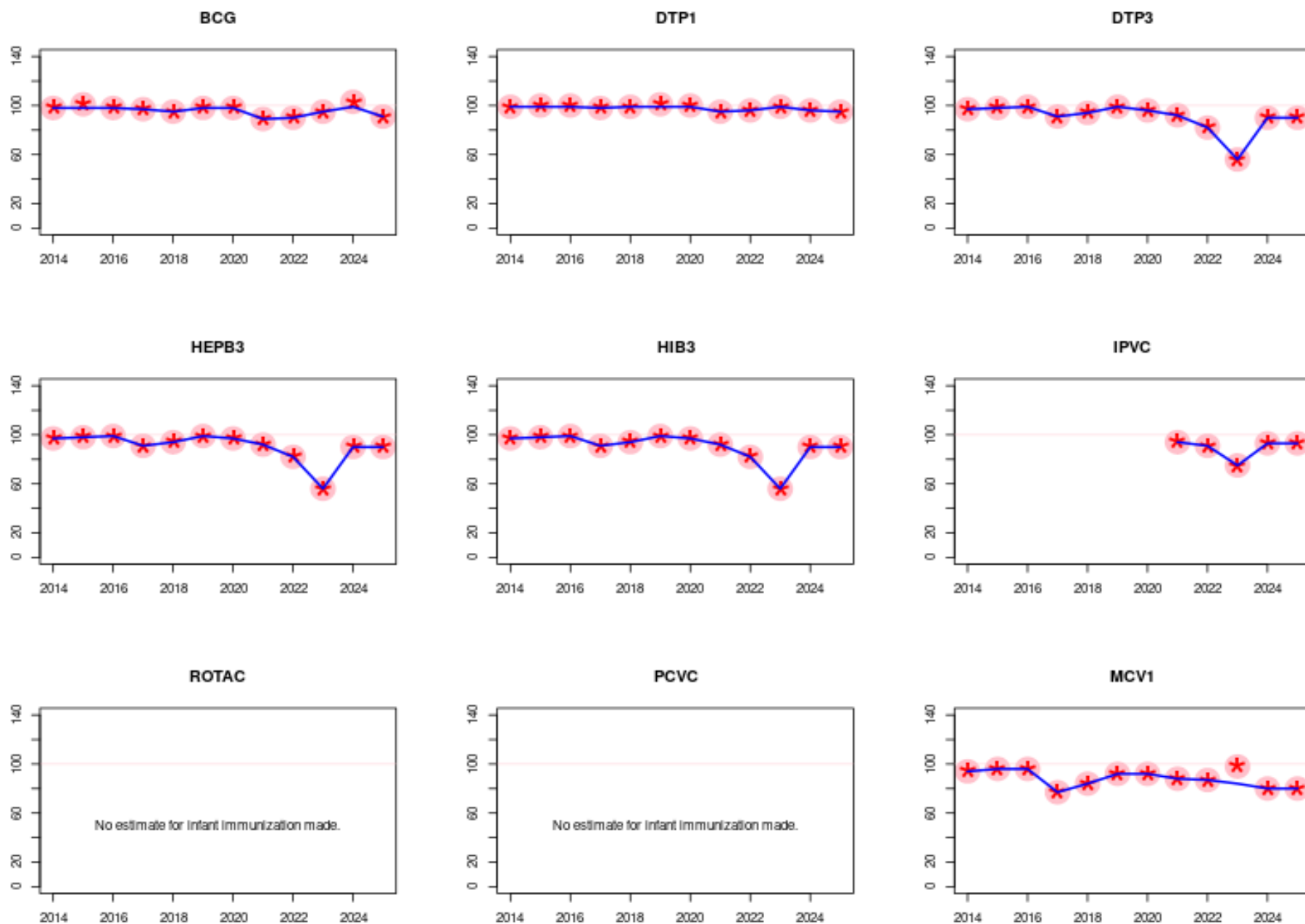




**BACKGROUND NOTE** Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local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

