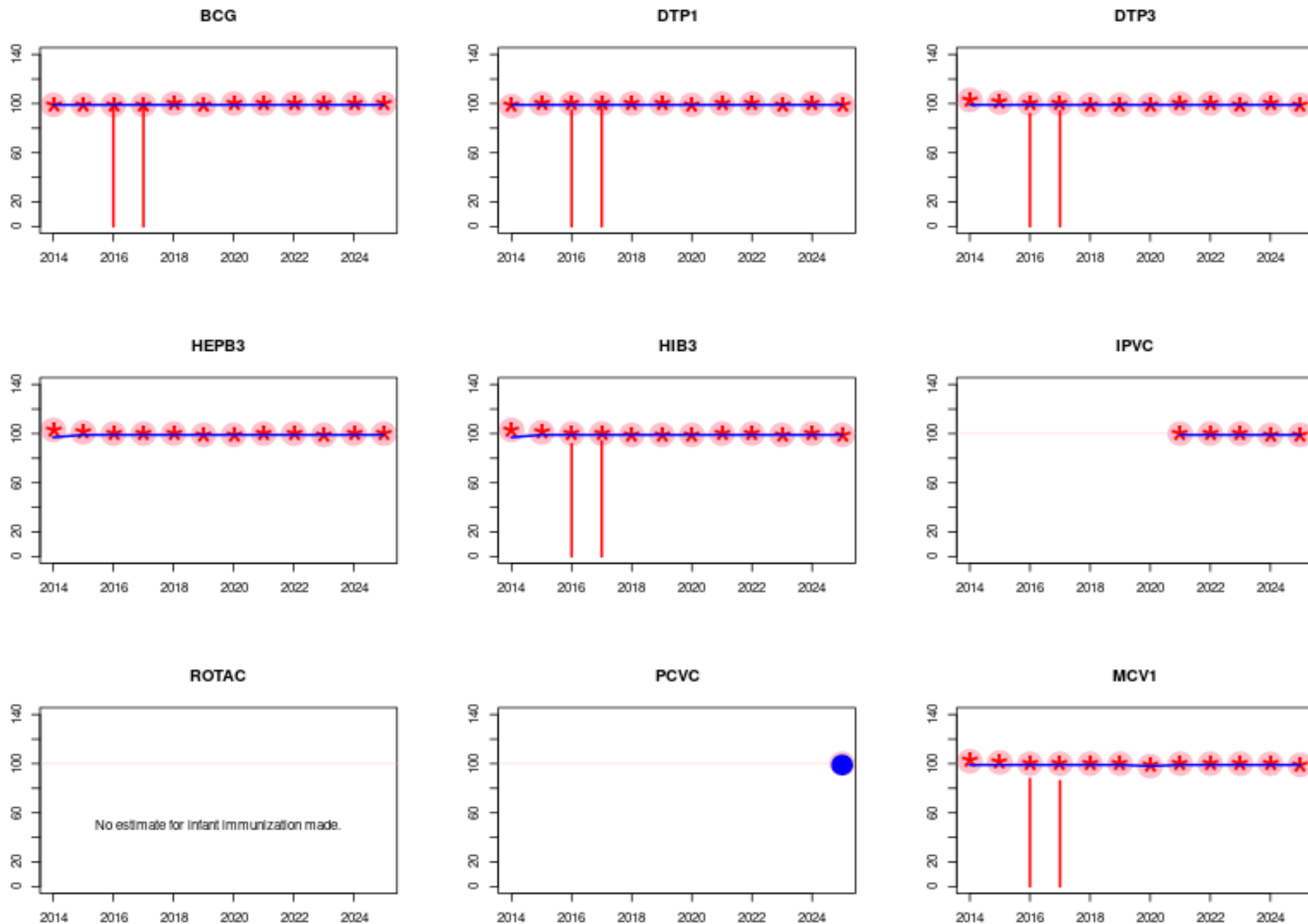




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

ANTECEDENTES Cada año, la OMS y UNICEF revisan conjuntamente los informes presentados por los Estados Miembros relativos a la cobertura nacional de inmunización, los informes finales de encuestas de cobertura, así como los datos identificados en la literatura gris y publicada. Sobre la base de esos datos, y teniendo debidamente en cuenta los posibles sesgos e información de expertos locales, la OMS y el UNICEF tratan de distinguir entre las situaciones en que los datos empíricos disponibles reflejan con exactitud el desempeño del sistema de inmunización y aquellas en que los datos puedan estar comprometidos y presentar una visión distorsionada de la cobertura. Las estimaciones se refieren a las vacunas administradas y documentadas por servicios de inmunización sistemática o regular a niños menores de 12 meses de edad, o según la edad especificada en el calendario de vacunación recomendado. No se incluyen las vacunas recibidas a través de actividades de inmunización suplementarias, como las campañas contra la poliomielitis y el sarampión.

Las estimaciones de cobertura de la OMS y UNICEF son específicas para cada país; es decir, los datos de cada país se revisan individualmente y, en ausencia de datos, no se toman prestados datos de otros países. Las estimaciones no se basan en ajustes ad hoc de los datos notificados y en algunos casos solo se dispone de datos empíricos de una única fuente, habitualmente los datos de cobertura notificados a nivel nacional. En los casos en que no se dispone de datos para una combinación determinada de país/vacuna/año, se consideran los datos de años anteriores y posteriores y se realiza una interpolación para estimar la cobertura del año(s) faltante(s). En los casos en que se cuenta con diversas fuentes de datos y éstos muestran una gran diferencia, se intenta identificar la estimación más cercana a la realidad teniendo en cuenta los posibles sesgos de los datos disponibles. Para leer la metodología, véase:

* 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.

FUENTES DE DATOS

Cobertura ADMINISTRATIVA: Datos reportados por las autoridades nacionales en base a informes administrativos agregados procedentes de proveedores de servicios sanitarios sobre el número de dosis administradas durante un periodo determinado (datos del numerador) y datos sobre la población meta (datos del denominador). La cobertura administrativa puede estar sesgada por inexactitudes en el numerador y/o denominador.

Cobertura OFICIAL: Cobertura comunicada por las autoridades nacionales como la estimación que refleja su evaluación de la cobertura más probable usualmente basada en cualquier combinación de cobertura administrativa, estimaciones basadas en encuestas u otras fuentes de datos o ajustes. La metodología para determinar la cobertura OFICIAL puede variar de un país a otro.

