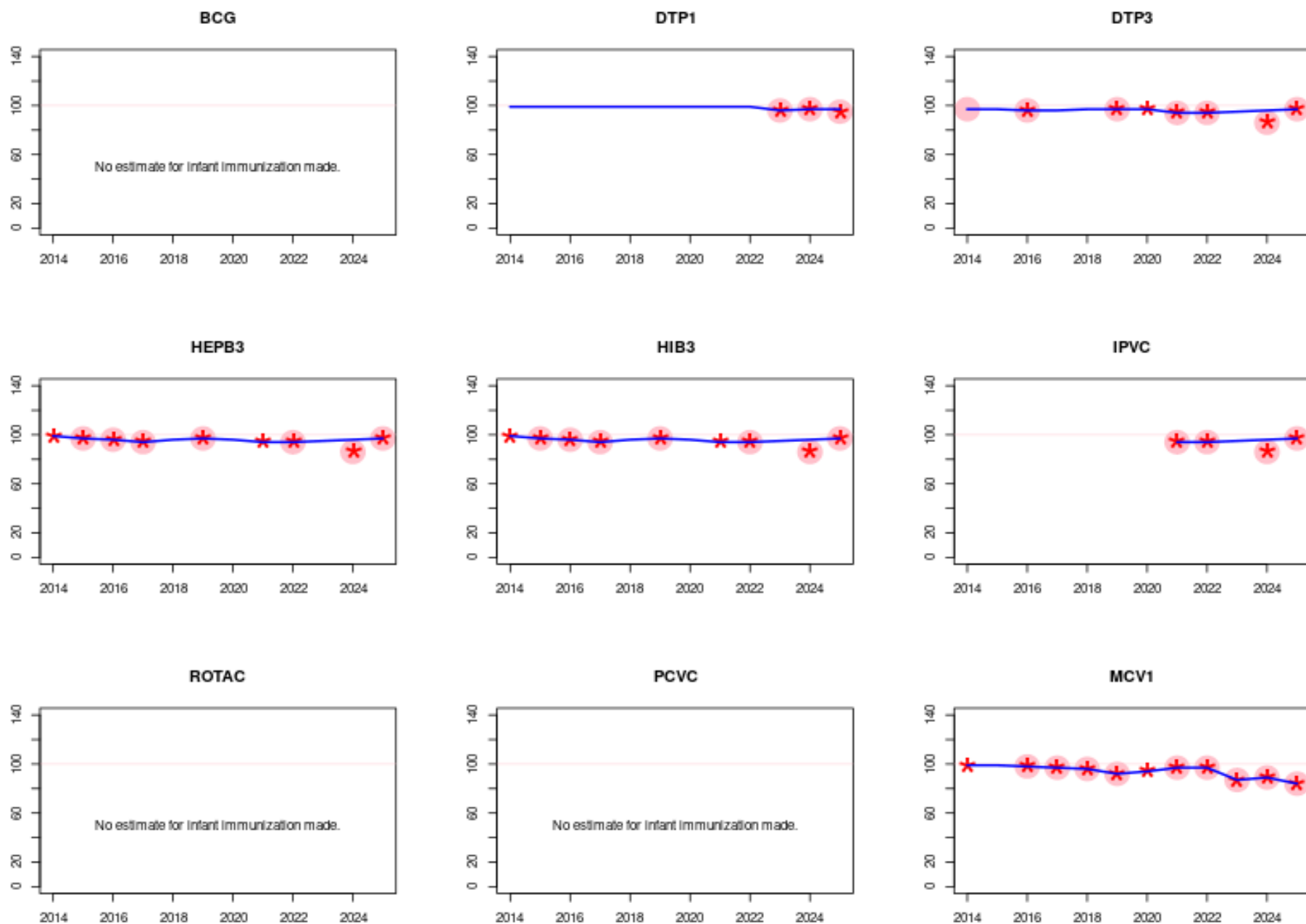




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

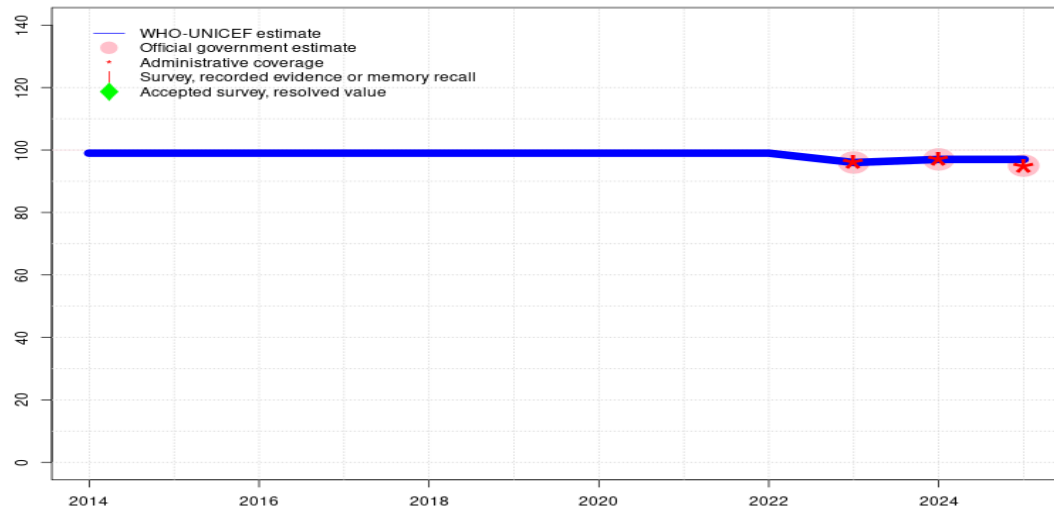
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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.

Czechia - DTP1

CZE - DTP1



Description:

2025: Estimate based on DTP3 coverage of 97. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: R-

2024: Estimate informed by reported data. Estimate challenged by: D-

2023: Estimate informed by reported data Estimate challenged by: D-

2022: Estimate of 99 percent assigned by working group. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. GoC=No accepted empirical data

2021: Reported data calibrated to 1997 and 2022 levels. Reported 2021 reflects 2018 programme performance. GoC=No accepted empirical data

