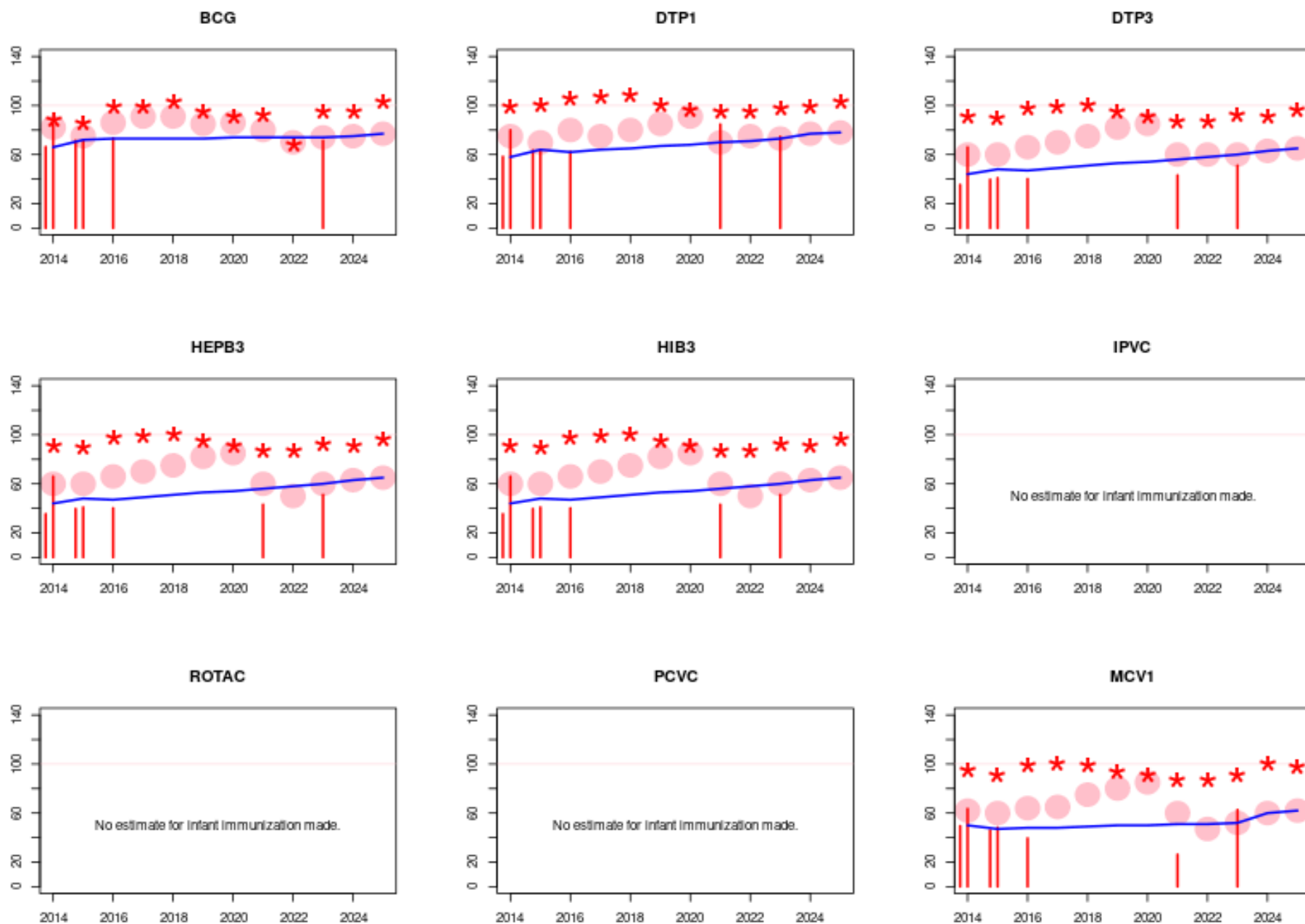




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture. Les estimations se réfèrent aux vaccinations administrées et documentées dans le cadre des services de vaccination de routine aux enfants de moins de 12 mois, ou à l'âge spécifié dans le calendrier vaccinal recommandé. Les vaccinations reçues dans le cadre d'activités de vaccination supplémentaires, telles que les campagnes contre la poliomyélite ou la rougeole, ne sont pas incluses.

Les estimations de l'OMS et de l'UNICEF sont spécifiques à chaque pays ; c'est-à-dire que les données de chaque pays sont examinées individuellement, et aucune donnée n'est empruntée à d'autres pays en l'absence de données. Les estimations ne reposent pas sur des ajustements ponctuels des données rapportées ; dans certains cas, des données empiriques proviennent d'une seule source, généralement les données de couverture déclarées au niveau national. Lorsqu'aucune donnée n'est disponible pour une combinaison donnée de pays/vaccin/année, les données des années précédentes et suivantes sont prises en compte et interpolées pour estimer la couverture des années manquantes. Dans les cas où les sources de données sont variées et présentent de grandes variations, une tentative est faite pour identifier l'estimation la plus probable en tenant compte des biais potentiels dans les données disponibles. Pour les méthodes, voir :

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

SOURCES DE DONNÉES

Couverture ADMINISTRATIVE: Rapportée par les autorités nationales et basée sur des rapports administratifs agrégés provenant des prestataires de services de santé concernant le nombre de vaccinations administrées sur une période donnée (données du numérateur) et les données déclarées sur la population cible (données du dénominateur). Cette couverture peut être biaisée par des inexactitudes dans les données du numérateur et/ou du dénominateur.

Couverture OFFICIELLE: Estimation de la couverture rapportée par les autorités nationales, reflétant leur évaluation de la couverture la plus probable sur la base d'une combinaison de la couverture administrative, des estimations basées sur des enquêtes ou d'autres sources de données ou ajustements. Les approches pour déterminer la couverture OFFICIELLE peuvent varier d'un pays à l'autre.

Couverture par ENQUÊTE: Basée sur des estimations de couverture issues d'enquêtes menées auprès des ménages chez des enfants âgés de 6-11, 12-23 ou 24-35 mois, suivant une revue des méthodes et des résultats de l'enquête. Les informations reposent sur une combinaison de l'historique vaccinal, basé sur des preuves documentées ou le rappel des soignants. Les résultats des enquêtes sont considérés pour la cohorte de naissance appropriée en fonction de la période de collecte des données.

ABRÉVIATIONS ET DÉFINITIONS

BCG: pourcentage des naissances ayant reçu une dose du vaccin Bacillus Calmette-Guérin.

DTP1 (DTC1) / DTP3 (DTC3): pourcentage des nourrissons survivants ayant reçu respectivement la 1re / 3e dose du vaccin contenant l'anatoxine diphtérique et tétanique avec la coqueluche.

IPV1 (VPI1): pourcentage de nourrissons survivants ayant reçu la 1re dose de vaccin antipoliomyélique inactivé (VPI).

IPVC (VPIC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de VPI de la série primaire, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

MCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rougeole. Dans les pays où le calendrier national recommande la 1re dose de MCV à 12 mois ou plus, en fonction de l'épidémiologie de la maladie dans le pays, les estimations de couverture reflètent le pourcentage d'enfants ayant reçu la 1re dose de MCV conformément à la recommandation.

MCV2: pourcentage des enfants ayant reçu la 2e dose de vaccin contenant la rougeole conformément au calendrier vaccinal du pays.

RCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rubéole. Les estimations de couverture sont basées sur les estimations de l'OMS et de l'UNICEF pour la dose de vaccin contenant la rougeole qui correspond à la première combinaison vaccin rougeole-rubéole. La couverture déclarée au niveau national pour le RCV n'est pas prise en compte dans l'élaboration de cette estimation.

HEPBB (VHBN): pourcentage des naissances ayant reçu une dose de vaccin contre l'hépatite B dans les 24 heures suivant l'accouchement. Les estimations de la couverture de la dose à la naissance contre l'hépatite B sont produites uniquement pour les pays ayant une politique universelle de dose à la naissance. Aucune estimation n'est réalisée pour les pays qui recommandent une dose à la naissance uniquement pour les nourrissons nés de mères infectées par le virus de l'hépatite B, ou pour les pays où les informations sont insuffisantes pour déterminer si la vaccination a eu lieu dans les 24 heures suivant la naissance.

