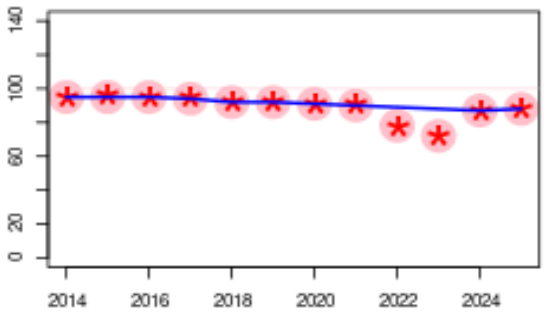
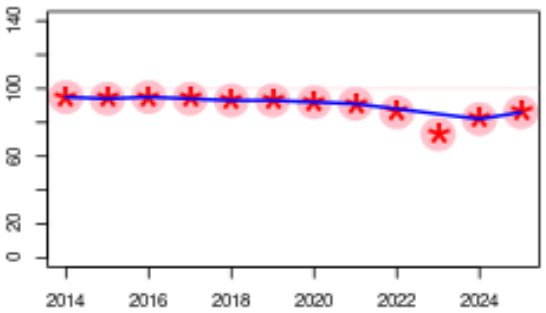
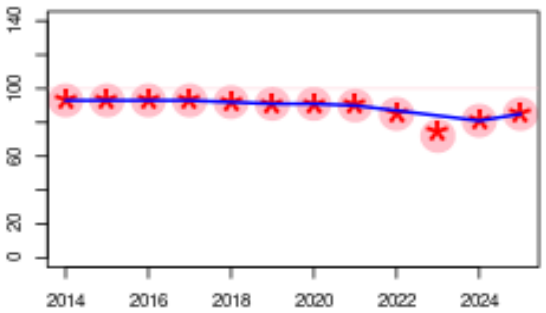
BCG



