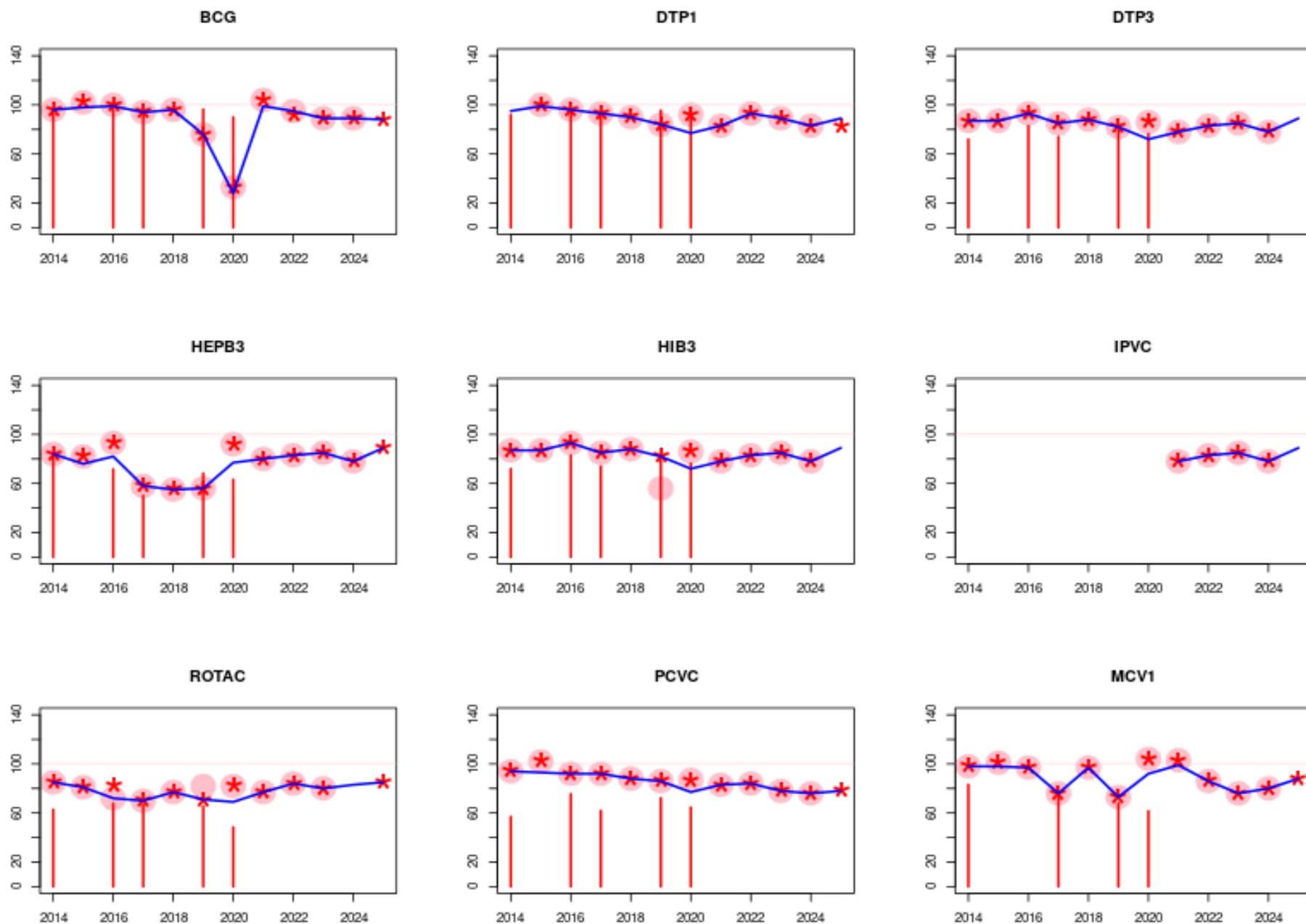




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FUENTES DE DATOS

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

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

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

ABREVIATURAS Y DEFINICIONES

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

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

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

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

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

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

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

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

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

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

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

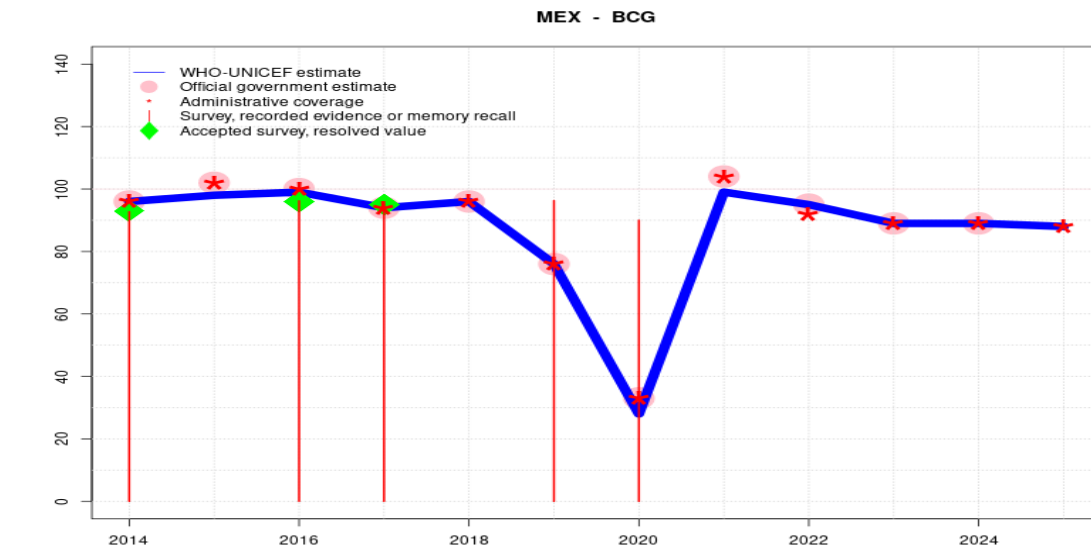
PCVC (del inglés pneumococcal conjugate vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la serie primaria de la vacuna antineumocócica conjugada, recomendada según el calendario nacional de vacunación (p. ej., segunda o tercera dosis).

