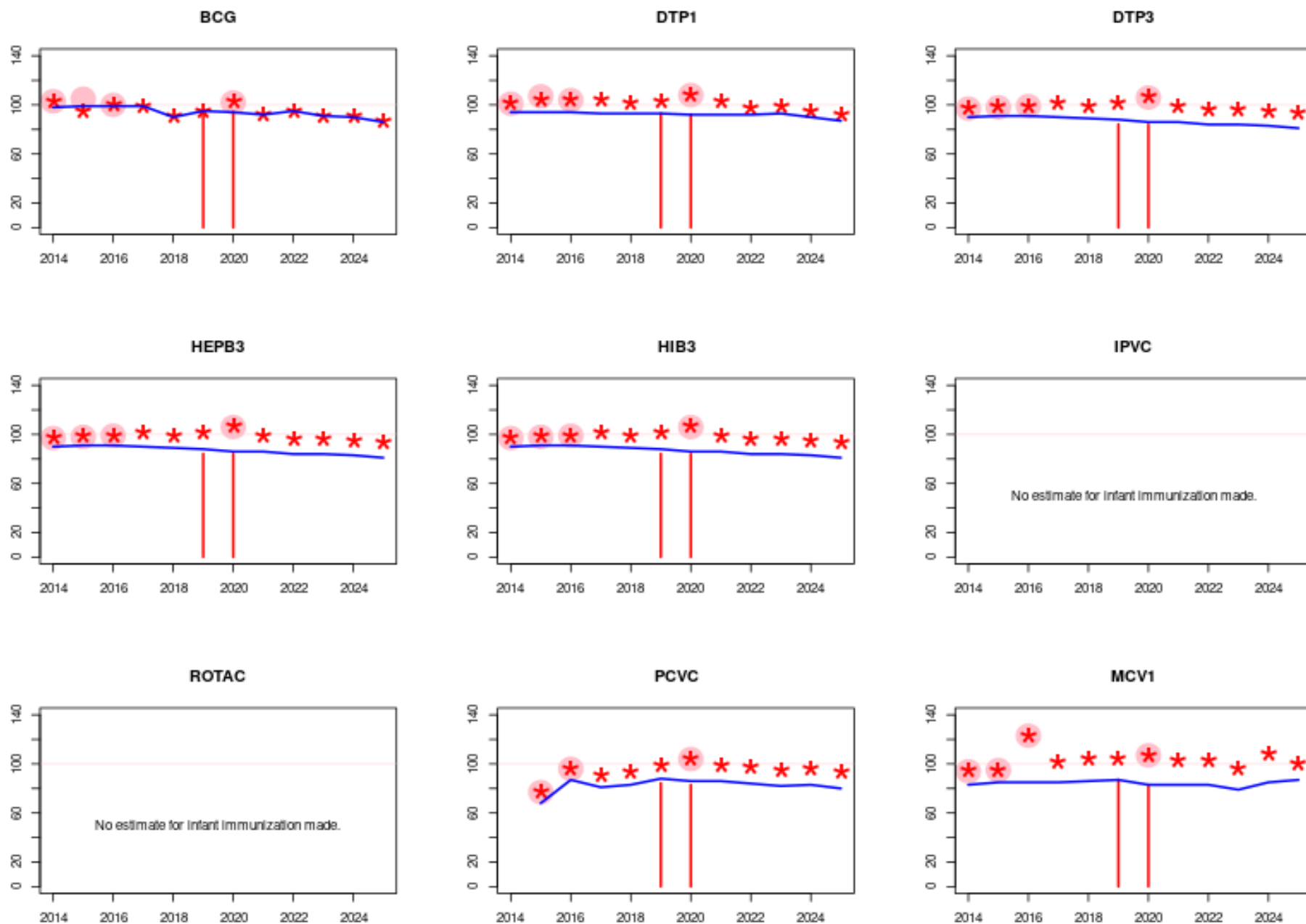




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

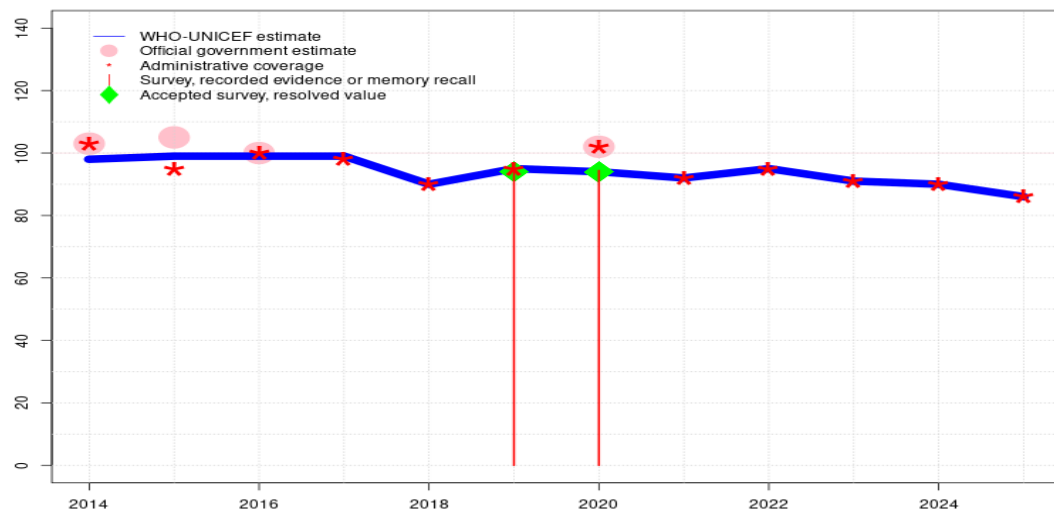
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Cambodia - BCG

KHM - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	99	99	99	90	95	94	92	95	91	90	86
Estimate GoC	●	●	●	●	●	●●●	●●●	●●●	●●●	●●	●●	●●
Official	103	105	100	-	-	-	102	-	-	-	-	-
Administrative	103	95	100	98	90	95	102	92	95	91	90	86
Survey	-	-	-	-	-	94	94	-	-	-	-	-

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.