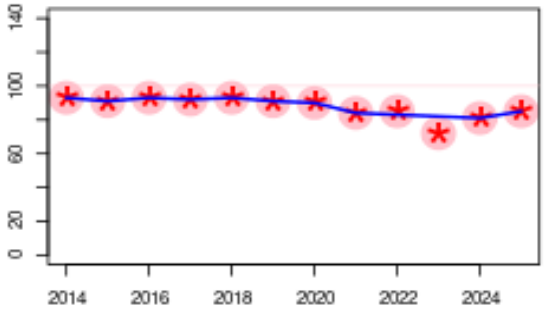
DTP1



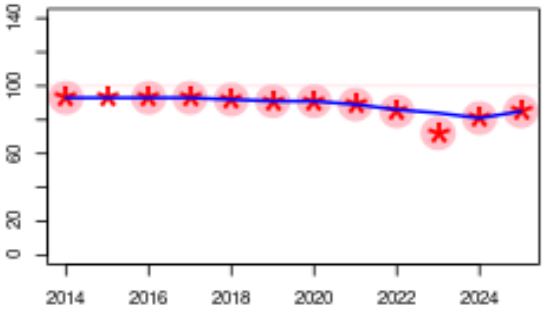
DTP3



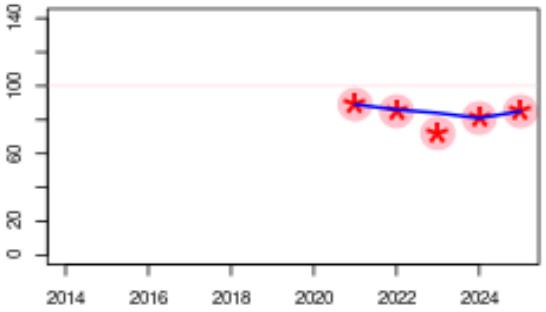
HEPB3



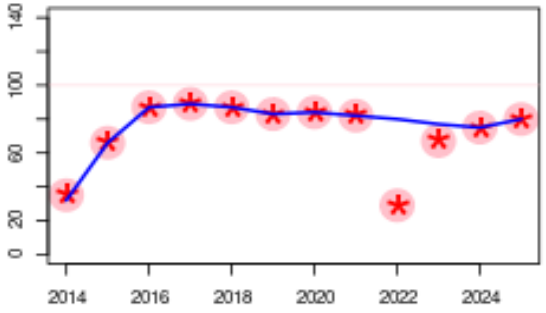
HIB3



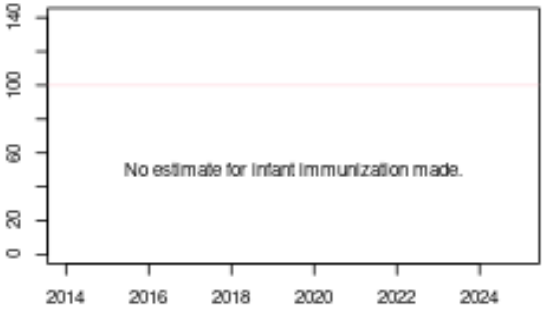
IPVC



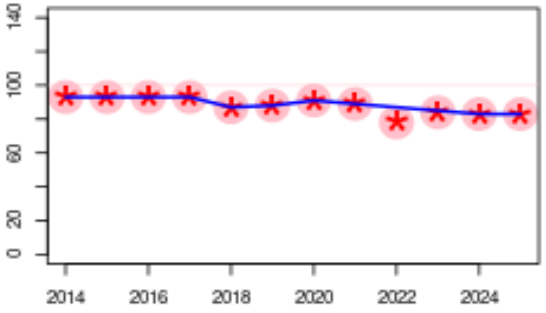
ROTAC



PCVC



MCV1



Estonia: WHO and UNICEF estimates of immunization coverage: 2025 revision

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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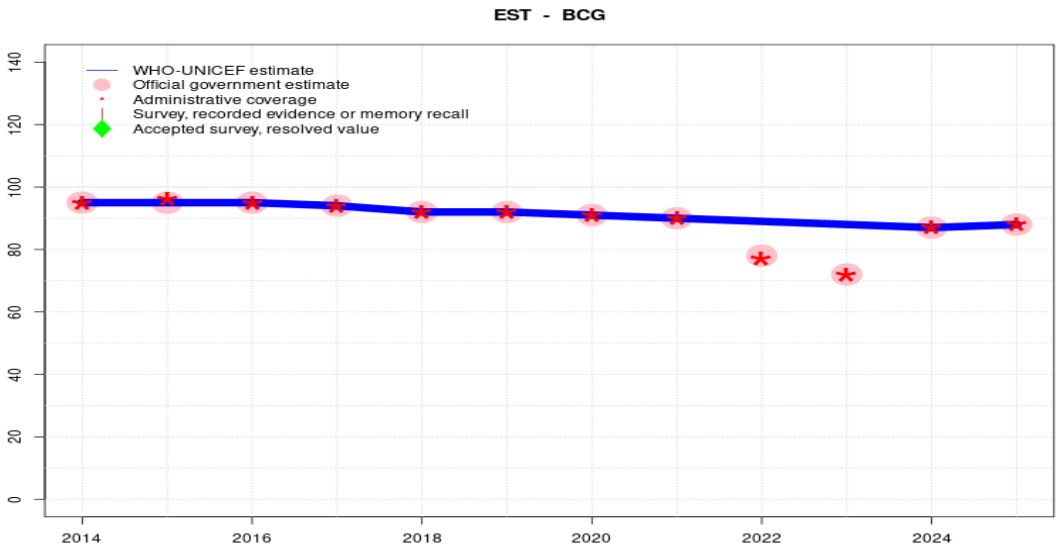
Estonia - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	95	95	94	92	92	91	90	89	88	87	88
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●●	●
Official	95	95	95	94	92	92	91	90	78	72	87	88
Administrative	95	96	95	94	92	92	91	90	77	72	87	88
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. Increase in coverage partially explained by a decrease of 12 percent in number of surviving infants. 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. Increase in coverage partially explained by a decrease of 18 percent in target population. GoC=R+ D+

2023: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. Estimate challenged by: D-

2022: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. GoC=R+ D+

2021: Estimate informed by reported data. Reported target population is the number of children born in maternity hospitals during 2019. 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+