HEPB3 (VHB3): pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant l'hépatite B après la dose à la naissance.

HIB3: pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant Haemophilus influenzae de type b.

ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

PCVC (VPCC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de vaccin antipneumococcique conjugué, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

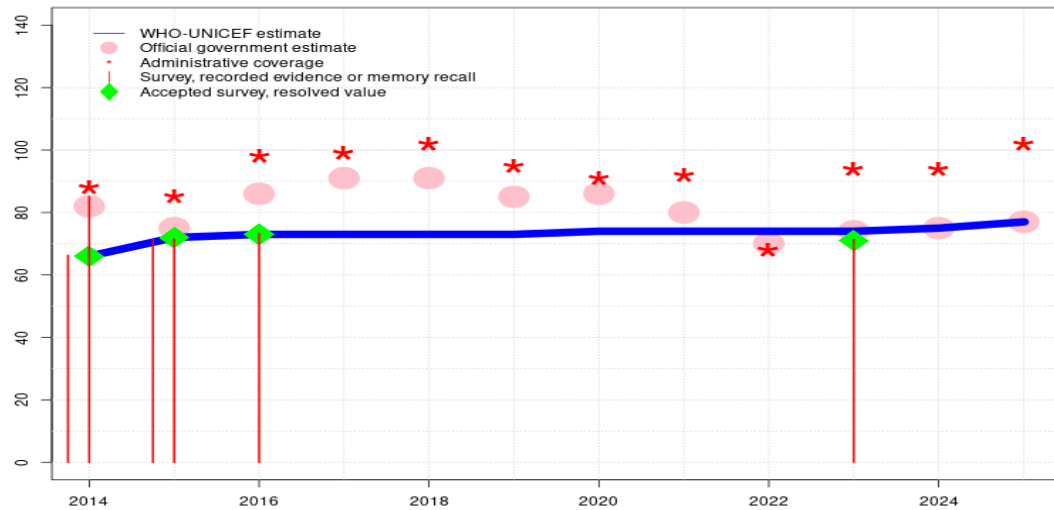
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la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

MENGA: pourcentage des enfants ayant reçu une dose de vaccin conjugué contre le méningocoque A. Les estimations de couverture MENGA sont produites pour les pays situés dans la ceinture de la méningite en Afrique subsaharienne.

Avertissement: Toutes les précautions raisonnables ont été prises par l'Organisation mondiale de la Santé et le Fonds des Nations Unies pour l'enfance pour vérifier les informations contenues dans cette publication. Toutefois, le matériel publié est distribué sans aucune garantie, explicite ou implicite. La responsabilité de l'interprétation et de l'utilisation du matériel incombe au lecteur. En aucun cas, l'Organisation mondiale de la Santé ou le Fonds des Nations Unies pour l'enfance ne sauraient être tenus responsables des dommages résultant de son utilisation.

Guinea - BCG

GIN - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	66	72	73	73	73	73	74	74	74	74	75	77
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	75	86	91	91	85	86	80	70	74	75	77
Administrative	88	85	98	99	102	95	91	92	68	94	94	102
Survey	*	*	73	-	-	-	-	-	-	71	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 71 percent based on 1 survey(s). Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports a three months vaccine stockout at national and sub-national levels. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-
- 2016: Estimate of 73 percent assigned by working group. Estimate based on survey coverage. Programme reports increases of 30 percent or greater in the number of children vaccinated

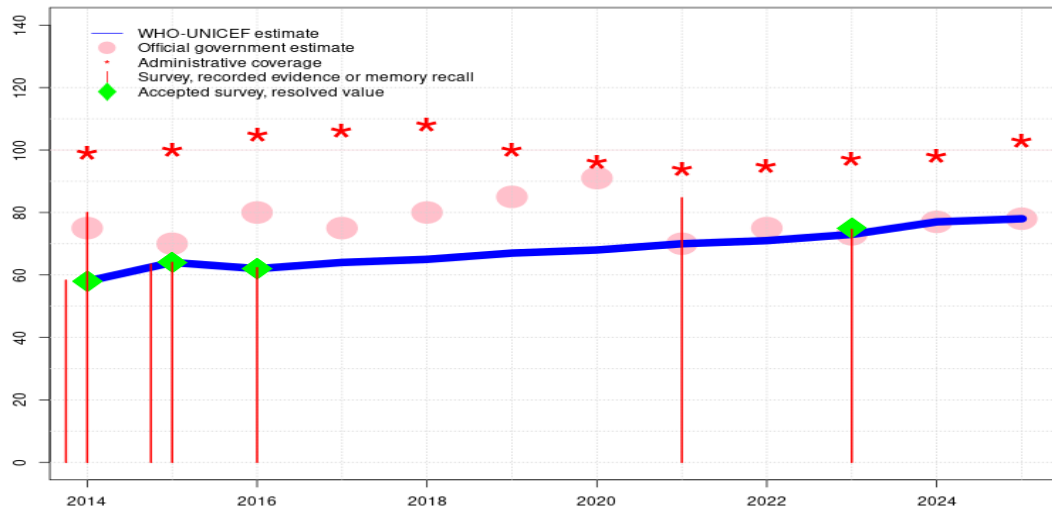
between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

2015: Estimate of 72 percent assigned by working group. Estimate based on survey coverage. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Programme reports two months national level stockout. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 66 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate of 66 percent changed from previous revision value of 75 percent. Estimate challenged by: D-R-

Guinea - DTP1

GIN - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	58	64	62	64	65	67	68	70	71	73	77	78
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	75	70	80	75	80	85	91	70	75	73	77	78
Administrative	99	100	105	106	108	100	96	94	95	97	98	103
Survey	*	*	62	-	-	-	-	85	-	75	-	-

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

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

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

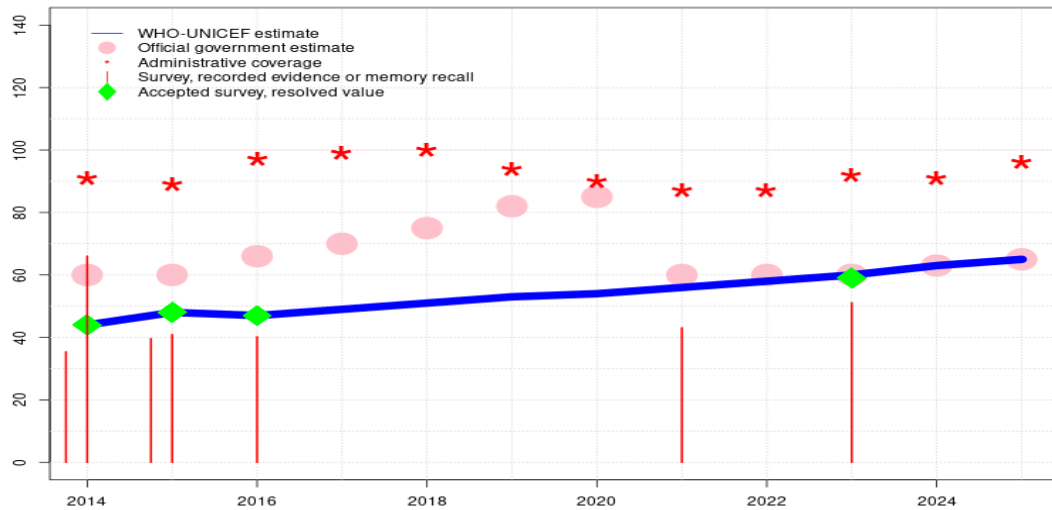
Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports a one month vaccine stockout at national and sub-national levels. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Post-evaluation of vaccination campaign against maternal and neonatal tetanus (NMT) in Guinea results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage

- survey. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 64 percent based on 2 survey(s). Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 58 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate of 58 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