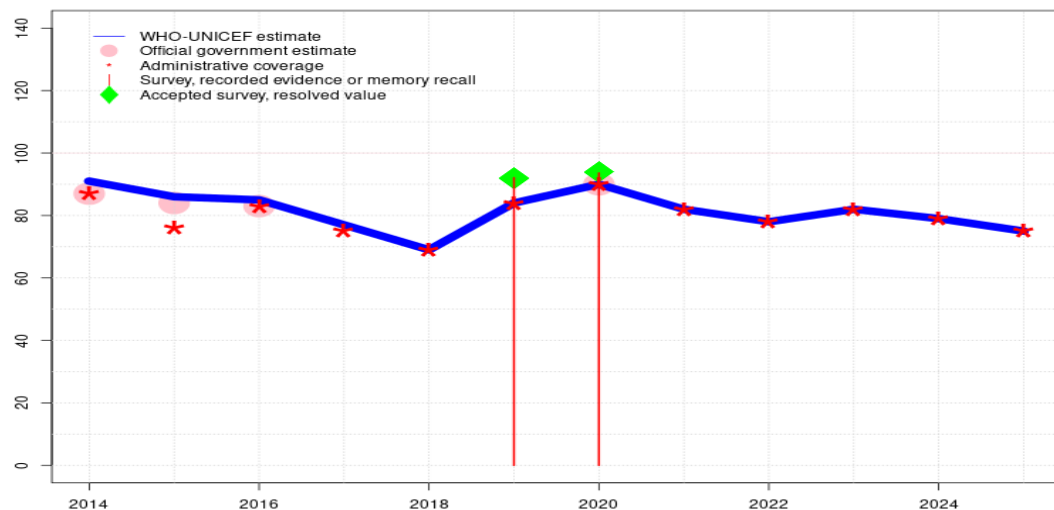
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative 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=R+ D+
- 2024: Estimate informed by reported administrative data. GoC=R+ D+
- 2023: Estimate informed by reported administrative data. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Programme reports one month vaccine stockout. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. GoC=R+ S+ D+
- 2020: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Reported data excluded because 102 percent greater than 100 percent. Programme reports a one month vaccine stockout at national level and unknown for subnational levels. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Programme reports two months national and district level vaccine stockout. GoC=R+ S+ D+
- 2018: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 105 percent greater than 100 percent. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population data sources. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-

Cambodia - HEPBB

KHM - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	86	85	77	69	84	90	82	78	82	79	75
Estimate GoC	●	●	●	●	●	●●●	●●●	●	●	●●	●●	●●
Official	87	84	83	-	-	-	90	-	-	-	-	-
Administrative	87	76	83	75	69	84	90	82	78	82	79	75
Survey	-	-	-	-	-	92	94	-	-	-	-	-

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.

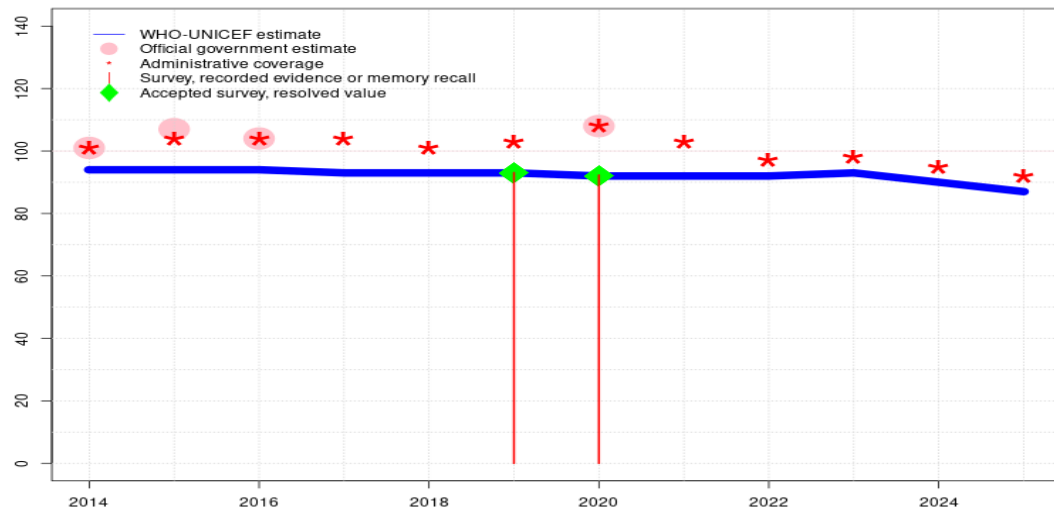
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative 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=R+ D+
- 2024: Estimate informed by reported administrative data. GoC=R+ D+
- 2023: Estimate informed by reported administrative data. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Estimate challenged by: S-
- 2021: Estimate informed by reported administrative data. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Estimate challenged by: S-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Programme reports a one month vaccine stockout at national level and unknown for subnational levels. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data supported by survey.Survey evidence of 92 percent based on 1 survey(s). Programme reports two months national and district level vaccine stockout of monovalent HepB vaccine. GoC=R+ S+ D+
- 2018: Reported data calibrated to 2013 and 2019 levels. Programme reports three months vaccine stockout at national level. Estimate challenged by: R-S-
- 2017: Reported data calibrated to 2013 and 2019 levels. Programme reports vaccine stockout of unspecified duration. Estimate challenged by: R-S-
- 2016: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2019 levels. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population data sources. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: D-R-

Cambodia - DTP1

KHM - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	94	94	94	93	93	93	92	92	92	93	90	87
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	101	107	104	-	-	-	108	-	-	-	-	-
Administrative	101	104	104	104	101	103	108	103	97	98	95	92
Survey	-	-	-	-	-	93	92	-	-	-	-	-

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.

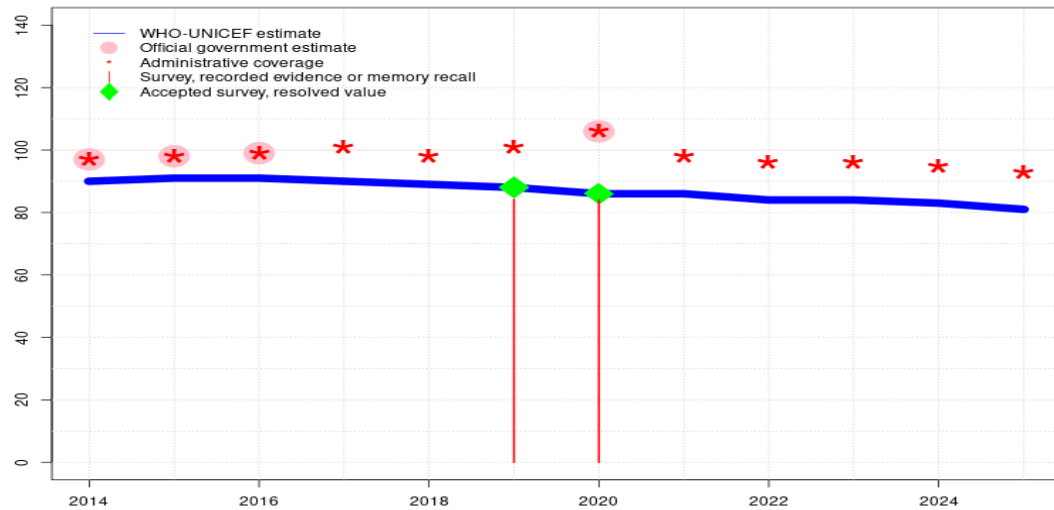
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2020 levels. 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: R-
- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Reported data excluded because 103 percent greater than 100 percent. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Estimate challenged by: R-
- 2020: Estimate of 92 percent assigned by working group. Estimate informed by survey result. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: D-R-
- 2019: Estimate of 93 percent assigned by working group. Estimate informed by survey result. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 107 percent greater than 100 percent. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population data sources. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-