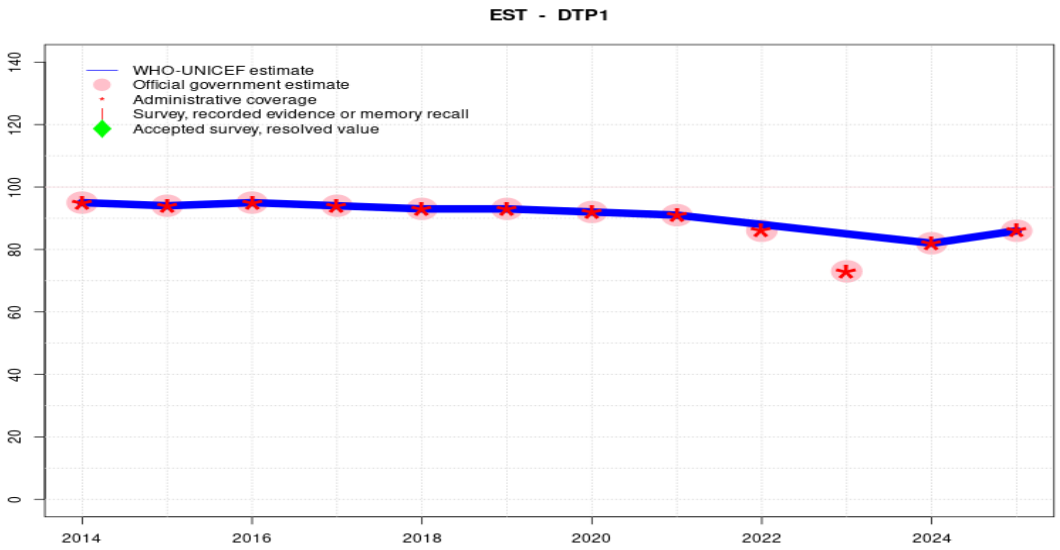
2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

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

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

Estonia - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	94	95	94	93	93	92	91	88	85	82	86
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●	●●	●●	●●
Official	95	94	95	94	93	93	92	91	86	73	82	86
Administrative	95	94	95	94	93	93	92	91	86	73	82	86
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.

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Description:

2025: Estimate informed by reported data. Increase in coverage partially explained by a decrease of 12 percent in number of surviving infants. 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. Increase in coverage partially explained by a decrease of 18 percent in target population. GoC=R+ D+

2023: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. GoC=R+ D+

2022: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported target population reflects the number of children one year old who are registered in the family doctors lists of patients with DTP4. 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+

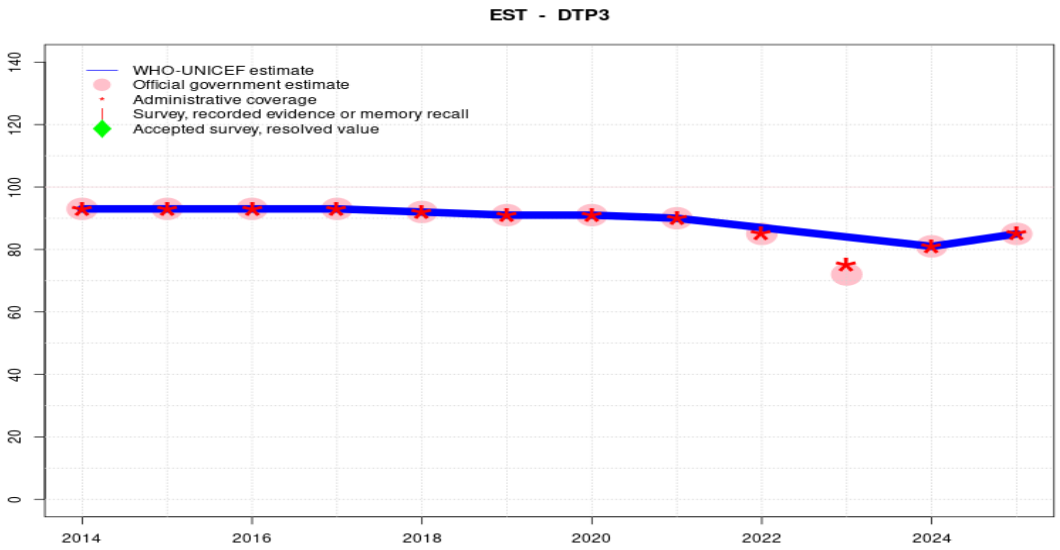
2017: Estimate informed by reported data. Programme reports one month vaccine stockout. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

2015: Estimate informed by reported data. Programme reports three months national level stockout. GoC=R+ D+

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

Estonia - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	93	93	93	92	91	91	90	87	84	81	85
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●	●●	●●	●●
Official	93	93	93	93	92	91	91	90	85	72	81	85
Administrative	93	93	93	93	92	91	91	90	85	75	81	85
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.