2020: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2019: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2018: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2017: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2016: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2015: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

2014: Reported data calibrated to 1997 and 2022 levels. GoC=No accepted empirical data

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	96	97	97
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	-	-	-	-	-	-	-	-	-	96	97	95
Administrative	-	-	-	-	-	-	-	-	-	96	97	95
Survey	-	-	-	-	-	-	-	-	-	-	-	-

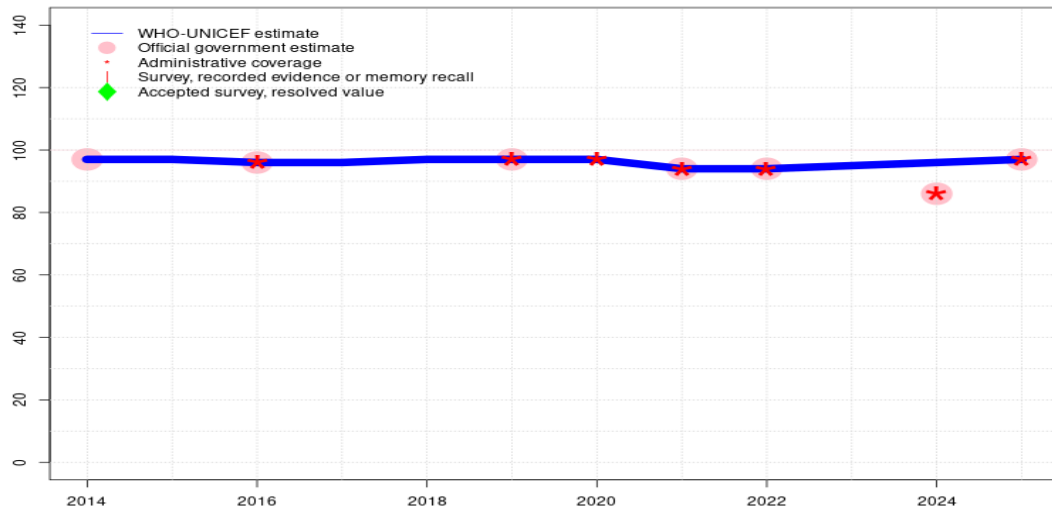
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Czechia - DTP3

CZE - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	97	96	96	97	97	97	94	94	95	96	97
Estimate GoC	●●	●	●●	●	●	●●	●●	●	●	●	●●	●
Official	97	-	96	-	-	97	-	94	94	-	86	97
Administrative	-	-	96	-	-	97	97	94	94	-	86	97
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.