Guinea - DTP3

GIN - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	44	48	47	49	51	53	54	56	58	60	63	65
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	60	60	66	70	75	82	85	60	60	60	63	65
Administrative	91	89	97	99	100	94	90	87	87	92	91	96
Survey	*	*	40	-	-	-	-	43	-	51	-	-

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

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

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

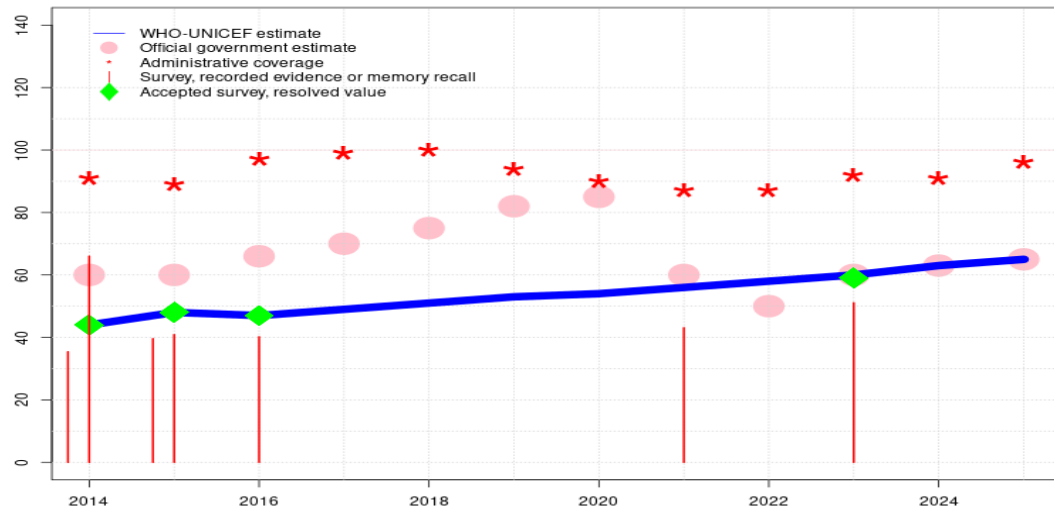
Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 59 percent based on 1 survey(s). Enquête sur l'évaluation de la campagne intégrée MenA-VAR, couplée à l'enquête de couverture vaccinale de routine dans les 8 régions sanitaires en Guinée, 2024 record or recall results of 51 percent modified for recall bias to 59 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 64 percent and 3rd dose record only coverage of 50 percent. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports a one month vaccine stockout at national and sub-national levels. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Post-evaluation of vaccination campaign against maternal and neonatal tetanus (NMT) in Guinea results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Post-evaluation of vaccination campaign against maternal and neonatal tetanus (NMT) in Guinea record or recall results of 43 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 21 percent. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from

- 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-
- 2016: Estimate of 47 percent assigned by working group. Guinea Demographic and Health Survey 2018 record or recall results of 40 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 46 percent and 3rd dose record only coverage of 35 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 48 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 record or recall results of 40 percent modified for recall bias to 45 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 30 percent. Guinea Demographic and Health Survey 2018 record or recall results of 41 percent modified for recall bias to 50 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 33 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 44 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 record or recall results of 35 percent modified for recall bias to 44 percent based on 1st dose record or recall coverage of 58 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 24 percent. Guinea EPI coverage survey 2016 record or recall results of 66 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 80 percent, 1st dose record only coverage of 16 percent and 3rd dose record only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate of 44 percent changed from previous revision value of 52 percent. Estimate challenged by: D-R-

Guinea - HEPB3

GIN - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	44	48	47	49	51	53	54	56	58	60	63	65
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	60	60	66	70	75	82	85	60	50	60	63	65
Administrative	91	89	97	99	100	94	90	87	87	92	91	96
Survey	*	*	40	-	-	-	-	43	-	51	-	-

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

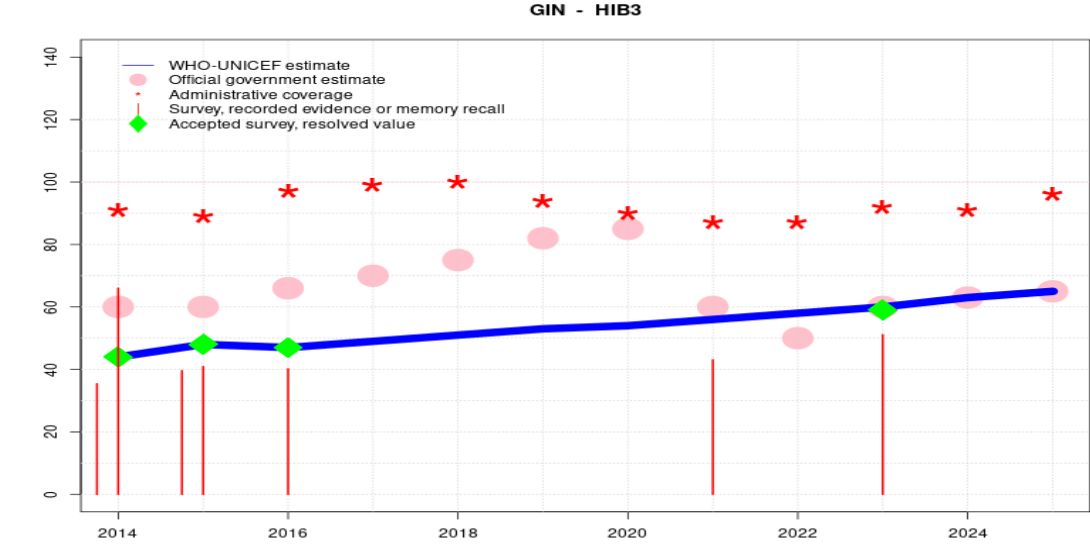
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 59 percent based on 1 survey(s). Enquête sur l'évaluation de la campagne intégrée MenA-VAR, couplée à l'enquête de couverture vaccinale de routine dans les 8 régions sanitaires en Guinée, 2024 record or recall results of 51 percent modified for recall bias to 59 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 64 percent and 3rd dose record only coverage of 50 percent. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports a one month vaccine stockout at national and sub-national levels. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Post-evaluation of vaccination campaign against maternal and neonatal tetanus (NMT) in Guinea results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Post-evaluation of vaccination campaign against maternal and neonatal tetanus (NMT) in Guinea record or recall results of 43 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 21 percent. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from

- 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey. Estimate of 49 percent changed from previous revision value of 47 percent. GoC=Assigned by working group. No accepted empirical data.
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 47 percent based on 1 survey(s). Guinea Demographic and Health Survey 2018 record or recall results of 40 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 46 percent and 3rd dose record only coverage of 35 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 48 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 record or recall results of 40 percent modified for recall bias to 45 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 30 percent. Guinea Demographic and Health Survey 2018 record or recall results of 41 percent modified for recall bias to 50 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 33 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 44 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 record or recall results of 35 percent modified for recall bias to 44 percent based on 1st dose record or recall coverage of 58 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 24 percent. Guinea EPI coverage survey 2016 record or recall results of 66 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 80 percent, 1st dose record only coverage of 16 percent and 3rd dose record only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate of 44 percent changed from previous revision value of 52 percent. Estimate challenged by: D-R-



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	44	48	47	49	51	53	54	56	58	60	63	65
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	60	60	66	70	75	82	85	60	50	60	63	65
Administrative	91	89	97	99	100	94	90	87	87	92	91	96
Survey	*	*	40	-	-	-	-	43	-	51	-	-