Cambodia - DTP3

KHM - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	91	91	90	89	88	86	86	84	84	83	81
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	97	98	99	-	-	-	106	-	-	-	-	-
Administrative	97	98	99	101	98	101	106	98	96	96	95	93
Survey	-	-	-	-	-	84	84	-	-	-	-	-

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.

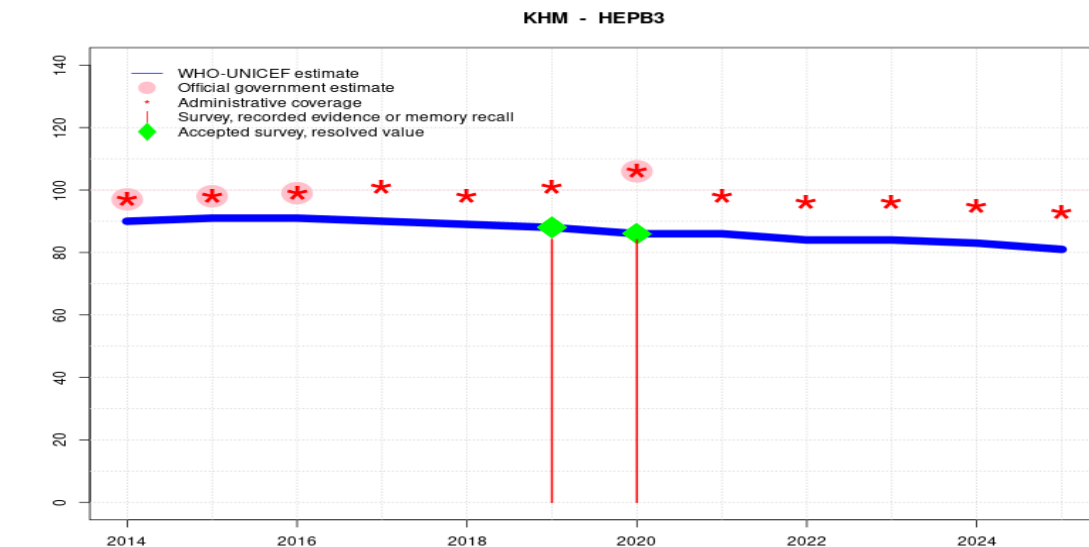
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: Reported data calibrated to 2020 levels. 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: R-
- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Estimate challenged by: R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Cambodia Demographic and Health Survey 2021-2022 record or recall results of 84 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 74 percent. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: D-R-
- 2019: Estimate of 88 percent assigned by working group. Estimate informed by survey result. Cambodia Demographic and Health Survey 2021-2022 record or recall results of 84 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 71 percent and 3rd dose record only coverage of 67 percent. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2019 levels. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population data sources. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-

Cambodia - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	91	91	90	89	88	86	86	84	84	83	81
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	97	98	99	-	-	-	106	-	-	-	-	-
Administrative	97	98	99	101	98	101	106	98	96	96	95	93
Survey	-	-	-	-	-	84	84	-	-	-	-	-

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.

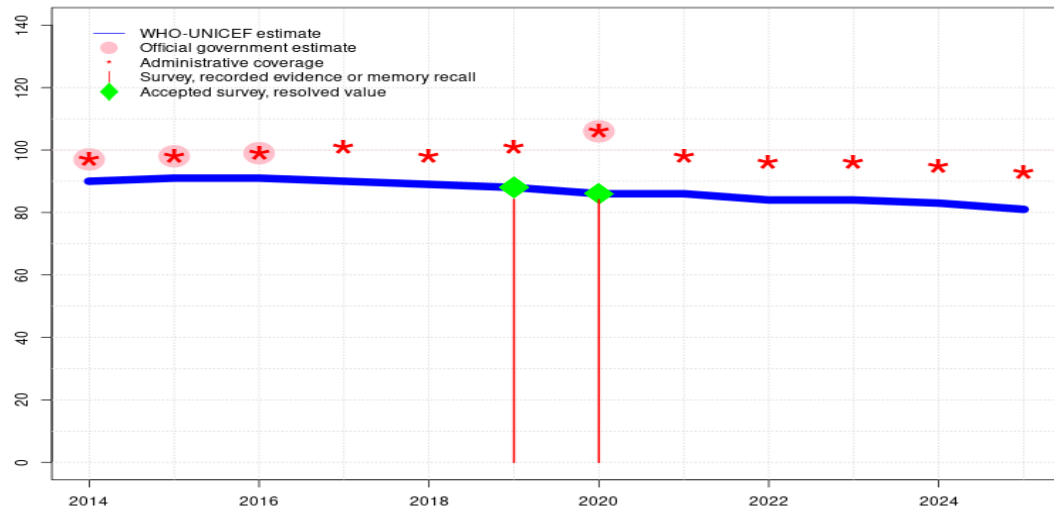
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2020 levels. 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: R-
- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Estimate challenged by: R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Cambodia Demographic and Health Survey 2021-2022 record or recall results of 84 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 74 percent. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: D-R-
- 2019: Estimate of 88 percent assigned by working group. Estimate informed by survey result. Cambodia Demographic and Health Survey 2021-2022 record or recall results of 84 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 71 percent and 3rd dose record only coverage of 67 percent. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2019 levels. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population data sources. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-

Cambodia - Hib3

KHM - Hib3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	91	91	90	89	88	86	86	84	84	83	81
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	97	98	99	-	-	-	106	-	-	-	-	-
Administrative	97	98	99	101	98	101	106	98	96	96	95	93
Survey	-	-	-	-	-	84	84	-	-	-	-	-

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.