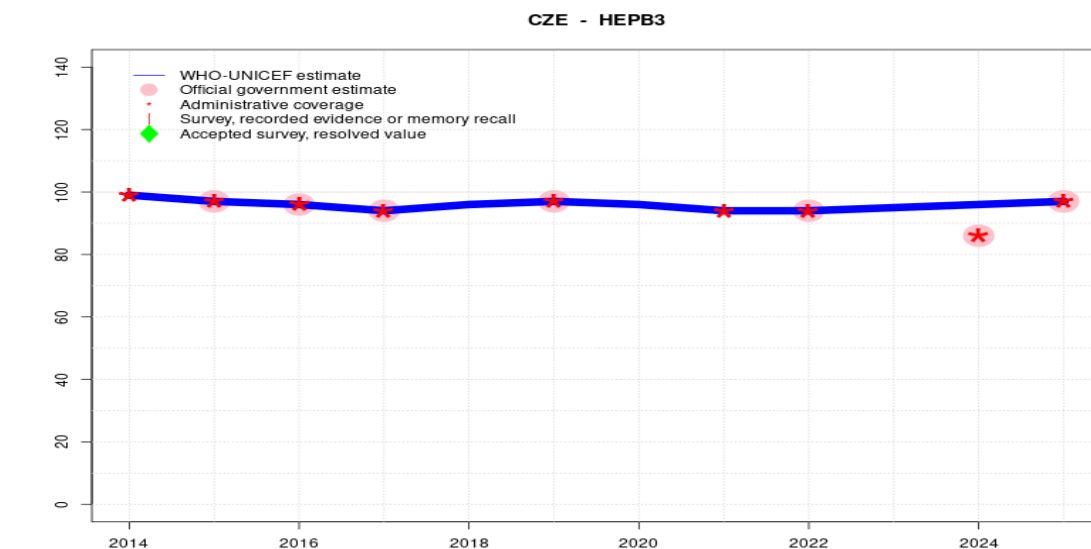
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Reported data reflects vaccinated children born in 2022. Estimate challenged by: D-
- 2024: Estimate informed by interpolation between reported data. Reported data excluded. Third dose of Hexavalent vaccine recommended between 11 and 13 months. Reported data might be incomplete. Estimate of 96 percent changed from previous revision value of 86 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. From 2022, a new nationwide electronic immunization register was launched, which does not collect data for the third dose of multi-dose vaccines. Estimate of 95 percent changed from previous revision value of 90 percent. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-
- 2020: Estimate informed by reported administrative data. GoC=R+
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by interpolation between reported data. Programme reports 92 percent coverage for the fourth dose recommended at 5 years. GoC=No accepted empirical data
- 2017: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2014: Estimate informed by reported data. GoC=R+

Czechia - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	97	96	94	96	97	96	94	94	95	96	97
Estimate GoC	●●	●●	●●	●●	●	●●	●	●	●	●	●●	●
Official	-	97	96	94	-	97	-	-	94	-	86	97
Administrative	99	97	96	94	-	97	-	94	94	-	86	97
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.

