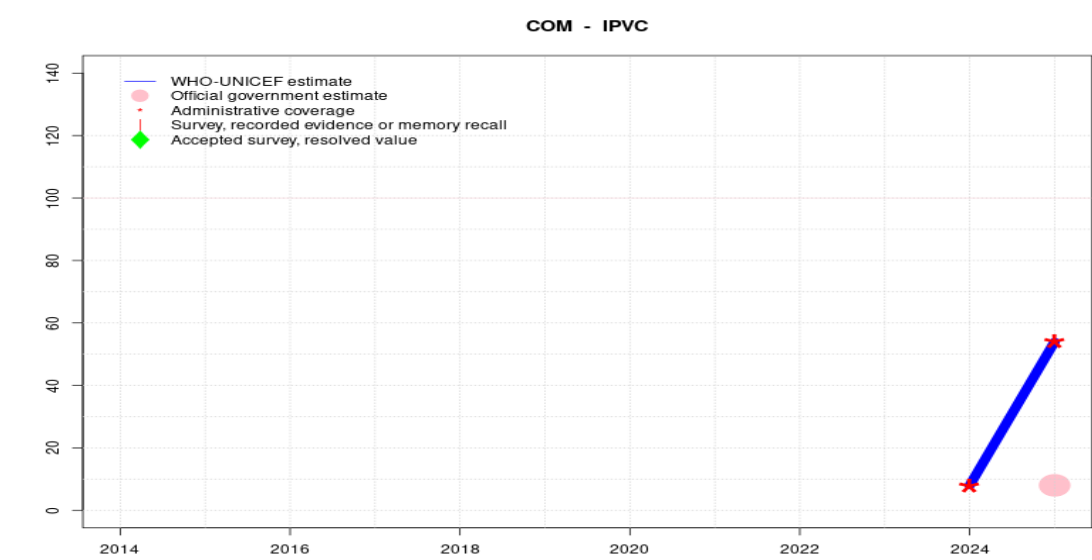
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. Decrease in coverage partially explained by a increase of 21 percent in surviving infants. WHO and UNICEF recommend an assessment of the reported administrative data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2022: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data supported by survey.Survey evidence of 70 percent based on 1 survey(s). Programme notes that reported official coverage is informed by results from a 2016 coverage survey. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data. Comoros Routine Immunization Coverage Survey Report, 2022 results ignored by working group. Survey results inconsistent with antigens recommended at the same age. Comoros Multiple Indicator Cluster Survey 2022 results ignored by working group. Survey results inconsistent with antigens recommended at the same age. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data. GoC=R+ D+
- 2017: Estimate informed by reported administrative data. Programme reports a nine-month vaccine stockout. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. Reported official coverage levels are based on survey results. GoC=R+ D+
- 2015: Estimate informed by reported coverage. Comoros Measles Post-campaign and Routine Survey 2016 results ignored by working group. Inactivated polio vaccine introduced in January 2015. GoC=R+ D+

Comoros - IPV



Description:

- 2025: Estimate informed by reported administrative data. Decrease in coverage partially explained by a increase of 21 percent in surviving infants. WHO and UNICEF recommend an assessment of the reported administrative data. Estimate exceptionally based on reported administrative data. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Second dose of IPV introduced in 2024. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	8	54
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●●	●
Official	-	-	-	-	-	-	-	-	-	-	-	8
Administrative	-	-	-	-	-	-	-	-	-	-	8	54
Survey	-	-	-	-	-	-	-	-	-	-	-	-