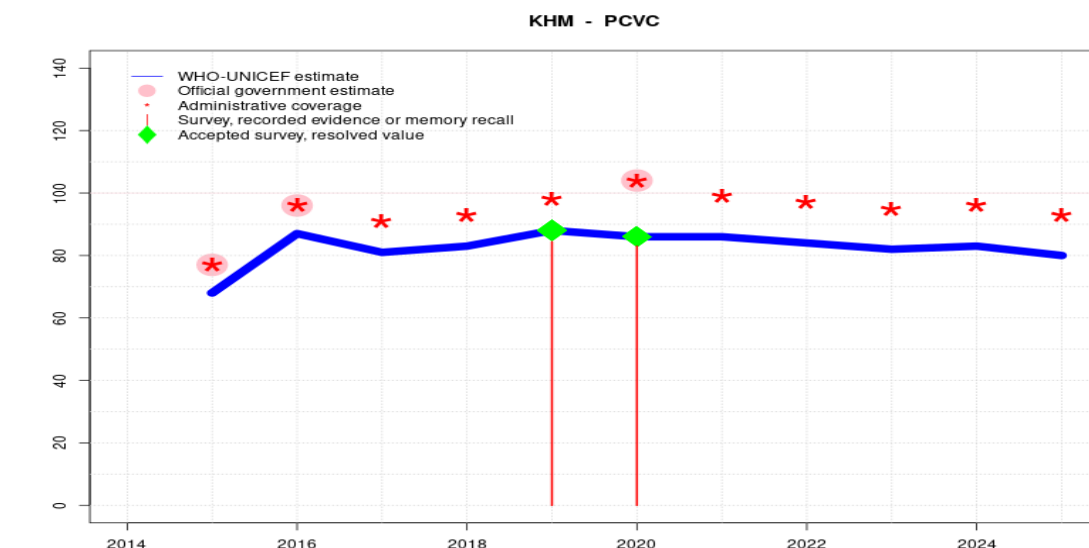
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: Reported data calibrated to 2020 levels. 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: R-
- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Estimate challenged by: R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Cambodia Demographic and Health Survey 2021-2022 record or recall results of 84 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 74 percent. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: D-R-
- 2019: Estimate of 88 percent assigned by working group. Estimate informed by survey result. Cambodia Demographic and Health Survey 2021-2022 record or recall results of 84 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 71 percent and 3rd dose record only coverage of 67 percent. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2019 levels. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population data sources. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-

Cambodia - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	68	87	81	83	88	86	86	84	82	83	80
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	77	96	-	-	-	104	-	-	-	-	-
Administrative	-	77	96	91	93	98	104	99	97	95	96	93
Survey	-	-	-	-	-	84	83	-	-	-	-	-

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.

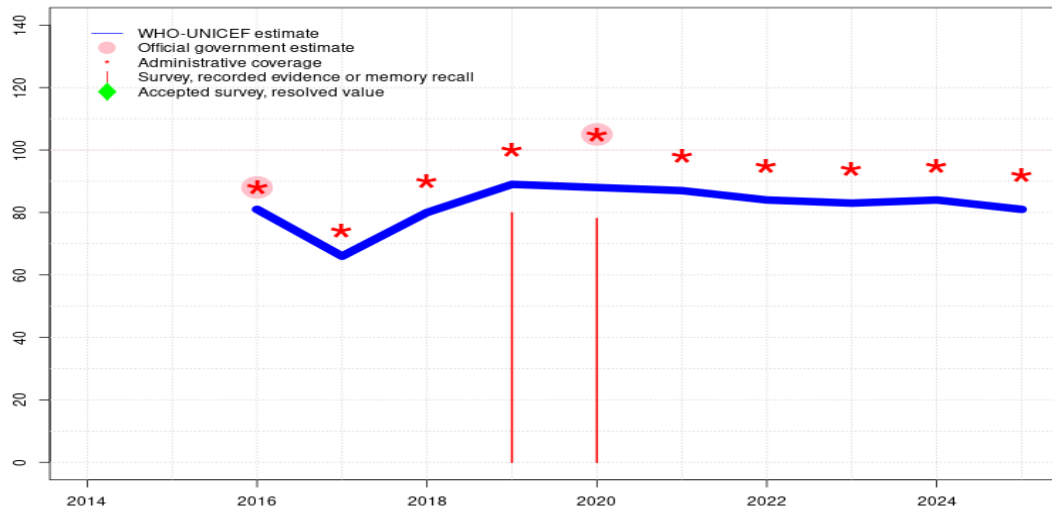
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2020 levels. 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: R-
- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Estimate challenged by: R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Cambodia Demographic and Health Survey 2021-2022 record or recall results of 83 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 74 percent. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-R-
- 2019: Estimate of 88 percent assigned by working group. Estimate informed by survey result. Cambodia Demographic and Health Survey 2021-2022 record or recall results of 84 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 71 percent and 3rd dose record only coverage of 68 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2019 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2019 levels. Programme reports vaccine stockout of unspecified duration. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2019 levels. Estimate challenged by: R-
- 2015: Estimate of 68 percent assigned by working group. Pneumococcal conjugate vaccine introduced in 2015. Estimate informed by estimated DTP3 coverage level. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population data sources. Estimate challenged by: R-

Cambodia - IPV1

KHM - IPV1



Description:

- 2025: Reported data calibrated to 2020 levels. 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: R-
- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Programme reports two months vaccine stockout. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Estimate challenged by: R-
- 2020: Estimate of 88 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Cambodia Demographic and Health Survey 2021-2022 results ignored by working group. Survey results for IPV1 are inconsistent with those for DTP3 which is recommended for administration at the same age. Reported data excluded because 105 percent greater than 100 percent. Estimate challenged by: D-R-
- 2019: Estimate of 89 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Cambodia Demographic and Health Survey 2021-2022 results ignored by working group. Survey results for IPV1 are inconsistent with those for DTP3 which is recommended for administration at the same age. Estimate challenged by: R-
- 2018: Calibration between data supported by surveys. Programme appears to have recovered from prior years stockouts. Estimate challenged by: R-
- 2017: Calibration between data supported by surveys. Programme reports vaccine stockout of unspecified duration. Estimate challenged by: R-
- 2016: Estimate of 81 percent assigned by working group. Estimate informed by reported coverage adjusted for the difference between estimated and administrative coverage for DTP3. Reported data excluded due to an increase from 0 percent to 88 percent with decrease to 74 percent. Inactivated polio vaccine introduced in December 2015. Reporting started in 2016. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	81	66	80	89	88	87	84	83	84	81
Estimate GoC	-	-	●	●	●	●	●	●	●	●	●	●
Official	-	-	88	-	-	-	105	-	-	-	-	-
Administrative	-	-	88	74	90	100	105	98	95	94	95	92
Survey	-	-	-	-	-	80	78	-	-	-	-	-