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

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

Descargo de responsabilidad: La Organización Mundial de la Salud y el Fondo de las Naciones Unidas para la Infancia han tomado todas las precauciones razonables para verificar la información contenida en esta publicación. No obstante, el material publicado se distribuye sin garantía de ningún tipo, ni expresa ni implícita. La responsabilidad de la interpretación y el uso del material recae en el lector. En ningún caso la Organización Mundial de la Salud o el Fondo de las Naciones Unidas para la Infancia serán responsables de potenciales daños derivados de su uso.

Mexico - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	96	98	99	94	96	76	28	99	95	89	89	88
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●	●	●●	●●	●●	●●	●●
Official	96	102	100	94	96	76	33	104	95	89	89	-
Administrative	96	102	100	94	96	76	33	104	92	89	89	88
Survey	93	-	96	95	-	96	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.

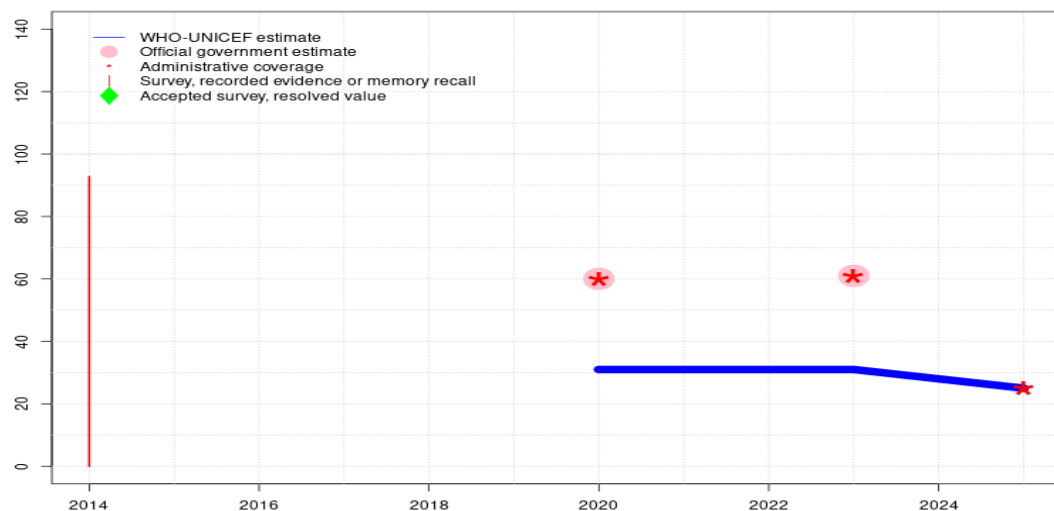
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage may be an overestimate as reported coverage appears to include doses administered during catch-up activities. GoC=R+ D+
- 2020: Estimate is based on reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Reported data excluded due to decline in reported coverage from 76 percent to 33 percent with increase to 104 percent. Estimate challenged by: R-
- 2019: Estimate informed by reported data. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results appear to have missed the impacts of the reported vaccine stockout. Programme reports a twelve month national level vaccine stockout. Estimate challenged by: S-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+

Mexico - HEPBB

MEX - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	31	31	31	31	28	25
Estimate GoC	-	-	-	-	-	-	●	●	●	●	●	●●
Official	-	-	-	-	-	-	60	-	-	61	-	-
Administrative	-	-	-	-	-	-	60	-	-	61	-	25
Survey	93	-	-	-	-	-	-	-	-	-	-	-

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.