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

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

## DATA SOURCES

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

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

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

## ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

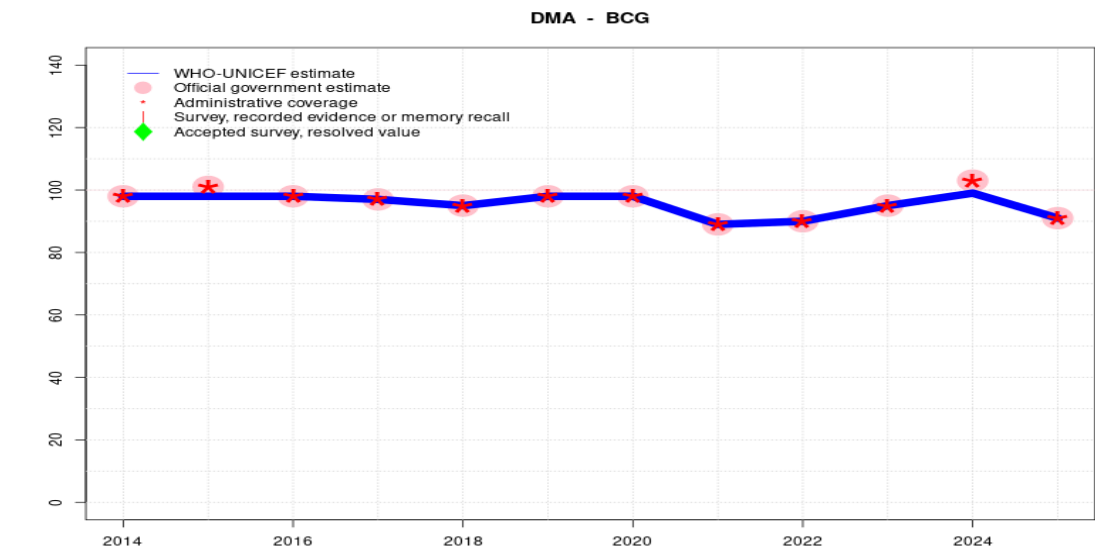
**ROTAC:** percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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

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

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

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|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 98   | 98   | 98   | 97   | 95   | 98   | 98   | 89   | 90   | 95   | 99   | 91   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●●   | ●    | ●●   | ●●   | ●●   | ●    | ●    | ●    | ●    |
| Official       | 98   | 101  | 98   | 97   | 95   | 98   | 98   | 89   | 90   | 95   | 103  | 91   |
| Administrative | 98   | 101  | 98   | 97   | 95   | 98   | 98   | 89   | 90   | 95   | 103  | 91   |
| 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.

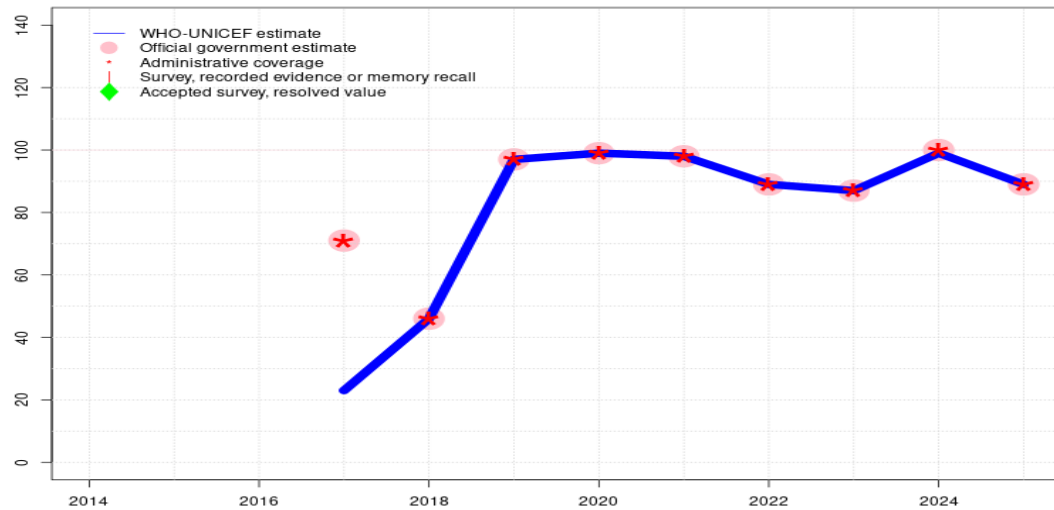
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Programme reported 6 months vaccine stock-out at the national and subnational levels. Estimate challenged by: D-
- 2024: Estimate based on estimated Hepatitis B birth coverage. Reported data excluded because 103 percent greater than 100 percent. Estimate of 99 percent changed from previous revision value of 95 percent. Estimate challenged by: D-R-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports a six month vaccine stockout at national and subnational levels due to cold chain issues. Estimate challenged by: 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. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. 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. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