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

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

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

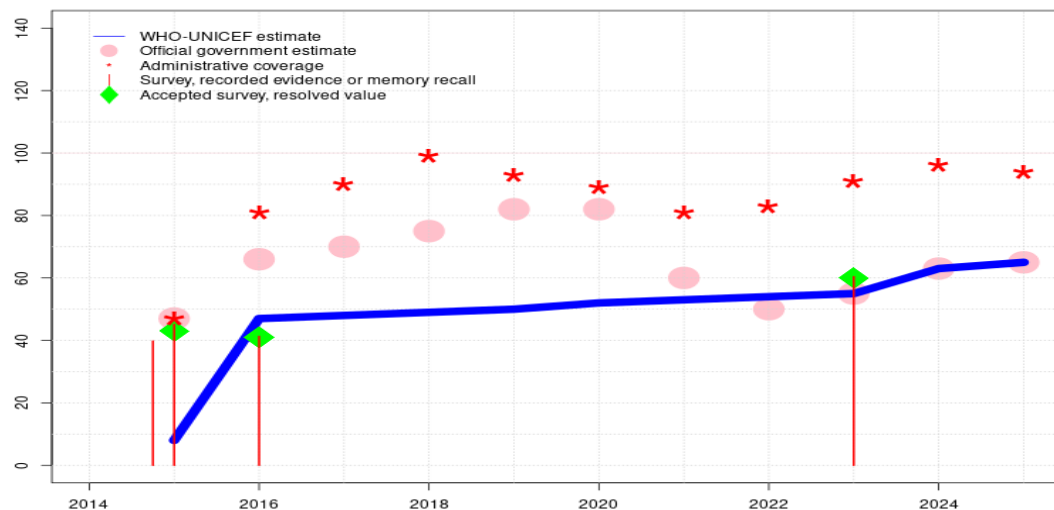
Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey.Survey evidence of 59 percent based on 1 survey(s). Enquête sur l'évaluation de la campagne intégrée MenA-VAR, couplée à l'enquête de couverture vaccinale de routine dans les 8 régions sanitaires en Guinée, 2024 record or recall results of 51 percent modified for recall bias to 59 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 64 percent and 3rd dose record only coverage of 50 percent. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports a one month vaccine stockout at national and sub-national levels. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Post-evaluation of vaccination campaign against maternal and neonatal tetanus (NMT) in Guinea results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Post-evaluation of vaccination campaign against maternal and neonatal tetanus (NMT) in Guinea record or recall results of 43 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 21 percent. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from

- 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey. Estimate of 49 percent changed from previous revision value of 47 percent. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 47 percent based on 1 survey(s). Guinea Demographic and Health Survey 2018 record or recall results of 40 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 46 percent and 3rd dose record only coverage of 35 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 48 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 record or recall results of 40 percent modified for recall bias to 45 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 30 percent. Guinea Demographic and Health Survey 2018 record or recall results of 41 percent modified for recall bias to 50 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 33 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 44 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 record or recall results of 35 percent modified for recall bias to 44 percent based on 1st dose record or recall coverage of 58 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 24 percent. Guinea EPI coverage survey 2016 record or recall results of 66 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 80 percent, 1st dose record only coverage of 16 percent and 3rd dose record only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate of 44 percent changed from previous revision value of 52 percent. Estimate challenged by: D-R-

Guinea - IPV1

GIN - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	8	47	48	49	50	52	53	54	55	63	65
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	47	66	70	75	82	82	60	50	55	63	65
Administrative	-	47	81	90	99	93	89	81	83	91	96	94
Survey	-	*	41	-	-	-	-	-	-	60	-	-

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

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

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

Description:

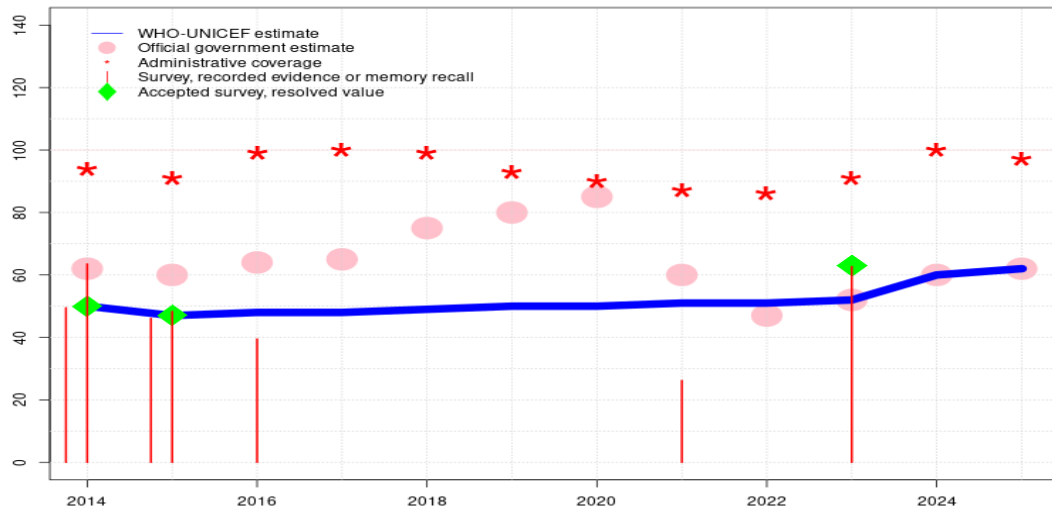
- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 60 percent based on 1 survey(s). Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-
- 2016: Estimate of 47 percent assigned by working group. Estimate informed by estimated DTP3 following introduction. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording

Guinea - IPV1

and reporting. Estimate challenged by: D-R-
2015: Inactivated polio vaccine introduced in November 2015. Programme reports 47 percent coverage achieved among 17 percent of the national target population. Estimate informed by coverage achieved in the total annual national target birth cohort. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: R-S-

Guinea - MCV1

GIN - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	50	47	48	48	49	50	50	51	51	52	60	62
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	62	60	64	65	75	80	85	60	47	52	60	62
Administrative	94	91	99	100	99	93	90	87	86	91	100	97
Survey	*	*	40	-	-	-	-	26	-	63	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate based on reported data supported by survey. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-S-
- 2022: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-S-
- 2021: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. Post-evaluation of vaccination campaign against maternal and neonatal tetanus (NMT) in Guinea results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-S-
- 2020: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-
- 2016: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior

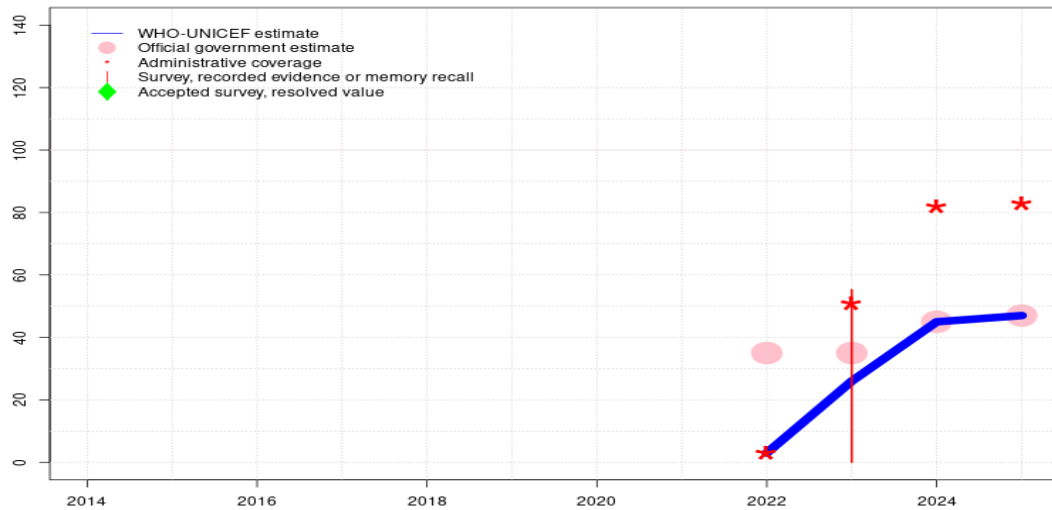
year estimate. Guinea Demographic and Health Survey 2018 results ignored by working group. Survey results for 2016 cohort are inconsistent vis-a-vis levels of coverage from the same survey for 2015 cohort. Estimated survey coverage levels by documented evidence are similar across the 2015 and 2016 cohorts. There is no available evidence of a decline in coverage from 2015 to 2016. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 47 percent based on 2 survey(s). Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 50 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate of 50 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-