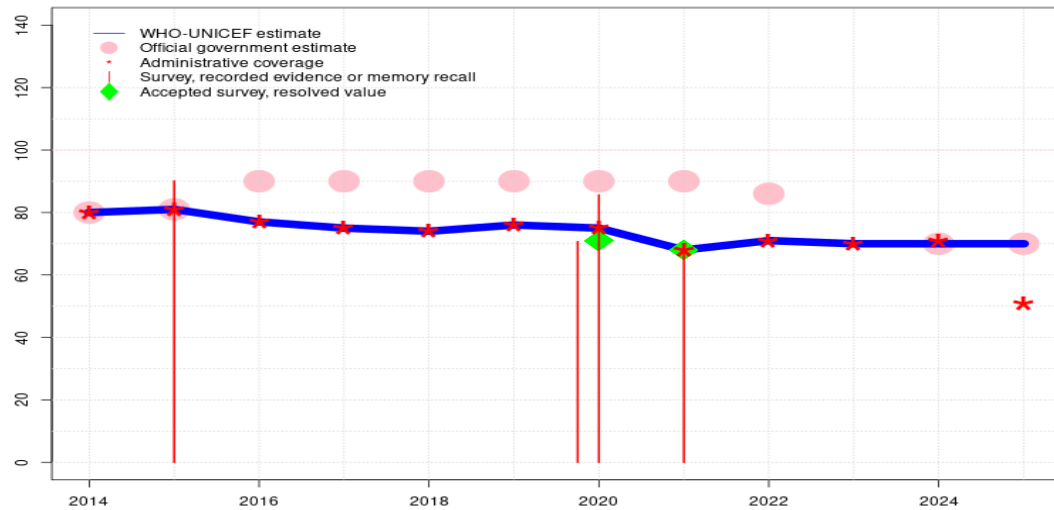
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Comoros - MCV1

COM - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	81	77	75	74	76	75	68	71	70	70	70
Estimate GoC	●●●	●●	●●	●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●
Official	80	81	90	90	90	90	90	90	86	-	70	70
Administrative	80	81	77	75	74	76	75	68	71	70	71	51
Survey	-	90	-	-	-	-	*	68	-	-	-	-

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.

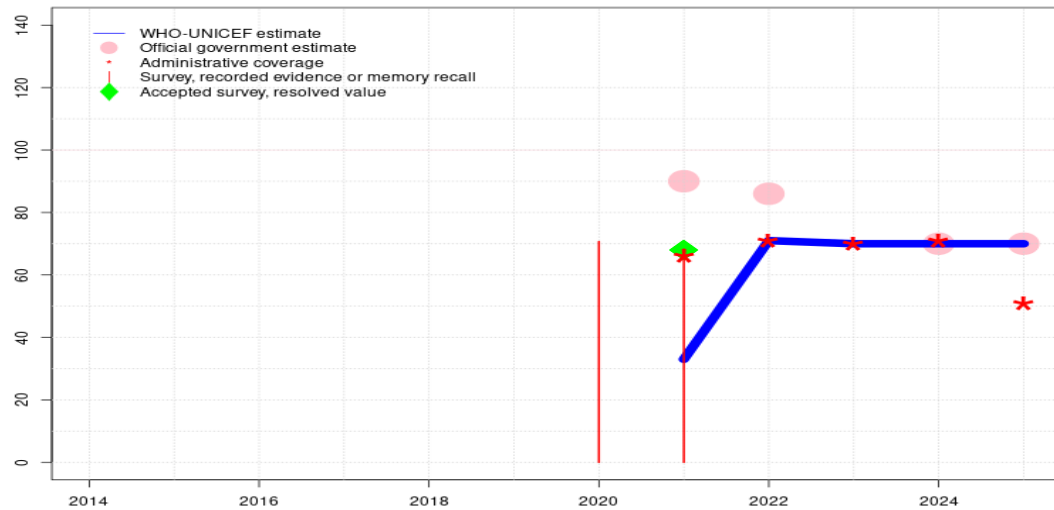
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Decrease in coverage partially explained by a increase of 21 percent in surviving infants. WHO and UNICEF recommend an assessment of the reported administrative data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2022: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data supported by survey.Survey evidence of 68 percent based on 1 survey(s). Programme notes that reported official coverage is informed by results from a 2016 coverage survey. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey.Survey evidence of 71 percent based on 1 survey(s). Comoros Routine Immunization Coverage Survey Report, 2022 results ignored by working group. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ S+ D+
- 2018: Estimate informed by reported administrative data. Programme reports three months vaccine stockout at the national level. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. Reported official coverage levels are based on survey results. GoC=R+ D+
- 2015: Estimate informed by reported data. Comoros Measles Post-campaign and Routine Survey 2016 results ignored by working group. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Comoros - RCV1