# Dominica - HEPBB

DMA - HEPBB



## Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: 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 four to five month vaccine stock-out at national level. GoC=R+ D+
- 2017: Hepatitis B birth dose introduced in 2017. Programme reports 71 percent coverage achieved in 33 percent of the national target population. Estimate informed by annualized coverage achieved in the national target population. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. Estimate challenged by: R-

|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | -    | -    | 23   | 46   | 97   | 99   | 98   | 89   | 87   | 99   | 89   |
| Estimate GoC   | -    | -    | -    | •    | ••   | ••   | ••   | ••   | •    | ••   | •    | •    |
| Official       | -    | -    | -    | 71   | 46   | 97   | 99   | 98   | 89   | 87   | 100  | 89   |
| Administrative | -    | -    | -    | 71   | 46   | 97   | 99   | 98   | 89   | 87   | 100  | 89   |
| Survey         | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |

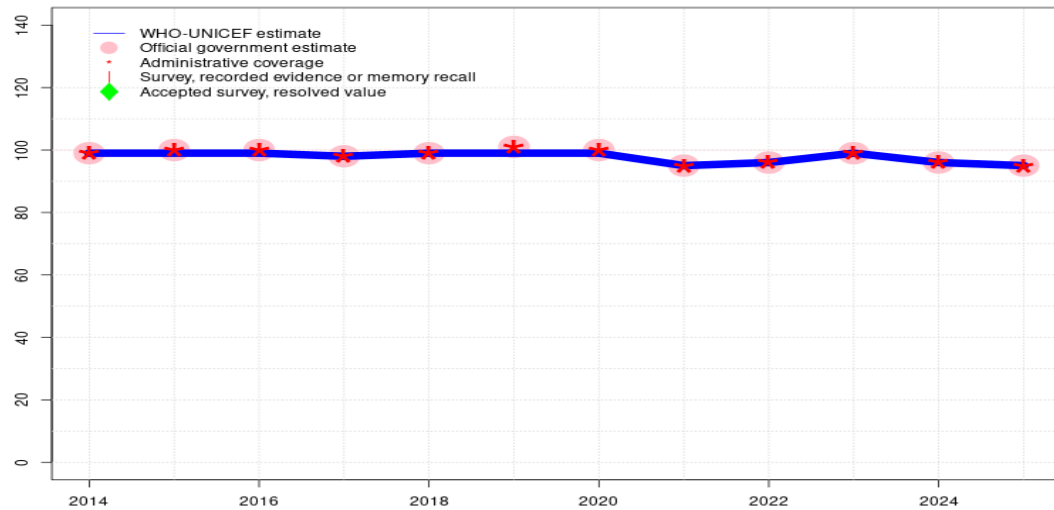
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Dominica - DTP1

DMA - DTP1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 99   | 99   | 99   | 98   | 99   | 99   | 99   | 95   | 96   | 99   | 96   | 95   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●●   | ●    | ●●   | ●●   | ●●   | ●    | ●●   | ●    | ●    |
| Official       | 99   | 100  | 100  | 98   | 99   | 101  | 100  | 95   | 96   | 99   | 96   | 95   |
| Administrative | 99   | 100  | 100  | 98   | 99   | 101  | 100  | 95   | 96   | 99   | 96   | 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.