Cobertura de ENCUESTA: Basada en la cobertura estimada a partir de encuestas de hogares para la población de niños de 6-11, 12-23 o 24-35 meses, tras una revisión de los métodos y los resultados de la encuesta. La información se basa en la combinación de datos de vacunación extraídas de algún documento (tarjeta de vacunación, registros) o de lo que pueda recordar el responsable del niño. Los resultados de una encuesta se consideran para la cohorte de nacimiento de la mayoría de los niños en función del periodo de recopilación de datos y la edad de los niños incluidos.

ABREVIATURAS Y DEFINICIONES

BCG: porcentaje de recién nacidos que recibieron una dosis de la vacuna Bacillus Calmette-Guerin, contra formas severas de tuberculosis.

DTP1 / DTP3 (del inglés diphtheria-tetanus-pertussis): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª / 3ª dosis, respectivamente, de una vacuna que contiene toxoide diftérico y tetánico y vacuna contra la tos ferina (Pertussis).

IPV1 (del inglés inactivated polio vaccine): porcentaje recién nacidos supervivientes (al año) que recibieron la 1ª dosis de la vacuna inactivada contra la poliomielitis.

IPVC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la vacuna VPI en la serie primaria, recomendada según el calendario nacional de vacunación (por ejemplo, la segunda o tercera dosis).

MCV1 (del inglés measles-containing vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª dosis de alguna vacuna antisarampionosa. En países en los que el esquema nacional de vacunación recomienda la 1ª dosis vacuna antisarampionosa a partir de los 12 meses de edad, en función de la epidemiología de la enfermedad en el país, las estimaciones de cobertura reflejan el porcentaje de niños que recibieron la 1ª dosis de vacuna antisarampionosa según la edad recomendada.

MCV2: porcentaje de niños que recibieron la 2ª dosis de alguna vacuna antisarampionosa según el calendario recomendado a nivel nacional.

RCV1 (del inglés rubella-containing vaccine): porcentaje de recién nacidos supervivientes (al año), o según la edad recomendada, que recibieron la 1ª dosis de alguna vacuna contra la rubéola. Las estimaciones de cobertura contra la rubéola se basan en las estimaciones de la OMS y UNICEF para la vacuna antisarampionosa correspondiente a la primera vacuna combinada contra el sarampión y la rubéola. La estimación de la OMS y UNICEF no considera la cobertura contra la rubéola notificada.

HEPBB: porcentaje de recién nacidos que recibieron una dosis de vacuna contra la hepatitis B dentro de las primeras 24 horas después del nacimiento. Las estimaciones de cobertura de hepatitis B del recién nacido sólo se elaboran para los países que recomiendan esta dosis de manera universal y no para los países que recomiendan una dosis al nacer solo para recién nacidos de madres infectadas por el virus de la hepatitis B o cuando no hay información suficiente para determinar si la vacunación se administra dentro de las primeras 24 horas después del nacimiento.

HEPB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de una vacuna contra la hepatitis B tras la dosis de nacimiento.

HIB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de la vacuna contra Haemophilus influenzae tipo b.

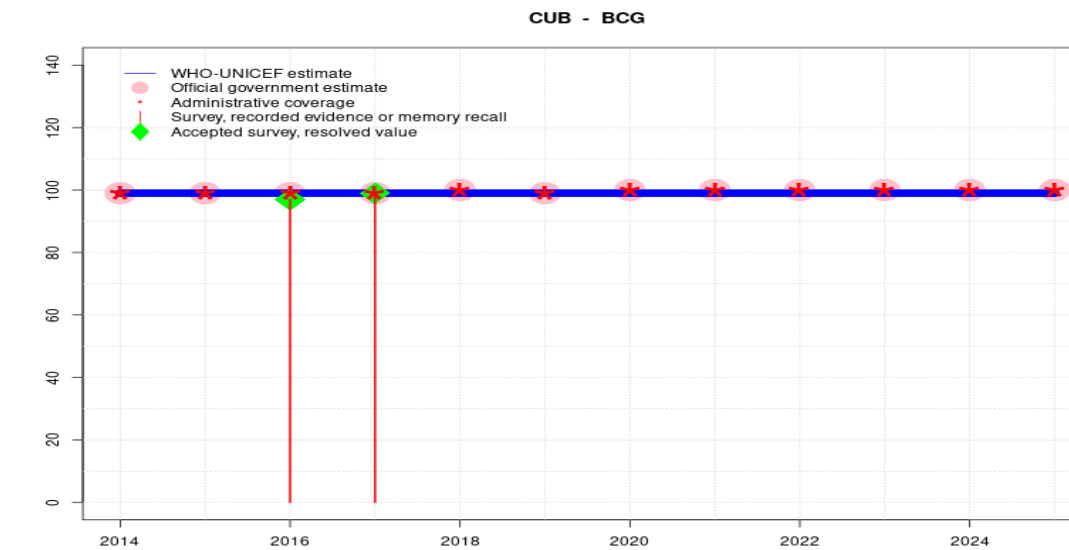
ROTAC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis recomendada de la vacuna contra el rotavirus, que puede ser la 2ª o la 3ª dosis dependiendo de la vacuna utilizada.

PCVC (del inglés pneumococcal conjugate vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la serie primaria de la vacuna antineumocócica conjugada, recomendada según el calendario nacional de vacunación (p. ej., segunda o tercera dosis).

YFV (del inglés yellow fever vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones de cobertura se anualizan para toda la cohorte de recién nacidos supervivientes.

MENGA: porcentaje de niños que recibieron una dosis de la vacuna conjugada antimeningocócica A. Las estimaciones de cobertura MENGA son únicamente elaboradas para los países del cinturón de la meningitis de África subsahariana.

Descargo de responsabilidad: La Organización Mundial de la Salud y el Fondo de las Naciones Unidas para la Infancia han tomado todas las precauciones razonables para verificar la información contenida en esta publicación. No obstante, el material publicado se distribuye sin garantía de ningún tipo, ni expresa ni implícita. La responsabilidad de la interpretación y el uso del material recae en el lector. En ningún caso la Organización Mundial de la Salud o el Fondo de las Naciones Unidas para la Infancia serán responsables de potenciales daños derivados de su uso.



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●	●
Official	99	99	99	99	100	99	100	100	100	100	100	100
Administrative	99	99	99	99	100	99	100	100	100	100	100	100
Survey	-	-	97	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.