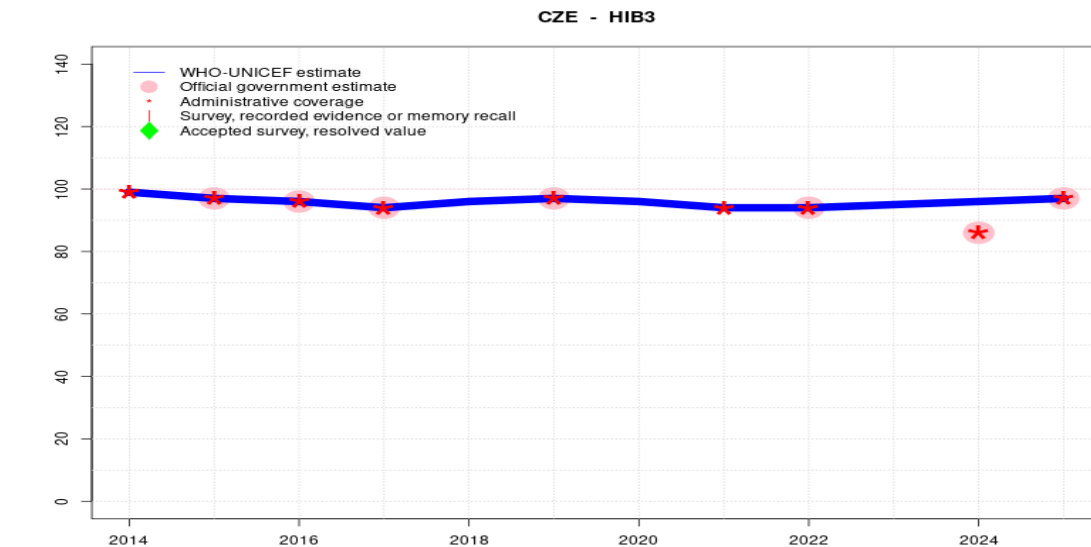
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Reported data reflects vaccinated children born in 2022. Estimate challenged by: D-
- 2024: Estimate informed by interpolation between reported data. Reported data excluded. Third dose of Hexavalent vaccine recommended between 11 and 13 months. Reported data might be incomplete. Estimate of 96 percent changed from previous revision value of 86 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. From 2022, a new nationwide electronic immunization register was launched, which does not collect data for the third dose of multi-dose vaccines. Estimate of 95 percent changed from previous revision value of 90 percent. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+
- 2014: Estimate informed by reported administrative data. GoC=R+

Czechia - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	97	96	94	96	97	96	94	94	95	96	97
Estimate GoC	●●	●●	●●	●●	●	●●	●	●	●	●	●●	●
Official	-	97	96	94	-	97	-	-	94	-	86	97
Administrative	99	97	96	94	-	97	-	94	94	-	86	97
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.

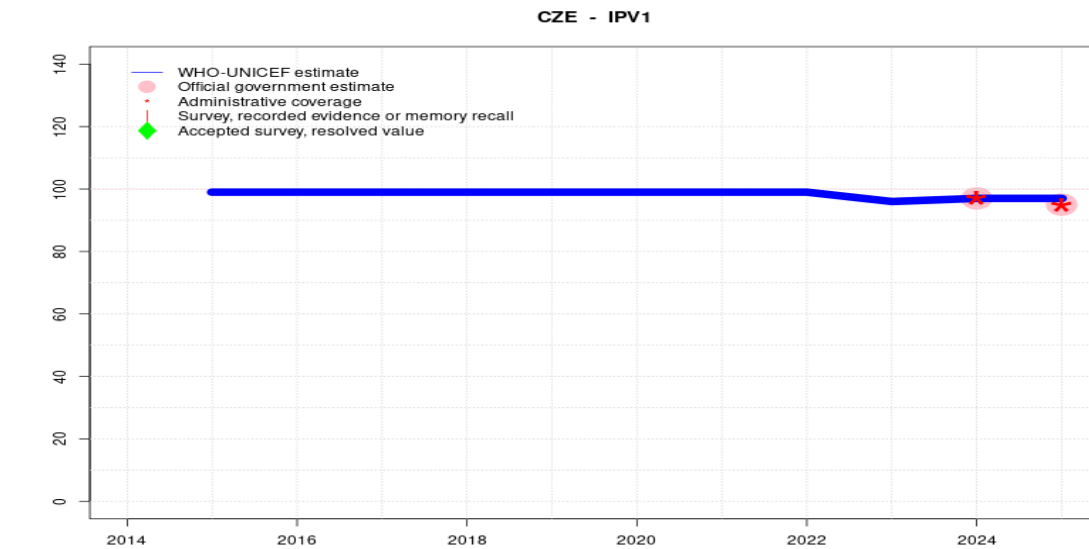
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Reported data reflects vaccinated children born in 2022. Estimate challenged by: D-
- 2024: Estimate informed by interpolation between reported data. Reported data excluded. Third dose of Hexavalent vaccine recommended between 11 and 13 months. Reported data might be incomplete. Estimate of 96 percent changed from previous revision value of 86 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. From 2022, a new nationwide electronic immunization register was launched, which does not collect data for the third dose of multi-dose vaccines. Estimate of 95 percent changed from previous revision value of 90 percent. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+
- 2014: Estimate informed by reported administrative data. GoC=R+