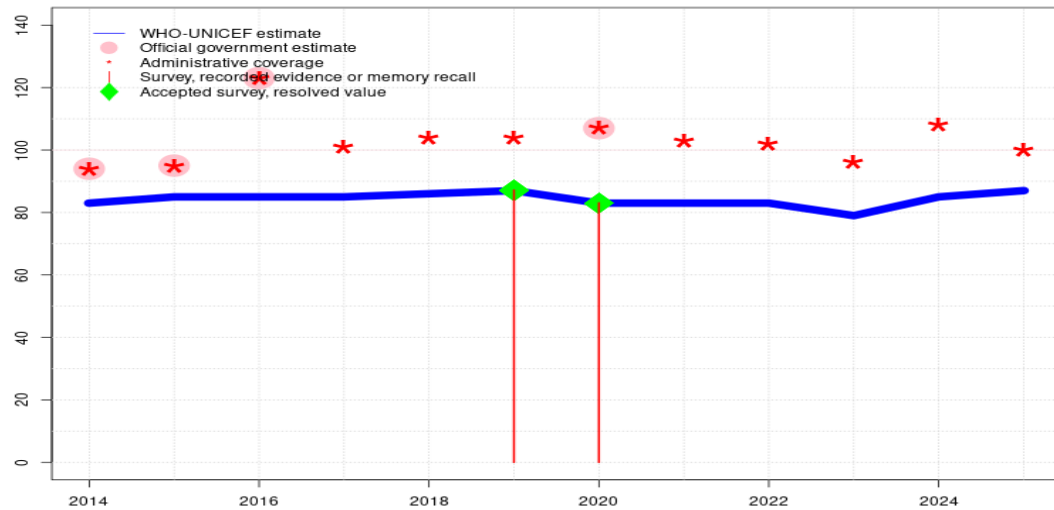
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Cambodia - MCV1

KHM - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	83	85	85	85	86	87	83	83	83	79	85	87
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	94	95	123	-	-	-	107	-	-	-	-	-
Administrative	94	95	123	101	104	104	107	103	102	96	108	100
Survey	-	-	-	-	-	-	87	83	-	-	-	-

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.

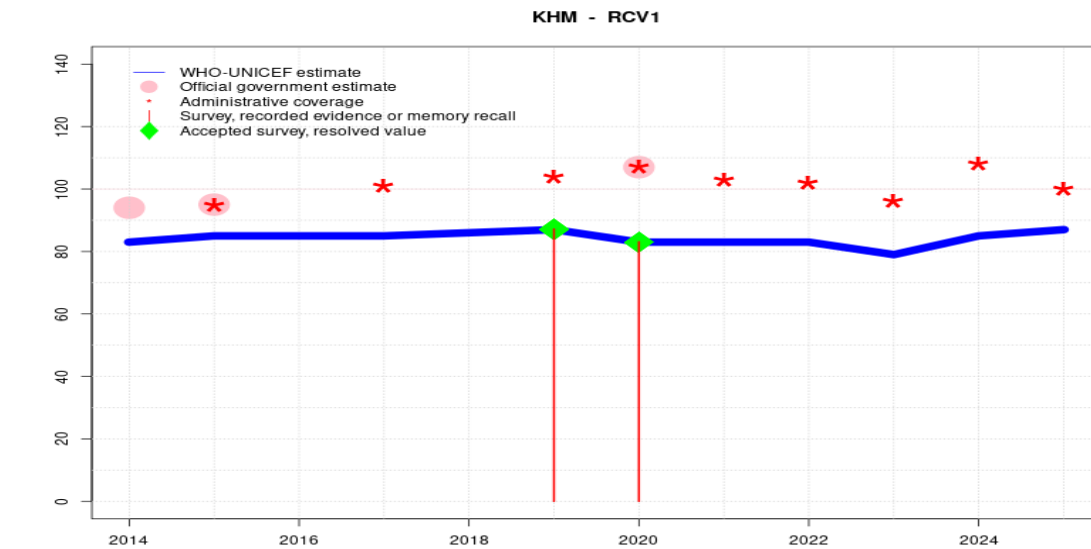
Description:

- 2025: Reported data calibrated to 2020 levels. 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: R-
- 2024: Reported data calibrated to 2020 levels. Reported data excluded because 108 percent greater than 100 percent. Increase in reported MCV coverage may include doses given during a nationwide measles-rubella campaign conducted in 2024. Estimate of 85 percent changed from previous revision value of 83 percent. Estimate challenged by: D-R-
- 2023: Estimate is informed by the relative relationship between estimated coverage and reported number of doses administered in 2022 applied to the reported number of doses administered in 2023 to reflect the trend in reported doses administered. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Reported data excluded because 102 percent greater than 100 percent. Programme reports two months vaccine stockout. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Reported data excluded because 103 percent greater than 100 percent. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Programme reports a MR vaccine stockout at national level. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 83 percent based on 1 survey(s). Reported data excluded because 107 percent greater than 100 percent. Estimate challenged by: D-R-
- 2019: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Reported data excluded because 104 percent greater than 100 percent. Programme reports two months national and district level vaccine stockout. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 101 percent greater than 100 percent. Programme reports vaccine stockout of unspecified duration. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2019 levels. Reported data excluded because 123 percent greater than 100 percent. Reported data excluded due to an increase from 95 percent to 123 percent with decrease to 101 percent. Increase in reported coverage due in part to doses included from MR catch up campaign as well as inclusion of children over one year of age. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2019 levels. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population

Cambodia - MCV1

data sources. Estimate challenged by: R-
2014: Reported data calibrated to 2013 and 2019 levels. Estimate challenged by: R-

Cambodia - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	83	85	85	85	86	87	83	83	83	79	85	87
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	94	95	-	-	-	-	107	-	-	-	-	-
Administrative	-	95	-	101	-	104	107	103	102	96	108	100
Survey	-	-	-	-	-	87	83	-	-	-	-	-

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.

