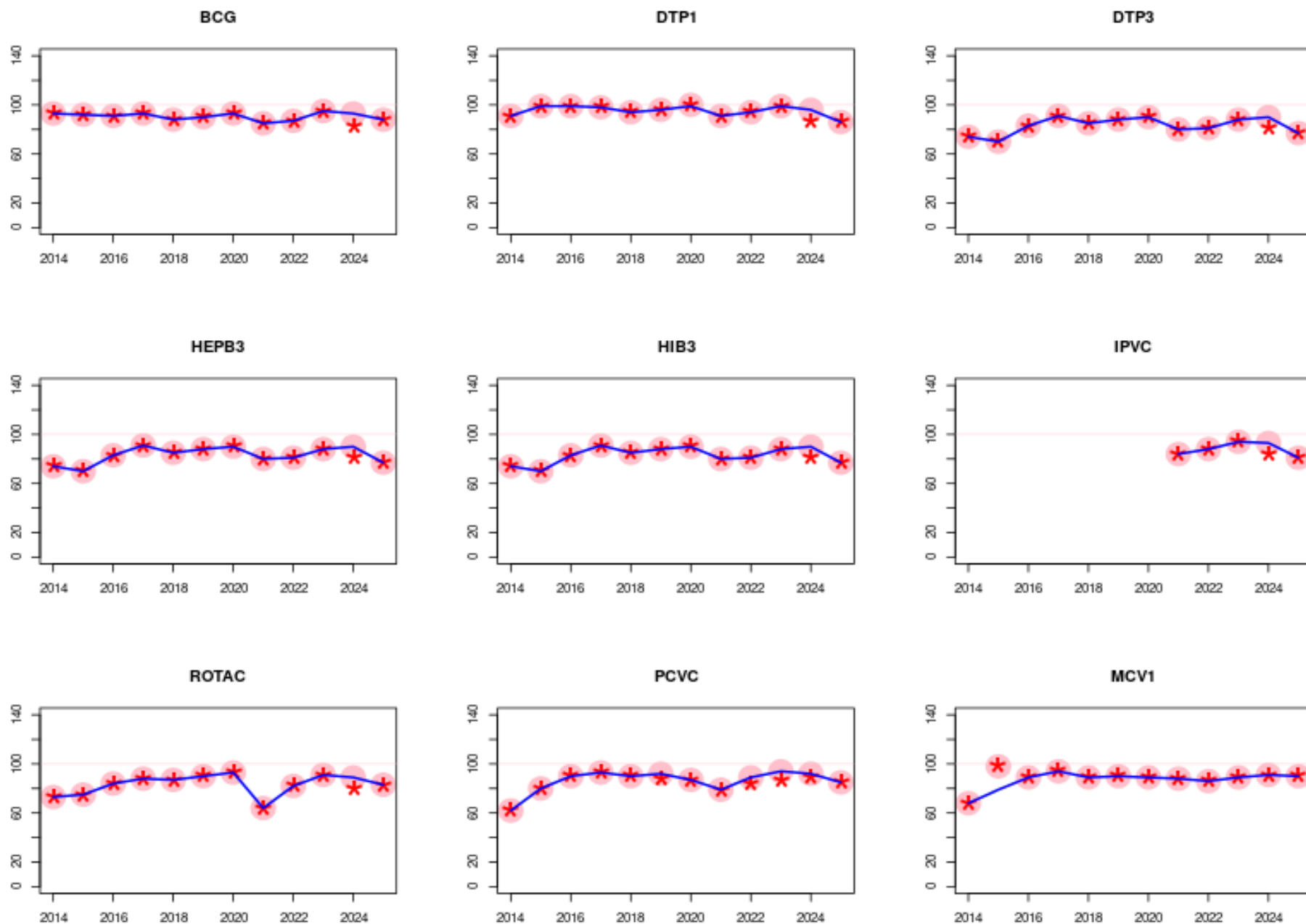




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

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

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

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

FUENTES DE DATOS

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

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

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

ABREVIATURAS Y DEFINICIONES

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

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

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

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

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

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

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

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

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

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

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

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

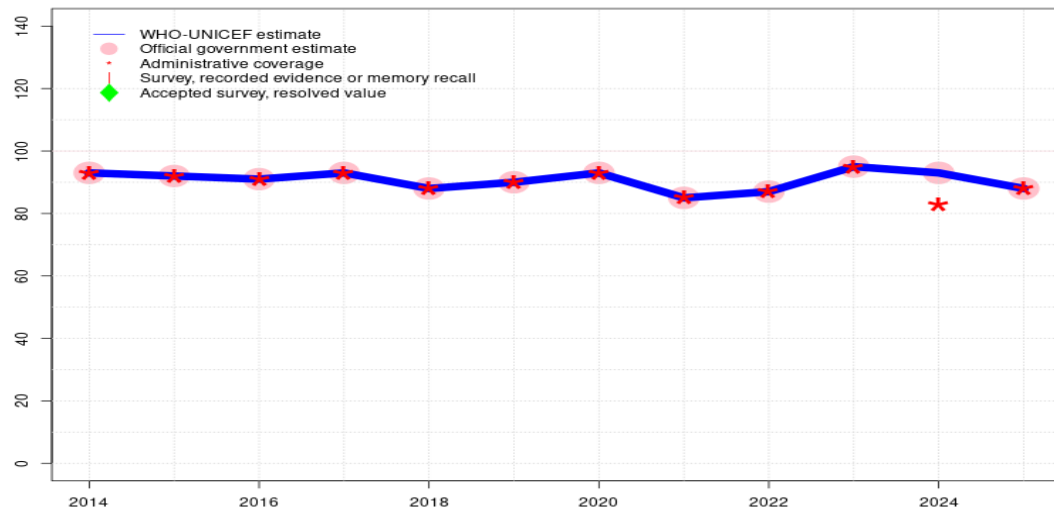
YFV (del inglés yellow fever vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones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