Czechia - IPV1



Description:

2025: Estimate based on estimated IPV1 coverage. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: R-

2024: Estimate informed by reported data. Estimate challenged by: D-

2023: Estimate informed by estimated DTP1 coverage. GoC=No accepted empirical data

2022: Estimate informed by estimated DTP1 coverage. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. GoC=No accepted empirical data

2021: Estimate based on estimated DTP1 coverage. Reported 2021 reflects 2018 programme performance. GoC=No accepted empirical data

2020: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data

2019: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data

2018: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data

2017: Estimate informed by estimated DTP1 coverage. GoC=No accepted empirical data

2016: Estimates based on DTP1 coverage GoC=No accepted empirical data

2015: Estimates based on DTP1 coverage GoC=No accepted empirical data

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	99	99	99	99	99	99	99	99	96	97	97
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	-	-	-	-	-	-	97	95
Administrative	-	-	-	-	-	-	-	-	-	-	97	95
Survey	-	-	-	-	-	-	-	-	-	-	-	-

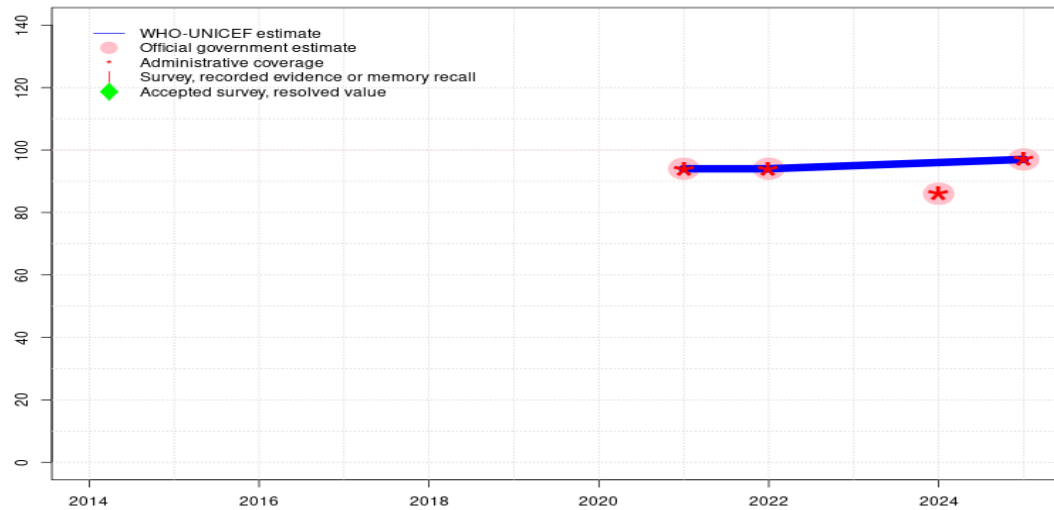
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Czechia - IPVC

CZE - IPVC



Description:

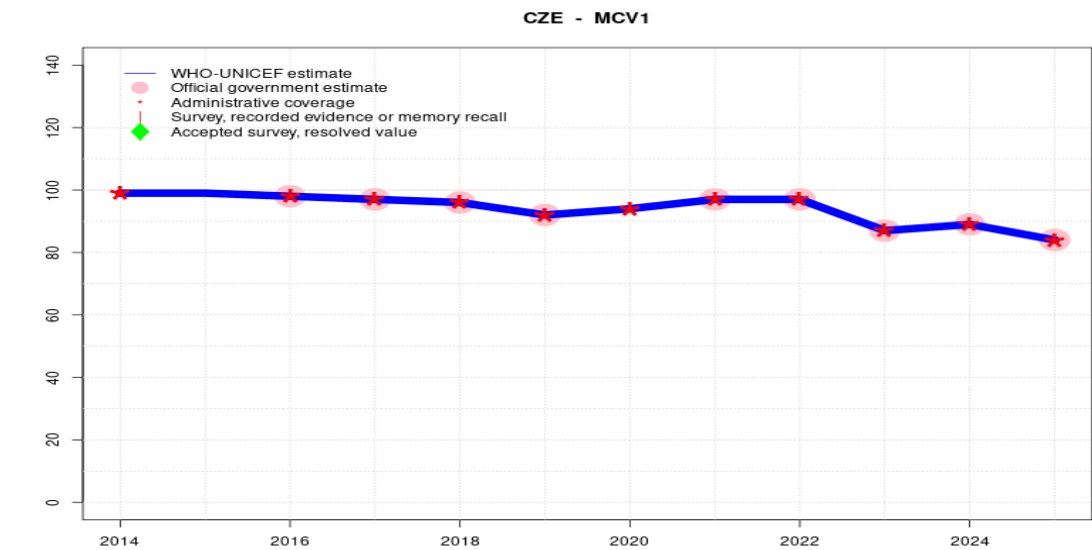
- 2025: Estimate informed by reported data. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Reported data reflects vaccinated children born in 2022. Estimate challenged by: D-
- 2024: Estimate informed by interpolation between reported data. Reported data excluded. Third dose of Hexavalent vaccine recommended between 11 and 13 months. Reported data might be incomplete. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	94	94	95	96	97
Estimate GoC	-	-	-	-	-	-	-	•	•	•	••	•
Official	-	-	-	-	-	-	-	94	94	-	86	97
Administrative	-	-	-	-	-	-	-	94	94	-	86	97
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. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-
- 2020: Estimate informed by reported administrative data. GoC=R+
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. GoC=R+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2014: Estimate informed by reported administrative data. GoC=R+

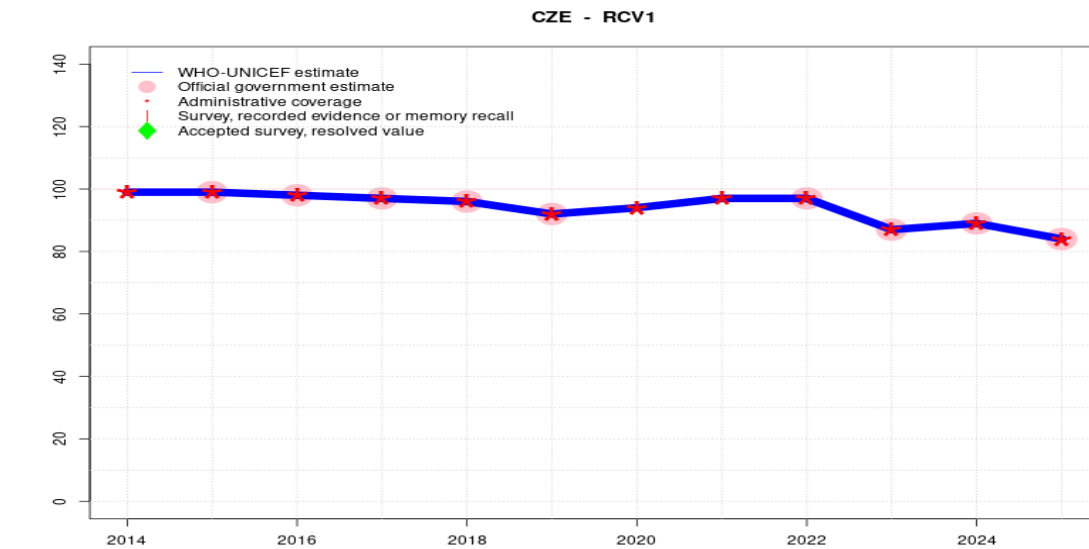
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	98	97	96	92	94	97	97	87	89	84
Estimate GoC	●●	●	●●	●●	●●	●●	●●	●	●	●	●	●
Official	-	-	98	97	96	92	-	97	97	87	89	84
Administrative	99	-	98	97	96	92	94	97	97	87	89	84
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Czechia - RCV1



Description:

2025: Estimate based on estimated MCV1. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Estimate challenged by: D-

2024: Estimate based on estimated MCV1. Estimate challenged by: D-

2023: Estimate based on estimated MCV1. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Reported 2021 reflects 2018 programme performance. Estimate challenged by: D-