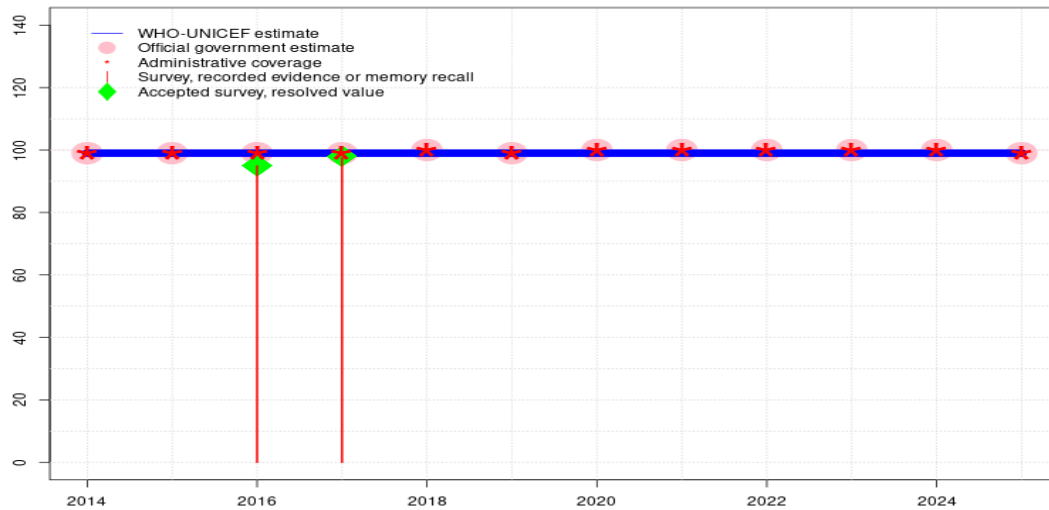
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported decline in target population of 21 percent between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported decline in target population of nine percent between 2022 and 2023. Programme reports two months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Cuba - HEPBB

CUB - HEPBB



Description:

2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Estimate challenged by: D-

2024: Estimate informed by reported data. Reported decline in target population of 21 percent between 2023 and 2024. Estimate challenged by: D-

2023: Estimate informed by reported data. Reported decline in target population of nine percent between 2022 and 2023. GoC=R+ D+

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

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

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

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

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

2017: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+

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

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

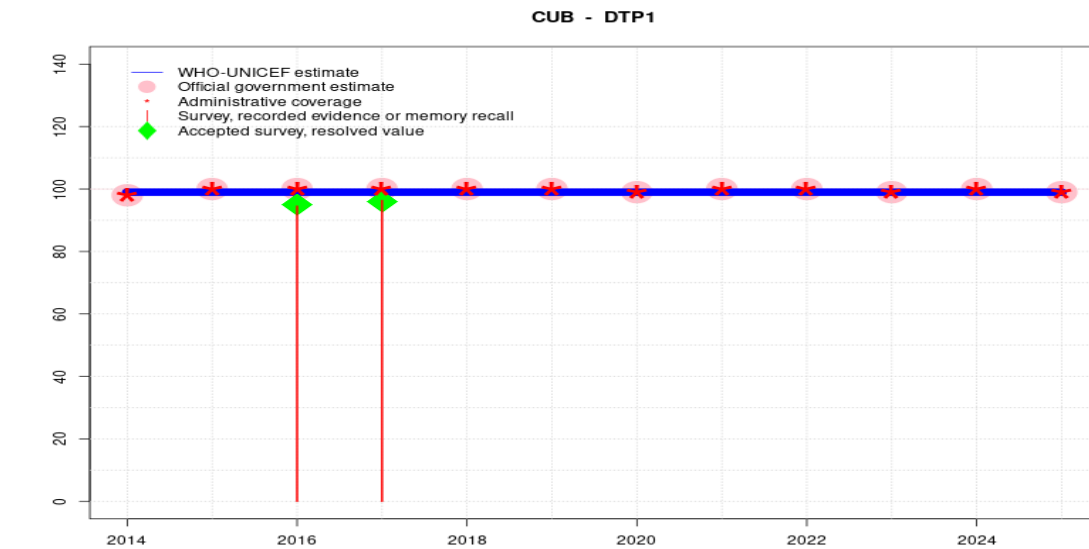
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●	●
Official	99	99	99	99	100	99	100	100	100	100	100	99
Administrative	99	99	99	99	100	99	100	100	100	100	100	99
Survey	-	-	95	98	-	-	-	-	-	-	-	-

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.

Cuba - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	•	•••	•••	•••	•••	•••	••	••	••	••	•	•
Official	98	100	100	100	100	100	99	100	100	99	100	99
Administrative	98	100	100	100	100	100	99	100	100	99	100	99
Survey	-	-	95	96	-	-	-	-	-	-	-	-

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. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Estimate challenged by: D-

2024: Estimate informed by reported data. Reported decline in target population of 21 percent between 2023 and 2024. Estimate challenged by: D-

2023: Estimate informed by reported data. Reported decline in target population of nine percent between 2022 and 2023. GoC=R+ D+

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

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

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

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

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

2017: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

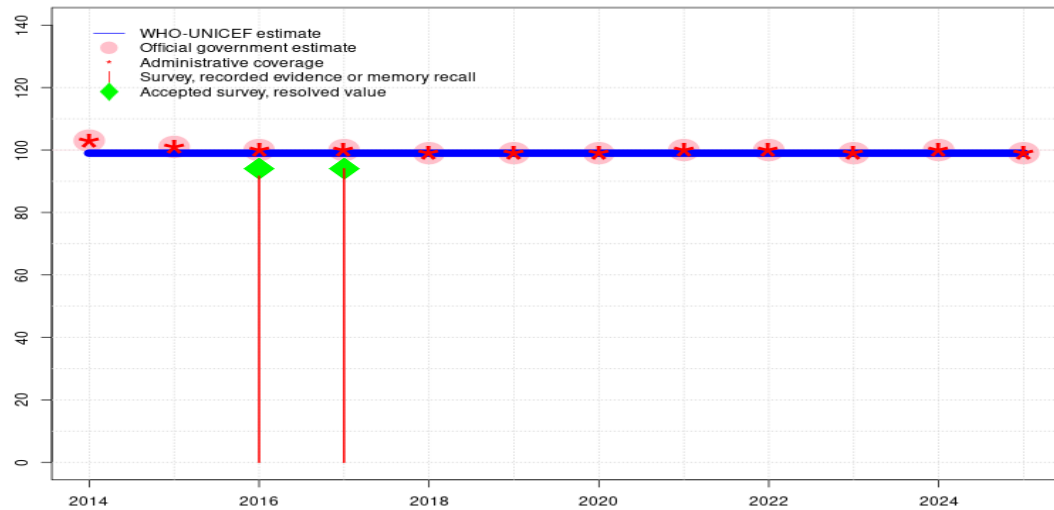
2016: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+

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

2014: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-

Cuba - DTP3

CUB - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●	●
Official	103	101	100	100	99	99	99	100	100	99	100	99
Administrative	103	101	100	100	99	99	99	100	100	99	100	99
Survey	-	-	92	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.