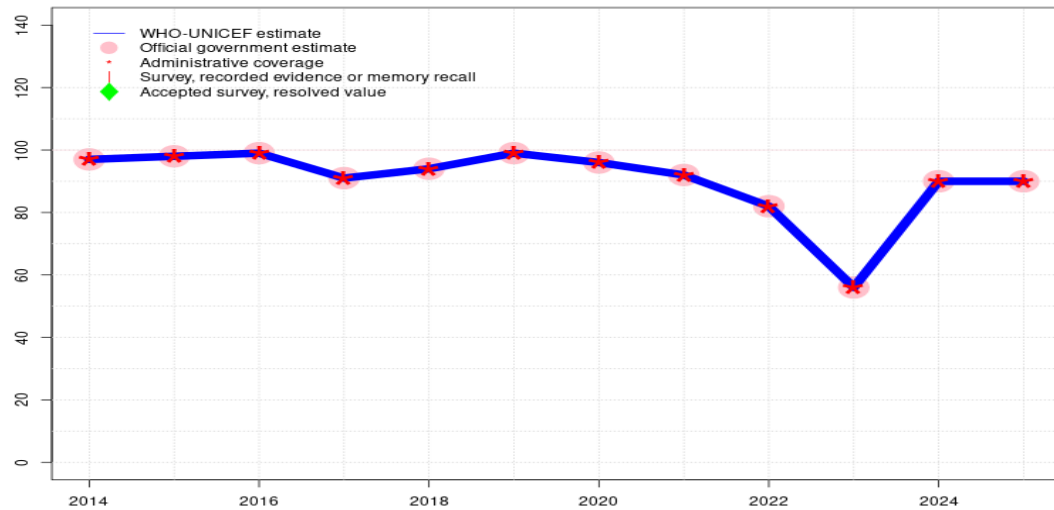
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports six months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. Programme reports six months of vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

# Dominica - DTP3

DMA - DTP3



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 97   | 98   | 99   | 91   | 94   | 99   | 96   | 92   | 82   | 56   | 90   | 90   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●●   | ●    | ●●   | ●●   | ●●   | ●●   | ●●   | ●    | ●    |
| Official       | 97   | 98   | 99   | 91   | 94   | 99   | 96   | 92   | 82   | 56   | 90   | 90   |
| Administrative | 97   | 98   | 99   | 91   | 94   | 99   | 96   | 92   | 82   | 56   | 90   | 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.

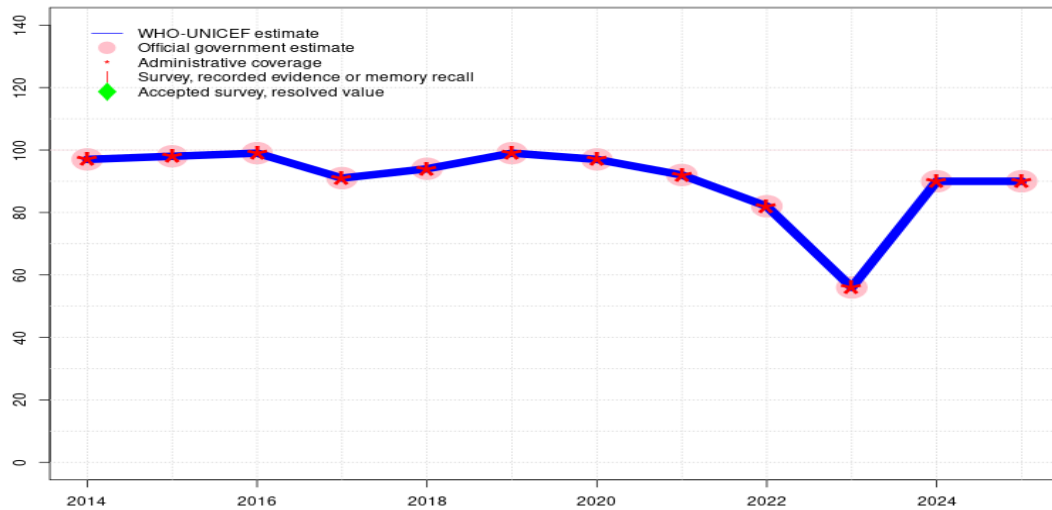
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports six 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. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports six months of vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

# Dominica - HEPB3

DMA - HEPB3



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 97   | 98   | 99   | 91   | 94   | 99   | 97   | 92   | 82   | 56   | 90   | 90   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●●   | ●    | ●●   | ●●   | ●●   | ●●   | ●●   | ●    | ●    |
| Official       | 97   | 98   | 99   | 91   | 94   | 99   | 97   | 92   | 82   | 56   | 90   | 90   |
| Administrative | 97   | 98   | 99   | 91   | 94   | 99   | 97   | 92   | 82   | 56   | 90   | 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.