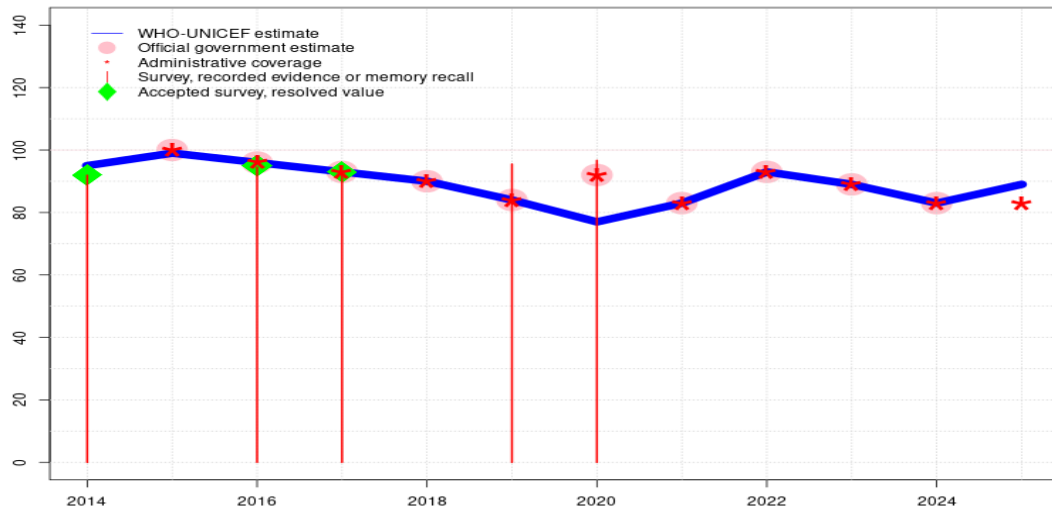
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on reported data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Reported data calibrated to 2023 and 2025 levels. Estimate of 28 percent changed from previous revision value of 63 percent. GoC=No accepted empirical data
- 2023: Estimate of 31 percent assigned by working group. Reported data includes doses administered within and after 24 hours. Estimate informed by the ratio between reported number of doses administered within 24 hours and all doses administered in 2025, applied to reported data in 2023. Estimate of 31 percent changed from previous revision value of 61 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 and 2023 levels. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. Estimate of 31 percent changed from previous revision value of 57 percent. GoC=No accepted empirical data
- 2021: Reported data calibrated to 2020 and 2023 levels. Estimate of 31 percent changed from previous revision value of 54 percent. GoC=No accepted empirical data
- 2020: Estimate of 31 percent assigned by working group. Hepatitis B birth dose introduced in 2005. Reported data includes doses administered within and after 24 hours. Estimate informed by the ratio between reported number of doses administered within 24 hours and all doses administered in 2025, applied to reported data in 2020. Estimate of 31 percent changed from previous revision value of 50 percent. Estimate challenged by: D-R-

Mexico - DTP1

MEX - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	99	96	93	90	84	77	83	93	89	83	89
Estimate GoC	●●	●●●	●●●	●●●	●●●	●●●	●	●●	●●	●●	●●	●
Official	-	100	96	93	90	84	92	83	93	89	83	-
Administrative	-	100	96	93	90	84	92	83	93	89	83	83
Survey	92	-	95	93	-	96	97	-	-	-	-	-

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.

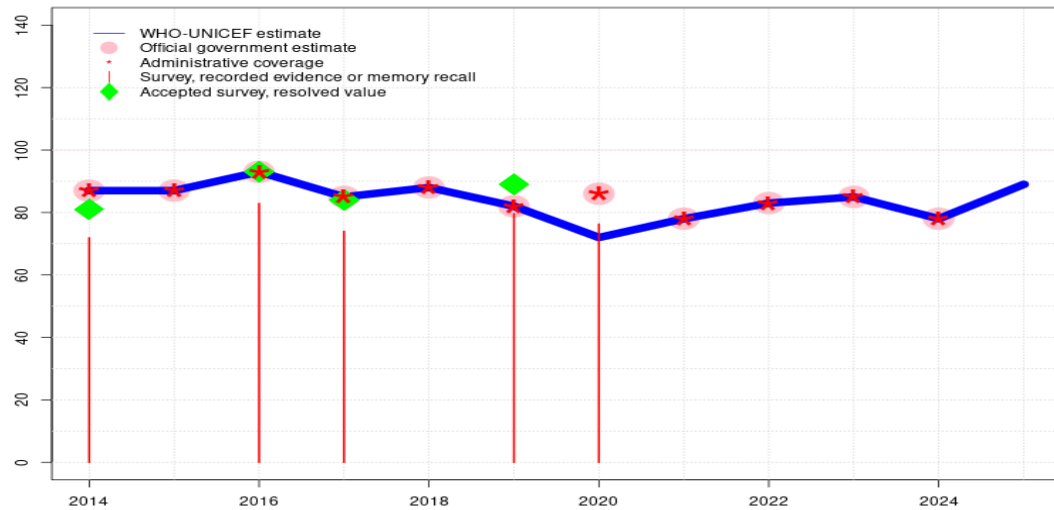
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated IPV1 coverage. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: R-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Estimate challenged by: R-
- 2019: Estimate informed by reported data. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results appear to have missed the impacts of the reported vaccine stockout. Programme reports a four months national level vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 1 survey(s). Programme reports district level stockouts of unknown duration for DTaP-Hib-IPV. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). GoC=S+

Mexico - DTP3

MEX - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	87	87	93	85	88	82	72	78	83	85	78	89
Estimate GoC	●●●	●●●	●	●●●	●●●	●●●	●	●	●●	●●	●●	●
Official	87	87	93	85	88	82	86	78	83	85	78	-
Administrative	87	87	93	85	88	82	86	78	83	85	78	-
Survey	72	-	83	74	-	80	76	-	-	-	-	-