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

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Guatemala - BCG

GTM - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	92	91	93	88	90	93	85	87	95	93	88
Estimate GoC	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	93	92	91	93	88	90	93	85	87	95	93	88
Administrative	93	92	91	93	88	90	93	85	87	95	83	88
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

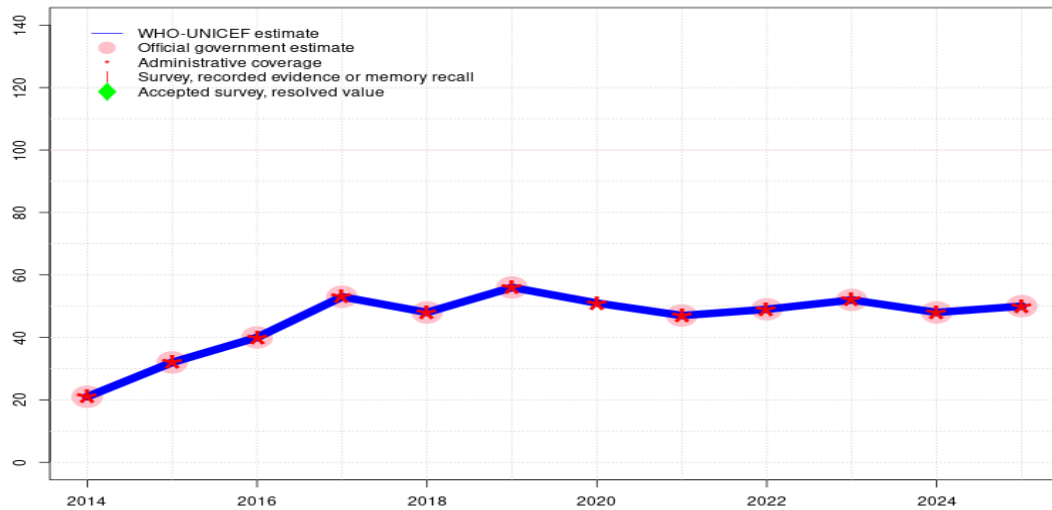
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 93 percent changed from previous revision value of 83 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports one month stockout. Reported data are provisional. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports five month stockout of BCG vaccine at national level. GoC=R+ S+ D+

Guatemala - HEPBB

GTM - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	21	32	40	53	48	56	51	47	49	52	48	50
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	21	32	40	53	48	56	-	47	49	52	48	50
Administrative	21	32	40	53	48	56	51	47	49	52	48	50
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

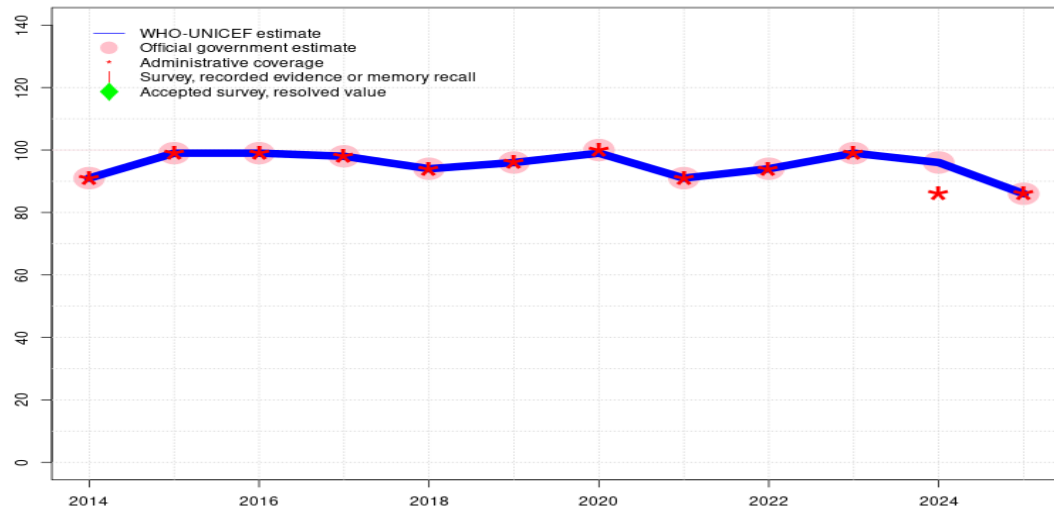
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. Programme reports a two months stockout of AD syringes at the national level. Programme reports a one month vaccine stockout at national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. GoC=R+ D+

Guatemala - DTP1

GTM - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	99	99	98	94	96	99	91	94	99	96	86
Estimate GoC	●●●	●●●	●●	●	●●	●●	●●	●●	●●	●	●	●
Official	91	99	99	98	94	96	100	91	94	99	96	86
Administrative	91	99	99	98	94	96	100	91	94	99	86	86
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