COM - RCV1



Description:

2025: Estimate based on estimated MCV1. Decrease in coverage partially explained by a increase of 21 percent in surviving infants. WHO and UNICEF recommend an assessment of the reported administrative data. GoC=R+ D+

2024: Estimate based on estimated MCV1. GoC=R+ D+

2023: Estimate based on estimated MCV1. GoC=R+ S+ D+

2022: Estimate based on estimated MCV1. GoC=R+ S+ D+

2021: Rubella containing vaccine introduced in June 2021 as measles-rubella combination vaccine. Programme reports 66 percent coverage achieved in 50 percent of the target population. Estimate informed by annualized coverage for the national target population during the year of introduction. Programme notes that reported official coverage is informed by results from a 2016 coverage survey. GoC=R+ S+ D+

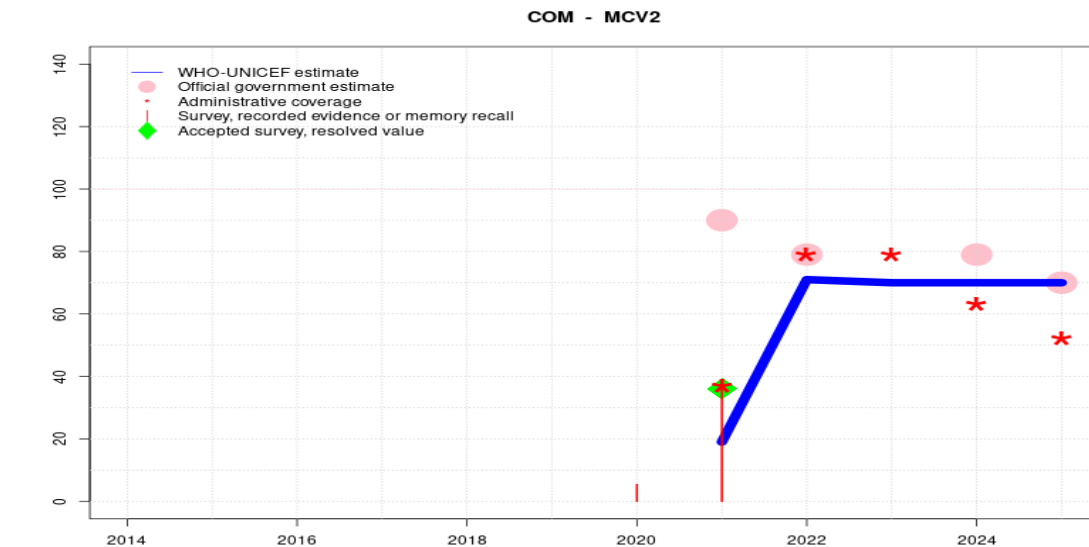
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	33	71	70	70	70
Estimate GoC	-	-	-	-	-	-	-	●●●	●●●	●●●	●●	●●
Official	-	-	-	-	-	-	-	90	86	-	70	70
Administrative	-	-	-	-	-	-	-	66	71	70	71	51
Survey	-	-	-	-	-	-	71	68	-	-	-	-

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.

Comoros - MCV2



Description:

2025: Estimate informed by reported data. Decrease in coverage partially explained by a increase of 21 percent in surviving infants. WHO and UNICEF recommend an assessment of the reported administrative data. GoC=R+ D+

2024: Estimate based on estimated MCV1 assuming no dropout. Estimate challenged by: R-

2023: Estimate based on estimated MCV1 assuming no dropout. Estimate challenged by: R-S-

2022: Estimate based on estimated MCV1 assuming no dropout. Estimate challenged by: R-S-

2021: Second measles-containing vaccine dose at 18 months of age introduced in 2021. Coverage of 37 percent among fifty percent of the national annual target population. Estimated coverage is calculated for the entire cohort of infants. Programme notes that reported official coverage is informed by results from a 2016 coverage survey. Estimate challenged by: R-S-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	19	71	70	70	70
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●●
Official	-	-	-	-	-	-	-	90	79	-	79	70
Administrative	-	-	-	-	-	-	-	37	79	79	63	52
Survey	-	-	-	-	-	-	5	36	-	-	-	-

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.