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 HepB3 coverage. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 76 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 43 percent. Estimate challenged by: R-S-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 89 percent based on 1 survey(s). National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 80 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 40 percent. Programme reports a four months national level vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 74 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 44 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 83 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 46 percent. Programme reports district level stockouts of unknown duration for DTaP-Hib-IPV. The increase in reported coverage is exceptionally high at such levels of coverage due in part to a nearly 9 percent increase in the reported number of children vaccinated with three doses of DTP containing vaccine combined with a decrease in the reported target population. The increase in coverage from 2015 to 2016 is not supported by survey results for the 2014 birth cohort nor is it explained by intensification of delivery activity. Estimate challenged by: S-

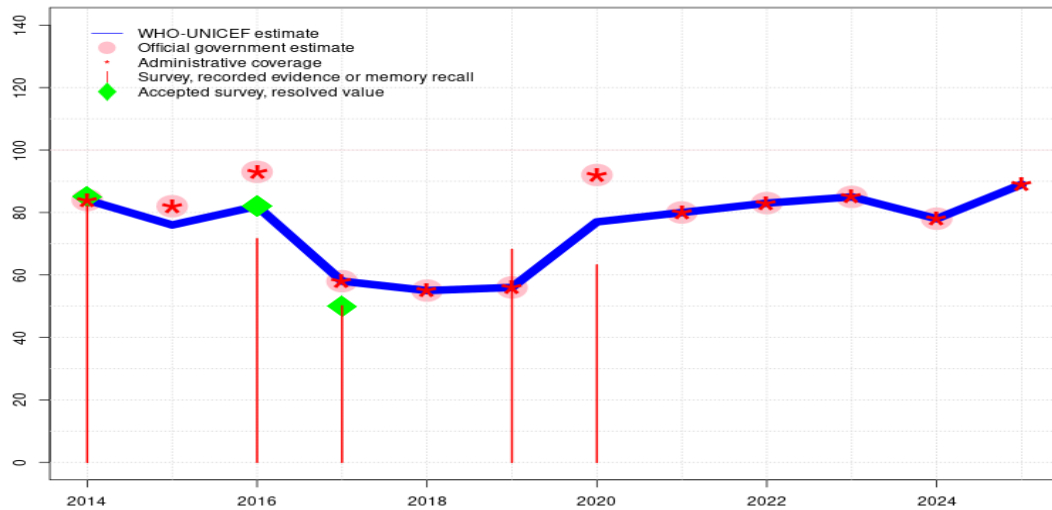
Mexico - DTP3

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

2014: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 72 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 65 percent. GoC=R+ S+ D+

Mexico - HEPB3

MEX - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	84	76	82	58	55	56	77	80	83	85	78	89
Estimate GoC	•••	•	•	•	•	•••	•	••	••	••	••	••
Official	84	82	93	58	55	56	92	80	83	85	78	-
Administrative	84	82	93	58	55	56	92	80	83	85	78	89
Survey	82	-	72	50	-	68	63	-	-	-	-	-

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

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

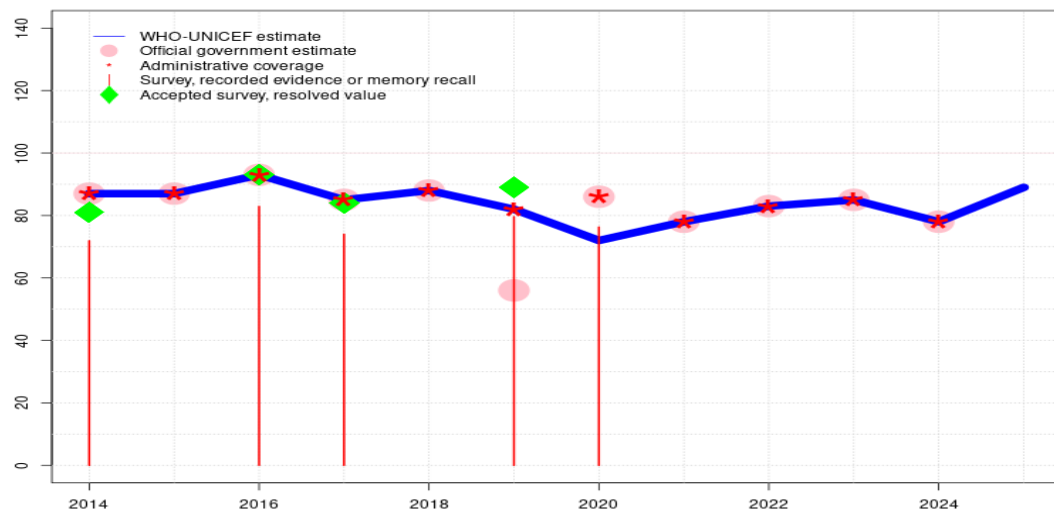
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Reported data excluded due to an increase from 56 percent to 92 percent with decrease to 80 percent. Estimate challenged by: R-
- 2019: Estimate informed by reported data. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results appear to have missed the impacts of the reported vaccine stockout. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 68 percent modified for recall bias to 71 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 32 percent. Programme reports four months vaccine stockout at national level. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 50 percent based on 1 survey(s). Country reports HepB vaccine stockout from September to November 2017. Estimate challenged by: S-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 82 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 72 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 48 percent and 3rd dose record only coverage of 41 percent. Estimate informed by reported data to remain consistent with other vaccines. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 and 2016 levels. Estimate challenged by: R-S-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 85 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 82 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 68 percent. GoC=R+ S+ D+