Guinea - MCV2

GIN - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	3	26	45	47
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●
Official	-	-	-	-	-	-	-	-	35	35	45	47
Administrative	-	-	-	-	-	-	-	-	3	51	82	83
Survey	-	-	-	-	-	-	-	-	-	55	-	-

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

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

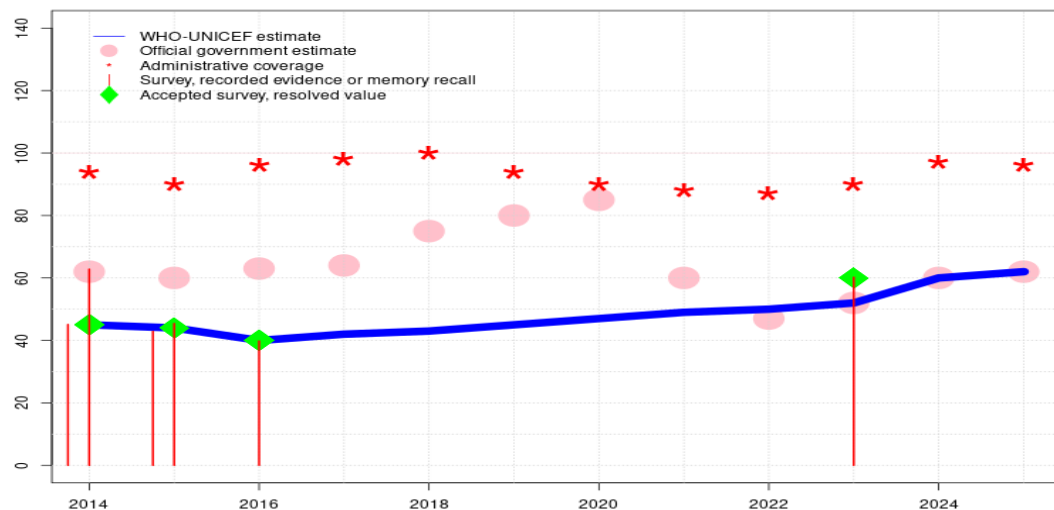
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate is exceptionally informed by the relationship between estimated and reported administrative coverage for MCV1 applied to reported administrative coverage for MCV2 during period of introduction. Enquête sur l'évaluation de la campagne intégrée MenA-VAR, couplée à l'enquête de couverture vaccinale de routine dans les 8 régions sanitaires en Guinée, 2024 results ignored by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-R-
- 2022: Estimate is exceptionally based on reported data during the year of introduction. Vaccine introduced in 2022. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: R-

Guinea - YFV

GIN - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	45	44	40	42	43	45	47	49	50	52	60	62
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	62	60	63	64	75	80	85	60	47	52	60	62
Administrative	94	90	96	98	100	94	90	88	87	90	97	96
Survey	*	*	40	-	-	-	-	-	-	60	-	-

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

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

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

Description:

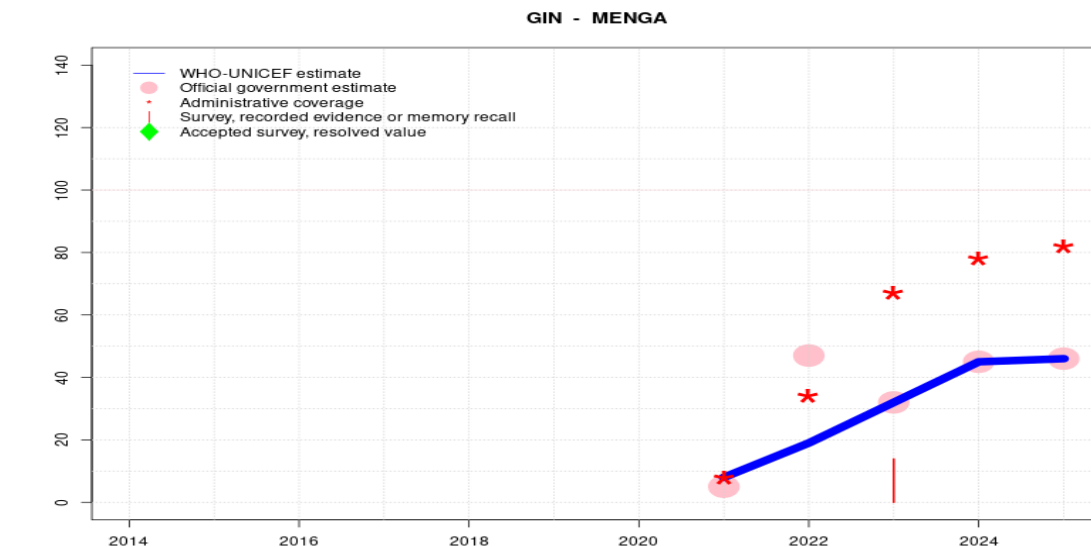
- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data supported by survey. Survey evidence of 60 percent based on 1 survey(s). Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports a four months vaccine stockout at national and sub-national levels. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-S-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 40 percent based on 1 survey(s). Programme reports a vaccine stockout for

one-half month at national level. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 44 percent based on 2 survey(s). Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 45 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate of 45 percent changed from previous revision value of 49 percent. Estimate challenged by: D-R-

Guinea - MENGA



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	8	19	32	45	46
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●
Official	-	-	-	-	-	-	-	5	47	32	45	46
Administrative	-	-	-	-	-	-	-	8	34	67	78	82
Survey	-	-	-	-	-	-	-	-	-	14	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Enquête sur l'évaluation de la campagne intégrée MenA-VAR, couplée à l'enquête de couverture vaccinale de routine dans les 8 régions sanitaires en Guinée, 2024 results ignored by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate challenged by: D-
- 2022: Estimate exceptionally informed by the relationship between estimated and reported administrative coverage for MCV1 applied to reported administrative coverage for MenA during period of introduction. Reported data excluded due to an increase from 5 percent to 47 percent with decrease to 32 percent. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-
- 2021: Meningitis A vaccine introduced in 2021. Estimate is exceptionally informed by reported administrative coverage during introduction. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: R-

Guinea - Survey Details

NOTE A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child’s age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother’s or caregiver’s memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2023 Enquete sur l’evaluation de la campagne integree MenA-VAR, couplee a l’enquete de couverture vaccinale de routine dans les 8 regions sanitaires en Guinee, 2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.3	12-23 m	1664	72
BCG	Record	52.1	12-23 m	1664	72
BCG	Record or Recall	71.4	12-23 m	1664	72
DTP1	Recall	14.6	12-23 m	1664	72
DTP1	Record	63.8	12-23 m	1664	72
DTP1	Record or Recall	74.6	12-23 m	1664	72
DTP3	Recall	1.9	12-23 m	1664	72
DTP3	Record	49.6	12-23 m	1664	72
DTP3	Record or Recall	51.1	12-23 m	1664	72
HEPB1	Recall	14.6	12-23 m	1664	72
HEPB1	Record	63.8	12-23 m	1664	72
HEPB1	Record or Recall	74.6	12-23 m	1664	72
HEPB3	Recall	1.9	12-23 m	1664	72
HEPB3	Record	49.6	12-23 m	1664	72
HEPB3	Record or Recall	51.1	12-23 m	1664	72
HIB1	Recall	14.6	12-23 m	1664	72
HIB1	Record	63.8	12-23 m	1664	72