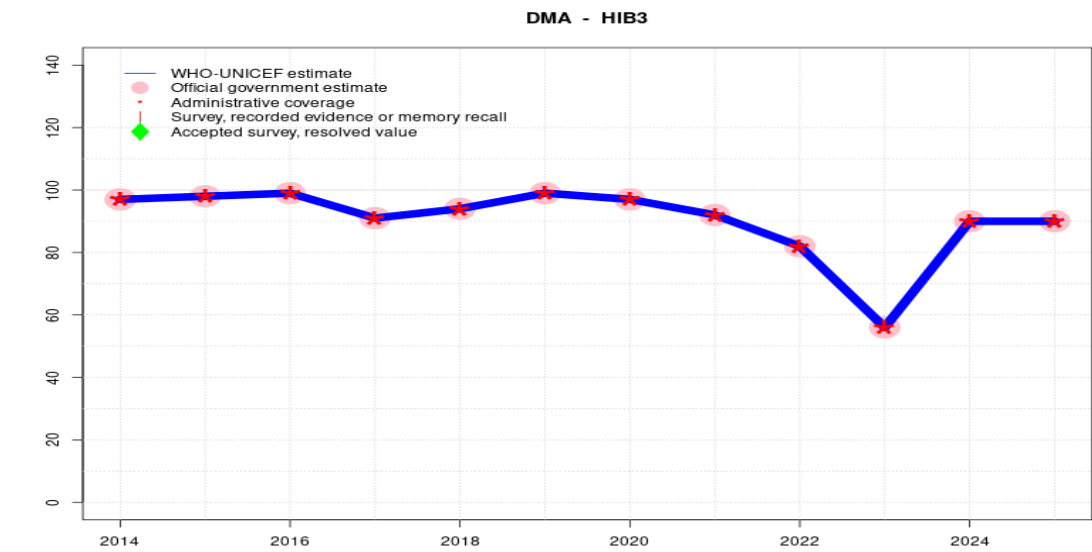
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports six 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. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stock-out at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

# Dominica - HIB3



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 97   | 98   | 99   | 91   | 94   | 99   | 97   | 92   | 82   | 56   | 90   | 90   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●●   | ●    | ●●   | ●●   | ●●   | ●●   | ●●   | ●    | ●    |
| Official       | 97   | 98   | 99   | 91   | 94   | 99   | 97   | 92   | 82   | 56   | 90   | 90   |
| Administrative | 97   | 98   | 99   | 91   | 94   | 99   | 97   | 92   | 82   | 56   | 90   | 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.

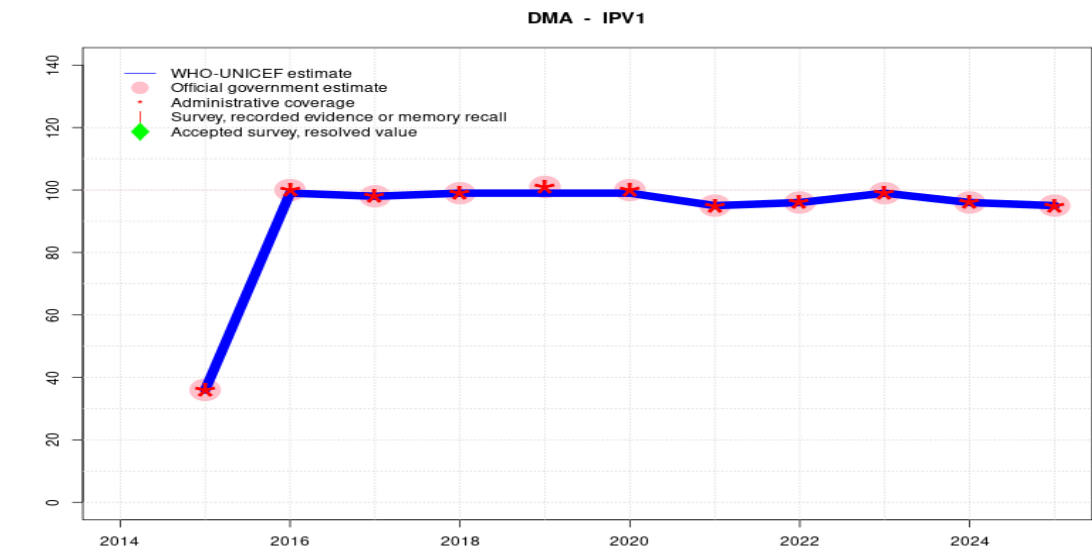
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports six 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. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stock-out at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

