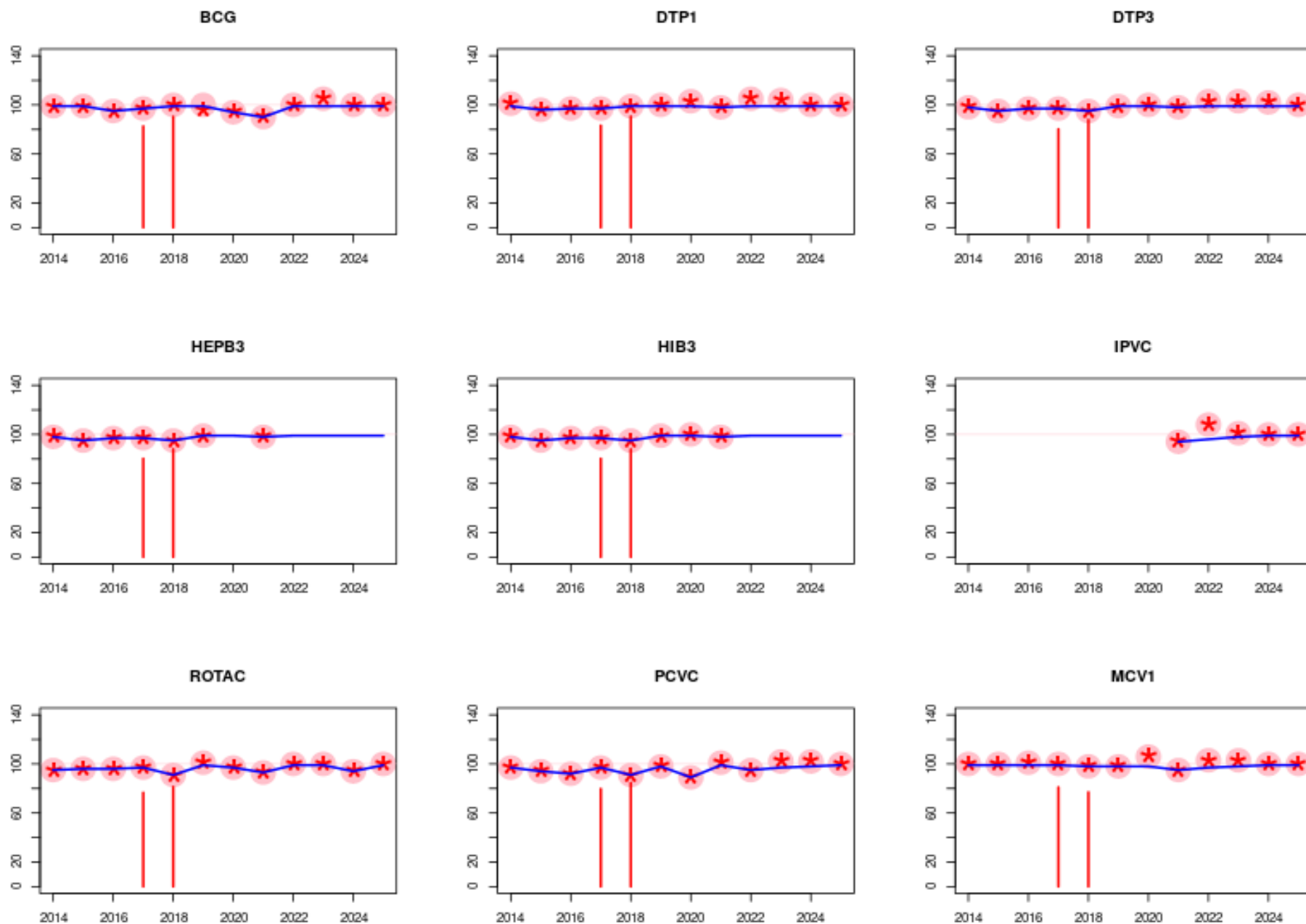




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

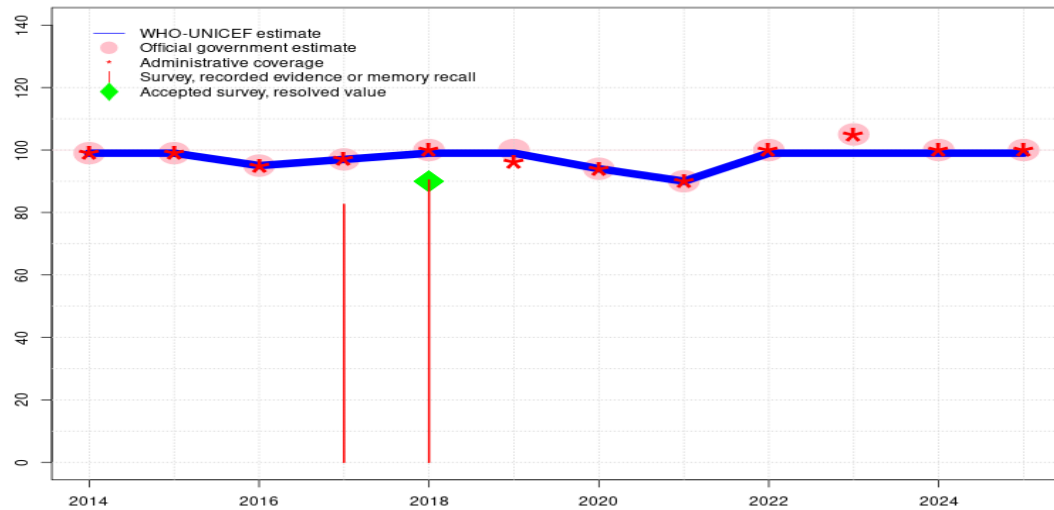
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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Guyana - BCG

GUY - BCG



Description:

- 2025: Estimate informed by reported data. 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. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 105 percent greater than 100 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a one-month vaccine stockout affecting national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Programme reports national level stockout of less than one month. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	95	97	99	99	94	90	99	99	99	99
Estimate GoC	●	●●	●●●	●	●●●	●	●	●	●	●	●	●
Official	99	99	95	97	100	100	94	90	100	105	100	100
Administrative	99	99	95	97	100	96	94	90	100	105	100	100
Survey	-	-	-	83	90	-	-	-	-	-	-	-