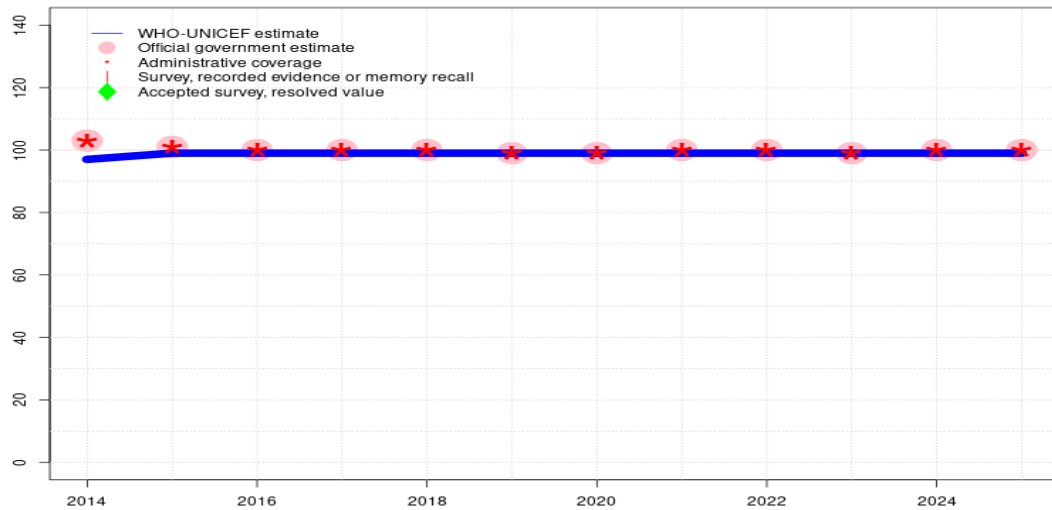
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- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey 2019 record or recall results of 92 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ S+ D+

Cuba - HEPB3

CUB - HEPB3



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported decline in target population of 21 percent between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported decline in target population of nine percent between 2022 and 2023. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ S+ D+

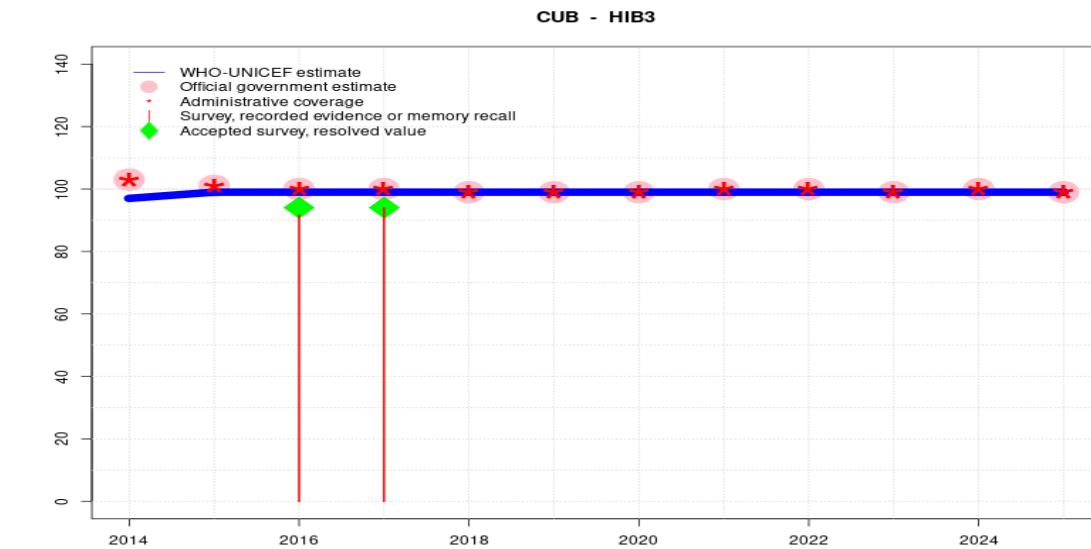
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	103	101	100	100	100	99	99	100	100	99	100	100
Administrative	103	101	100	100	100	99	99	100	100	99	100	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Cuba - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●	●
Official	103	101	100	100	99	99	99	100	100	99	100	99
Administrative	103	101	100	100	99	99	99	100	100	99	100	99
Survey	-	-	92	94	-	-	-	-	-	-	-	-

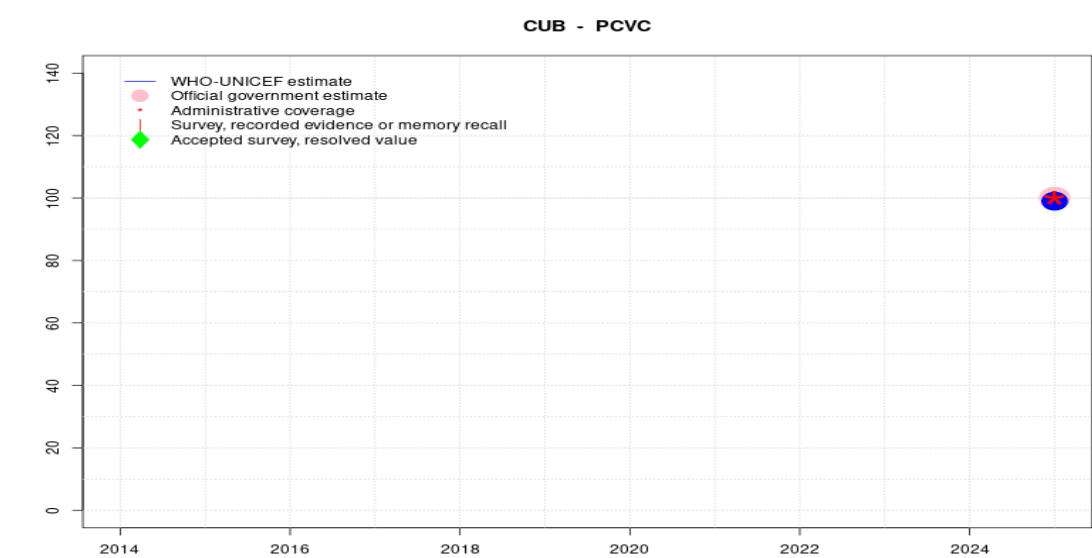
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported decline in target population of 21 percent between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported decline in target population of nine percent between 2022 and 2023. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey 2019 record or recall results of 92 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ S+ D+



Description:

2025: Estimate informed by reported data. Vaccine introduced in 2024 and reporting started in 2025. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	99
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	100
Administrative	-	-	-	-	-	-	-	-	-	-	-	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