# Dominica - IPV1



## Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports four to five month vaccine stock-out at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. GoC=R+ D+
- 2016: Estimate informed by reported data. Completed full roll out of vaccine following prior year introduction. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. Inactivated polio vaccine during September 2015. GoC=R+ D+

|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | 36   | 99   | 98   | 99   | 99   | 99   | 95   | 96   | 99   | 96   | 95   |
| Estimate GoC   | -    | ••   | ••   | ••   | •    | ••   | ••   | ••   | •    | ••   | •    | •    |
| Official       | -    | 36   | 100  | 98   | 99   | 101  | 100  | 95   | 96   | 99   | 96   | 95   |
| Administrative | -    | 36   | 100  | 98   | 99   | 101  | 100  | 95   | 96   | 99   | 96   | 95   |
| Survey         | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |

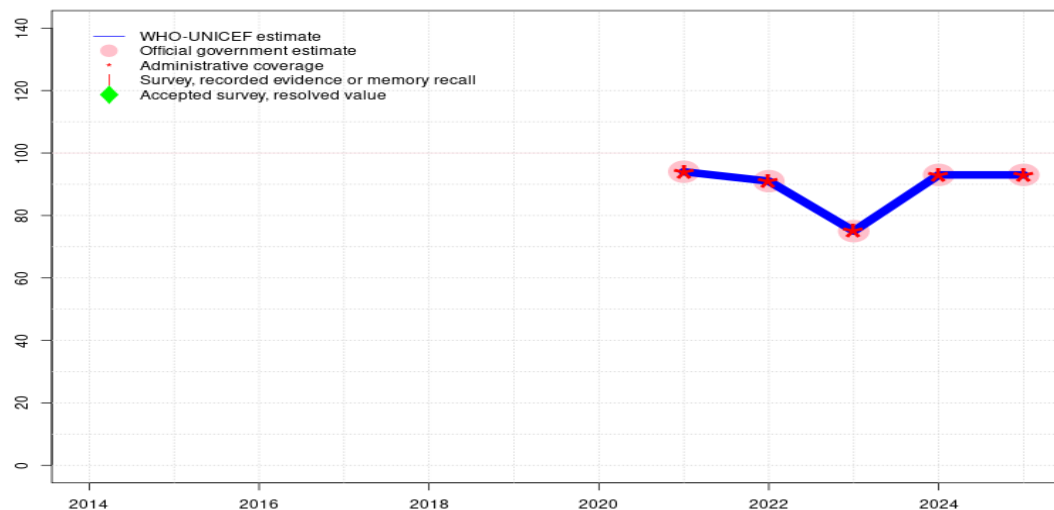
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Dominica - IPV

DMA - IPV



## Description:

2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-

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

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

2022: Estimate informed by reported data. Estimate challenged by: D-

2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2021. GoC=R+ D+

|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | -    | -    | -    | -    | -    | -    | 94   | 91   | 75   | 93   | 93   |
| Estimate GoC   | -    | -    | -    | -    | -    | -    | -    | ●●   | ●    | ●●   | ●    | ●    |
| Official       | -    | -    | -    | -    | -    | -    | -    | 94   | 91   | 75   | 93   | 93   |
| Administrative | -    | -    | -    | -    | -    | -    | -    | 94   | 91   | 75   | 93   | 93   |
| Survey         | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |