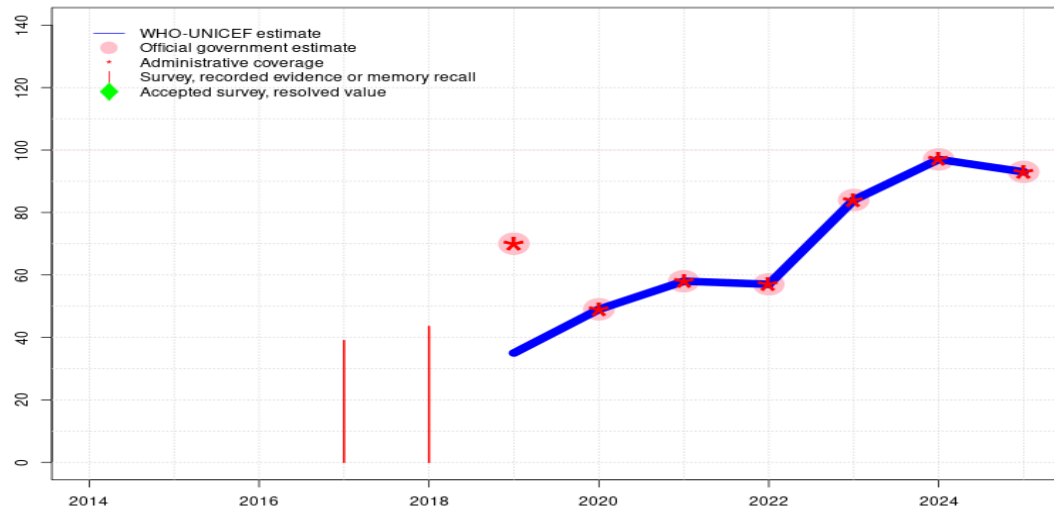
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Guyana - HEPBB

GUY - HEPBB



Description:

- 2025: Estimate informed by reported data. 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. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Target population size decreased by 8 percent compared to 2022. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports a six month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Vaccine dose introduced universally in June 2019. Programme reports 70 percent coverage achieved in 50 percent of the national target population. Estimate informed by annualized coverage achieved in the national target population. Estimate challenged by: R-

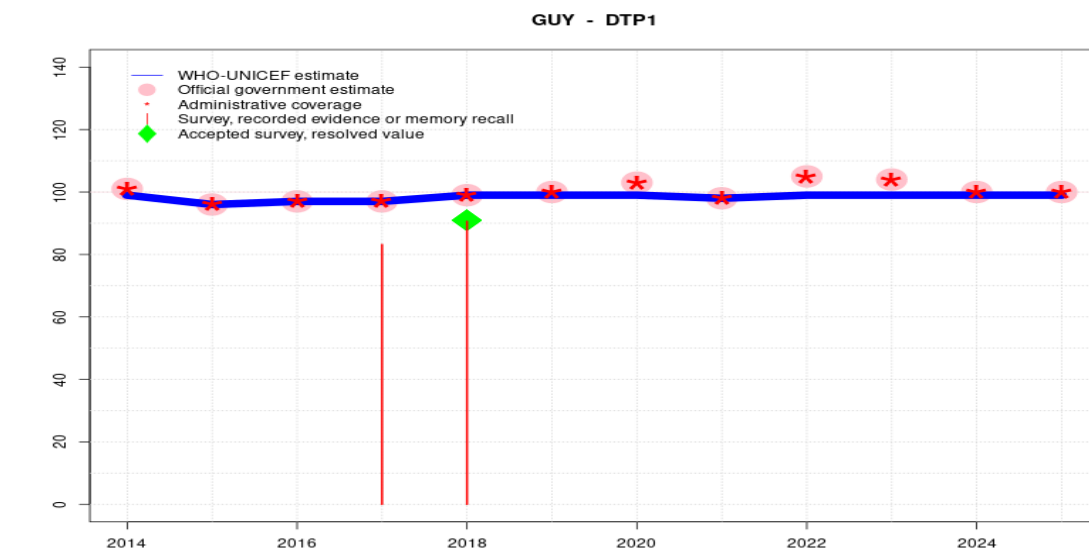
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	35	49	58	57	84	97	93
Estimate GoC	-	-	-	-	-	•	••	••	••	•	•	•
Official	-	-	-	-	-	70	49	58	57	84	97	93
Administrative	-	-	-	-	-	70	49	58	57	84	97	93
Survey	-	-	-	39	44	-	-	-	-	-	-	-

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.

Guyana - DTP1



Description:

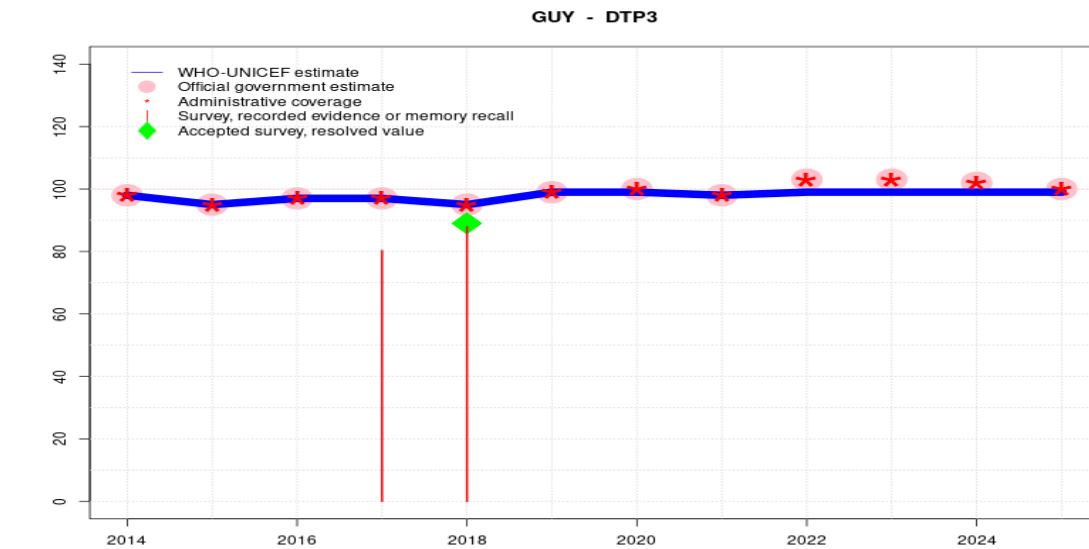
- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 104 percent greater than 100 percent. GoC=R+ D+
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 105 percent greater than 100 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by estimated DTP3 coverage assuming zero dropout. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by estimated DTP3 coverage adjusted for dropout. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-

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.

Guyana - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	95	97	97	95	99	99	98	99	99	99	99
Estimate GoC	●●●	●●	●●●	●●●	●●●	●	●	●	●	●	●	●
Official	98	95	97	97	95	99	100	98	103	103	102	100
Administrative	98	95	97	97	95	99	100	98	103	103	102	100
Survey	-	-	-	80	88	-	-	-	-	-	-	-