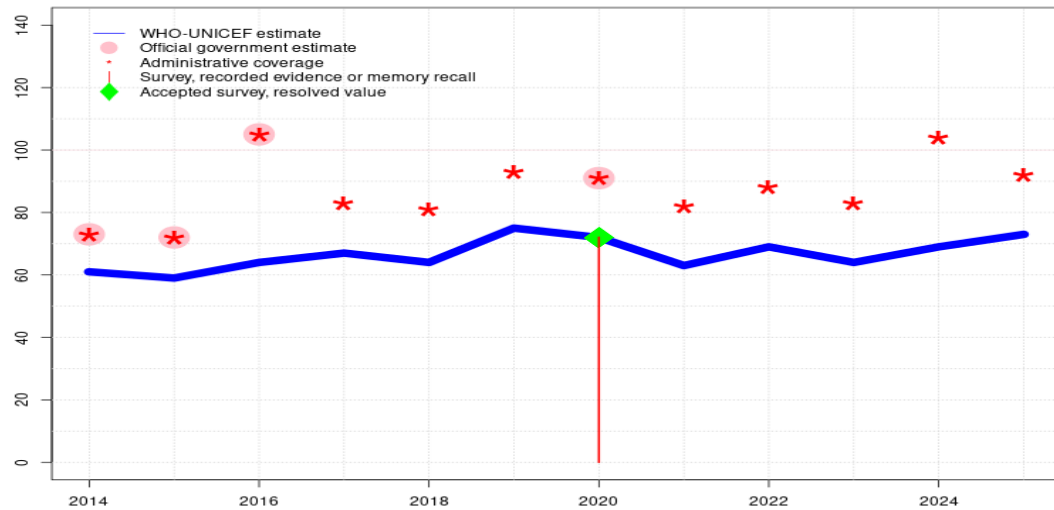
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

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: R-
- 2024: Estimate based on estimated MCV1. Reported data excluded because 108 percent greater than 100 percent. Increase in reported RCV coverage may include doses given during a nationwide measles-rubella campaign conducted in 2024. Estimate of 85 percent changed from previous revision value of 83 percent. Estimate challenged by: D-R-
- 2023: Estimate informed by estimated MCV1. Estimate challenged by: D-R-
- 2022: Estimate based on estimated MCV1. Reported data excluded because 102 percent greater than 100 percent. Programme reports two months vaccine stockout. Estimate challenged by: D-R-
- 2021: Estimate based on estimated MCV1. Reported data excluded because 103 percent greater than 100 percent. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Programme reports a MR vaccine stockout at national level. Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. Reported data excluded because 107 percent greater than 100 percent. Estimate challenged by: D-R-
- 2019: Estimate based on estimated MCV1. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2017: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. Programme reports vaccine stockout of unspecified duration. Estimate challenged by: R-
- 2016: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2015: Estimate based on estimated MCV1. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population data sources. Estimate challenged by: R-
- 2014: Estimate based on estimated MCV1. Estimate challenged by: R-

Cambodia - MCV2

KHM - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	61	59	64	67	64	75	72	63	69	64	69	73
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	73	72	105	-	-	-	91	-	-	-	-	-
Administrative	73	72	105	83	81	93	91	82	88	83	104	92
Survey	-	-	-	-	-	-	72	-	-	-	-	-

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: Reported data calibrated to 2020 levels. 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-R-
- 2024: Reported data calibrated to 2020 levels. Reported data excluded because 104 percent greater than 100 percent. Reported data excluded due to an increase from 83 percent to 104 percent with decrease to 92 percent. Increase in reported MCV coverage may include doses given during a nationwide measles-rubella campaign conducted in 2024. Estimate of 69 percent changed from previous revision value of 64 percent. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Estimates for some antigens do not reflect declines in reported coverage from 2020 to 2021. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 72 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2013 and 2020 levels. Programme reports two months national and district level vaccine stockout. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2013 and 2020 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2013 and 2020 levels. Programme reports vaccine stockout of unspecified duration. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2013 and 2020 levels. Reported data excluded because 105 percent greater than 100 percent. Reported data excluded due to an increase from 72 percent to 105 percent with decrease to 83 percent. Increase in reported coverage due in part to doses included from MR catch up campaign. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2020 levels. Programme acknowledges challenges in data quality impacting on administrative coverage levels. Programme reports a switch in information source from the national statistics office to the national health information system. Current information suggests a decline in target population that may partially explain reported increase in coverage. WHO and UNICEF recommend a review of recording and reporting practices as well as a data review inclusive of the target population data sources. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2020 levels. Estimate challenged by: R-

Cambodia - 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.

2020 Cambodia Demographic and Health Survey 2021-2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14.8	12-23 m	295	82
BCG	Record	79.6	12-23 m	1346	82
BCG	Record or Recall	94.4	12-23 m	1641	82
BCG	Record or Recall<12m	94	12-23 m	1641	82
DTP1	Recall	13.8	12-23 m	295	82
DTP1	Record	78.5	12-23 m	1346	82
DTP1	Record or Recall	92.3	12-23 m	1641	82
DTP1	Record or Recall<12m	92	12-23 m	1641	82
DTP3	Recall	10.3	12-23 m	295	82
DTP3	Record	73.8	12-23 m	1346	82
DTP3	Record or Recall	84.1	12-23 m	1641	82
DTP3	Record or Recall<12m	83.6	12-23 m	1641	82
HEPB1	Recall	13.8	12-23 m	295	82
HEPB1	Record	78.5	12-23 m	1346	82
HEPB1	Record or Recall	92.3	12-23 m	1641	82
HEPB1	Record or Recall<12m	92	12-23 m	1641	82
HEPB3	Recall	10.3	12-23 m	295	82
HEPB3	Record	73.8	12-23 m	1346	82
HEPB3	Record or Recall	84.1	12-23 m	1641	82