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Description:

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2024: Estimate informed by reported data. Increase in coverage partially explained by a decrease of 18 percent in target population. GoC=R+ D+

2023: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. GoC=R+ D+

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2021: Estimate informed by reported data. Reported target population reflects the number of children one year old who are registered in the family doctors lists of patients with DTP4. 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+

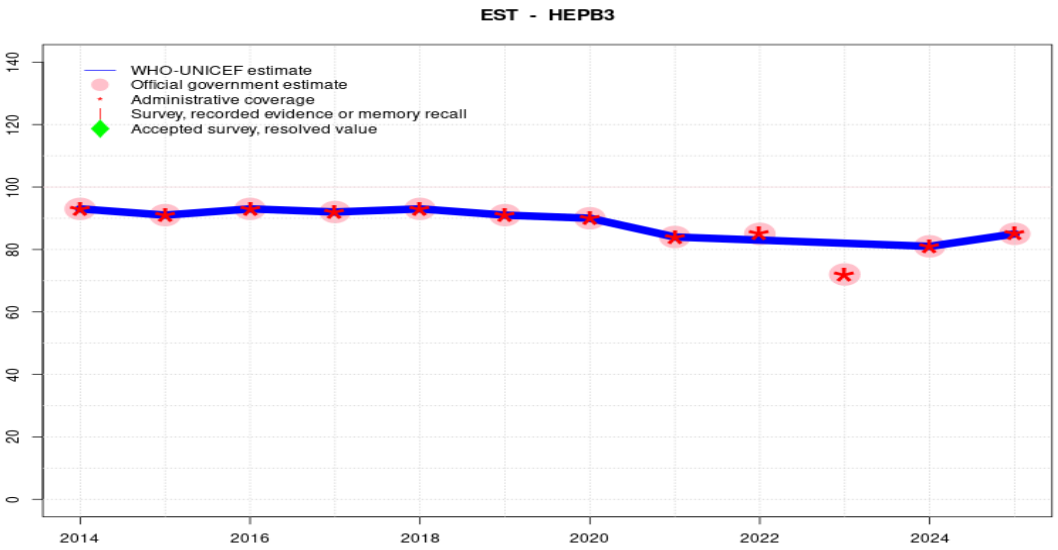
2017: Estimate informed by reported data. Programme reports one month vaccine stockout. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

2015: Estimate informed by reported data. Programme reports three months national level stockout. GoC=R+ D+

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

Estonia - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	91	93	92	93	91	90	84	83	82	81	85
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●	●	●●	●●	●●
Official	93	91	93	92	93	91	90	84	85	72	81	85
Administrative	93	91	93	92	93	91	90	84	85	72	81	85
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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2021: Estimate informed by reported data. Reported target population reflects the number of children one year old who are registered in the family doctors lists of patients with DTP4. Estimate challenged by: 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+

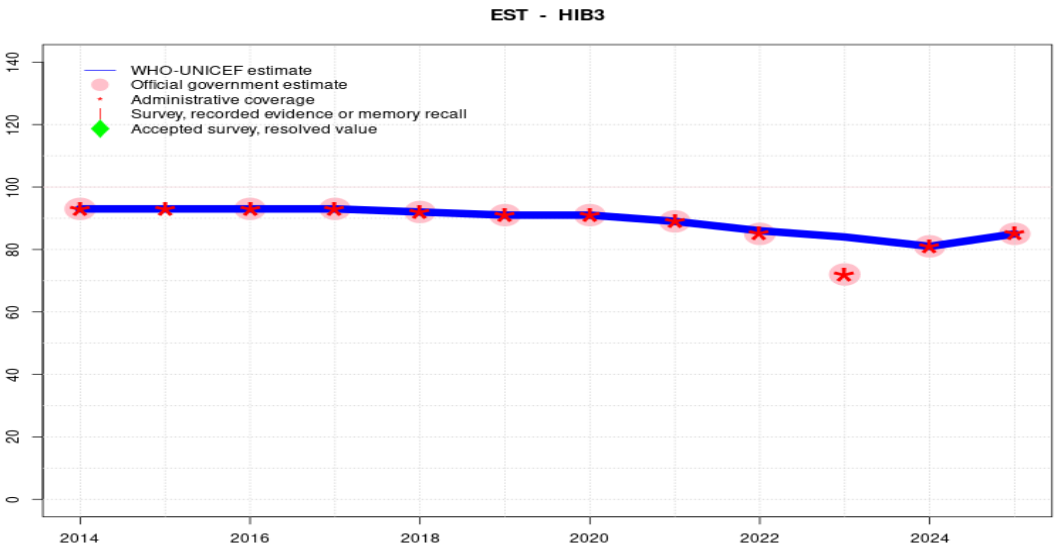
2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