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

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

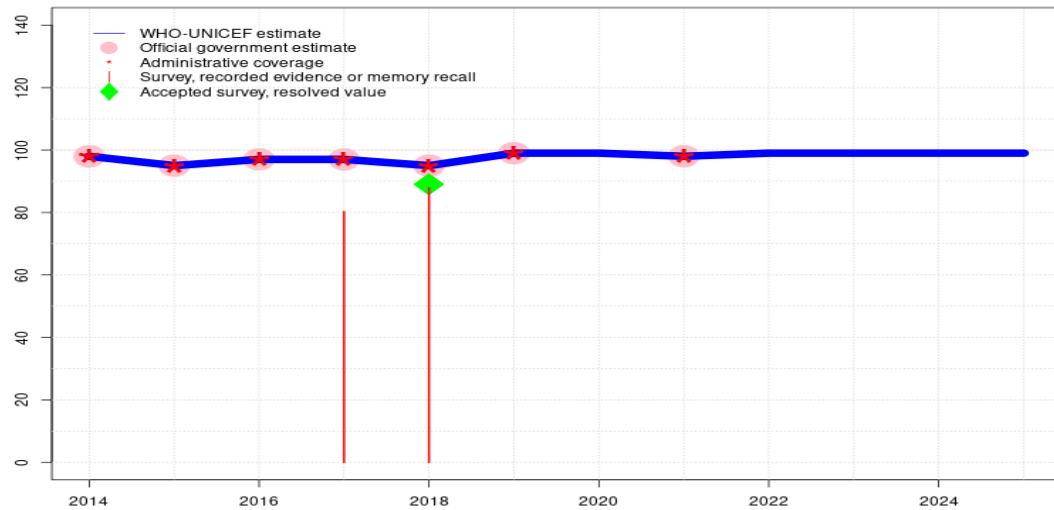
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative 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 interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate of 99 percent changed from previous revision value of 98 percent. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. Estimate of 99 percent changed from previous revision value of 98 percent. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. Estimate of 99 percent changed from previous revision value of 98 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Guyana Multiple Indicator Cluster Survey 2019-2020 record or recall results of 88 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 88 percent. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Guyana Multiple Indicator Cluster Survey 2019-2020 record or recall results of 80 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 79 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Guyana - HEPB3

GUY - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	95	97	97	95	99	99	98	99	99	99	99
Estimate GoC	●●●	●●	●●●	●●●	●●●	●	●●	●	●	●	●	●
Official	98	95	97	97	95	99	-	98	-	-	-	-
Administrative	98	95	97	97	95	99	-	98	-	-	-	-
Survey	-	-	-	80	88	-	-	-	-	-	-	-

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.

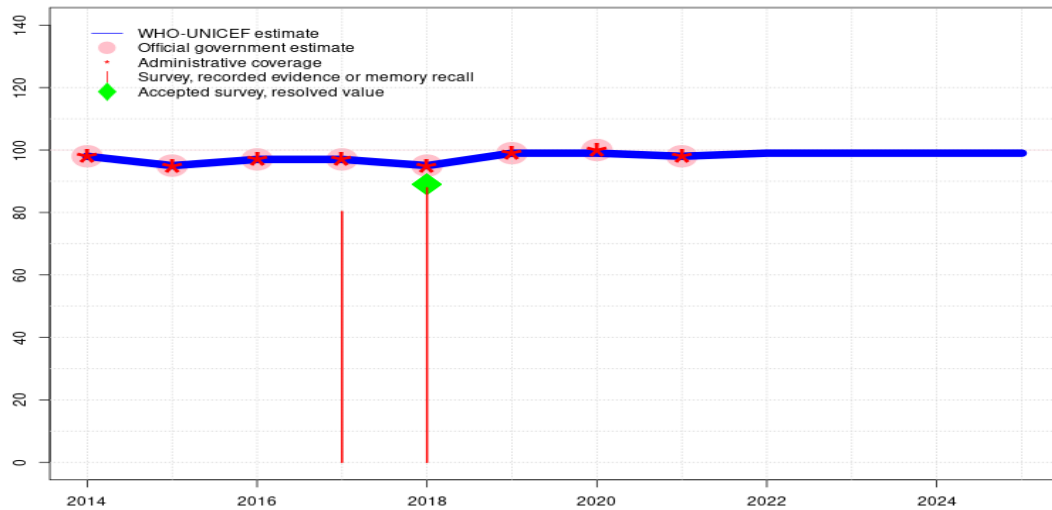
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated DTP3. 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. GoC=No accepted empirical data
- 2024: Estimate based on estimated DTP3. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2023: Estimate based on estimated DTP3. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2022: Estimate based on estimated DTP3. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by estimated DTP3 coverage level. GoC=S+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Guyana Multiple Indicator Cluster Survey 2019-2020 record or recall results of 88 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 88 percent. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Guyana Multiple Indicator Cluster Survey 2019-2020 record or recall results of 80 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 79 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Guyana - HIB3

GUY - HIB3



Description:

- 2025: Estimate based on estimated DTP3. 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. GoC=No accepted empirical data
- 2024: Estimate based on estimated DTP3. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2023: Estimate based on estimated DTP3. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2022: Estimate based on estimated DTP3. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Guyana Multiple Indicator Cluster Survey 2019-2020 record or recall results of 88 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 88 percent. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Guyana Multiple Indicator Cluster Survey 2019-2020 record or recall results of 80 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 79 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

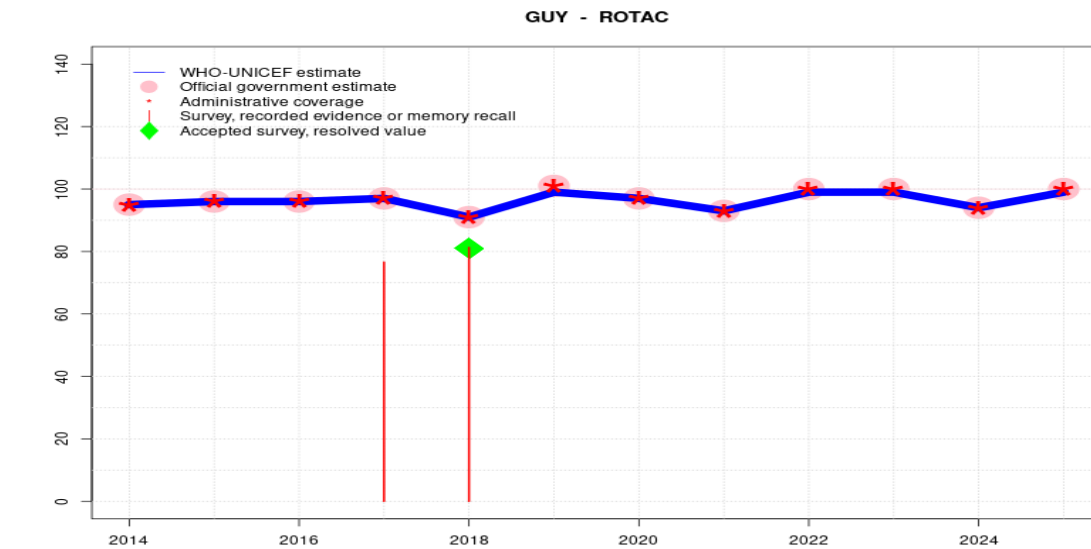
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	95	97	97	95	99	99	98	99	99	99	99
Estimate GoC	●●●	●●	●●●	●●●	●●●	●	●	●	●	●	●	●
Official	98	95	97	97	95	99	100	98	-	-	-	-
Administrative	98	95	97	97	95	99	100	98	-	-	-	-
Survey	-	-	-	80	88	-	-	-	-	-	-	-

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.