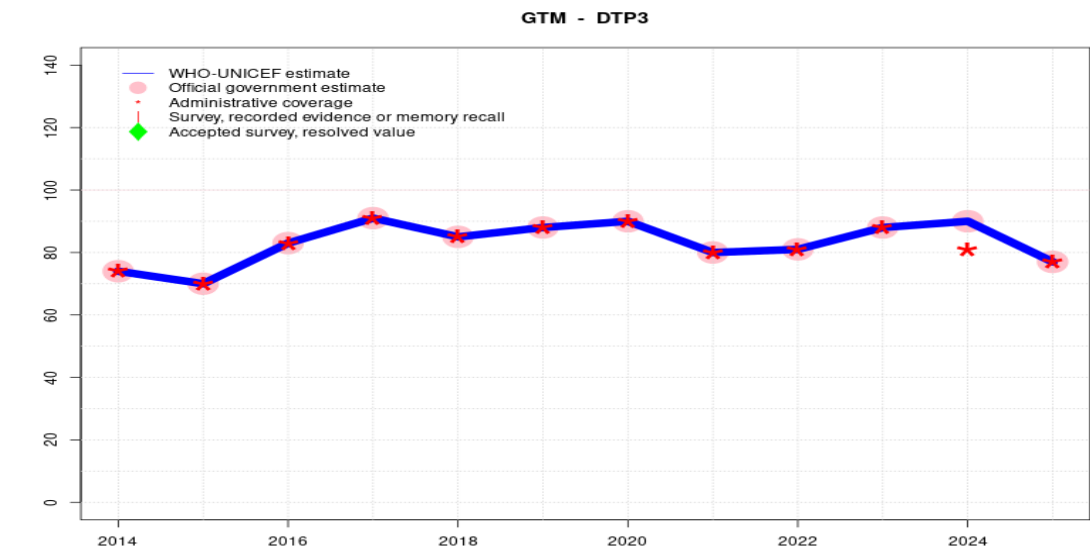
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 96 percent changed from previous revision value of 86 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months vaccine stockout. Reported data are provisional and suggest recovery from the stockout during 2014. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports nine months vaccine stockout of DTP containing vaccine at national level. GoC=R+ S+ D+

Guatemala - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	74	70	83	91	85	88	90	80	81	88	90	77
Estimate GoC	•	•	••	••	••	••	••	••	••	••	•	•
Official	74	70	83	91	85	88	90	80	81	88	90	77
Administrative	74	70	83	91	85	88	90	80	81	88	81	77
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

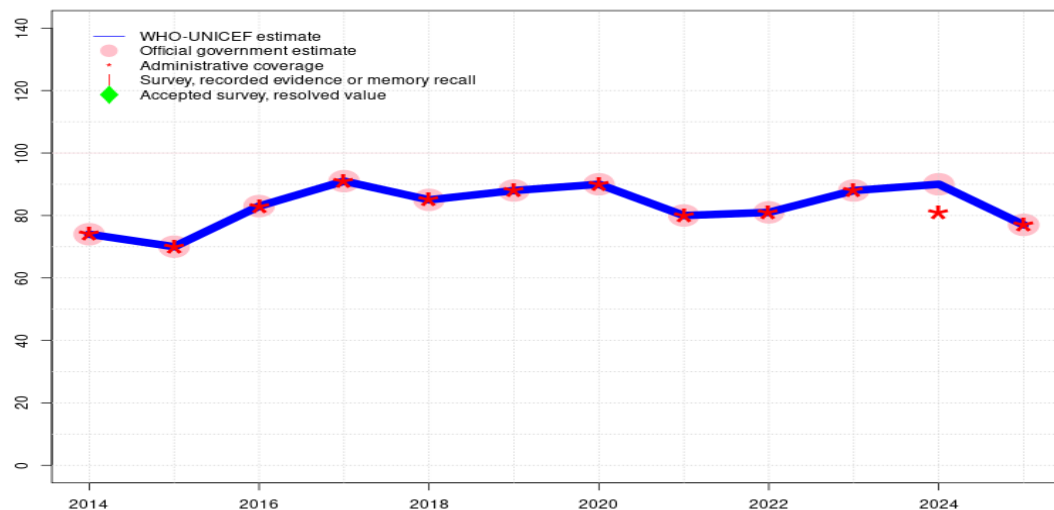
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 90 percent changed from previous revision value of 81 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months vaccine stockout. Reported data are provisional. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports nine months vaccine stockout of DTP containing vaccine at national level. Estimate challenged by: S-

Guatemala - HEPB3

GTM - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	74	70	83	91	85	88	90	80	81	88	90	77
Estimate GoC	•	•	••	••	••	••	••	••	••	••	•	•
Official	74	70	83	91	85	88	90	80	81	88	90	77
Administrative	74	70	83	91	85	88	90	80	81	88	81	77
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