Comoros - 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.

2021 Enquete par Grappes a Indicateurs Multiples MICS6 2022, Comores

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	8.6	12-23 m	843	78
BCG	Record	76.4	12-23 m	843	78
BCG	Record or Recall	85	12-23 m	843	78
BCG	Record or Recall<12m	84.9	12-23 m	843	78
DTP1	Recall	8.1	12-23 m	843	78
DTP1	Record	71.5	12-23 m	843	78
DTP1	Record or Recall	79.5	12-23 m	843	78
DTP1	Record or Recall<12m	78.7	12-23 m	843	78
DTP3	Recall	0.3	12-23 m	843	78
DTP3	Record	66.8	12-23 m	843	78
DTP3	Record or Recall	67.1	12-23 m	843	78
DTP3	Record or Recall<12m	64.9	12-23 m	843	78
HEPB1	Recall	8.1	12-23 m	843	78
HEPB1	Record	71.5	12-23 m	843	78
HEPB1	Record or Recall	79.5	12-23 m	843	78
HEPB1	Record or Recall<12m	78.7	12-23 m	843	78
HEPB3	Recall	0.3	12-23 m	843	78
HEPB3	Record	66.8	12-23 m	843	78
HEPB3	Record or Recall	67.1	12-23 m	843	78

HEPB3	Record or Recall<12m	64.9	12-23 m	843	78
HIB1	Recall	8.1	12-23 m	843	78
HIB1	Record	71.5	12-23 m	843	78
HIB1	Record or Recall	79.5	12-23 m	843	78
HIB1	Record or Recall<12m	78.7	12-23 m	843	78
HIB3	Recall	0.3	12-23 m	843	78
HIB3	Record	66.8	12-23 m	843	78
HIB3	Record or Recall	67.1	12-23 m	843	78
HIB3	Record or Recall<12m	64.9	12-23 m	843	78
IPV1	Recall	0.3	12-23 m	843	78
IPV1	Record	69.5	12-23 m	843	78
IPV1	Record or Recall	69.8	12-23 m	843	78
IPV1	Record or Recall<12m	60	12-23 m	843	78
MCV1	Recall	7.4	12-23 m	843	78
MCV1	Record	60.8	12-23 m	843	78
MCV1	Record or Recall	68.3	12-23 m	843	78
MCV1	Record or Recall<12m	65	12-23 m	843	78
MCV2	Recall	1.2	24-35 m	881	69
MCV2	Record	34.9	24-35 m	881	69
MCV2	Record or Recall	36.1	24-35 m	881	69
MCV2	Record or Recall<12m	33.3	24-35 m	881	69
RCV1	Recall	7.4	12-23 m	843	78
RCV1	Record	60.8	12-23 m	843	78
RCV1	Record or Recall	68.3	12-23 m	843	78
RCV1	Record or Recall<12m	65	12-23 m	843	78

2020 Enquete par Grappes a Indicateurs Multiples MICS6 2022, Comores

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	18.1	24-35 m	881	69
BCG	Record	67.5	24-35 m	881	69
BCG	Record or Recall	85.6	24-35 m	881	69
BCG	Record or Recall<12m	85.6	24-35 m	881	69
DTP1	Recall	14	24-35 m	881	69
DTP1	Record	65	24-35 m	881	69
DTP1	Record or Recall	79	24-35 m	881	69
DTP1	Record or Recall<12m	79	24-35 m	881	69
DTP3	Recall	0.4	24-35 m	881	69
DTP3	Record	61.3	24-35 m	881	69