Guyana - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	96	96	97	91	99	97	93	99	99	94	99
Estimate GoC	●●●	●●	●	●	●●●	●	●	●	●	●	●	●
Official	95	96	96	97	91	101	97	93	100	100	94	100
Administrative	95	96	96	97	91	101	97	93	100	100	94	100
Survey	-	-	-	77	81	-	-	-	-	-	-	-

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

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

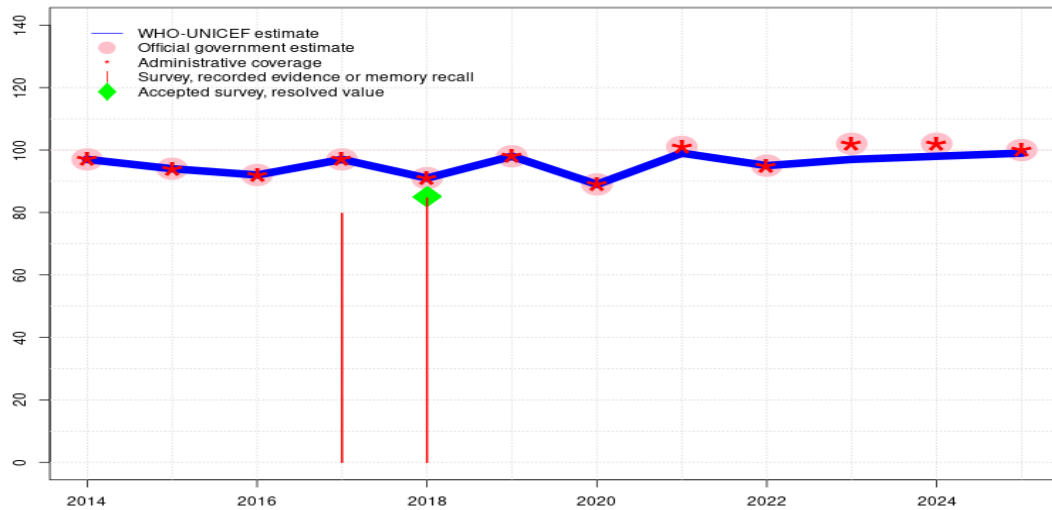
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative 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. Programme reported four months vaccine stock-out at the national and subnational levels. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports three months vaccine stockout affecting national and subnational levels. Estimate challenged by: S-
- 2019: Estimate informed by reported data. Reported data likely reflects recovery from prior year vaccine stockout. Estimate challenged by: D-S-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Programme reports five months national level vaccine stockout. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Estimate challenged by: S-
- 2016: Estimate informed by reported data. Programme reports 1.5 month national level vaccine stockout. Estimate challenged by: S-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Guyana - PCVC

GUY - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	94	92	97	91	98	89	99	95	97	98	99
Estimate GoC	●●●	●●	●●●	●	●●●	●	●●●	●	●	●	●	●
Official	97	94	92	97	91	98	89	101	95	102	102	100
Administrative	97	94	92	97	91	98	89	101	95	102	102	100
Survey	-	-	-	80	85	-	-	-	-	-	-	-

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

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

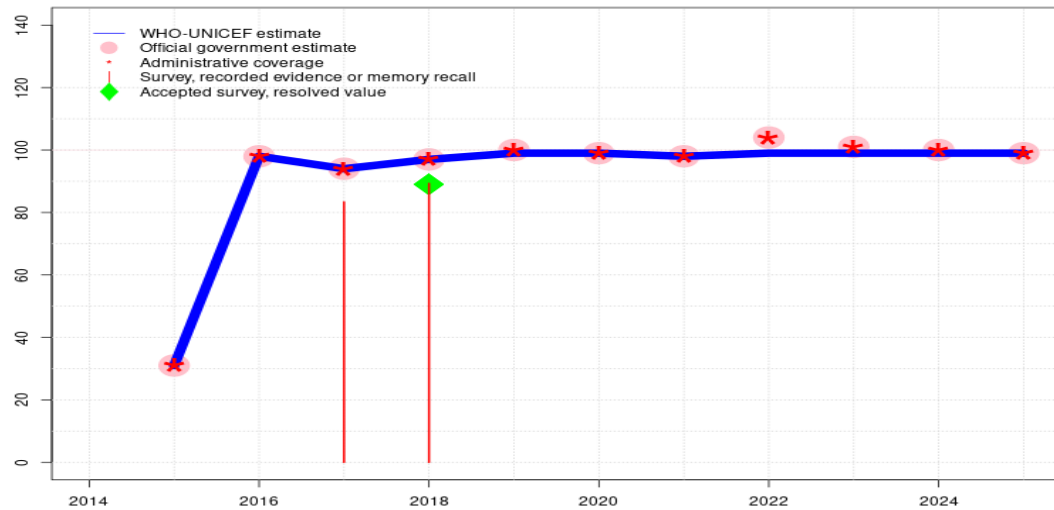
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative 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 interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. Estimate of 97 percent changed from previous revision value of 98 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported data appear to reflect recovery from prior year stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports three months national level vaccine stockout. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. Reported data likely reflects recovery from prior year vaccine stockout. Estimate challenged by: D-S-
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 85 percent based on 1 survey(s). Programme reports five months national level vaccine stockout. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Estimate challenged by: S-
- 2016: Estimate informed by reported data. Programme reports three months national level vaccine stockout. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Guyana - IPV1

GUY - IPV1



Description:

- 2025: Estimate informed by reported data. 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. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-S-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Programme reports 6 weeks national level vaccine stockout. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Following introduction in 2015, estimate reflects coverage achieved in the national birth cohort. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+

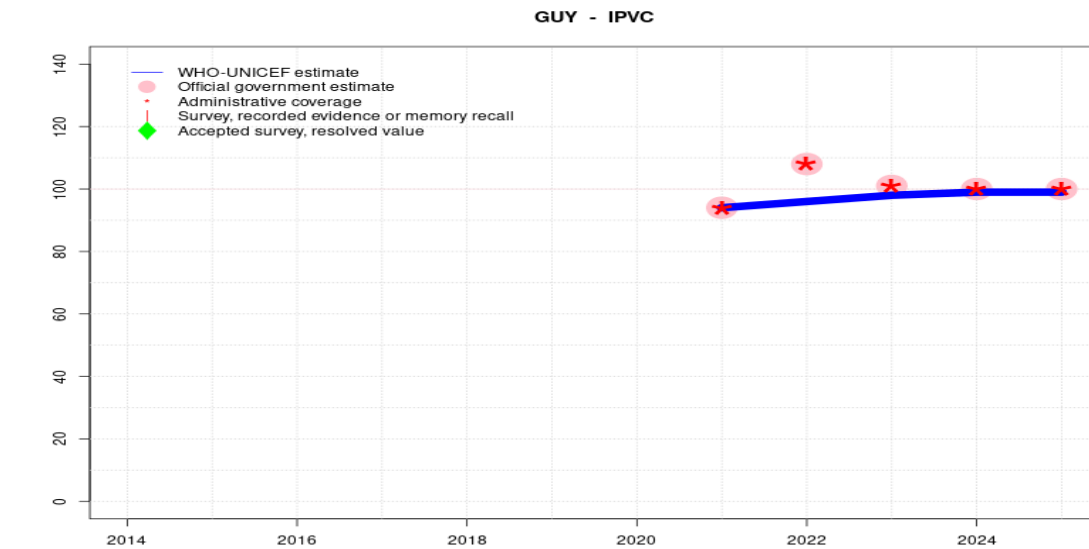
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	31	98	94	97	99	99	98	99	99	99	99
Estimate GoC	-	●●	●●●	●●●	●●●	●	●●●	●	●	●	●	●
Official	-	31	98	94	97	100	99	98	104	101	100	99
Administrative	-	31	98	94	97	100	99	98	104	101	100	99
Survey	-	-	-	83	89	-	-	-	-	-	-	-

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.