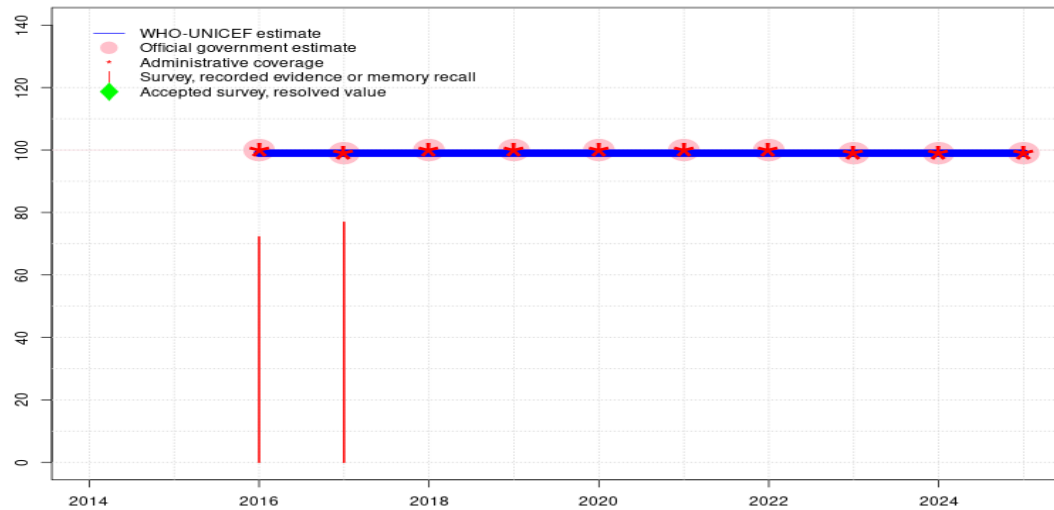
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Cuba - IPV1

CUB - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	99	99	99	99	99	99	99	99	99	99
Estimate GoC	-	-	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	-	-	100	99	100	100	100	100	100	99	99	99
Administrative	-	-	100	99	100	100	100	100	100	99	99	99
Survey	-	-	72	77	-	-	-	-	-	-	-	-

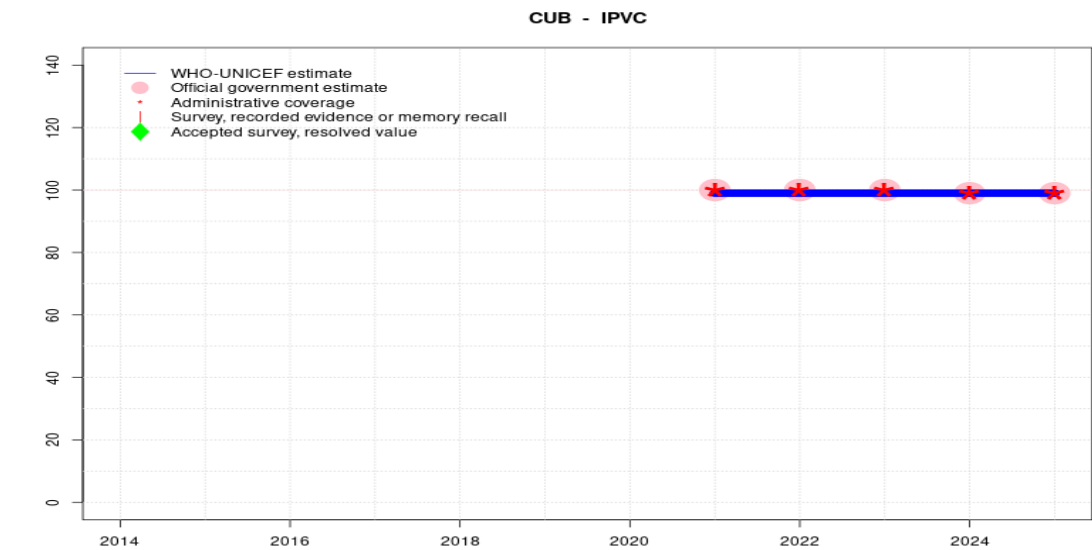
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported decline in target population of 21 percent between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported decline in target population of nine percent between 2022 and 2023. Programme reports two months vaccine stockout at national and subnational levels. Programme reports use of fractional IPV dose. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Programme reports use of fractional IPV dose. Reported data reflect first fractional dose. GoC=R+ D+
- 2017: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. Country reports three months vaccine stockout. GoC=R+ D+
- 2016: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. Inactivated polio vaccine introduced in January 2016. GoC=R+ D+



Description:

2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Estimate challenged by: D-

2024: Estimate informed by reported data. Reported decline in target population of 21 percent between 2023 and 2024. Estimate challenged by: D-

2023: Estimate informed by reported data. Reported decline in target population of nine percent between 2022 and 2023. GoC=R+ D+

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

2021: Estimate informed by reported data. Reported data reflect second fractional dose. GoC=R+ D+

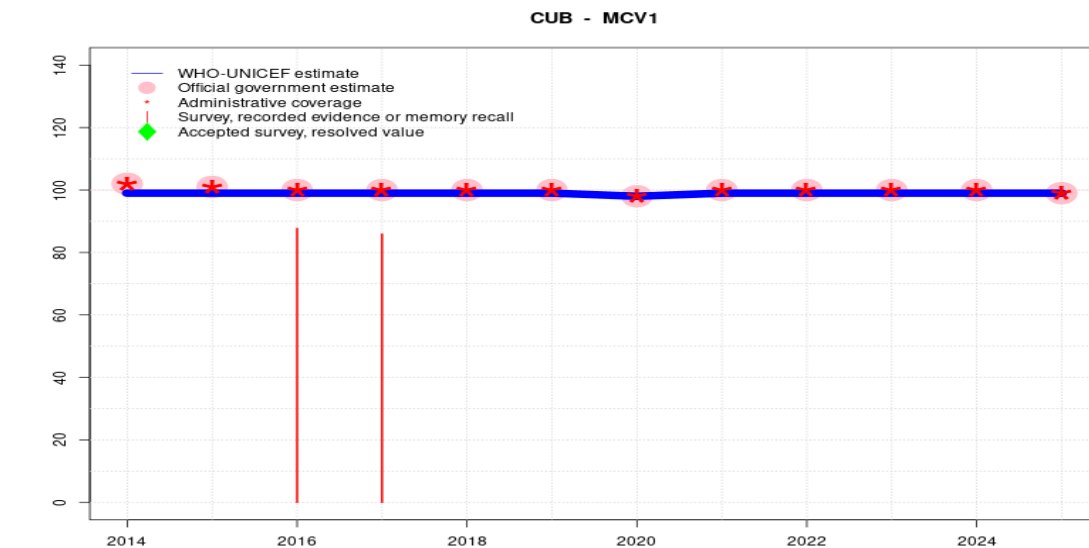
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	99	99	99	99	99
Estimate GoC	-	-	-	-	-	-	-	••	••	••	•	•
Official	-	-	-	-	-	-	-	100	100	100	99	99
Administrative	-	-	-	-	-	-	-	100	100	100	99	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Cuba - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	98	99	99	99	99	99
Estimate GoC	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	102	101	100	100	100	100	98	100	100	100	100	99
Administrative	102	101	100	100	100	100	98	100	100	100	100	99
Survey	-	-	88	86	-	-	-	-	-	-	-	-

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.