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

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

Estonia - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	93	93	93	92	91	91	89	86	84	81	85
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●	●●	●●	●●
Official	93	-	93	93	92	91	91	89	85	72	81	85
Administrative	93	93	93	93	92	91	91	89	85	72	81	85
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.

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2024: Estimate informed by reported data. Increase in coverage partially explained by a decrease of 18 percent in target population. GoC=R+ D+

2023: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. GoC=R+ D+

2022: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported target population reflects the number of children one year old who are registered in the family doctors lists of patients with DTP4. 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+

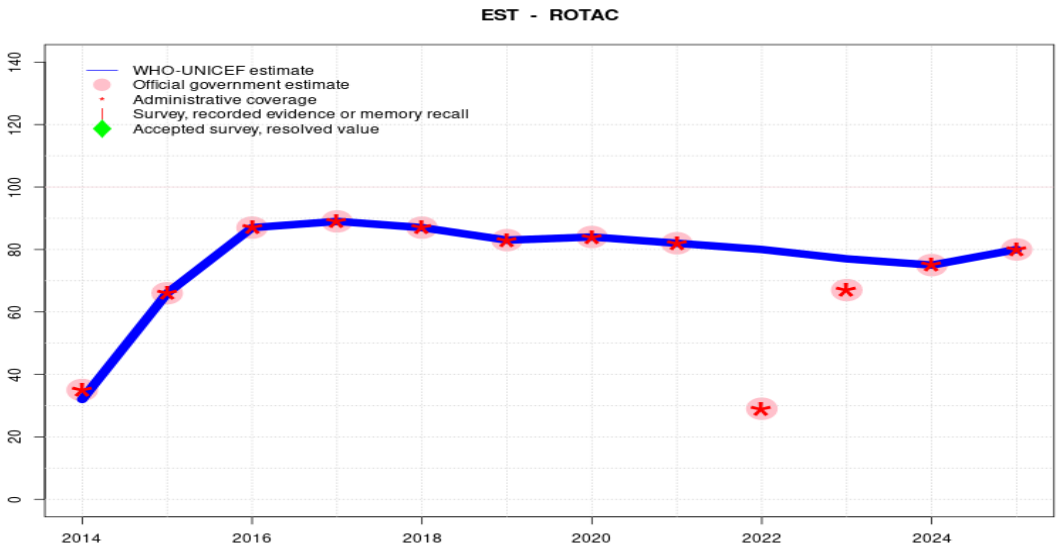
2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

2015: Estimate informed by reported administrative data. Programme reports three months national level stockout. GoC=R+ D+

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

Estonia - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	32	66	87	89	87	83	84	82	80	77	75	80
Estimate GoC	•	••	••	••	••	••	••	••	•	••	••	••
Official	35	66	87	89	87	83	84	82	29	67	75	80
Administrative	35	66	87	89	87	83	84	82	29	67	75	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. Increase in coverage partially explained by a decrease of 12 percent in number of surviving infants. 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. Increase in coverage partially explained by a decrease of 18 percent in target population. GoC=R+ D+

2023: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. GoC=R+ D+

2022: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines.Reported data excluded due to decline in reported coverage from 82 percent to 29 percent with increase to 67 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported target population reflects the number of children one year old who are registered in the family doctors lists of patients with DTP4. 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+