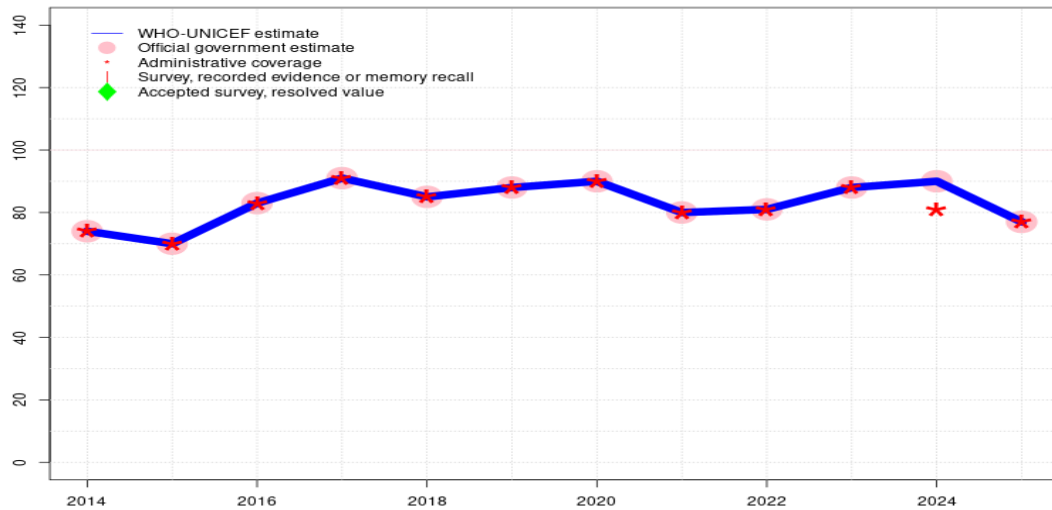
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 90 percent changed from previous revision value of 81 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months stockout. Reported data are provisional. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports nine months stockout of DTP containing vaccine at national level. Estimate challenged by: S-

Guatemala - HIB3

GTM - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	74	70	83	91	85	88	90	80	81	88	90	77
Estimate GoC	•	•	••	••	••	••	••	••	••	••	•	•
Official	74	70	83	91	85	88	90	80	81	88	90	77
Administrative	74	70	83	91	85	88	90	80	81	88	81	77
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

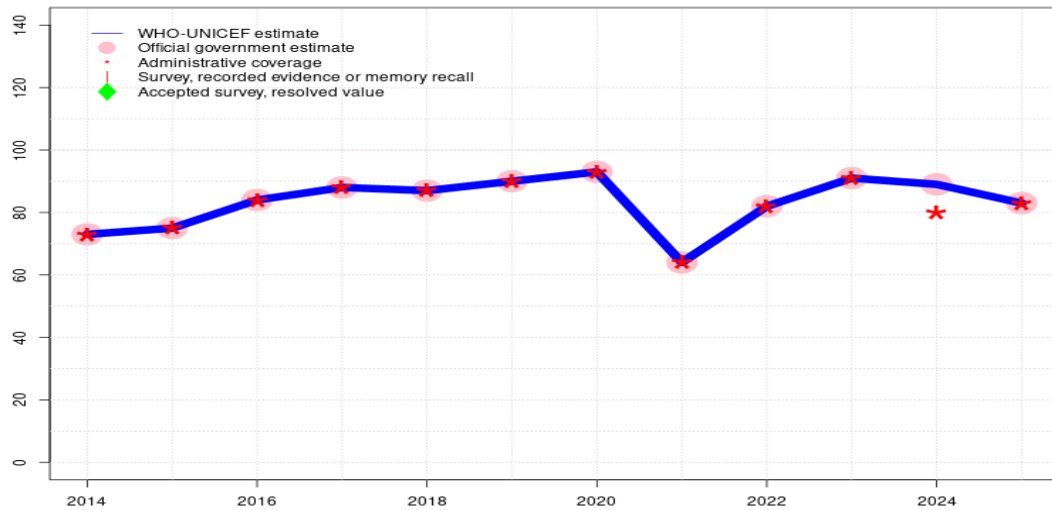
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 90 percent changed from previous revision value of 81 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months stockout. Reported data are provisional. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports nine months stockout of DTP containing vaccine at national level. Estimate challenged by: S-

Guatemala - ROTAC

GTM - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	73	75	84	88	87	90	93	64	82	91	89	83
Estimate GoC	•	•••	••	••	••	••	••	••	••	••	•	•
Official	73	75	84	88	87	90	93	64	82	91	89	83
Administrative	73	75	84	88	87	90	93	64	82	91	80	83
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

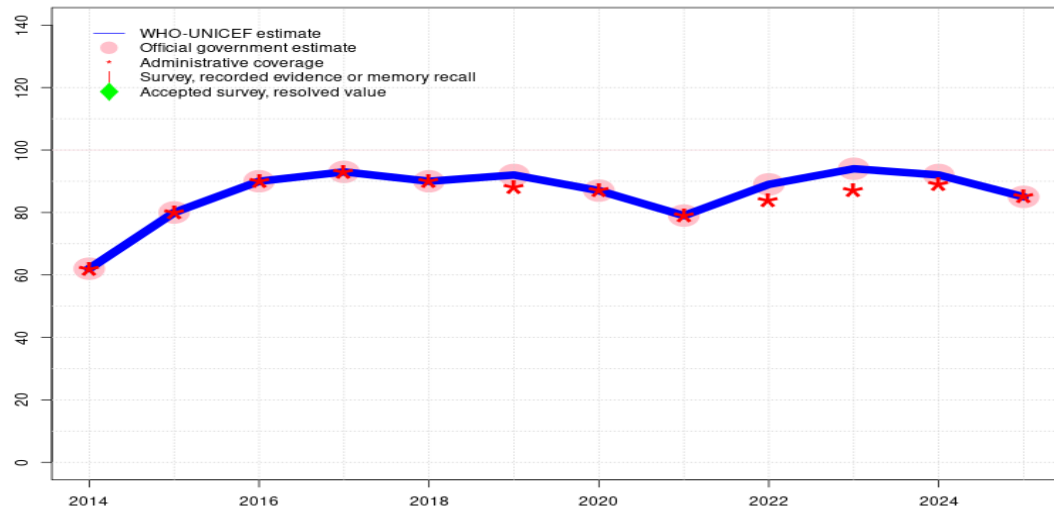
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 89 percent changed from previous revision value of 80 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Reported data suggests increase in coverage despite report of one month national level stockout. Reported data are provisional. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports three and a half month stockout of rotavirus vaccine at national level. Estimate challenged by: S-