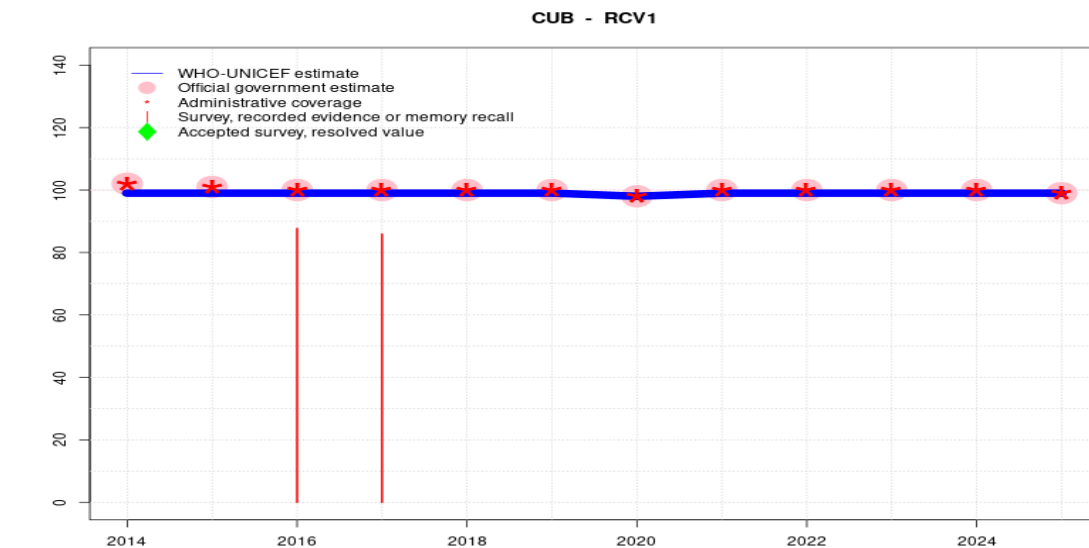
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Reported decline in target population of 21 percent between 2024 and 2025. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported decline in target population of 9 percent between 2023 and 2024. GoC=R+ D+
- 2023: Estimate informed by reported data. Reported decline in target population of nine percent between 2022 and 2023. Programme reports two months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. GoC=R+ D+
- 2016: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ S+ D+

Cuba - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	98	99	99	99	99	99
Estimate GoC	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	102	101	100	100	100	100	98	100	100	100	100	99
Administrative	102	101	100	100	100	100	98	100	100	100	100	99
Survey	-	-	88	86	-	-	-	-	-	-	-	-

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

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

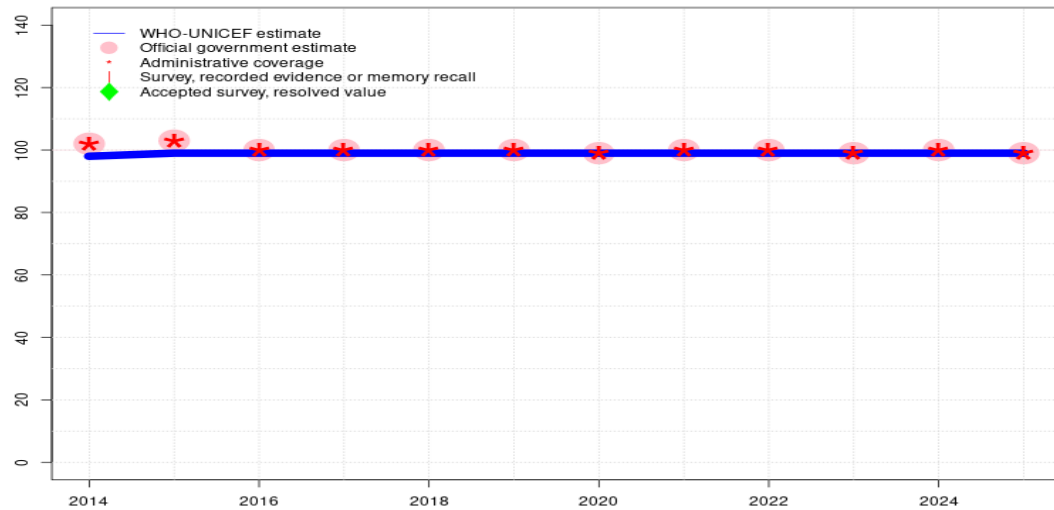
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Reported decline in target population of 21 percent between 2024 and 2025 Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Reported decline in target population of 9 percent between 2023 and 2024. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Reported decline in target population of nine percent between 2022 and 2023. Programme reports two months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ S+ D+

Cuba - MCV2

CUB - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	••	••	••	••	•	•	•	•	•	•	•	•
Official	102	103	100	100	100	100	99	100	100	99	100	99
Administrative	102	103	100	100	100	100	99	100	100	99	100	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS and await final results. Reported decline in target population of 9 percent between 2024 and 2025. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported decline in target population of nine percent between 2022 and 2023. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

Cuba - 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.