HIB1	Record or Recall	74.6	12-23 m	1664	72
HIB3	Recall	1.9	12-23 m	1664	72
HIB3	Record	49.6	12-23 m	1664	72
HIB3	Record or Recall	51.1	12-23 m	1664	72
IPV1	Recall	15.1	12-23 m	1664	72
IPV1	Record	45.3	12-23 m	1664	72
IPV1	Record or Recall	60.4	12-23 m	1664	72
MCV1	Recall	16	12-23 m	1664	72
MCV1	Record	46.7	12-23 m	1664	72
MCV1	Record or Recall	62.7	12-23 m	1664	72
MCV2	Recall	5.9	12-23 m	1664	72
MCV2	Record	49.4	12-23 m	1664	72
MCV2	Record or Recall	55.3	12-23 m	1664	72
MENGA	Recall	0	12-23 m	1664	72
MENGA	Record	13.9	12-23 m	1664	72
MENGA	Record or Recall	13.9	12-23 m	1664	72
RCV1	Recall	16	12-23 m	1664	72
RCV1	Record	46.7	12-23 m	1664	72
RCV1	Record or Recall	62.7	12-23 m	1664	72
YFV	Recall	13.5	12-23 m	1664	72
YFV	Record	46.6	12-23 m	1664	72
YFV	Record or Recall	60.2	12-23 m	1664	72

2021 Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	53.3	12-23 m	338	38
DTP1	Record	31.4	12-23 m	338	38
DTP1	Record or Recall	84.7	12-23 m	338	38
DTP3	Recall	21.7	12-23 m	338	38
DTP3	Record	21.4	12-23 m	338	38
DTP3	Record or Recall	43.1	12-23 m	338	38
HEPB1	Recall	53.3	12-23 m	338	38
HEPB1	Record	31.4	12-23 m	338	38
HEPB1	Record or Recall	84.7	12-23 m	338	38
HEPB3	Recall	21.7	12-23 m	338	38
HEPB3	Record	21.4	12-23 m	338	38
HEPB3	Record or Recall	43.1	12-23 m	338	38

Guinea - Survey Details

HIB1	Recall	53.3	12-23 m	338	38
HIB1	Record	31.4	12-23 m	338	38
HIB1	Record or Recall	84.7	12-23 m	338	38
HIB3	Recall	21.7	12-23 m	338	38
HIB3	Record	21.4	12-23 m	338	38
HIB3	Record or Recall	43.1	12-23 m	338	38
MCV1	Recall	10.3	12-23 m	338	38
MCV1	Record	16	12-23 m	338	38
MCV1	Record or Recall	26.2	12-23 m	338	38

2016 Guinée Enquête Démographique et de Santé 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	18.9	12-23 m	498	64
BCG	Record	54.5	12-23 m	886	64
BCG	Record or Recall	73.4	12-23 m	1384	64
BCG	Record or Recall<12m	72.9	12-23 m	1384	64
DTP1	Recall	16.6	12-23 m	498	64
DTP1	Record	45.7	12-23 m	886	64
DTP1	Record or Recall	62.3	12-23 m	1384	64
DTP1	Record or Recall<12m	61.7	12-23 m	1384	64
DTP3	Recall	5.1	12-23 m	498	64
DTP3	Record	35.1	12-23 m	886	64
DTP3	Record or Recall	40.2	12-23 m	1384	64
DTP3	Record or Recall<12m	39.1	12-23 m	1384	64
HEPB1	Recall	16.6	12-23 m	498	64
HEPB1	Record	45.7	12-23 m	886	64
HEPB1	Record or Recall	62.3	12-23 m	1384	64
HEPB1	Record or Recall<12m	61.7	12-23 m	1384	64
HEPB3	Recall	5.1	12-23 m	498	64
HEPB3	Record	35.1	12-23 m	886	64
HEPB3	Record or Recall	40.2	12-23 m	1384	64
HEPB3	Record or Recall<12m	39.1	12-23 m	1384	64
HIB1	Recall	16.6	12-23 m	498	64
HIB1	Record	45.7	12-23 m	886	64
HIB1	Record or Recall	62.3	12-23 m	1384	64
HIB1	Record or Recall<12m	61.7	12-23 m	1384	64
HIB3	Recall	5.1	12-23 m	498	64
HIB3	Record	35.1	12-23 m	886	64

HIB3	Record or Recall	40.2	12-23 m	1384	64
HIB3	Record or Recall<12m	39.1	12-23 m	1384	64
IPV1	Recall	15.1	12-23 m	498	64
IPV1	Record	26.3	12-23 m	886	64
IPV1	Record or Recall	41.3	12-23 m	1384	64
IPV1	Record or Recall<12m	28.9	12-23 m	1384	64
MCV1	Recall	13.1	12-23 m	498	64
MCV1	Record	26.4	12-23 m	886	64
MCV1	Record or Recall	39.5	12-23 m	1384	64
MCV1	Record or Recall<12m	35	12-23 m	1384	64
YFV	Recall	13.6	12-23 m	498	64
YFV	Record	26.2	12-23 m	886	64
YFV	Record or Recall	39.8	12-23 m	1384	64
YFV	Record or Recall<12m	35.2	12-23 m	1384	64

2015 Guinea Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.1	12-23 m	1450	51
BCG	Record	46.4	12-23 m	1450	51
BCG	Record or Recall	71.5	12-23 m	1450	51
BCG	Record or Recall<12m	69.9	12-23 m	1450	51
DTP1	Recall	21.1	12-23 m	1450	51
DTP1	Record	42.3	12-23 m	1450	51
DTP1	Record or Recall	63.4	12-23 m	1450	51
DTP1	Record or Recall<12m	60.3	12-23 m	1450	51
DTP3	Recall	9.4	12-23 m	1450	51
DTP3	Record	30.2	12-23 m	1450	51
DTP3	Record or Recall	39.6	12-23 m	1450	51
DTP3	Record or Recall<12m	34.1	12-23 m	1450	51
HEPB1	Recall	21.1	12-23 m	1450	51
HEPB1	Record	42.3	12-23 m	1450	51
HEPB1	Record or Recall	63.4	12-23 m	1450	51
HEPB1	Record or Recall<12m	60.3	12-23 m	1450	51
HEPB3	Recall	9.4	12-23 m	1450	51
HEPB3	Record	30.2	12-23 m	1450	51
HEPB3	Record or Recall	39.6	12-23 m	1450	51
HEPB3	Record or Recall<12m	34.1	12-23 m	1450	51
HIB1	Recall	21.1	12-23 m	1450	51

Guinea - Survey Details

HIB1	Record	42.3	12-23 m	1450	51
HIB1	Record or Recall	63.4	12-23 m	1450	51
HIB1	Record or Recall<12m	60.3	12-23 m	1450	51
HIB3	Recall	9.4	12-23 m	1450	51
HIB3	Record	30.2	12-23 m	1450	51
HIB3	Record or Recall	39.6	12-23 m	1450	51
HIB3	Record or Recall<12m	34.1	12-23 m	1450	51
IPV1	Recall	23	12-23 m	1450	51
IPV1	Record	16.8	12-23 m	1450	51
IPV1	Record or Recall	39.8	12-23 m	1450	51
IPV1	Record or Recall<12m	23.7	12-23 m	1450	51
MCV1	Recall	23.3	12-23 m	1450	51
MCV1	Record	25	12-23 m	1450	51
MCV1	Record or Recall	48.3	12-23 m	1450	51
MCV1	Record or Recall<12m	33.4	12-23 m	1450	51
YFV	Recall	22.7	12-23 m	1450	51
YFV	Record	20.2	12-23 m	1450	51
YFV	Record or Recall	42.9	12-23 m	1450	51
YFV	Record or Recall<12m	26.5	12-23 m	1450	51

2015 Guinée Enquête Démographique et de Santé 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	24.9	24-35 m	580	-
BCG	Record	46.5	24-35 m	702	-
BCG	Record or Recall	71.4	24-35 m	1282	-
BCG	Record or Recall<12m	68.8	24-35 m	1282	-
DTP1	Recall	22.4	24-35 m	580	-
DTP1	Record	41.6	24-35 m	702	-
DTP1	Record or Recall	64	24-35 m	1282	-
DTP1	Record or Recall<12m	61.3	24-35 m	1282	-
DTP3	Recall	8.4	24-35 m	580	-
DTP3	Record	32.5	24-35 m	702	-
DTP3	Record or Recall	40.9	24-35 m	1282	-
DTP3	Record or Recall<12m	38.8	24-35 m	1282	-
HEPB1	Recall	22.4	24-35 m	580	-
HEPB1	Record	41.6	24-35 m	702	-
HEPB1	Record or Recall	64	24-35 m	1282	-
HEPB1	Record or Recall<12m	61.3	24-35 m	1282	-