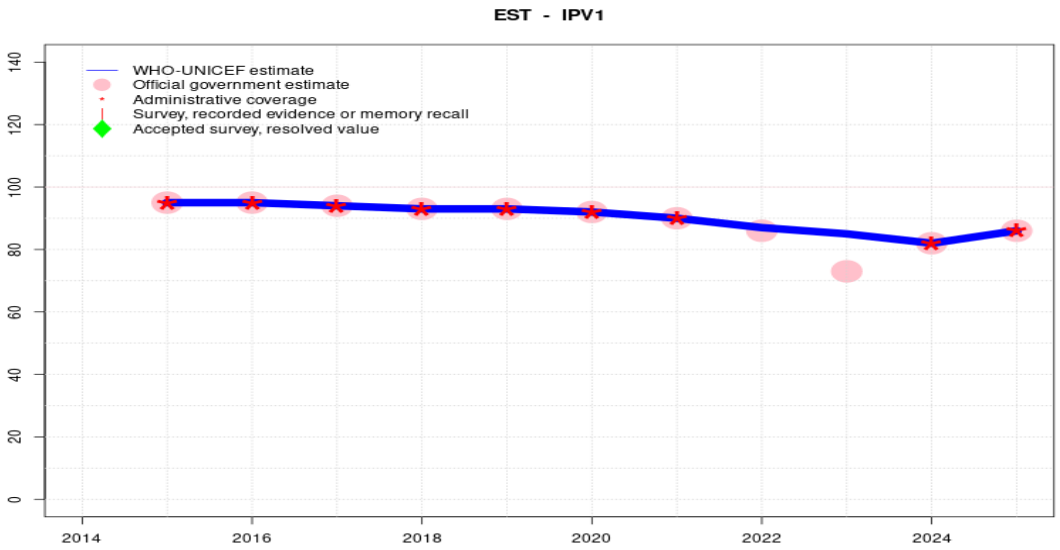
2017: Estimate informed by reported data. Programme reports use of two- and three-dose schedule rotavirus vaccine. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

2015: Estimate based on reported data. GoC=R+ D+

2014: Estimate of 32 percent assigned by working group. Rotavirus vaccine introduced in 2014. Programme achieved 34 percent coverage in 93 percent of the national target population. Estimate informed by total national target population. Estimate challenged by: R-

Estonia - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	95	95	94	93	93	92	90	87	85	82	86
Estimate GoC	-	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	-	95	95	94	93	93	92	90	86	73	82	86
Administrative	-	95	95	94	93	93	92	90	-	-	82	86
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. Increase in coverage partially explained by a decrease of 12 percent in number of surviving infants. 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. Increase in coverage partially explained by a decrease of 18 percent in target population. GoC=R+ D+

2023: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. GoC=R+

2022: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. GoC=R+

2021: Estimate informed by reported data. Reported target population reflects the number of children one year old who are registered in the family doctors lists of patients with DTP4. GoC=R+ D+

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

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

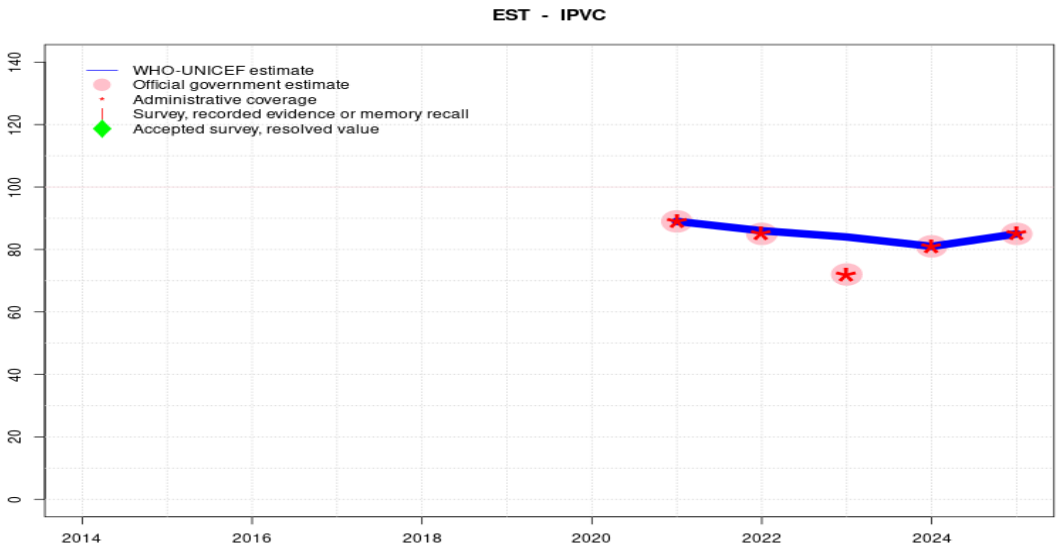
2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