2017 Cuba Encuesta de Indicadores Multiples por Conglomerados 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	8.2	12-23 m	1019	91
BCG	Record	90.7	12-23 m	1019	91
BCG	Record or Recall	98.9	12-23 m	1019	91
BCG	Record or Recall<12m	98.9	12-23 m	1019	91
DTP1	Recall	7.9	12-23 m	1019	91
DTP1	Record	88.5	12-23 m	1019	91
DTP1	Record or Recall	96.3	12-23 m	1019	91
DTP1	Record or Recall<12m	79	12-23 m	1019	91
DTP3	Recall	6.8	12-23 m	1019	91
DTP3	Record	87.2	12-23 m	1019	91
DTP3	Record or Recall	94	12-23 m	1019	91
DTP3	Record or Recall<12m	94	12-23 m	1019	91
HEPB1	Recall	7.9	12-23 m	1019	91
HEPB1	Record	88.5	12-23 m	1019	91
HEPB1	Record or Recall	96.3	12-23 m	1019	91
HEPB1	Record or Recall<12m	83.9	12-23 m	1019	91
HEPBB	Recall	7.4	12-23 m	1019	91
HEPBB	Record	90.1	12-23 m	1019	91
HEPBB	Record or Recall	97.5	12-23 m	1019	91

HEPBB	Record or Recall<12m	97.5	12-23 m	1019	91
HIB1	Recall	7.9	12-23 m	1019	91
HIB1	Record	88.5	12-23 m	1019	91
HIB1	Record or Recall	96.3	12-23 m	1019	91
HIB1	Record or Recall<12m	80.5	12-23 m	1019	91
HIB3	Recall	6.8	12-23 m	1019	91
HIB3	Record	87.2	12-23 m	1019	91
HIB3	Record or Recall	94	12-23 m	1019	91
HIB3	Record or Recall<12m	72.1	12-23 m	1019	91
IPV1	Recall	6.2	12-23 m	1019	91
IPV1	Record	70.7	12-23 m	1019	91
IPV1	Record or Recall	76.9	12-23 m	1019	91
IPV1	Record or Recall<12m	73.9	12-23 m	1019	91
MCV1	Recall	7.8	12-23 m	1019	91
MCV1	Record	78.1	12-23 m	1019	91
MCV1	Record or Recall	85.9	12-23 m	1019	91
MCV1	Record or Recall<12m	85.9	12-23 m	1019	91
RCV1	Recall	7.8	12-23 m	1019	91
RCV1	Record	78.1	12-23 m	1019	91
RCV1	Record or Recall	85.9	12-23 m	1019	91
RCV1	Record or Recall<12m	85.9	12-23 m	1019	91

2016 Cuba Encuesta de Indicadores Multiples por Conglomerados 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14.6	24-35 m	913	-
BCG	Record	82.4	24-35 m	913	-
BCG	Record or Recall	96.9	24-35 m	913	-
BCG	Record or Recall<12m	96.7	24-35 m	913	-
DTP1	Recall	13.8	24-35 m	913	-
DTP1	Record	80.7	24-35 m	913	-
DTP1	Record or Recall	94.5	24-35 m	913	-
DTP1	Record or Recall<12m	52.1	24-35 m	913	-
DTP3	Recall	11.6	24-35 m	913	-
DTP3	Record	79.9	24-35 m	913	-
DTP3	Record or Recall	91.6	24-35 m	913	-
DTP3	Record or Recall<12m	85.3	24-35 m	913	-
HEPB1	Recall	13.8	24-35 m	913	-
HEPB1	Record	80.7	24-35 m	913	-

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HEPB1	Record or Recall	94.5	24-35 m	913	-	DTP3	Record	93.2	12-23 m	1148	87
HEPB1	Record or Recall<12m	89.4	24-35 m	913	-	DTP3	Record or Recall	96.8	12-23 m	1148	87
HEPB1	Record	13.1	24-35 m	913	-	DTP3	Record or Recall<12m	96.8	12-23 m	1148	87
HEPB1	Record	81.8	24-35 m	913	-	HEPB1	Recall	3.9	12-23 m	1148	87
HEPB1	Record or Recall	94.9	24-35 m	913	-	HEPB1	Record	95.1	12-23 m	1148	87
HEPB1	Record or Recall<12m	94.6	24-35 m	913	-	HEPB1	Record or Recall	99	12-23 m	1148	87
HIB1	Recall	13.8	24-35 m	913	-	HEPB1	Record or Recall<12m	99	12-23 m	1148	87
HIB1	Record	80.7	24-35 m	913	-	HEPB3	Recall	3.6	12-23 m	1148	87
HIB1	Record or Recall	94.5	24-35 m	913	-	HEPB3	Record	93	12-23 m	1148	87
HIB1	Record or Recall<12m	21.3	24-35 m	913	-	HEPB3	Record or Recall	96.6	12-23 m	1148	87
HIB3	Recall	11.6	24-35 m	913	-	HEPB3	Record or Recall<12m	96.6	12-23 m	1148	87
HIB3	Record	79.9	24-35 m	913	-	HEPBB	Recall	3.3	12-23 m	1148	87
HIB3	Record or Recall	91.6	24-35 m	913	-	HEPBB	Record	96	12-23 m	1148	87
HIB3	Record or Recall<12m	14.1	24-35 m	913	-	HEPBB	Record or Recall	99.4	12-23 m	1148	87
IPV1	Recall	11.1	24-35 m	913	-	HEPBB	Record or Recall<12m	99.3	12-23 m	1148	87
IPV1	Record	61.1	24-35 m	913	-	HIB1	Recall	3.9	12-23 m	1148	87
IPV1	Record or Recall	72.2	24-35 m	913	-	HIB1	Record	95.1	12-23 m	1148	87
IPV1	Record or Recall<12m	68.3	24-35 m	913	-	HIB1	Record or Recall	99	12-23 m	1148	87
MCV1	Recall	14.3	24-35 m	913	-	HIB1	Record or Recall<12m	98.2	12-23 m	1148	87
MCV1	Record	73.4	24-35 m	913	-	HIB3	Recall	3.6	12-23 m	1148	87
MCV1	Record or Recall	87.7	24-35 m	913	-	HIB3	Record	92.9	12-23 m	1148	87
MCV1	Record or Recall<12m	87.3	24-35 m	913	-	HIB3	Record or Recall	96.6	12-23 m	1148	87
RCV1	Recall	14.3	24-35 m	913	-	HIB3	Record or Recall<12m	96.6	12-23 m	1148	87
RCV1	Record	73.4	24-35 m	913	-	MCV1	Recall	3.9	12-23 m	1148	87
RCV1	Record or Recall	87.7	24-35 m	913	-	MCV1	Record	86.5	12-23 m	1148	87
RCV1	Record or Recall<12m	87.3	24-35 m	913	-	MCV1	Record or Recall	90.4	12-23 m	1148	87

2012 Encuesta de Indicadores Multiples por Conglomerados, Cuba, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	3.8	12-23 m	1148	87
BCG	Record	95.8	12-23 m	1148	87
BCG	Record or Recall	99.6	12-23 m	1148	87
BCG	Record or Recall<12m	99.6	12-23 m	1148	87
DTP1	Recall	3.9	12-23 m	1148	87
DTP1	Record	95.5	12-23 m	1148	87
DTP1	Record or Recall	99.4	12-23 m	1148	87
DTP1	Record or Recall<12m	98.6	12-23 m	1148	87
DTP3	Recall	3.6	12-23 m	1148	87