Mexico - HIB3

MEX - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	87	87	93	85	88	82	72	78	83	85	78	89
Estimate GoC	•••	•••	•	•••	•••	•••	•	•	••	••	••	•
Official	87	87	93	85	88	82	72	78	83	85	78	-
Administrative	87	87	93	85	88	82	72	78	83	85	78	-
Survey	72	-	83	74	-	80	76	-	-	-	-	-

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.

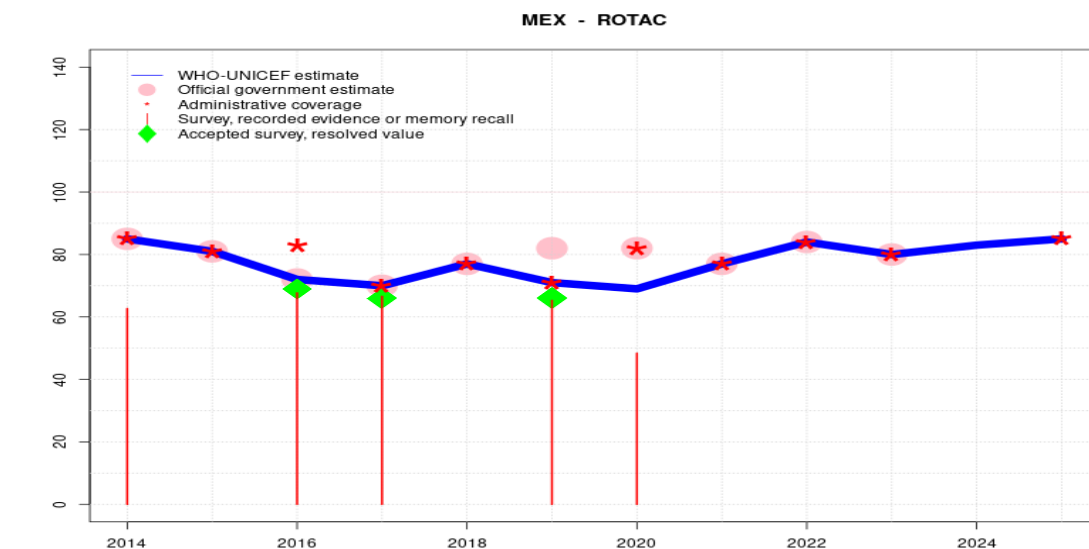
Description:

- 2025: Estimate based on estimated HepB3 coverage. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 76 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 43 percent. Estimate challenged by: R-S-
- 2019: Estimate informed by reported administrative data supported by survey.Survey evidence of 89 percent based on 1 survey(s). National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 80 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 40 percent. Adjustments made to reported official coverage are unexplained. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 74 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 44 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 83 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 46 percent. Programme reports district level stockouts of unknown duration for DTaP-Hib-IPV. Estimate challenged by: S-
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 81 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 72 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 74 percent and 3rd dose

Mexico - HIB3

record only coverage of 65 percent. GoC=R+ S+ D+

Mexico - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	81	72	70	77	71	69	77	84	80	83	85
Estimate GoC	•	•	•	•••	•	•••	•	•	••	••	•	••
Official	85	81	72	70	77	82	82	77	84	80	-	-
Administrative	85	81	83	70	77	71	82	77	84	80	-	85
Survey	63	-	68	67	-	65	48	-	-	-	-	-

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:

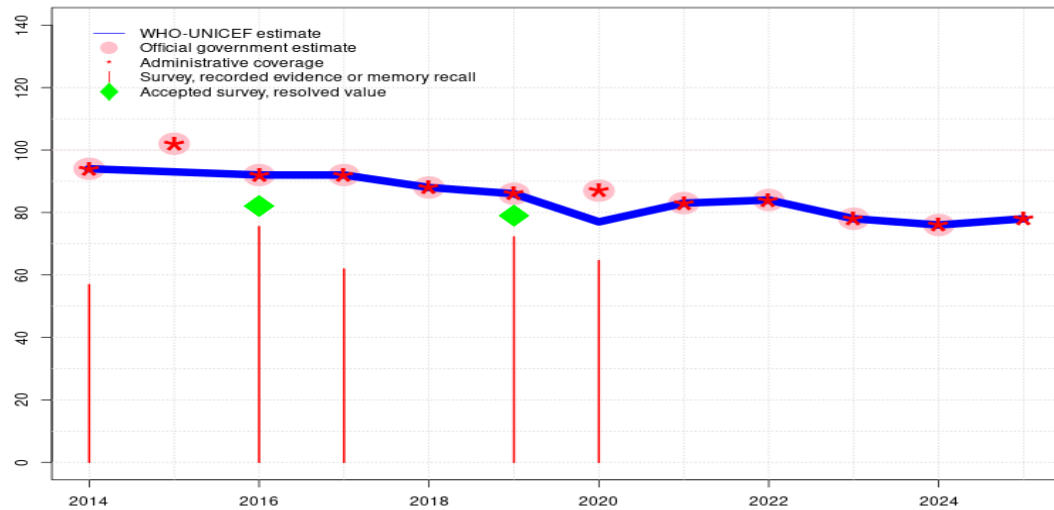
- 2025: Estimate informed by reported administrative data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by interpolation between reported data. Estimate of 83 percent changed from previous revision value of 80 percent. GoC=No accepted empirical data
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate is informed by reported data. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 48 percent modified for recall bias to 38 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 44 percent and 3rd dose record only coverage of 18 percent. Estimate informed by reported data consistent with other antigens. Estimate challenged by: R-
- 2019: Estimate informed by reported administrative data supported by survey.Survey evidence of 66 percent based on 1 survey(s). National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 65 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 30 percent. Unexplained official estimate and estimate inconsistent with other vaccine doses. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 66 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 67 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 35 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 69 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 68 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 46 percent and 3rd dose record only coverage of 34 percent. Programme reports district level stockouts of unknown duration for rotavirus vaccine. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results adjusted for recall bias inconsistent with those of neighbouring cohort despite similar levels of coverage based on documented evi-

Mexico - ROTAC

dence. Mexico Multiple Indicator Cluster Survey 2015-2016 record or recall results of 63 percent modified for recall bias to 70 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 72 percent and 3rd dose record only coverage of 56 percent. Estimate challenged by: S-

Mexico - PCVC

MEX - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	94	93	92	92	88	86	77	83	84	78	76	78
Estimate GoC	•	•	•••	•	•••	•••	•	•••	••	••	••	••
Official	94	102	92	92	88	86	87	83	84	78	76	-
Administrative	94	102	92	92	88	86	87	83	84	78	76	78
Survey	57	-	76	62	-	72	65	-	-	-	-	-

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:

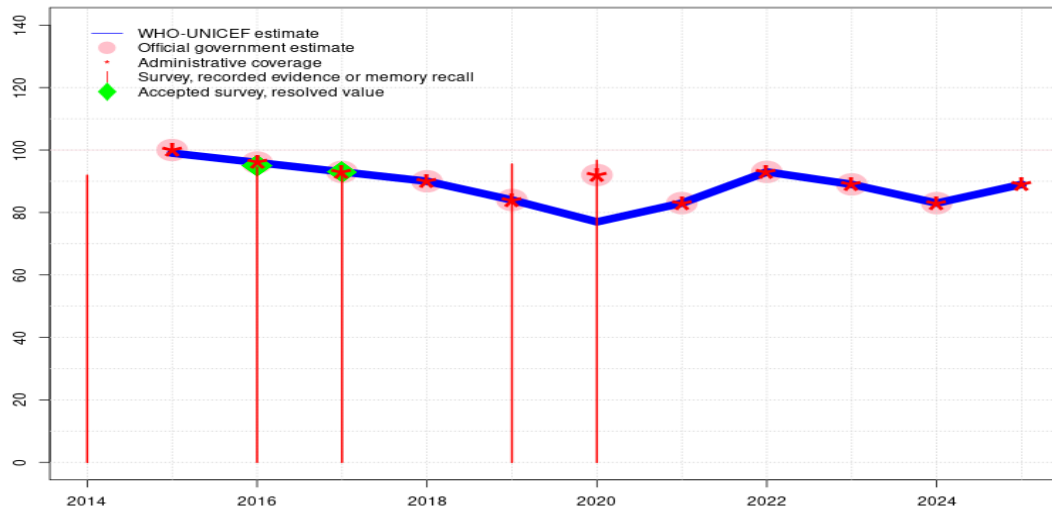
- 2025: Estimate informed by reported administrative data. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate is informed by reported data. GoC=R+ S+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 65 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 37 percent. Estimate challenged by: R-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 79 percent based on 1 survey(s). National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 record or recall results of 72 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 36 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National Health and Survey Survey, 2018 results ignored by working group. Survey results inconsistent with those of other antigens and there is no identified explanation for the deviation from the survey results for the prior cohort year. National Health and Survey Survey, 2018 record or recall results of 62 percent modified for recall bias to 67 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 36 percent. Estimate challenged by: S-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 82 percent based on 1 survey(s). National Health and Survey Survey, 2018 record or recall results of 76 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 48 percent and 3rd dose record only coverage of 42 percent. GoC=R+ S+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results for children 12-23 months likely underestimate coverage based on recommended age of administration. Mexico Multiple

Mexico - PCVC

Indicator Cluster Survey 2015-2016 record or recall results of 57 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 51 percent. Estimate challenged by: S-

Mexico - IPV1

MEX - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	99	96	93	90	84	77	83	93	89	83	89
Estimate GoC	-	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	-	100	96	93	90	84	92	83	93	89	83	-
Administrative	-	100	96	93	90	84	92	83	93	89	83	89
Survey	92	-	95	93	-	96	97	-	-	-	-	-

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.