Guyana - IPVC



Description:

- 2025: Estimate informed by reported data. 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. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 108 percent greater than 100 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced prior to 2021. Estimate challenged by: D-

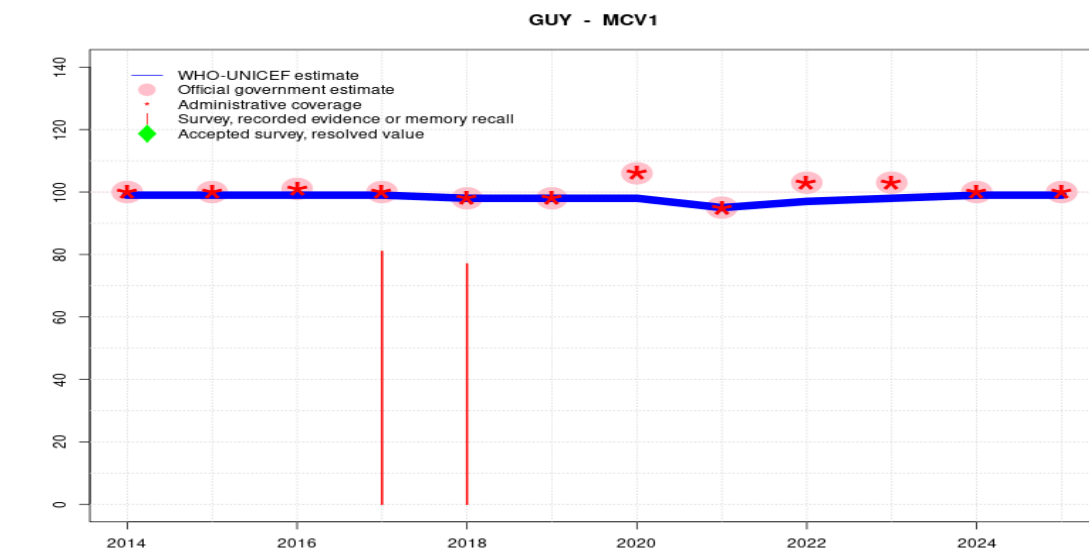
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	94	96	98	99	99
Estimate GoC	-	-	-	-	-	-	-	●	●●	●	●	●
Official	-	-	-	-	-	-	-	94	108	101	100	100
Administrative	-	-	-	-	-	-	-	94	108	101	100	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Guyana - MCV1



Description:

- 2025: Estimate informed by reported data. 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. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate based on extrapolation from prior year estimate. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: R-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates for vaccines recommended in the second year of life are inconsistent. Survey estimates are close to 100 percent for most vaccines for those with cards seen (82 percent) but recall is negligible. GoC=R+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Programme reports two weeks national level vaccine stockout. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

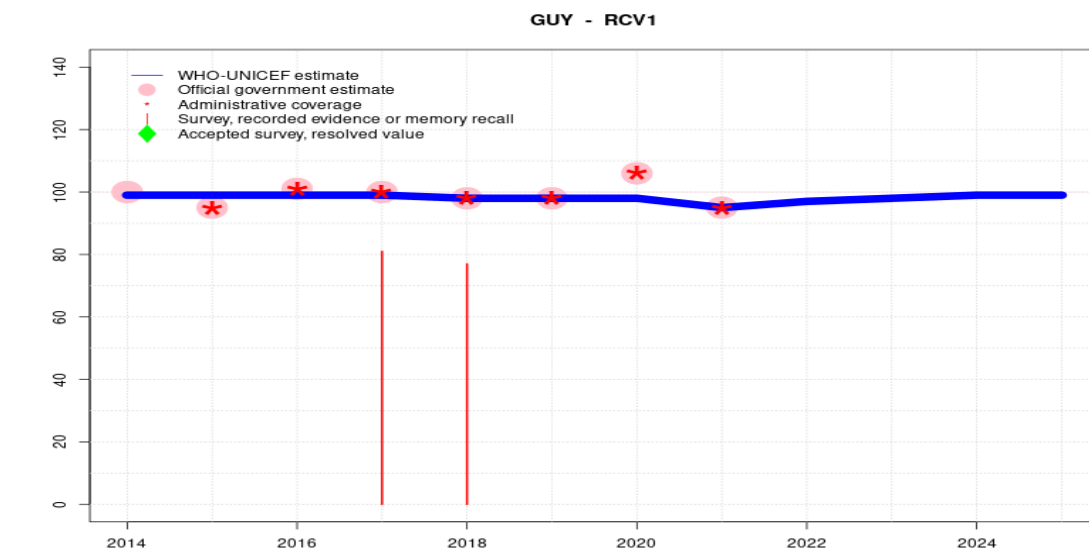
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	98	98	98	95	97	98	99	99
Estimate GoC	●●	●●	●●	●●	●●	●	●	●●	●●	●●	●	●
Official	100	100	101	100	98	98	106	95	103	103	100	100
Administrative	100	100	101	100	98	98	106	95	103	103	100	100
Survey	-	-	-	81	77	-	-	-	-	-	-	-

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.

Guyana - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	98	98	98	95	97	98	99	99
Estimate GoC	●●	●●	●●	●●	●●	●	●	●●	●●	●●	●	●
Official	100	95	101	100	98	98	106	95	-	-	-	-
Administrative	-	95	101	100	98	98	106	95	-	-	-	-
Survey	-	-	-	81	77	-	-	-	-	-	-	-