HEPB3	Recall	8.4	24-35 m	580	-
HEPB3	Record	32.5	24-35 m	702	-
HEPB3	Record or Recall	40.9	24-35 m	1282	-
HEPB3	Record or Recall<12m	38.8	24-35 m	1282	-
HIB1	Recall	22.4	24-35 m	580	-
HIB1	Record	41.6	24-35 m	702	-
HIB1	Record or Recall	64	24-35 m	1282	-
HIB1	Record or Recall<12m	61.3	24-35 m	1282	-
HIB3	Recall	8.4	24-35 m	580	-
HIB3	Record	32.5	24-35 m	702	-
HIB3	Record or Recall	40.9	24-35 m	1282	-
HIB3	Record or Recall<12m	38.8	24-35 m	1282	-
IPV1	Recall	20.8	24-35 m	580	-
IPV1	Record	24.4	24-35 m	702	-
IPV1	Record or Recall	45.1	24-35 m	1282	-
IPV1	Record or Recall<12m	40.5	24-35 m	1282	-
MCV1	Recall	19.1	24-35 m	580	-
MCV1	Record	27	24-35 m	702	-
MCV1	Record or Recall	46.1	24-35 m	1282	-
MCV1	Record or Recall<12m	37.8	24-35 m	1282	-
YFV	Recall	18.9	24-35 m	580	-
YFV	Record	26.4	24-35 m	702	-
YFV	Record or Recall	45.4	24-35 m	1282	-
YFV	Record or Recall<12m	37.8	24-35 m	1282	-

2014 Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	19.2	12-23 m	7962	17
BCG	Record or Recall	85.1	12-23 m	7962	17
DTP1	Record	15.7	12-23 m	7962	17
DTP1	Record or Recall	80	12-23 m	7962	17
DTP3	Record	10.9	12-23 m	7962	17
DTP3	Record or Recall	66	12-23 m	7962	17
HEPB1	Record	15.7	12-23 m	7962	17
HEPB1	Record or Recall	80	12-23 m	7962	17
HEPB3	Record	10.9	12-23 m	7962	17
HEPB3	Record or Recall	66	12-23 m	7962	17

Guinea - Survey Details

HIB1	Record	15.7	12-23 m	7962	17
HIB1	Record or Recall	80	12-23 m	7962	17
HIB3	Record	10.9	12-23 m	7962	17
HIB3	Record or Recall	66	12-23 m	7962	17
MCV1	Record	13.8	12-23 m	7962	17
MCV1	Record or Recall	63.5	12-23 m	7962	17
YFV	Record	8.7	12-23 m	7962	17
YFV	Record or Recall	62.8	12-23 m	7962	17

HIB3	Record or Recall<12m	28	24-35 m	1384	-
MCV1	Recall	30.4	24-35 m	1384	-
MCV1	Record	19.1	24-35 m	1384	-
MCV1	Record or Recall	49.5	24-35 m	1384	-
MCV1	Record or Recall<12m	30.6	24-35 m	1384	-
YFV	Recall	29.2	24-35 m	1384	-
YFV	Record	15.8	24-35 m	1384	-
YFV	Record or Recall	45.1	24-35 m	1384	-
YFV	Record or Recall<12m	22.9	24-35 m	1384	-

2014 Guinea Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	31.7	24-35 m	1384	-
BCG	Record	34.5	24-35 m	1384	-
BCG	Record or Recall	66.3	24-35 m	1384	-
BCG	Record or Recall<12m	65.2	24-35 m	1384	-
DTP1	Recall	26.7	24-35 m	1384	-
DTP1	Record	31.6	24-35 m	1384	-
DTP1	Record or Recall	58.3	24-35 m	1384	-
DTP1	Record or Recall<12m	54.7	24-35 m	1384	-
DTP3	Recall	11.6	24-35 m	1384	-
DTP3	Record	23.8	24-35 m	1384	-
DTP3	Record or Recall	35.4	24-35 m	1384	-
DTP3	Record or Recall<12m	28	24-35 m	1384	-
HEPB1	Recall	26.7	24-35 m	1384	-
HEPB1	Record	31.6	24-35 m	1384	-
HEPB1	Record or Recall	58.3	24-35 m	1384	-
HEPB1	Record or Recall<12m	54.7	24-35 m	1384	-
HEPB3	Recall	11.6	24-35 m	1384	-
HEPB3	Record	23.8	24-35 m	1384	-
HEPB3	Record or Recall	35.4	24-35 m	1384	-
HEPB3	Record or Recall<12m	28	24-35 m	1384	-
HIB1	Recall	26.7	24-35 m	1384	-
HIB1	Record	31.6	24-35 m	1384	-
HIB1	Record or Recall	58.3	24-35 m	1384	-
HIB1	Record or Recall<12m	54.7	24-35 m	1384	-
HIB3	Recall	11.6	24-35 m	1384	-
HIB3	Record	23.8	24-35 m	1384	-
HIB3	Record or Recall	35.4	24-35 m	1384	-

2011 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	39.1	12-23 m	726	44
BCG	Record	43.3	12-23 m	570	44
BCG	Record or Recall	82.4	12-23 m	1296	44
BCG	Record or Recall<12m	81.6	12-23 m	1296	44
DTP1	Recall	35.8	12-23 m	726	44
DTP1	Record	40.1	12-23 m	570	44
DTP1	Record or Recall	75.9	12-23 m	1296	44
DTP1	Record or Recall<12m	75.1	12-23 m	1296	44
DTP3	Recall	17.1	12-23 m	726	44
DTP3	Record	32.7	12-23 m	570	44
DTP3	Record or Recall	49.8	12-23 m	1296	44
DTP3	Record or Recall<12m	47.2	12-23 m	1296	44
HEPB1	Recall	35.8	12-23 m	726	44
HEPB1	Record	40.1	12-23 m	570	44
HEPB1	Record or Recall	75.9	12-23 m	1296	44
HEPB1	Record or Recall<12m	75.1	12-23 m	1296	44
HEPB3	Recall	17.1	12-23 m	726	44
HEPB3	Record	32.7	12-23 m	570	44
HEPB3	Record or Recall	49.8	12-23 m	1296	44
HEPB3	Record or Recall<12m	47.2	12-23 m	1296	44
HIB1	Recall	35.8	12-23 m	726	44
HIB1	Record	40.1	12-23 m	570	44
HIB1	Record or Recall	75.9	12-23 m	1296	44
HIB1	Record or Recall<12m	75.1	12-23 m	1296	44
HIB3	Recall	17.1	12-23 m	726	44

Guinea - Survey Details

HIB3	Record	32.7	12-23 m	570	44
HIB3	Record or Recall	49.8	12-23 m	1296	44
HIB3	Record or Recall<12m	47.2	12-23 m	1296	44
MCV1	Recall	29.7	12-23 m	726	44
MCV1	Record	32.1	12-23 m	570	44
MCV1	Record or Recall	61.8	12-23 m	1296	44
MCV1	Record or Recall<12m	50	12-23 m	1296	44
YFV	Recall	26.5	12-23 m	726	44
YFV	Record	11	12-23 m	570	44
YFV	Record or Recall	37.5	12-23 m	1296	44
YFV	Record or Recall<12m	30.8	12-23 m	1296	44

2010 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	82.1	24-35 m	1192	-
DTP1	Record or Recall<12m	74	24-35 m	1192	-
DTP3	Record or Recall<12m	48.4	24-35 m	1192	-
HEPB1	Record or Recall<12m	74	24-35 m	1192	-
HEPB3	Record or Recall<12m	48.4	24-35 m	1192	-
HIB1	Record or Recall<12m	74	24-35 m	1192	-
HIB3	Record or Recall<12m	48.4	24-35 m	1192	-
MCV1	Record or Recall<12m	54.2	24-35 m	1192	-
YFV	Record or Recall<12m	29.1	24-35 m	1192	-