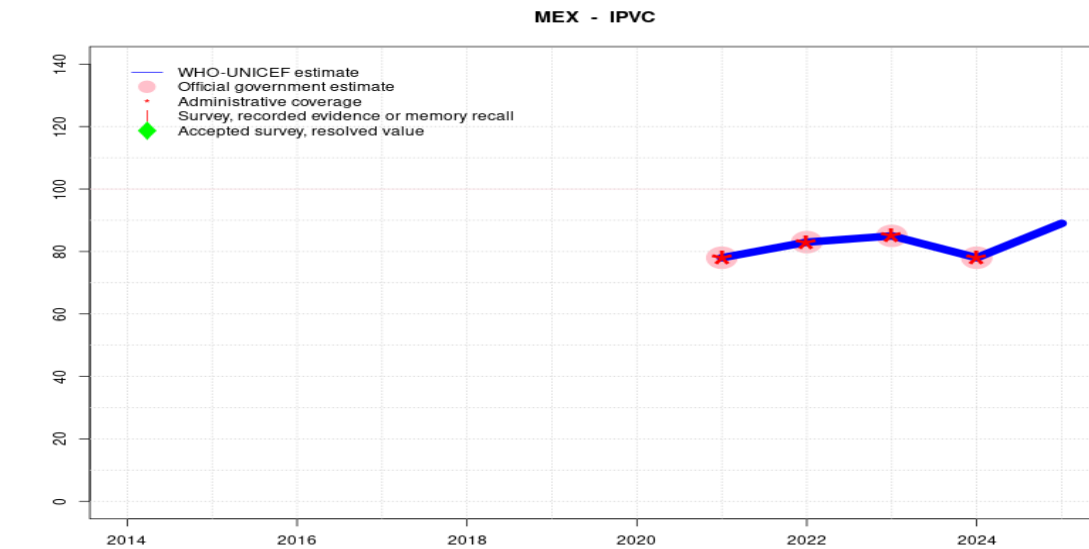
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Estimate challenged by: R-
- 2019: Estimate informed by reported data. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results appear to have missed the impacts of the reported vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 1 survey(s). Programme reports district level stockouts of unknown duration for DTaP-Hib-IPV. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+

Mexico - IPV



Description:

2025: Estimate based on estimated DTP3 coverage. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=No accepted empirical data

2024: Estimate informed by reported data. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+

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

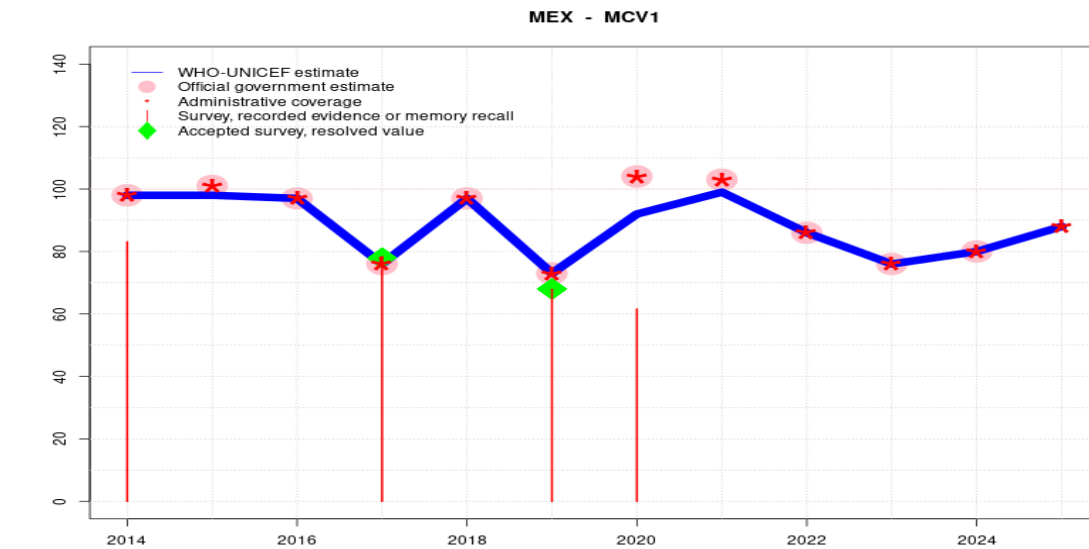
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	78	83	85	78	89
Estimate GoC	-	-	-	-	-	-	-	●●	●●	●●	●●	●
Official	-	-	-	-	-	-	-	78	83	85	78	-
Administrative	-	-	-	-	-	-	-	78	83	85	78	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Mexico - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	97	76	97	73	92	99	86	76	80	88
Estimate GoC	••	•	•	•••	•	•••	•	•	••	••	••	••
Official	98	101	97	76	97	73	104	103	86	76	80	-
Administrative	98	101	97	76	97	73	104	103	86	76	80	88
Survey	83	-	-	78	-	68	62	-	-	-	-	-

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.