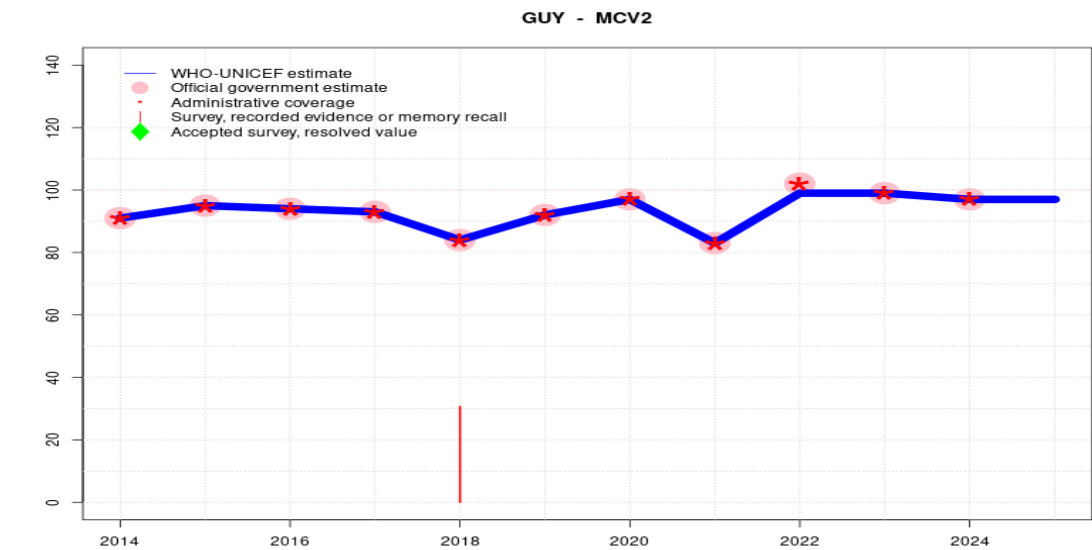
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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. 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. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Reported data excluded due to sudden change in coverage from 106 to 95 percent. GoC=R+ D+
- 2020: Estimate informed by estimated MCV1 coverage level. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: R-
- 2019: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates for vaccines recommended in the second year of life are inconsistent. Survey estimates are close to 100 percent for most vaccines for those with cards seen (82 percent) but recall is negligible. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Programme reports two week vaccine stockout at the national level. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ D+



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	95	94	93	84	92	97	83	99	99	97	97
Estimate GoC	•	••	••	••	••	•	••	••	•	•	•	•
Official	91	95	94	93	84	92	97	83	102	99	97	-
Administrative	91	95	94	93	84	92	97	83	102	99	97	-
Survey	-	-	-	-	31	-	-	-	-	-	-	-

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.

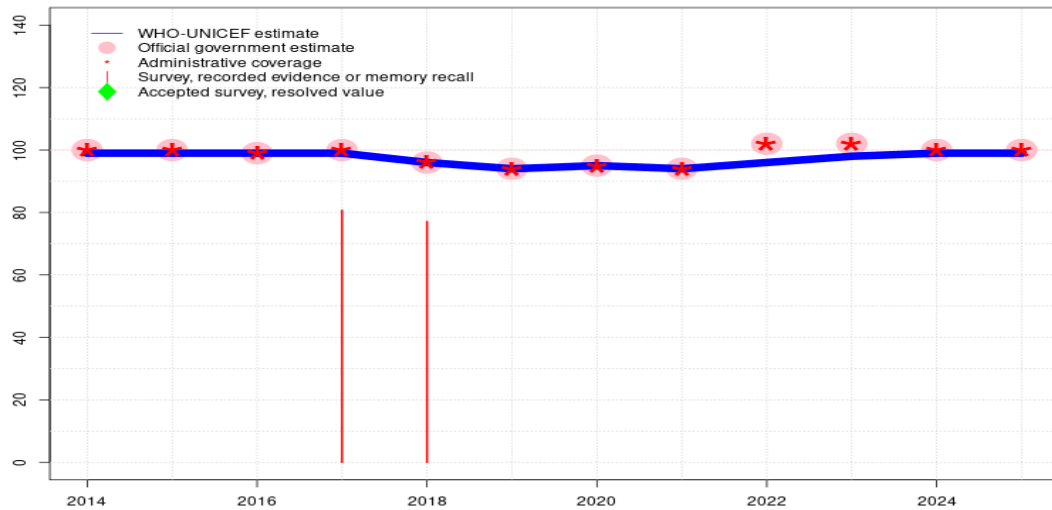
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. 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. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Unexplained decline in reported doses administered. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates for vaccines recommended in the second year of life are inconsistent. Survey estimates are close to 100 percent for most vaccines for those with cards seen (82 percent) but recall is negligible. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports two weeks national level vaccine stockout. 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. Estimate challenged by: D-

Guyana - YFV

GUY - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	96	94	95	94	96	98	99	99
Estimate GoC	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●	●
Official	100	100	99	100	96	94	95	94	102	102	100	100
Administrative	100	100	99	100	96	94	95	94	102	102	100	100
Survey	-	-	-	81	77	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative 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. Decline of 13 percent in the reported target population between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates for vaccines recommended in the second year of life are inconsistent. Survey estimates are close to 100 percent for most vaccines for those with cards seen (82 percent) but recall is negligible. GoC=R+ D+
- 2017: Estimate informed by reported data. Guyana Multiple Indicator Cluster Survey 2019-2020 results ignored by working group. Survey estimates inconsistent for the 24-35 m age cohort. Programme reports four weeks national level vaccine stockout. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports one month national level vaccine stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Guyana - 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.

2018 Guyana Multiple Indicator Cluster Survey 2019-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	1.1	12-23 m	555	91
BCG	Record	89.3	12-23 m	555	91
BCG	Record or Recall	90.4	12-23 m	555	91
BCG	Record or Recall<12m	90	12-23 m	555	91
DTP1	Recall	0.8	12-23 m	555	91
DTP1	Record	89.8	12-23 m	555	91
DTP1	Record or Recall	90.6	12-23 m	555	91
DTP1	Record or Recall<12m	90.5	12-23 m	555	91
DTP3	Recall	0.2	12-23 m	555	91
DTP3	Record	87.7	12-23 m	555	91
DTP3	Record or Recall	87.9	12-23 m	555	91
DTP3	Record or Recall<12m	85.9	12-23 m	555	91
HEPB1	Recall	0.8	12-23 m	555	91
HEPB1	Record	89.8	12-23 m	555	91
HEPB1	Record or Recall	90.6	12-23 m	555	91
HEPB1	Record or Recall<12m	90.5	12-23 m	555	91
HEPB3	Recall	0.2	12-23 m	555	91
HEPB3	Record	87.7	12-23 m	555	91
HEPB3	Record or Recall	87.9	12-23 m	555	91

HEPB3	Record or Recall<12m	85.9	12-23 m	555	91
HEPBB	Recall	0	12-23 m	555	91
HEPBB	Record	43.5	12-23 m	555	91
HEPBB	Record or Recall	43.5	12-23 m	555	91
HEPBB	Record or Recall<12m	42.9	12-23 m	555	91
HIB1	Recall	0.8	12-23 m	555	91
HIB1	Record	89.8	12-23 m	555	91
HIB1	Record or Recall	90.6	12-23 m	555	91
HIB1	Record or Recall<12m	90.5	12-23 m	555	91
HIB3	Recall	0.2	12-23 m	555	91
HIB3	Record	87.7	12-23 m	555	91
HIB3	Record or Recall	87.9	12-23 m	555	91
HIB3	Record or Recall<12m	85.9	12-23 m	555	91
IPV1	Recall	0.8	12-23 m	555	91
IPV1	Record	88.4	12-23 m	555	91
IPV1	Record or Recall	89.3	12-23 m	555	91
IPV1	Record or Recall<12m	89.1	12-23 m	555	91
MCV1	Recall	0.7	12-23 m	555	91
MCV1	Record	76.3	12-23 m	555	91
MCV1	Record or Recall	77	12-23 m	555	91
MCV1	Record or Recall<12m	51.8	12-23 m	555	91
MCV2	Recall	0.4	12-23 m	555	91
MCV2	Record	30.3	12-23 m	555	91
MCV2	Record or Recall	30.7	12-23 m	555	91
MCV2	Record or Recall<12m	2.4	12-23 m	555	91
PCV1	Recall	0.6	12-23 m	555	91
PCV1	Record	90.2	12-23 m	555	91
PCV1	Record or Recall	90.8	12-23 m	555	91
PCV1	Record or Recall<12m	90.7	12-23 m	555	91
PCVC	Recall	0.3	12-23 m	555	91
PCVC	Record	84.3	12-23 m	555	91
PCVC	Record or Recall	84.6	12-23 m	555	91
PCVC	Record or Recall<12m	80.9	12-23 m	555	91
RCV1	Recall	0.7	12-23 m	555	91
RCV1	Record	76.3	12-23 m	555	91
RCV1	Record or Recall	77	12-23 m	555	91
RCV1	Record or Recall<12m	51.8	12-23 m	555	91
ROTAC	Recall	0.5	12-23 m	555	91
ROTAC	Record	80.8	12-23 m	555	91
ROTAC	Record or Recall	81.3	12-23 m	555	91