Guatemala - PCVC

GTM - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	62	80	90	93	90	92	87	79	89	94	92	85
Estimate GoC	••	••	••	••	••	••	••	••	•	•	•	•
Official	62	80	90	93	90	92	87	79	89	94	92	85
Administrative	62	80	90	93	90	88	87	79	84	87	89	85
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

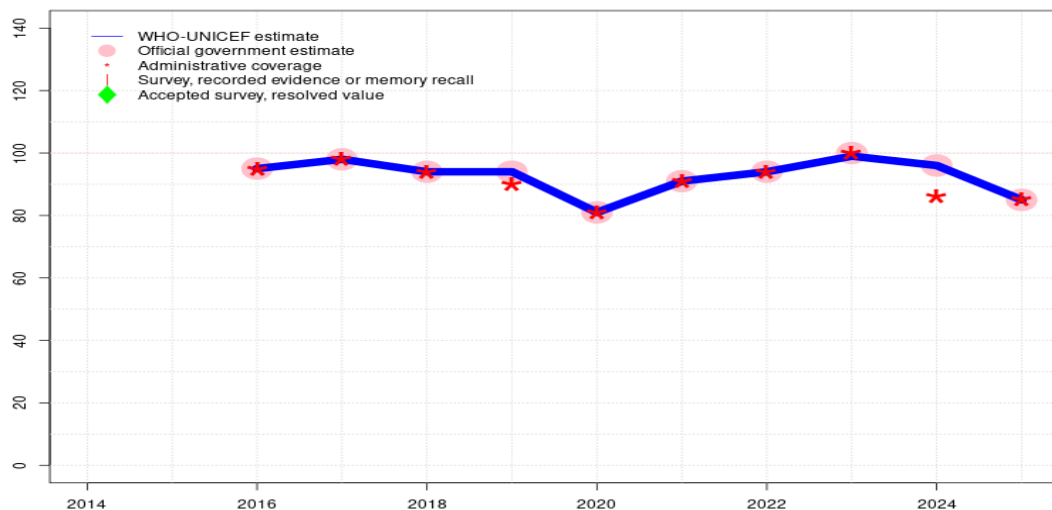
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Vaccine administered at 2, 4 and 12 months with the dose at 12 months considered a booster. From 2025, reported data reflects coverage for the 2nd dose of PCV. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 92 percent changed from previous revision value of 89 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate of 94 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. Estimate of 89 percent changed from previous revision value of 84 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. Programme reports a two months vaccine stockout at national level. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate of 92 percent changed from previous revision value of 88 percent. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months stockout. Reported data are provisional. GoC=R+ D+
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports five months stockout of PcV vaccine at national level. GoC=R+ D+

Guatemala - IPV1

GTM - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	95	98	94	94	81	91	94	99	96	85
Estimate GoC	-	-	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	-	-	95	98	94	94	81	91	94	100	96	85
Administrative	-	-	95	98	94	90	81	91	94	100	86	85
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

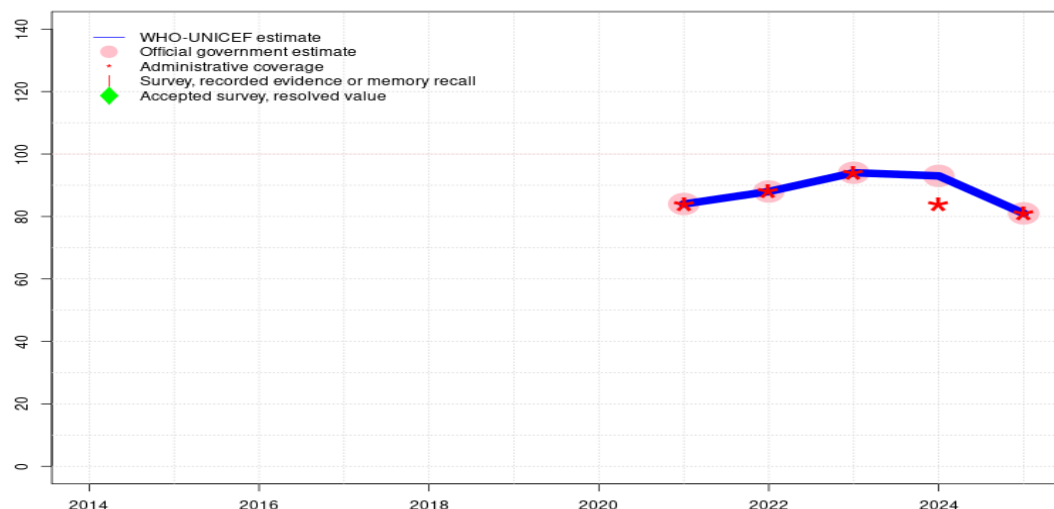
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Programme reported 1 month vaccine stock-out at the national and subnational levels. Monovalent IPV administered nationwide from January to September 2025. Progressive transition to hexavalent vaccine started in October 2025. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 96 percent changed from previous revision value of 86 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 90 percent. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Inactivated polio vaccine introduced in January 2016. GoC=R+ D+