2011 Encuesta de Indicadores Multiples por Conglomerados, Cuba, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	6.4	24-35 m	1175	-
BCG	Record	90.2	24-35 m	1175	-
BCG	Record or Recall	96.6	24-35 m	1175	-
BCG	Record or Recall<12m	96.3	24-35 m	1175	-
DTP1	Recall	6.5	24-35 m	1175	-
DTP1	Record	88.3	24-35 m	1175	-
DTP1	Record or Recall	94.8	24-35 m	1175	-
DTP1	Record or Recall<12m	94.5	24-35 m	1175	-
DTP3	Recall	4.9	24-35 m	1175	-

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DTP3	Record	84.6	24-35 m	1175	-
DTP3	Record or Recall	89.5	24-35 m	1175	-
DTP3	Record or Recall<12m	88.5	24-35 m	1175	-
HEPB1	Recall	6.5	24-35 m	1175	-
HEPB1	Record	87.3	24-35 m	1175	-
HEPB1	Record or Recall	93.8	24-35 m	1175	-
HEPB1	Record or Recall<12m	93.8	24-35 m	1175	-
HEPB3	Recall	5	24-35 m	1175	-
HEPB3	Record	83.6	24-35 m	1175	-
HEPB3	Record or Recall	88.6	24-35 m	1175	-
HEPB3	Record or Recall<12m	88.5	24-35 m	1175	-
HEPBB	Recall	6	24-35 m	1175	-
HEPBB	Record	90.4	24-35 m	1175	-
HEPBB	Record or Recall	96.3	24-35 m	1175	-
HEPBB	Record or Recall<12m	96	24-35 m	1175	-
HIB1	Recall	6.6	24-35 m	1175	-
HIB1	Record	87.2	24-35 m	1175	-
HIB1	Record or Recall	93.7	24-35 m	1175	-
HIB1	Record or Recall<12m	93.4	24-35 m	1175	-
HIB3	Recall	5	24-35 m	1175	-
HIB3	Record	83.6	24-35 m	1175	-
HIB3	Record or Recall	88.6	24-35 m	1175	-
HIB3	Record or Recall<12m	88.5	24-35 m	1175	-
MCV1	Recall	6.1	24-35 m	1175	-
MCV1	Record	81.5	24-35 m	1175	-
MCV1	Record or Recall	87.6	24-35 m	1175	-
MCV1	Record or Recall<12m	87.4	24-35 m	1175	-

2009 Encuesta de Indicadores Multiples por Conglomerados de Cuba
2010/11

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	5.3	18-29 m	1413	-
BCG	Record	94.5	18-29 m	1413	-
BCG	Record or Recall	99.8	18-29 m	1413	-
BCG	Record or Recall<12m	99.2	18-29 m	1413	-
DTP1	Recall	5.3	18-29 m	1413	-
DTP1	Record	93.6	18-29 m	1413	-
DTP1	Record or Recall	98.9	18-29 m	1413	-

DTP1	Record or Recall<12m	98.1	18-29 m	1413	-
DTP3	Recall	5.3	18-29 m	1413	-
DTP3	Record	91.9	18-29 m	1413	-
DTP3	Record or Recall	97.2	18-29 m	1413	-
DTP3	Record or Recall<12m	92.6	18-29 m	1413	-
HEPB1	Recall	5.3	18-29 m	1413	-
HEPB1	Record	93.6	18-29 m	1413	-
HEPB1	Record or Recall	98.9	18-29 m	1413	-
HEPB1	Record or Recall<12m	98.1	18-29 m	1413	-
HEPB3	Recall	5.3	18-29 m	1413	-
HEPB3	Record	91.9	18-29 m	1413	-
HEPB3	Record or Recall	97.2	18-29 m	1413	-
HEPB3	Record or Recall<12m	92.6	18-29 m	1413	-
HEPBB	Recall	5	18-29 m	1413	-
HEPBB	Record	94.6	18-29 m	1413	-
HEPBB	Record or Recall	99.6	18-29 m	1413	-
HEPBB	Record or Recall<12m	99	18-29 m	1413	-
HIB1	Recall	5.3	18-29 m	1413	-
HIB1	Record	93.6	18-29 m	1413	-
HIB1	Record or Recall	98.9	18-29 m	1413	-
HIB1	Record or Recall<12m	98.1	18-29 m	1413	-
HIB3	Recall	5.3	18-29 m	1413	-
HIB3	Record	91.9	18-29 m	1413	-
HIB3	Record or Recall	97.2	18-29 m	1413	-
HIB3	Record or Recall<12m	92.6	18-29 m	1413	-
MCV1	Recall	5.4	18-29 m	1413	-
MCV1	Record	91.6	18-29 m	1413	-
MCV1	Record or Recall	97.1	18-29 m	1413	-
MCV1	Record or Recall<12m	91.2	18-29 m	1413	-

2005 La Encuesta de Indicadores Multiples por Conglomerados 2006 de Cuba

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	2.4	12-23 m	1840	98
BCG	Record	97.5	12-23 m	1840	98
BCG	Record or Recall	99.9	12-23 m	1840	98
BCG	Record or Recall<12m	99.9	12-23 m	1840	98
DTP1	Recall	2.3	12-23 m	1840	98
DTP1	Record	97.2	12-23 m	1840	98

DTP1	Record or Recall	99.5	12-23 m	1840	98	HEPB3	Record or Recall	94.8	12-23 m	1840	98
DTP1	Record or Recall<12m	99.3	12-23 m	1840	98	HEPB3	Record or Recall<12m	92.4	12-23 m	1840	98
DTP3	Recall	1.6	12-23 m	1840	98	HIB3	Recall	1.9	12-23 m	1840	98
DTP3	Record	91	12-23 m	1840	98	HIB3	Record	93.1	12-23 m	1840	98
DTP3	Record or Recall	92.6	12-23 m	1840	98	HIB3	Record or Recall	95	12-23 m	1840	98
DTP3	Record or Recall<12m	86.3	12-23 m	1840	98	HIB3	Record or Recall<12m	89	12-23 m	1840	98
HEPB1	Recall	2.4	12-23 m	1840	98	MCV1	Recall	3.2	12-23 m	1840	98
HEPB1	Record	97	12-23 m	1840	98	MCV1	Record	83.2	12-23 m	1840	98
HEPB1	Record or Recall	99.4	12-23 m	1840	98	MCV1	Record or Recall	86.3	12-23 m	1840	98
HEPB1	Record or Recall<12m	99.4	12-23 m	1840	98	MCV1	Record or Recall<12m	82.7	12-23 m	1840	98
HEPB3	Recall	2.3	12-23 m	1840	98						
HEPB3	Record	92.5	12-23 m	1840	98						

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