Comoros - Survey Details

DTP3	Record or Recall	61.7	24-35 m	881	69
DTP3	Record or Recall<12m	61.3	24-35 m	881	69
HEPB1	Recall	14	24-35 m	881	69
HEPB1	Record	65	24-35 m	881	69
HEPB1	Record or Recall	79	24-35 m	881	69
HEPB1	Record or Recall<12m	79	24-35 m	881	69
HEPB3	Recall	0.4	24-35 m	881	69
HEPB3	Record	61.3	24-35 m	881	69
HEPB3	Record or Recall	61.7	24-35 m	881	69
HEPB3	Record or Recall<12m	61.3	24-35 m	881	69
HIB1	Recall	14	24-35 m	881	69
HIB1	Record	65	24-35 m	881	69
HIB1	Record or Recall	79	24-35 m	881	69
HIB1	Record or Recall<12m	79	24-35 m	881	69
HIB3	Recall	0.4	24-35 m	881	69
HIB3	Record	61.3	24-35 m	881	69
HIB3	Record or Recall	61.7	24-35 m	881	69
HIB3	Record or Recall<12m	61.3	24-35 m	881	69
IPV1	Recall	0.3	24-35 m	881	69
IPV1	Record	62	24-35 m	881	69
IPV1	Record or Recall	62.3	24-35 m	881	69
IPV1	Record or Recall<12m	54.2	24-35 m	881	69
MCV1	Recall	13.8	24-35 m	881	69
MCV1	Record	57	24-35 m	881	69
MCV1	Record or Recall	70.7	24-35 m	881	69
MCV1	Record or Recall<12m	70.1	24-35 m	881	69
RCV1	Recall	13.8	24-35 m	881	69
RCV1	Record	57	24-35 m	881	69
RCV1	Record or Recall	70.7	24-35 m	881	69
RCV1	Record or Recall<12m	70.1	24-35 m	881	69

DTP1	Record	78.9	12-23 m	714	80
DTP1	Record or Recall	90.1	12-23 m	714	80
DTP3	Recall	11.5	12-23 m	714	80
DTP3	Record	76.6	12-23 m	714	80
DTP3	Record or Recall	88.1	12-23 m	714	80
HEPB1	Recall	11.2	12-23 m	714	80
HEPB1	Record	78.9	12-23 m	714	80
HEPB1	Record or Recall	90.1	12-23 m	714	80
HEPB3	Recall	11.5	12-23 m	714	80
HEPB3	Record	76.6	12-23 m	714	80
HEPB3	Record or Recall	88.1	12-23 m	714	80
HIB1	Recall	11.2	12-23 m	714	80
HIB1	Record	78.9	12-23 m	714	80
HIB1	Record or Recall	90.1	12-23 m	714	80
HIB3	Recall	11.5	12-23 m	714	80
HIB3	Record	76.6	12-23 m	714	80
HIB3	Record or Recall	88.1	12-23 m	714	80
IPV1	Recall	10.9	12-23 m	714	80
IPV1	Record	74.9	12-23 m	714	80
IPV1	Record or Recall	85.9	12-23 m	714	80
MCV1	Recall	7.6	12-23 m	714	80
MCV1	Record	78	12-23 m	714	80
MCV1	Record or Recall	85.6	12-23 m	714	80
MCV2	Recall	1.1	12-23 m	714	80
MCV2	Record	4.3	12-23 m	714	80
MCV2	Record or Recall	5.4	12-23 m	714	80

2015 Enquete de Couverture Vaccinale Post Campagne de la Rougeole et de la Vaccination de Routine en Union des Comores 2016

2020 Rapport de l'enquête de couverture vaccinale de routine des Comores 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	11.1	12-23 m	714	80
BCG	Record	79.3	12-23 m	714	80
BCG	Record or Recall	90.3	12-23 m	714	80
DTP1	Recall	11.2	12-23 m	714	80