HEPB3	Record or Recall<12m	83.6	12-23 m	1641	82
HEPBB	Recall	14.5	12-23 m	295	82
HEPBB	Record	79.2	12-23 m	1346	82
HEPBB	Record or Recall	93.6	12-23 m	1641	82
HEPBB	Record or Recall<12m	93	12-23 m	1641	82
HIB1	Recall	13.8	12-23 m	295	82
HIB1	Record	78.5	12-23 m	1346	82
HIB1	Record or Recall	92.3	12-23 m	1641	82
HIB1	Record or Recall<12m	92	12-23 m	1641	82
HIB3	Recall	10.3	12-23 m	295	82
HIB3	Record	73.8	12-23 m	1346	82
HIB3	Record or Recall	84.1	12-23 m	1641	82
HIB3	Record or Recall<12m	83.6	12-23 m	1641	82
IPV1	Recall	13.7	12-23 m	295	82
IPV1	Record	64.5	12-23 m	1346	82
IPV1	Record or Recall	78.1	12-23 m	1641	82
IPV1	Record or Recall<12m	77.8	12-23 m	1641	82
MCV1	Recall	12.9	12-23 m	295	82
MCV1	Record	70.2	12-23 m	1346	82
MCV1	Record or Recall	83.1	12-23 m	1641	82
MCV1	Record or Recall<12m	80.4	12-23 m	1641	82
MCV2	Recall	16.1	24-35 m	399	-
MCV2	Record	56.1	24-35 m	1095	-
MCV2	Record or Recall	72.1	24-35 m	1494	-
MCV2	Record or Recall<12m	69.5	24-35 m	1494	-
PCV1	Recall	12.5	12-23 m	295	82
PCV1	Record	79.1	12-23 m	1346	82
PCV1	Record or Recall	91.5	12-23 m	1641	82
PCV1	Record or Recall<12m	91.1	12-23 m	1641	82
PCVC	Recall	9	12-23 m	295	82
PCVC	Record	74	12-23 m	1346	82
PCVC	Record or Recall	83	12-23 m	1641	82
PCVC	Record or Recall<12m	82.5	12-23 m	1641	82
RCV1	Recall	12.9	12-23 m	295	82
RCV1	Record	70.2	12-23 m	1346	82
RCV1	Record or Recall	83.1	12-23 m	1641	82
RCV1	Record or Recall<12m	80.4	12-23 m	1641	82

2019 Cambodia Demographic and Health Survey 2021-2022

Cambodia - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	23.1	24-35 m	399	-
BCG	Record	70.8	24-35 m	1095	-
BCG	Record or Recall	93.8	24-35 m	1494	-
BCG	Record or Recall<12m	92.6	24-35 m	1494	-
DTP1	Recall	22.2	24-35 m	399	-
DTP1	Record	70.9	24-35 m	1095	-
DTP1	Record or Recall	93.1	24-35 m	1494	-
DTP1	Record or Recall<12m	92.6	24-35 m	1494	-
DTP3	Recall	17.6	24-35 m	399	-
DTP3	Record	66.6	24-35 m	1095	-
DTP3	Record or Recall	84.2	24-35 m	1494	-
DTP3	Record or Recall<12m	83	24-35 m	1494	-
HEPB1	Recall	22.2	24-35 m	399	-
HEPB1	Record	70.9	24-35 m	1095	-
HEPB1	Record or Recall	93.1	24-35 m	1494	-
HEPB1	Record or Recall<12m	92.6	24-35 m	1494	-
HEPB3	Recall	17.6	24-35 m	399	-
HEPB3	Record	66.6	24-35 m	1095	-
HEPB3	Record or Recall	84.2	24-35 m	1494	-
HEPB3	Record or Recall<12m	83	24-35 m	1494	-
HEPB3	Record	22.9	24-35 m	399	-
HEPB3	Record	69.2	24-35 m	1095	-
HEPB3	Record or Recall	92.1	24-35 m	1494	-
HEPB3	Record or Recall<12m	90.8	24-35 m	1494	-
HIB1	Recall	22.2	24-35 m	399	-
HIB1	Record	70.9	24-35 m	1095	-
HIB1	Record or Recall	93.1	24-35 m	1494	-
HIB1	Record or Recall<12m	92.6	24-35 m	1494	-
HIB3	Recall	17.6	24-35 m	399	-
HIB3	Record	66.6	24-35 m	1095	-
HIB3	Record or Recall	84.2	24-35 m	1494	-
HIB3	Record or Recall<12m	83	24-35 m	1494	-
IPV1	Recall	21.5	24-35 m	399	-
IPV1	Record	58.3	24-35 m	1095	-
IPV1	Record or Recall	79.9	24-35 m	1494	-
IPV1	Record or Recall<12m	78.3	24-35 m	1494	-
MCV1	Recall	20.4	24-35 m	399	-
MCV1	Record	66.7	24-35 m	1095	-

MCV1	Record or Recall	87.2	24-35 m	1494	-
MCV1	Record or Recall<12m	81.6	24-35 m	1494	-
PCV1	Recall	21.6	24-35 m	399	-
PCV1	Record	70.6	24-35 m	1095	-
PCV1	Record or Recall	92.2	24-35 m	1494	-
PCV1	Record or Recall<12m	91.7	24-35 m	1494	-
PCVC	Recall	16.8	24-35 m	399	-
PCVC	Record	67.6	24-35 m	1095	-
PCVC	Record or Recall	84.4	24-35 m	1494	-
PCVC	Record or Recall<12m	82.8	24-35 m	1494	-
RCV1	Recall	20.4	24-35 m	399	-
RCV1	Record	66.7	24-35 m	1095	-
RCV1	Record or Recall	87.2	24-35 m	1494	-
RCV1	Record or Recall<12m	81.6	24-35 m	1494	-

2013 Cambodia Demographic and Health Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.7	12-23 m	332	77
BCG	Record	76.4	12-23 m	1129	77
BCG	Record or Recall	96.1	12-23 m	1460	77
BCG	Record or Recall<12m	95.9	12-23 m	1460	77
DTP1	Recall	18.6	12-23 m	332	77
DTP1	Record	75.4	12-23 m	1129	77
DTP1	Record or Recall	94	12-23 m	1460	77
DTP1	Record or Recall<12m	93.6	12-23 m	1460	77
DTP3	Recall	15.1	12-23 m	332	77
DTP3	Record	68.6	12-23 m	1129	77
DTP3	Record or Recall	83.7	12-23 m	1460	77
DTP3	Record or Recall<12m	81.9	12-23 m	1460	77
HEPB1	Recall	18.6	12-23 m	332	77
HEPB1	Record	75.4	12-23 m	1129	77
HEPB1	Record or Recall	94	12-23 m	1460	77
HEPB1	Record or Recall<12m	93.6	12-23 m	1460	77
HEPB3	Recall	15.1	12-23 m	332	77
HEPB3	Record	68.6	12-23 m	1129	77
HEPB3	Record or Recall	83.7	12-23 m	1460	77
HEPB3	Record or Recall<12m	81.9	12-23 m	1460	77
HEPB3	Record	17.7	12-23 m	332	77