Guatemala - IPV

GTM - IPV



Description:

- 2025: Estimate informed by reported data. Programme reported 1 month vaccine stock-out at the national and subnational levels. Monovalent IPV administered nationwide from January to September 2025. Progressive transition to hexavalent vaccine started in October 2025. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 93 percent changed from previous revision value of 84 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. Second dose of inactivated polio vaccine introduced prior to 2021. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	84	88	94	93	81
Estimate GoC	-	-	-	-	-	-	-	••	••	••	•	•
Official	-	-	-	-	-	-	-	84	88	94	93	81
Administrative	-	-	-	-	-	-	-	84	88	94	84	81
Survey	-	-	-	-	-	-	-	-	-	-	-	-

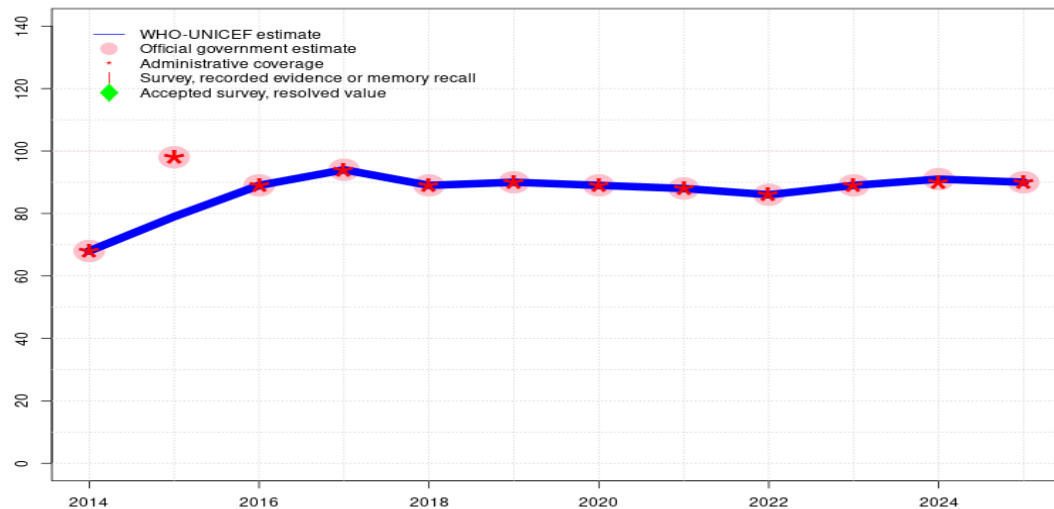
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Guatemala - MCV1

GTM - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	68	79	89	94	89	90	89	88	86	89	91	90
Estimate GoC	•	•	••	••	••	••	••	••	••	••	•	•
Official	68	98	89	94	89	90	89	88	86	89	91	90
Administrative	68	98	89	94	89	90	89	88	86	89	90	90
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

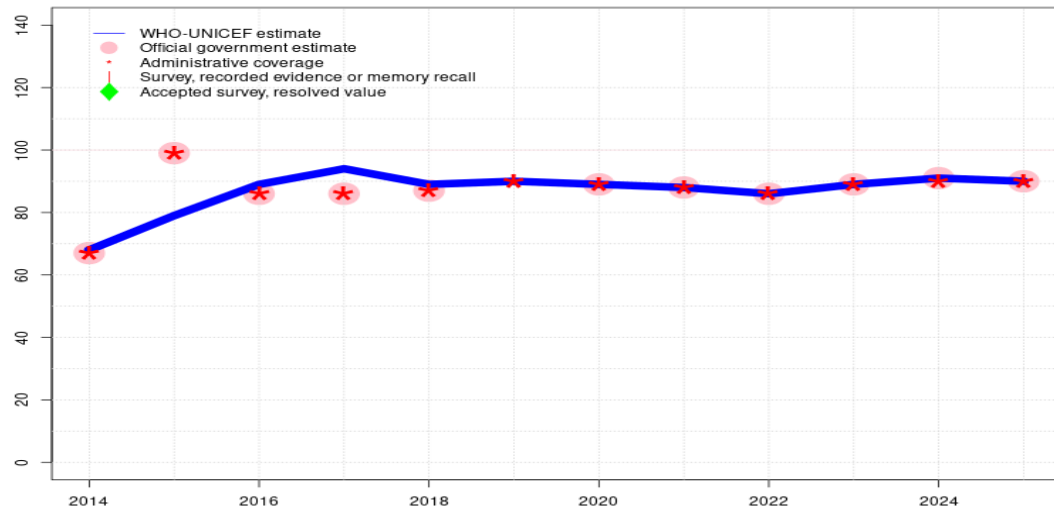
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Programme reported 3 months vaccine stock-out at the national and subnational levels. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 91 percent changed from previous revision value of 90 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded. Reported data suggests increase in coverage following supply disruptions in 2014 despite report of two months national level stockout during 2015. Reported coverage likely reflect doses delivered to children beyond the target age range. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Programme reports seven months stockout of measles containing vaccine at national level. Estimate challenged by: S-