Guyana - Survey Details

ROTAC	Record or Recall<12m	80.7	12-23 m	555	91
YFV	Recall	0.8	12-23 m	555	91
YFV	Record	76.3	12-23 m	555	91
YFV	Record or Recall	77.1	12-23 m	555	91
YFV	Record or Recall<12m	49.1	12-23 m	555	91

2017 Guyana Multiple Indicator Cluster Survey 2019-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	2.6	24-35 m	490	-
BCG	Record	80	24-35 m	490	-
BCG	Record or Recall	82.6	24-35 m	490	-
BCG	Record or Recall<12m	81.9	24-35 m	490	-
DTP1	Recall	2.5	24-35 m	490	-
DTP1	Record	80.8	24-35 m	490	-
DTP1	Record or Recall	83.2	24-35 m	490	-
DTP1	Record or Recall<12m	81.7	24-35 m	490	-
DTP3	Recall	1.3	24-35 m	490	-
DTP3	Record	79	24-35 m	490	-
DTP3	Record or Recall	80.3	24-35 m	490	-
DTP3	Record or Recall<12m	78.2	24-35 m	490	-
HEPB1	Recall	2.5	24-35 m	490	-
HEPB1	Record	80.8	24-35 m	490	-
HEPB1	Record or Recall	83.2	24-35 m	490	-
HEPB1	Record or Recall<12m	81.7	24-35 m	490	-
HEPB3	Recall	1.3	24-35 m	490	-
HEPB3	Record	79	24-35 m	490	-
HEPB3	Record or Recall	80.3	24-35 m	490	-
HEPB3	Record or Recall<12m	78.2	24-35 m	490	-
HEPBB	Recall	0	24-35 m	490	-
HEPBB	Record	39	24-35 m	490	-
HEPBB	Record or Recall	39	24-35 m	490	-
HEPBB	Record or Recall<12m	38	24-35 m	490	-
HIB1	Recall	2.5	24-35 m	490	-
HIB1	Record	80.8	24-35 m	490	-
HIB1	Record or Recall	83.2	24-35 m	490	-
HIB1	Record or Recall<12m	81.7	24-35 m	490	-
HIB3	Recall	1.3	24-35 m	490	-
HIB3	Record	79	24-35 m	490	-

HIB3	Record or Recall	80.3	24-35 m	490	-
HIB3	Record or Recall<12m	78.2	24-35 m	490	-
IPV1	Recall	2.6	24-35 m	490	-
IPV1	Record	80.9	24-35 m	490	-
IPV1	Record or Recall	83.4	24-35 m	490	-
IPV1	Record or Recall<12m	82.6	24-35 m	490	-
MCV1	Recall	2.6	24-35 m	490	-
MCV1	Record	78.4	24-35 m	490	-
MCV1	Record or Recall	81	24-35 m	490	-
MCV1	Record or Recall<12m	80.7	24-35 m	490	-
PCV1	Recall	1.7	24-35 m	490	-
PCV1	Record	79.7	24-35 m	490	-
PCV1	Record or Recall	81.5	24-35 m	490	-
PCV1	Record or Recall<12m	80.7	24-35 m	490	-
PCVC	Recall	1.3	24-35 m	490	-
PCVC	Record	78.4	24-35 m	490	-
PCVC	Record or Recall	79.7	24-35 m	490	-
PCVC	Record or Recall<12m	78.4	24-35 m	490	-
RCV1	Recall	2.6	24-35 m	490	-
RCV1	Record	78.4	24-35 m	490	-
RCV1	Record or Recall	81	24-35 m	490	-
RCV1	Record or Recall<12m	80.7	24-35 m	490	-
ROTAC	Recall	2.1	24-35 m	490	-
ROTAC	Record	74.5	24-35 m	490	-
ROTAC	Record or Recall	76.6	24-35 m	490	-
ROTAC	Record or Recall<12m	75.7	24-35 m	490	-
YFV	Recall	2.5	24-35 m	490	-
YFV	Record	78.1	24-35 m	490	-
YFV	Record or Recall	80.7	24-35 m	490	-
YFV	Record or Recall<12m	80.1	24-35 m	490	-

2012 Guyana Multiple Indicator Cluster Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	87.8	12-23 m	686	87
BCG	Record or Recall	94.5	12-23 m	686	87
BCG	Record or Recall<12m	94.5	12-23 m	686	87
DTP1	Record	89.9	12-23 m	686	87
DTP1	Record or Recall	96.2	12-23 m	686	87

Guyana - Survey Details

DTP1	Record or Recall<12m	96.1	12-23 m	686	87
DTP3	Record	87.5	12-23 m	686	87
DTP3	Record or Recall	90.9	12-23 m	686	87
DTP3	Record or Recall<12m	89.4	12-23 m	686	87
HEPB1	Record	89.9	12-23 m	686	87
HEPB1	Record or Recall	96.2	12-23 m	686	87
HEPB1	Record or Recall<12m	96.1	12-23 m	686	87
HEPB3	Record	87.5	12-23 m	686	87
HEPB3	Record or Recall	90.9	12-23 m	686	87
HEPB3	Record or Recall<12m	89.4	12-23 m	686	87
HIB1	Record	89.9	12-23 m	686	87
HIB1	Record or Recall	96.2	12-23 m	686	87
HIB1	Record or Recall<12m	96.1	12-23 m	686	87
HIB3	Record	87.5	12-23 m	686	87
HIB3	Record or Recall	90.9	12-23 m	686	87
HIB3	Record or Recall<12m	89.4	12-23 m	686	87
MCV1	Record	74.1	12-23 m	686	87
MCV1	Record or Recall	79.8	12-23 m	686	87
PCV1	Record	87	12-23 m	686	87
PCV1	Record or Recall	91.6	12-23 m	686	87
PCV1	Record or Recall<12m	91.4	12-23 m	686	87
PCVC	Record	84.3	12-23 m	686	87
PCVC	Record or Recall	87.3	12-23 m	686	87
PCVC	Record or Recall<12m	82.4	12-23 m	686	87
ROTAC	Record	86.2	12-23 m	686	87
ROTAC	Record or Recall	88.9	12-23 m	686	87
ROTAC	Record or Recall<12m	87.6	12-23 m	686	87
YFV	Record	73.3	12-23 m	686	87
YFV	Record or Recall	77.6	12-23 m	686	87