2010 Revue externe du programme elargi de vaccination de la Guinée, 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	91	12-23 m	8418	75
BCG	Record or Recall	96	12-23 m	8418	75
DTP1	Record	63	12-23 m	8418	75
DTP1	Record or Recall	86	12-23 m	8418	75
DTP3	Record	47	12-23 m	8418	75
DTP3	Record or Recall	68	12-23 m	8418	75
HEPB1	Record	63	12-23 m	8418	75
HEPB1	Record or Recall	86	12-23 m	8418	75

HEPB3	Record	47	12-23 m	8418	75
HEPB3	Record or Recall	68	12-23 m	8418	75
HIB1	Record	63	12-23 m	8418	75
HIB1	Record or Recall	86	12-23 m	8418	75
HIB3	Record	47	12-23 m	8418	75
HIB3	Record or Recall	68	12-23 m	8418	75
MCV1	Record	40	12-23 m	8418	75
MCV1	Record or Recall	58	12-23 m	8418	75
YFV	Record	39	12-23 m	8418	75
YFV	Record or Recall	56	12-23 m	8418	75

2009 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	83.7	36-47 m	1253	-
DTP1	Record or Recall<12m	76.1	36-47 m	1253	-
DTP3	Record or Recall<12m	44.4	36-47 m	1253	-
HEPB1	Record or Recall<12m	76.1	36-47 m	1253	-
HEPB3	Record or Recall<12m	44.4	36-47 m	1253	-
HIB1	Record or Recall<12m	76.1	36-47 m	1253	-
HIB3	Record or Recall<12m	44.4	36-47 m	1253	-
MCV1	Record or Recall<12m	52.9	36-47 m	1253	-
YFV	Record or Recall<12m	38.6	36-47 m	1253	-

2008 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	81.7	48-59 m	1252	-
DTP1	Record or Recall<12m	75.7	48-59 m	1252	-
DTP3	Record or Recall<12m	45.1	48-59 m	1252	-
HEPB1	Record or Recall<12m	75.7	48-59 m	1252	-
HEPB3	Record or Recall<12m	45.1	48-59 m	1252	-
HIB1	Record or Recall<12m	75.7	48-59 m	1252	-
HIB3	Record or Recall<12m	45.1	48-59 m	1252	-
MCV1	Record or Recall<12m	51.9	48-59 m	1252	-

Guinea - Survey Details

YFV	Record or Recall<12m	31.1	48-59 m	1252	-
-----	----------------------	------	---------	------	---

2006 Republique de Guinée, Enquête nationale sur l'état nutritionnel et le suivi des principaux indicateurs de survie de l'enfant, Rapport provisoire 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.9	12-23 m	2474	52
BCG	Record	50.4	12-23 m	2474	52
BCG	Record or Recall	81.3	12-23 m	2474	52
BCG	Record or Recall<12m	81.3	12-23 m	2474	52
DTP1	Recall	28.1	12-23 m	2474	52
DTP1	Record	46.6	12-23 m	2474	52
DTP1	Record or Recall	74.7	12-23 m	2474	52
DTP1	Record or Recall<12m	66.2	12-23 m	2474	52
DTP3	Recall	14.4	12-23 m	2474	52
DTP3	Record	36.2	12-23 m	2474	52
DTP3	Record or Recall	50.6	12-23 m	2474	52
DTP3	Record or Recall<12m	43.1	12-23 m	2474	52
HEPB1	Recall	11.7	12-23 m	2474	52
HEPB1	Record	20.3	12-23 m	2474	52
HEPB1	Record or Recall	31.9	12-23 m	2474	52
HEPB1	Record or Recall<12m	20.3	12-23 m	2474	52
HEPB3	Recall	5.5	12-23 m	2474	52
HEPB3	Record	11.1	12-23 m	2474	52
HEPB3	Record or Recall	16.6	12-23 m	2474	52
HEPB3	Record or Recall<12m	11.1	12-23 m	2474	52
MCV1	Recall	19.4	12-23 m	2474	52
MCV1	Record	31.9	12-23 m	2474	52
MCV1	Record or Recall	51.3	12-23 m	2474	52
MCV1	Record or Recall<12m	37.1	12-23 m	2474	52
YFV	Recall	14.3	12-23 m	2474	52
YFV	Record	24.1	12-23 m	2474	52
YFV	Record or Recall	38.4	12-23 m	2474	52
YFV	Record or Recall<12m	24.1	12-23 m	2474	52

2004 Enquête Démographique et de Santé, Guinée, 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	27.2	12-23 m	1118	54
BCG	Record	52.2	12-23 m	1118	54
BCG	Record or Recall	79.4	12-23 m	1118	54
BCG	Record or Recall<12m	79.4	12-23 m	1118	54
DTP1	Recall	26.5	12-23 m	1118	54
DTP1	Record	50.8	12-23 m	1118	54
DTP1	Record or Recall	77.2	12-23 m	1118	54
DTP1	Record or Recall<12m	76.8	12-23 m	1118	54
DTP3	Recall	10.9	12-23 m	1118	54
DTP3	Record	40.3	12-23 m	1118	54
DTP3	Record or Recall	51.1	12-23 m	1118	54
DTP3	Record or Recall<12m	48.9	12-23 m	1118	54
MCV1	Recall	16.1	12-23 m	1118	54
MCV1	Record	34.1	12-23 m	1118	54
MCV1	Record or Recall	50.2	12-23 m	1118	54
MCV1	Record or Recall<12m	43.1	12-23 m	1118	54
YFV	Recall	12.4	12-23 m	1118	54
YFV	Record	26.8	12-23 m	1118	54
YFV	Record or Recall	39.2	12-23 m	1118	54
YFV	Record or Recall<12m	33.1	12-23 m	1118	54

2002 Guinea MICS 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	88.3	12-23 m	-	53
DTP1	Record or Recall	79.8	12-23 m	-	53
DTP3	Record or Recall	54.7	12-23 m	-	53
MCV1	Record or Recall	65.9	12-23 m	-	53

1999 Revue du Programme Elargi de Vaccination, Guinea 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	82	12-23 m	707	-
DTP1	Record or Recall	57	12-23 m	707	-
DTP3	Record or Recall	43	12-23 m	707	-

MCV1	Record or Recall	40	12-23 m	707	-
------	------------------	----	---------	-----	---

1998 Enquête Démographique et de Santé Guinée 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.2	12-23 m	921	47
BCG	Record	45.6	12-23 m	921	47
BCG	Record or Recall	75.8	12-23 m	921	47
BCG	Record or Recall<12m	75.5	12-23 m	921	47
DTP1	Recall	27.6	12-23 m	921	47
DTP1	Record	44.3	12-23 m	921	47
DTP1	Record or Recall	71.9	12-23 m	921	47
DTP1	Record or Recall<12m	71	12-23 m	921	47
DTP3	Recall	11.4	12-23 m	921	47
DTP3	Record	34.7	12-23 m	921	47
DTP3	Record or Recall	46.2	12-23 m	921	47
DTP3	Record or Recall<12m	43.2	12-23 m	921	47

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

MCV1	Recall	19.9	12-23 m	921	47
MCV1	Record	32.1	12-23 m	921	47
MCV1	Record or Recall	52.1	12-23 m	921	47
MCV1	Record or Recall<12m	44.2	12-23 m	921	47
YFV	Recall	4.2	12-23 m	921	47
YFV	Record	3.7	12-23 m	921	47
YFV	Record or Recall	7.9	12-23 m	921	47
YFV	Record or Recall<12m	6.6	12-23 m	921	47

1997 Enquête Démographique et de Santé Guinée 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	73.7	24-35 m	985	-
DTP1	Record or Recall<12m	66.7	24-35 m	985	-
DTP3	Record or Recall<12m	39.3	24-35 m	985	-
MCV1	Record or Recall<12m	39.4	24-35 m	985	-