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	93.7	12-23 m	669	80
DTP1	Record or Recall	96.1	12-23 m	669	80
DTP3	Record or Recall	91	12-23 m	669	80
HEPB1	Record or Recall	96.1	12-23 m	669	80
HEPB3	Record or Recall	91	12-23 m	669	80
HIB1	Record or Recall	96.1	12-23 m	669	80
HIB3	Record or Recall	91	12-23 m	669	80
IPV1	Record or Recall	92	12-23 m	669	80

Comoros - Survey Details

MCV1 Record or Recall 90.1 12-23 m 669 80

2012 Enquête de la Couverture Vaccinale Post Campagne de Rougeole et de la Vaccination de Routine dans l'Union des Comores

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	87.2	12-23 m	750	75
DTP1	Record or Recall	88.7	12-23 m	750	75
DTP3	Record or Recall	83.7	12-23 m	750	75
MCV1	Record or Recall	77.2	12-23 m	750	75

2011 Union des Comores Enquête Démographique et de Santé et à Indicateurs Multiples 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	15.9	12-23 m	180	73
BCG	Record	69.5	12-23 m	480	73
BCG	Record or Recall	85.4	12-23 m	660	73
BCG	Record or Recall<12m	84.6	12-23 m	660	73
DTP1	Recall	13.1	12-23 m	180	73
DTP1	Record	69.1	12-23 m	480	73
DTP1	Record or Recall	82.2	12-23 m	660	73
DTP1	Record or Recall<12m	80.6	12-23 m	660	73
DTP3	Recall	7.6	12-23 m	180	73
DTP3	Record	65.1	12-23 m	480	73
DTP3	Record or Recall	72.7	12-23 m	660	73
DTP3	Record or Recall<12m	71.2	12-23 m	660	73
HEPB1	Recall	13.1	12-23 m	180	73
HEPB1	Record	69.1	12-23 m	480	73
HEPB1	Record or Recall	82.2	12-23 m	660	73
HEPB1	Record or Recall<12m	80.6	12-23 m	660	73
HEPB3	Recall	7.6	12-23 m	180	73
HEPB3	Record	65.1	12-23 m	480	73
HEPB3	Record or Recall	72.7	12-23 m	660	73
HEPB3	Record or Recall<12m	71.2	12-23 m	660	73
HIB1	Recall	13.1	12-23 m	180	73
HIB1	Record	69.1	12-23 m	480	73

HIB1	Record or Recall	82.2	12-23 m	660	73
HIB1	Record or Recall<12m	80.6	12-23 m	660	73
HIB3	Recall	7.6	12-23 m	180	73
HIB3	Record	65.1	12-23 m	480	73
HIB3	Record or Recall	72.7	12-23 m	660	73
HIB3	Record or Recall<12m	71.2	12-23 m	660	73
MCV1	Recall	12.2	12-23 m	180	73
MCV1	Record	63	12-23 m	480	73
MCV1	Record or Recall	75.3	12-23 m	660	73
MCV1	Record or Recall<12m	63.4	12-23 m	660	73

2009 Enquête de couverture vaccinale en Union des Comores (Octobre 2010)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	87	12-23 m	325	63
DTP1	Record or Recall	84	12-23 m	325	63
DTP3	Record or Recall	80	12-23 m	325	63
HEPB1	Record or Recall	84	12-23 m	325	63
HEPB3	Record or Recall	80	12-23 m	325	63
MCV1	Record or Recall	67	12-23 m	325	63

2006 Enquête de couverture vaccinale en Union des Comores (Novembre 2007)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	94.9	12-23 m	217	77
DTP1	Record or Recall	92.2	12-23 m	217	77
DTP3	Record or Recall	82	12-23 m	217	77
HEPB1	Record or Recall	92.2	12-23 m	217	77
HEPB3	Record or Recall	82	12-23 m	217	77
MCV1	Record or Recall	70.5	12-23 m	217	77

1999 Comores, Enquête à Indicateurs Multiples (MICS 2000), 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
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BCG	Record or Recall	79.1	12-23 m	956	71		MCV1	Record or Recall	72.9	12-23 m	956	71
DTP1	Record or Recall	73	12-23 m	956	71							
DTP3	Record or Recall	70	12-23 m	956	71							

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