DTP3	Record	91.9	24-35 m	648	-
DTP3	Record or Recall	95	24-35 m	648	-
DTP3	Record or Recall<12m	90.7	24-35 m	648	-
HEPB1	Record	93.7	24-35 m	648	-
HEPB1	Record or Recall	97.4	24-35 m	648	-
HEPB1	Record or Recall<12m	96.6	24-35 m	648	-
HEPB3	Record	91.9	24-35 m	648	-
HEPB3	Record or Recall	95	24-35 m	648	-
HEPB3	Record or Recall<12m	90.7	24-35 m	648	-
HIB1	Record	93.7	24-35 m	648	-
HIB1	Record or Recall	97.4	24-35 m	648	-
HIB1	Record or Recall<12m	96.6	24-35 m	648	-
HIB3	Record	91.9	24-35 m	648	-
HIB3	Record or Recall	95	24-35 m	648	-
HIB3	Record or Recall<12m	90.7	24-35 m	648	-
MCV1	Record	90.4	24-35 m	648	-
MCV1	Record or Recall	94.5	24-35 m	648	-
MCV1	Record or Recall<12m	93.4	24-35 m	648	-
PCV1	Record	86.4	24-35 m	648	-
PCV1	Record or Recall	89.9	24-35 m	648	-
PCV1	Record or Recall<12m	89.4	24-35 m	648	-
PCVC	Record	82.4	24-35 m	648	-
PCVC	Record or Recall	85.4	24-35 m	648	-
PCVC	Record or Recall<12m	81.9	24-35 m	648	-
ROTAC	Record	84.2	24-35 m	648	-
ROTAC	Record or Recall	87.2	24-35 m	648	-
ROTAC	Record or Recall<12m	83.8	24-35 m	648	-
YFV	Record	89.5	24-35 m	648	-
YFV	Record or Recall	93.5	24-35 m	648	-
YFV	Record or Recall<12m	92.3	24-35 m	648	-

2011 Guyana Multiple Indicator Cluster Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	92.2	24-35 m	648	-
BCG	Record or Recall	96.7	24-35 m	648	-
BCG	Record or Recall<12m	95.6	24-35 m	648	-
DTP1	Record	93.7	24-35 m	648	-
DTP1	Record or Recall	97.4	24-35 m	648	-
DTP1	Record or Recall<12m	96.6	24-35 m	648	-

2007 Guyana Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	7.7	18-29 m	384	-
BCG	Record	86.5	18-29 m	384	-
BCG	Record or Recall	94.1	18-29 m	384	-
BCG	Record or Recall<18m	94.1	18-29 m	384	-
DTP1	Recall	6.1	18-29 m	384	-

DTP1	Record	85.8	18-29 m	384	-
DTP1	Record or Recall	91.9	18-29 m	384	-
DTP1	Record or Recall<18m	91.9	18-29 m	384	-
DTP3	Recall	2.5	18-29 m	384	-
DTP3	Record	82.2	18-29 m	384	-
DTP3	Record or Recall	84.7	18-29 m	384	-
DTP3	Record or Recall<18m	83	18-29 m	384	-
HEPB1	Recall	6.1	18-29 m	384	-
HEPB1	Record	85.8	18-29 m	384	-
HEPB1	Record or Recall	91.9	18-29 m	384	-
HEPB1	Record or Recall<18m	91.9	18-29 m	384	-
HEPB3	Recall	2.5	18-29 m	384	-
HEPB3	Record	82.2	18-29 m	384	-
HEPB3	Record or Recall	84.7	18-29 m	384	-
HEPB3	Record or Recall<18m	83	18-29 m	384	-
HIB1	Recall	6.1	18-29 m	384	-
HIB1	Record	85.8	18-29 m	384	-
HIB1	Record or Recall	91.9	18-29 m	384	-
HIB1	Record or Recall<18m	91.9	18-29 m	384	-
HIB3	Recall	2.5	18-29 m	384	-
HIB3	Record	82.2	18-29 m	384	-
HIB3	Record or Recall	84.7	18-29 m	384	-
HIB3	Record or Recall<18m	83	18-29 m	384	-
MCV1	Recall	5.5	18-29 m	384	-
MCV1	Record	76.2	18-29 m	384	-
MCV1	Record or Recall	81.7	18-29 m	384	-
MCV1	Record or Recall<18m	77.2	18-29 m	384	-
YFV	Recall	5.3	18-29 m	384	-
YFV	Record	73.7	18-29 m	384	-
YFV	Record or Recall	79	18-29 m	384	-
YFV	Record or Recall<18m	75.1	18-29 m	384	-

2005 Guyana Multiple Indicator Cluster Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
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Further information and estimates for previous years are available at:

BCG	Recall	22.4	18-29 m	488	75
BCG	Record	75.7	18-29 m	488	75
BCG	Record or Recall	98.1	18-29 m	488	75
BCG	Record or Recall<12m	96	18-29 m	488	75
DTP1	Record or Recall<12m	95	18-29 m	488	75
DTP3	Record or Recall<12m	74	18-29 m	488	75
MCV1	Recall	18.3	18-29 m	488	75
MCV1	Record	77.1	18-29 m	488	75
MCV1	Record or Recall	95.4	18-29 m	488	75
MCV1	Record or Recall<12m	89.7	18-29 m	488	75
YFV	Recall	17.2	18-29 m	488	75
YFV	Record	75	18-29 m	488	75
YFV	Record or Recall	92.1	18-29 m	488	75
YFV	Record or Recall<12m	88.4	18-29 m	488	75

1999 Multiple Indicator Cluster Survey Guyana 2000, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9.8	12-23 m	16442	89
BCG	Record	88.1	12-23 m	16442	89
BCG	Record or Recall	97.9	12-23 m	16442	89
BCG	Record or Recall<12m	97.2	12-23 m	16442	89
DTP1	Recall	8.9	12-23 m	16442	89
DTP1	Record	86.6	12-23 m	16442	89
DTP1	Record or Recall	95.5	12-23 m	16442	89
DTP1	Record or Recall<12m	94.8	12-23 m	16442	89
DTP3	Recall	3.7	12-23 m	16442	89
DTP3	Record	85.1	12-23 m	16442	89
DTP3	Record or Recall	88.8	12-23 m	16442	89
DTP3	Record or Recall<12m	86	12-23 m	16442	89
MCV1	Recall	4.1	12-23 m	16442	89
MCV1	Record	87.6	12-23 m	16442	89
MCV1	Record or Recall	91.7	12-23 m	16442	89
MCV1	Record or Recall<12m	45.1	12-23 m	16442	89

<https://data.unicef.org/topic/child-health/immunization/>
<https://immunizationdata.who.int/listing.html>