Guatemala - RCV1

GTM - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	68	79	89	94	89	90	89	88	86	89	91	90
Estimate GoC	•	•	••	••	••	••	••	••	••	••	•	•
Official	67	99	86	86	87	-	89	88	86	89	91	90
Administrative	67	99	86	86	87	90	89	88	86	89	90	90
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

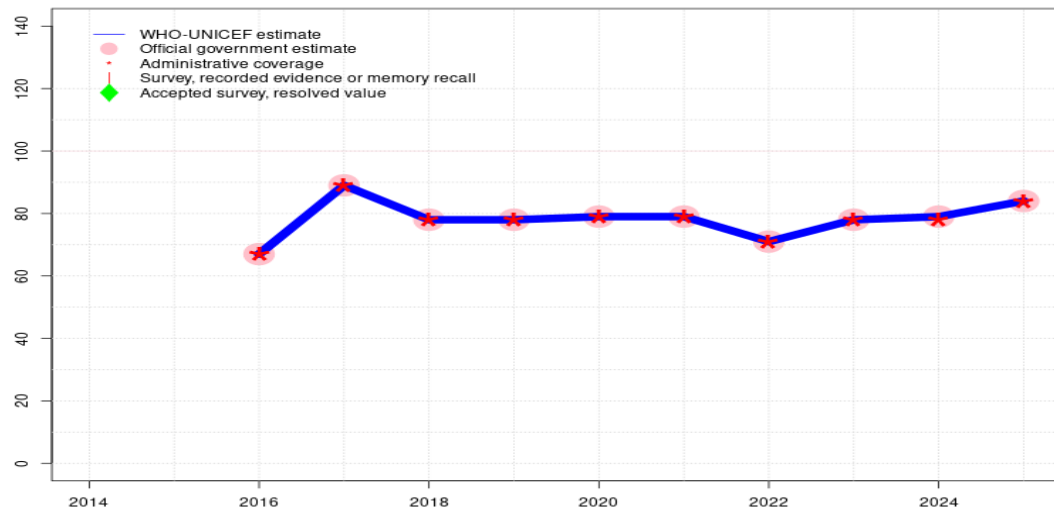
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. Programme reported 3 months vaccine stock-out at the national and subnational levels. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 91 percent changed from previous revision value of 90 percent. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. Reported data excluded due to an increase from 67 percent to 99 percent with decrease to 86 percent. Estimate challenged by: D-
- 2014: Estimate based on estimated MCV1. Declines in reported coverage during 2014 reflect incomplete reporting and disruptions in routine immunization service delivery resulting from human resource constraints for service delivery and inadequate funding to service delivering NGOs. Estimate challenged by: S-

Guatemala - MCV2

GTM - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	67	89	78	78	79	79	71	78	79	84
Estimate GoC	-	-	••	••	••	••	••	••	••	••	••	•
Official	-	-	67	89	78	78	79	79	71	78	79	84
Administrative	-	-	67	89	78	78	79	79	71	78	78	84
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. Programme reported 3 months vaccine stock-out at the national and subnational levels. Reported target population decline of 10 percent between 2024 and 2025. Data for children born in 2025 are not fully finalized, with underreporting of up to 5 percent in some regions due to incomplete registration in RENAP. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported coverage decreased for some vaccines due to competing priorities for health facility staffs such as MR and Polio campaigns. Estimate of 79 percent changed from previous revision value of 78 percent. GoC=R+ D+
- 2023: Estimate informed by reported data. A vaccination coverage survey, conducted in 2022, was focused on the capital area only and thus not included here. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme notes challenges with diversion of vaccinators to support delivery of Covid-19 vaccine. For some vaccines recommended during the first year of life, the reported doses administered appears to have declined more than the reported coverage from 2020 to 2021. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months stockout of AD syringes at the national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Roll out after introduction. GoC=R+ D+
- 2016: Estimate informed by reported data. Second dose of measles containing vaccine introduced in January 2016. GoC=R+ D+

Guatemala - 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.

2013 VI Encuesta Nacional de Salud Materno Infantil 2014-2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	89.5	12-23 m	2186	91
BCG	Record or Recall	98	12-23 m	2391	91
BCG	Record or Recall<12m	97.9	12-23 m	2391	91
DTP1	Record	89.5	12-23 m	2186	91
DTP1	Record or Recall	97.5	12-23 m	2391	91
DTP1	Record or Recall<12m	97.1	12-23 m	2391	91
DTP3	Record	78.6	12-23 m	2186	91
DTP3	Record or Recall	84.6	12-23 m	2391	91
DTP3	Record or Recall<12m	79	12-23 m	2391	91
HEPB1	Record	89.5	12-23 m	2186	91
HEPB1	Record or Recall	97.5	12-23 m	2391	91
HEPB1	Record or Recall<12m	97.1	12-23 m	2391	91
HEPB3	Record	78.6	12-23 m	2186	91
HEPB3	Record or Recall	84.6	12-23 m	2391	91
HEPB3	Record or Recall<12m	79	12-23 m	2391	91
HIB1	Record	89.5	12-23 m	2186	91
HIB1	Record or Recall	97.5	12-23 m	2391	91
HIB1	Record or Recall<12m	97.1	12-23 m	2391	91
HIB3	Record	78.6	12-23 m	2186	91