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

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

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

2017: Estimate based on estimated MCV1. GoC=R+ D+

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

2015: Estimate based on estimated MCV1. GoC=No accepted empirical data

2014: Estimate based on estimated MCV1. GoC=R+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	98	97	96	92	94	97	97	87	89	84
Estimate GoC	●●	●	●●	●●	●●	●●	●●	●	●	●	●	●
Official	-	99	98	97	96	92	-	-	97	87	89	84
Administrative	99	99	98	97	96	92	94	97	97	87	89	84
Survey	-	-	-	-	-	-	-	-	-	-	-	-

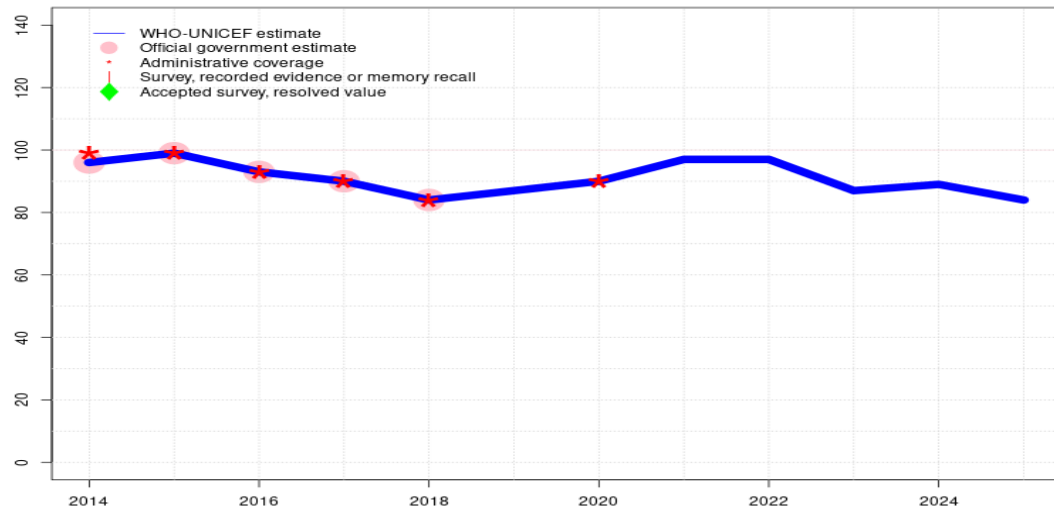
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Czechia - MCV2

CZE - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	96	99	93	90	84	87	90	97	97	87	89	84
Estimate GoC	●●	●●	●●	●●	●●	●	●●	●	●	●	●	●
Official	96	99	93	90	84	-	-	-	-	-	-	-
Administrative	99	99	93	90	84	-	90	-	-	-	-	-
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: Estimated coverage may represent an overestimate. In absence of reported MCV2 data, it uses MCV1 assuming no drop-out. No nationally representative independent assessment within the last 5 years. WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. GoC=No accepted empirical data
- 2024: Estimated coverage may represent an overestimate. In absence of reported MCV2 data, it uses MCV1 assuming no drop-out. GoC=No accepted empirical data
- 2023: Estimated coverage may represent an overestimate. In absence of reported MCV2 data, it uses MCV1 assuming no drop-out. GoC=No accepted empirical data
- 2022: Estimated coverage may represent an overestimate. In absence of reported MCV2 data, it uses MCV1 assuming no drop-out. The latest official data are based on the administrative estimates of vaccination coverage in 6 to 8 percent of the target population in 2019. GoC=No accepted empirical data
- 2021: As of 2020, data on the coverage of the second dose of vaccines containing measles are not available, as the annual administrative estimates of vaccination coverage in children have been terminated in the Czech Republic. Estimated coverage may represent an overestimate. In absence of reported MCV2 data, it uses MCV1 assuming no drop-out. Reported 2021 reflects 2018 programme performance. GoC=No accepted empirical data
- 2020: Estimate informed by reported administrative data. GoC=R+
- 2019: Estimate informed by interpolation between reported data. Data will be available in the years 2020-21 due to a legislative change in January 2018 whereby the 2nd dose of measles containing vaccine (MMR) is recommended for administration in the 5th to 6th year of life. GoC=No accepted empirical data
- 2018: Estimate informed by reported data. GoC=R+
- 2017: Estimate informed by reported data. GoC=R+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+
- 2014: Estimate informed by reported data. GoC=R+

Further information and estimates for previous years are available at:

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

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