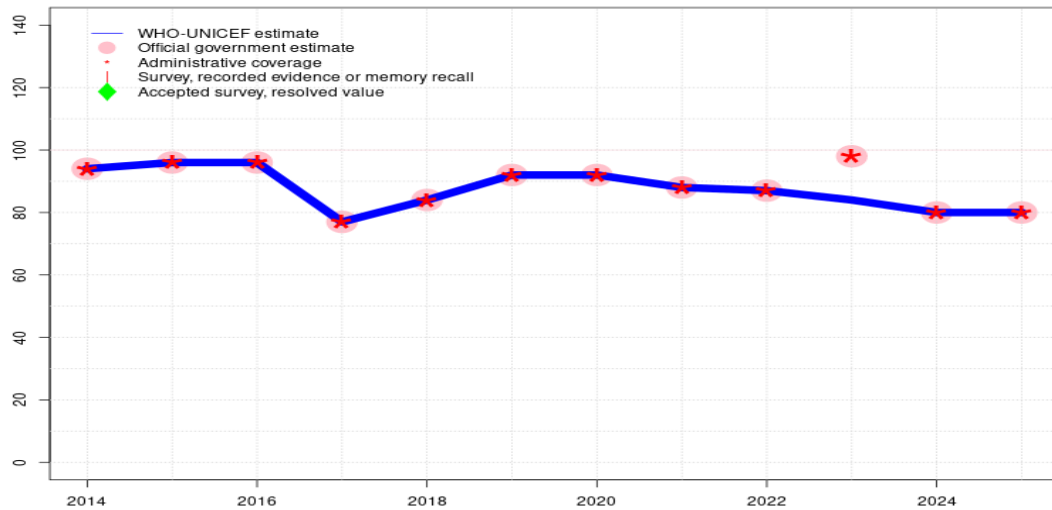
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Dominica - MCV1

DMA - MCV1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 94   | 96   | 96   | 77   | 84   | 92   | 92   | 88   | 87   | 84   | 80   | 80   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●    | ●    | ●●   | ●●   | ●●   | ●●   | ●●   | ●    | ●    |
| Official       | 94   | 96   | 96   | 77   | 84   | 92   | 92   | 88   | 87   | 98   | 80   | 80   |
| Administrative | 94   | 96   | 96   | 77   | 84   | 92   | 92   | 88   | 87   | 98   | 80   | 80   |
| 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.

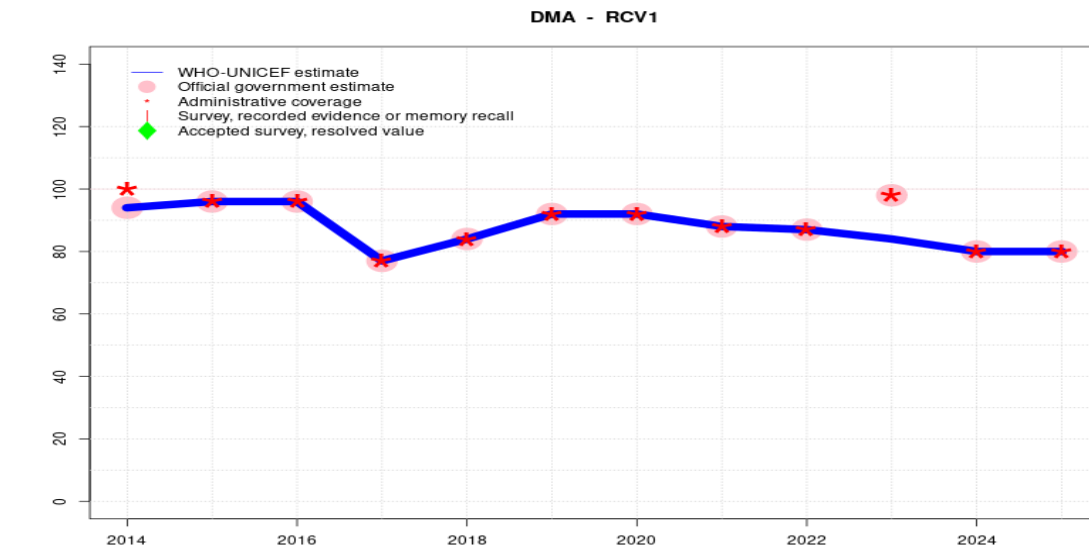
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 87 percent to 98 percent with decrease to 80 percent. Although reported coverage increased from the prior year, the reported number of children vaccinated with MCV declined from 2022 to 2023. Target population size decreased by 13 percent compared to 2022. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a six month vaccine stockout at national and subnational levels due to cold chain issues. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a four months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports three to four months of vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports eight month measles containing vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Programme reports three months vaccine stockout of MMR vaccine at the national level. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. Programme reports six month stockout of measles containing vaccine at national level. GoC=R+ D+