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HEPBB	Record	65.1	12-23 m	1129	77
HEPBB	Record or Recall	82.8	12-23 m	1460	77
HEPBB	Record or Recall<12m	82.6	12-23 m	1460	77
HIB1	Recall	18.6	12-23 m	332	77
HIB1	Record	75.4	12-23 m	1129	77
HIB1	Record or Recall	94	12-23 m	1460	77
HIB1	Record or Recall<12m	93.6	12-23 m	1460	77
HIB3	Recall	15.1	12-23 m	332	77
HIB3	Record	68.6	12-23 m	1129	77
HIB3	Record or Recall	83.7	12-23 m	1460	77
HIB3	Record or Recall<12m	81.9	12-23 m	1460	77
MCV1	Recall	15.2	12-23 m	332	77
MCV1	Record	63.4	12-23 m	1129	77
MCV1	Record or Recall	78.6	12-23 m	1460	77
MCV1	Record or Recall<12m	70.3	12-23 m	1460	77

HEPBB	Recall	12	12-23 m	364	77
HEPBB	Record	60.9	12-23 m	1249	77
HEPBB	Record or Recall	73	12-23 m	1614	77
HEPBB	Record or Recall<12m	73	12-23 m	1614	77
HIB1	Recall	17.6	12-23 m	1614	77
HIB1	Record	75.6	12-23 m	1614	77
HIB1	Record or Recall	93.1	12-23 m	1614	77
HIB1	Record or Recall<12m	92.6	12-23 m	1614	77
HIB3	Recall	14	12-23 m	1614	77
HIB3	Record	70.9	12-23 m	1614	77
HIB3	Record or Recall	84.8	12-23 m	1614	77
HIB3	Record or Recall<12m	83.6	12-23 m	1614	77
MCV1	Recall	15	12-23 m	1614	77
MCV1	Record	66.8	12-23 m	1614	77
MCV1	Record or Recall	81.9	12-23 m	1614	77
MCV1	Record or Recall<12m	77	12-23 m	1614	77

2009 Cambodia Demographic and Health Survey 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	17.3	12-23 m	1614	77
BCG	Record	77.1	12-23 m	1614	77
BCG	Record or Recall	94.3	12-23 m	1614	77
BCG	Record or Recall<12m	94.2	12-23 m	1614	77
DTP1	Recall	17.6	12-23 m	1614	77
DTP1	Record	75.6	12-23 m	1614	77
DTP1	Record or Recall	93.1	12-23 m	1614	77
DTP1	Record or Recall<12m	92.6	12-23 m	1614	77
DTP3	Recall	14	12-23 m	1614	77
DTP3	Record	70.9	12-23 m	1614	77
DTP3	Record or Recall	84.8	12-23 m	1614	77
DTP3	Record or Recall<12m	83.6	12-23 m	1614	77
HEPB1	Recall	17.6	12-23 m	1614	77
HEPB1	Record	75.6	12-23 m	1614	77
HEPB1	Record or Recall	93.1	12-23 m	1614	77
HEPB1	Record or Recall<12m	92.6	12-23 m	1614	77
HEPB3	Recall	14	12-23 m	1614	77
HEPB3	Record	70.9	12-23 m	1614	77
HEPB3	Record or Recall	84.8	12-23 m	1614	77
HEPB3	Record or Recall<12m	83.6	12-23 m	1614	77

2008 Cambodia Socio-Economic Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	77.7	12-23 m	1068	79
DTP1	Record	76.9	12-23 m	1068	79
DTP3	Record	55.8	12-23 m	1068	79
HEPBB	Record	61.1	12-23 m	1068	79
MCV1	Record	59.3	12-23 m	1068	79

2004 Cambodia Demographic and Health Survey 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.5	12-23 m	1517	67
BCG	Record	65.9	12-23 m	1517	67
BCG	Record or Recall	91.4	12-23 m	1517	67
BCG	Record or Recall<12m	91	12-23 m	1517	67
DTP1	Recall	24.3	12-23 m	1517	67
DTP1	Record	66.3	12-23 m	1517	67
DTP1	Record or Recall	90.6	12-23 m	1517	67
DTP1	Record or Recall<12m	89.7	12-23 m	1517	67

DTP3	Recall	17	12-23 m	1517	67
DTP3	Record	61.3	12-23 m	1517	67
DTP3	Record or Recall	78.3	12-23 m	1517	67
DTP3	Record or Recall<12m	75.5	12-23 m	1517	67
MCV1	Recall	20.6	12-23 m	1517	67
MCV1	Record	56.3	12-23 m	1517	67
MCV1	Record or Recall	76.9	12-23 m	1517	67
MCV1	Record or Recall<12m	70.2	12-23 m	1517	67

1999 Cambodia Demographic and Health Survey 2000, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.5	12-23 m	1253	48
BCG	Record	45.9	12-23 m	1253	48
BCG	Record or Recall	71.4	12-23 m	1253	48
BCG	Record or Recall<12m	66.1	12-23 m	1253	48
DTP1	Recall	22.4	12-23 m	1253	48
DTP1	Record	45.6	12-23 m	1253	48
DTP1	Record or Recall	68	12-23 m	1253	48
DTP1	Record or Recall<12m	63.4	12-23 m	1253	48
DTP3	Recall	12.7	12-23 m	1253	48
DTP3	Record	35.8	12-23 m	1253	48
DTP3	Record or Recall	48.5	12-23 m	1253	48
DTP3	Record or Recall<12m	42.7	12-23 m	1253	48

MCV1	Recall	18.9	12-23 m	1253	48
MCV1	Record	36.4	12-23 m	1253	48
MCV1	Record or Recall	55.4	12-23 m	1253	48
MCV1	Record or Recall<12m	41.4	12-23 m	1253	48

1997 National Health Survey Cambodia 1998, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	33.4	12-23 m	804	-
BCG	Record	33.4	12-23 m	804	-
BCG	Record or Recall	66.7	12-23 m	804	-
DTP1	Recall	29	12-23 m	804	-
DTP1	Record	33	12-23 m	804	-
DTP1	Record or Recall	62	12-23 m	804	-
DTP1	Record or Recall<12m	60.9	12-23 m	804	-
DTP3	Recall	19.7	12-23 m	804	-
DTP3	Record	26.8	12-23 m	804	-
DTP3	Record or Recall	46.5	12-23 m	804	-
DTP3	Record or Recall<12m	44.4	12-23 m	804	-
MCV1	Recall	23.8	12-23 m	804	-
MCV1	Record	25.7	12-23 m	804	-
MCV1	Record or Recall	49.5	12-23 m	804	-
MCV1	Record or Recall<12m	45.4	12-23 m	804	-

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