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

Estonia - IPVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	89	86	84	81	85
Estimate GoC	-	-	-	-	-	-	-	●●	●	●●	●●	●●
Official	-	-	-	-	-	-	-	89	85	72	81	85
Administrative	-	-	-	-	-	-	-	89	85	72	81	85
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. Increase in coverage partially explained by a decrease of 12 percent in number of surviving infants. 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+

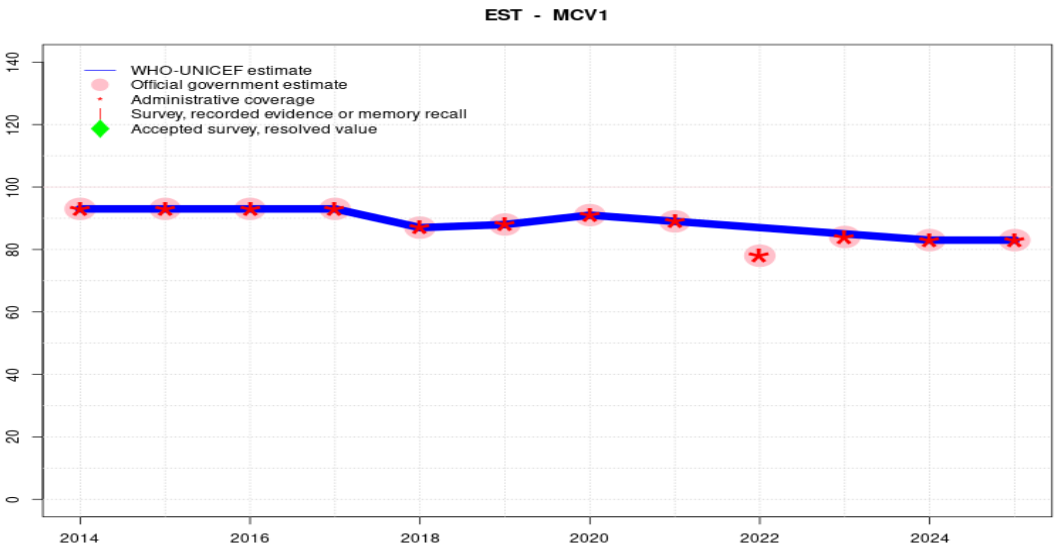
2024: Estimate informed by reported data. Increase in coverage partially explained by a decrease of 18 percent in target population. GoC=R+ D+

2023: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. GoC=R+ D+

2022: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. Estimate challenged by: D-

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

Estonia - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	93	93	93	87	88	91	89	87	85	83	83
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●●	●●
Official	93	93	93	93	87	88	91	89	78	84	83	83
Administrative	93	93	93	93	87	88	91	89	78	84	83	83
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. Increase in coverage partially explained by a decrease of 12 percent in number of surviving infants. 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. Increase in coverage partially explained by a decrease of 18 percent in target population. GoC=R+ D+

2023: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. Estimate challenged by: D-

2022: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. Unexplained increase of six percent in reported target population between 2021 and 2022. 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. GoC=R+ D+

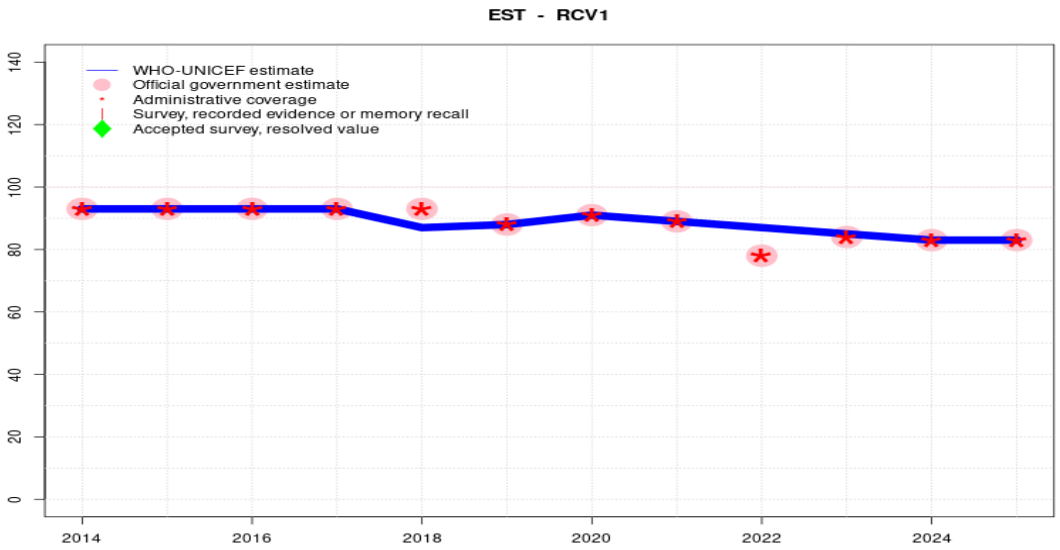
2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