# Dominica - RCV1



## Description:

- 2025: Estimate based on estimated MCV1. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Reported data excluded due to an increase from 87 percent to 98 percent with decrease to 80 percent. 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. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. Estimate challenged by: D-
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ D+

|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 94   | 96   | 96   | 77   | 84   | 92   | 92   | 88   | 87   | 84   | 80   | 80   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●    | ●    | ●●   | ●●   | ●●   | ●●   | ●●   | ●    | ●    |
| Official       | 94   | 96   | 96   | 77   | 84   | 92   | 92   | 88   | 87   | 98   | 80   | 80   |
| Administrative | 100  | 96   | 96   | 77   | 84   | 92   | 92   | 88   | 87   | 98   | 80   | 80   |
| Survey         | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |

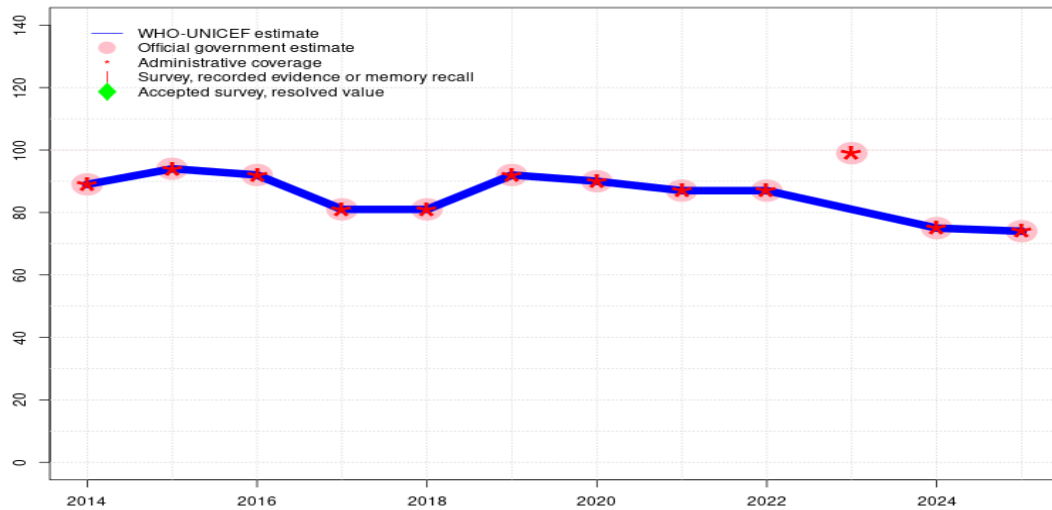
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Dominica - MCV2

DMA - MCV2



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 89   | 94   | 92   | 81   | 81   | 92   | 90   | 87   | 87   | 81   | 75   | 74   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●    | ●●   | ●    | ●●   | ●●   | ●●   | ●    | ●●   | ●●   |
| Official       | 89   | 94   | 92   | 81   | 81   | 92   | 90   | 87   | 87   | 99   | 75   | 74   |
| Administrative | 89   | 94   | 92   | 81   | 81   | 92   | 90   | 87   | 87   | 99   | 75   | 74   |
| 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 for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 87 percent to 99 percent with decrease to 75 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports a six month vaccine stockout at national and subnational levels due to cold chain issues. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a four months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports three to four months of vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports eight month measles containing vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reported a stockout of all vaccines for 4-5 months at central level due to Hurricane Maria. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Programme reports three months vaccine stockout of MMR vaccine at the national level. GoC=R+ D+
- 2015: Estimate informed by reported data. House to house vaccination coverage study conducted in 2015. GoC=R+ D+
- 2014: Estimate informed by reported data. Recommended age of administration for the second dose of measles containing vaccine changed to 18 months. Programme reports six month stockout of measles containing vaccine at national level. GoC=R+ D+

Further information and estimates for previous years are available at:

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

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