HIB3	Record or Recall	84.6	12-23 m	2391	91
HIB3	Record or Recall<12m	79	12-23 m	2391	91
MCV1	Record	57.9	12-23 m	2186	91
MCV1	Record or Recall	63.2	12-23 m	2391	91
MCV1	Record or Recall<18m	60.9	12-23 m	2391	91
PCV1	Record	82.4	12-23 m	2186	91
PCV1	Record or Recall	88.6	12-23 m	2391	91
PCV1	Record or Recall<12m	87	12-23 m	2391	91
ROTAC	Record	77	12-23 m	2186	91
ROTAC	Record or Recall	83	12-23 m	2391	91
ROTAC	Record or Recall<12m	82.8	12-23 m	2391	91

2012 VI Encuesta Nacional de Salud Materno Infantil 2014-2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	88.1	18-29 m	2186	-
BCG	Record or Recall	98.2	18-29 m	2446	-
BCG	Record or Recall<12m	98	18-29 m	2446	-
DTP1	Record	88.8	18-29 m	2186	-
DTP1	Record or Recall	98.6	18-29 m	2446	-
DTP1	Record or Recall<12m	98.3	18-29 m	2446	-
DTP3	Record	84.9	18-29 m	2186	-
DTP3	Record or Recall	93	18-29 m	2446	-
DTP3	Record or Recall<12m	88	18-29 m	2446	-
HEPB1	Record	88.8	18-29 m	2186	-
HEPB1	Record or Recall	98.6	18-29 m	2446	-
HEPB1	Record or Recall<12m	98.3	18-29 m	2446	-
HEPB3	Record	84.9	18-29 m	2186	-
HEPB3	Record or Recall	93	18-29 m	2446	-
HEPB3	Record or Recall<12m	88	18-29 m	2446	-
HIB1	Record	88.8	18-29 m	2186	-
HIB1	Record or Recall	98.6	18-29 m	2446	-
HIB1	Record or Recall<12m	98.3	18-29 m	2446	-
HIB3	Record	84.9	18-29 m	2186	-
HIB3	Record or Recall	93	18-29 m	2446	-
HIB3	Record or Recall<12m	88	18-29 m	2446	-
MCV1	Record	80.1	18-29 m	2186	-
MCV1	Record or Recall	88.4	18-29 m	2446	-
MCV1	Record or Recall<18m	84.3	18-29 m	2446	-

PCV1	Record	41.4	18-29 m	2186	-
PCV1	Record or Recall	45.5	18-29 m	2446	-
PCV1	Record or Recall<12m	44.6	18-29 m	2446	-
ROTAC	Record	39.1	18-29 m	2186	-
ROTAC	Record or Recall	42.7	18-29 m	2446	-
ROTAC	Record or Recall<12m	42.5	18-29 m	2446	-

2007 Guatemala, Encuesta Nacional de Salud Materno Infantil 2008-2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	96.7	12-23 m	1861	87
DTP1	Record or Recall	95.7	12-23 m	1861	87
DTP3	Record or Recall	84.3	12-23 m	1861	87

2006 Guatemala, Encuesta Nacional de Salud Materno Infantil 2008-2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall	89.7	24-35 m	1861	-

2001 Guatemala, Encuesta Nacional de Salud Materno Infantil 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	91.9	12-23 m	1487	69
DTP1	Record or Recall	93	12-23 m	1487	69
DTP3	Record or Recall	76.7	12-23 m	1487	69
MCV1	Record or Recall	74.7	12-23 m	1487	69

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

1998 Guatemala, Encuesta Nacional de Salud Materno Infantil 1998-1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.5	12-23 m	848	68
BCG	Record	64.9	12-23 m	848	68
BCG	Record or Recall	90.4	12-23 m	848	68
BCG	Record or Recall<12m	82.1	12-23 m	848	68
DTP1	Recall	26.1	12-23 m	848	68
DTP1	Record	66.3	12-23 m	848	68
DTP1	Record or Recall	92.4	12-23 m	848	68
DTP1	Record or Recall<12m	87.5	12-23 m	848	68
DTP3	Recall	14.7	12-23 m	848	68
DTP3	Record	55.7	12-23 m	848	68
DTP3	Record or Recall	70.4	12-23 m	848	68
DTP3	Record or Recall<12m	54.5	12-23 m	848	68
MCV1	Recall	21.6	12-23 m	848	68
MCV1	Record	58.9	12-23 m	848	68
MCV1	Record or Recall	80.6	12-23 m	848	68
MCV1	Record or Recall<12m	53	12-23 m	848	68

1997 Guatemala, Encuesta Nacional de Salud Materno Infantil 1998-1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	77.2	24-35 m	868	-
DTP1	Record or Recall<12m	80.2	24-35 m	868	-
DTP3	Record or Recall<12m	50.8	24-35 m	868	-
MCV1	Record or Recall<12m	48.5	24-35 m	868	-