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

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

Estonia - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	93	93	93	87	88	91	89	87	85	83	83
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●●	●●
Official	93	93	93	93	93	88	91	89	78	84	83	83
Administrative	93	93	93	93	93	88	91	89	78	84	83	83
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate based on estimated MCV1. Increase in coverage partially explained by a decrease of 12 percent in number of surviving infants. 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 based on estimated MCV1. Increase in coverage partially explained by a decrease of 18 percent in target population. GoC=R+ D+

2023: Estimate based on estimated MCV1. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. Estimate challenged by: 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+

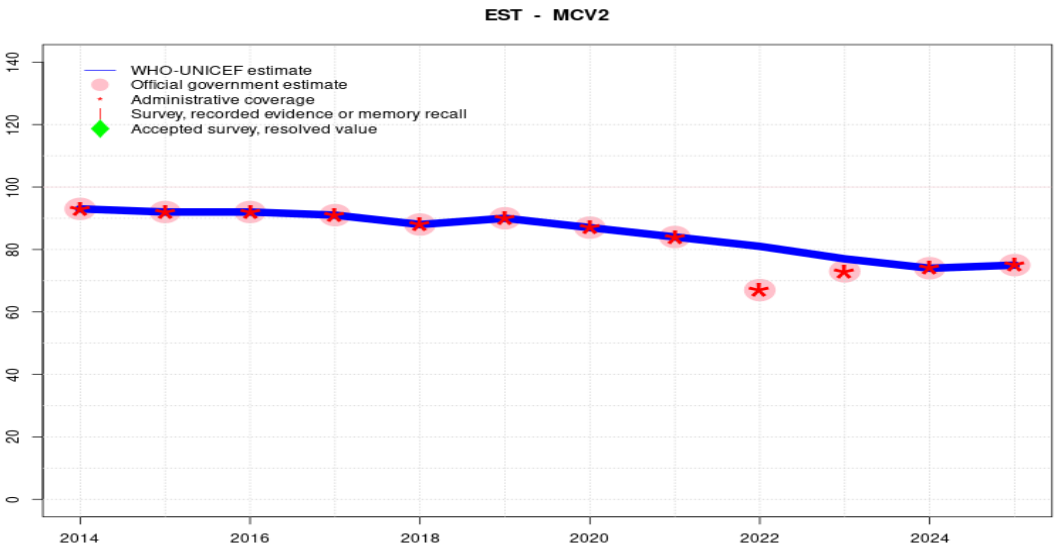
2017: Estimate based on estimated MCV1. GoC=R+ D+

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

2015: Estimate based on estimated MCV1. GoC=R+ D+

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

Estonia - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	92	92	91	88	90	87	84	81	77	74	75
Estimate GoC	•	•	•	•	••	••	••	•	••	•	•	•
Official	93	92	92	91	88	90	87	84	67	73	74	75
Administrative	93	92	92	91	88	90	87	84	67	73	74	75
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.

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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. Increase in coverage partially explained by a decrease of 12 percent in number of surviving infants. 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. Increase in coverage partially explained by a decrease of 18 percent in target population. Estimate challenged by: D-

2023: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. Estimate challenged by: D-

2022: Estimate informed by interpolation between reported data. Reported data excluded. Beginning in 2022, reported data are obtained from the electronic health information system within which vaccinators are obliged to send notifications. Programme indicates that not all reports have been submitted in 2022 and 2023. This may explain reported coverage declines for several vaccines. GoC=R+ D+

2021: Estimate informed by reported data. Estimate challenged by: 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. Estimate challenged by: D-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data. Estimate challenged by: D-

2014: Estimate informed by reported data. Estimate challenged by: 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