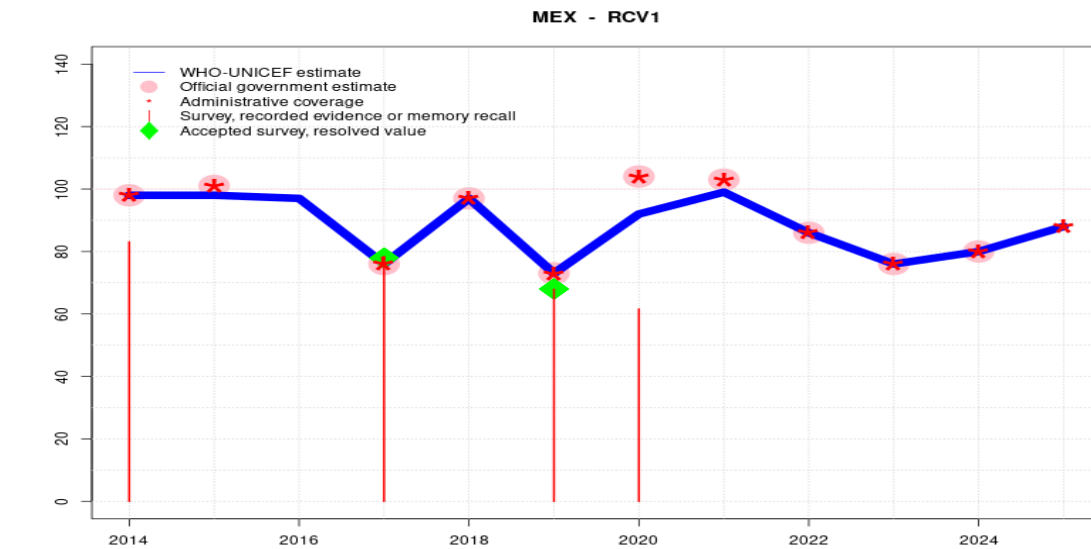
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. Country reports 12 month vaccine stockout. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. Unexplained decline in reported coverage from 2021 to 2022. From 2022, the recommended age for MCV is changing from 12 months (MCV1) / 6 years (MCV2) to 12 months (MCV1) / 18 months (MCV2). GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports conducting catch-up activities during 2021 and doses administered during these activities are included with routine doses. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: R-S-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 68 percent based on 1 survey(s). Programme reports a six month national level vaccine stockout. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Country reports vaccine stockout from March to July 2018 and efforts to catch up afterwards. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 78 percent based on 1 survey(s). Country reports delays in vaccine supply in 2017. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme reports district level stockouts of unknown duration for measles containing vaccine. Estimate challenged by: S-
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results inconsistent with those of other antigens vis-à-vis reported data. GoC=R+ D+

Mexico - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	97	76	97	73	92	99	86	76	80	88
Estimate GoC	●●	●	●	●●●	●	●●●	●	●	●●	●●	●●	●●
Official	98	101	-	76	97	73	104	103	86	76	80	-
Administrative	98	101	-	76	97	73	104	103	86	76	80	88
Survey	83	-	-	78	-	68	62	-	-	-	-	-

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.

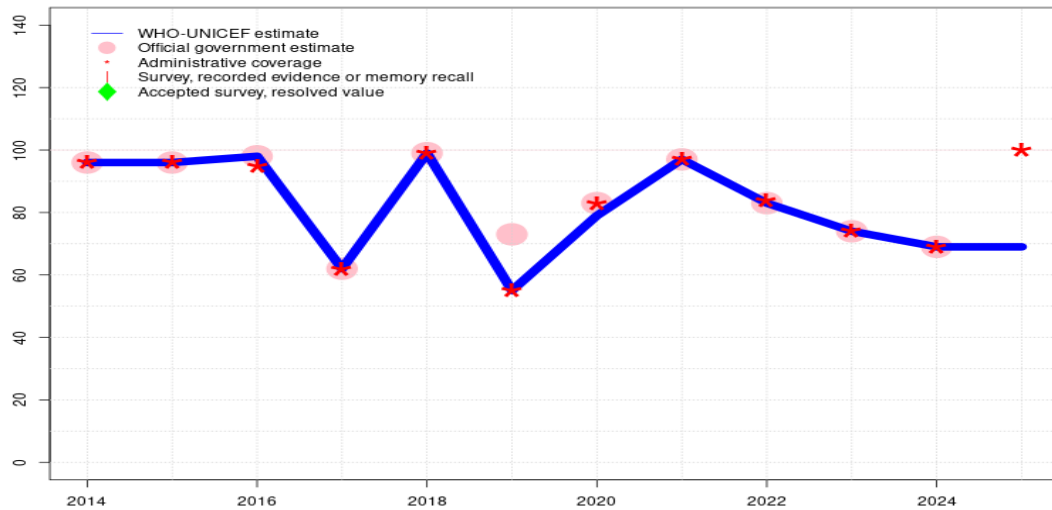
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Country reports 12 month vaccine stockout. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: S-
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. National Health and Nutrition Survey (ENSANUT) 2021 on COVID-19 results ignored by working group. Survey results for cohort are inconsistent with those for prior year cohort and with declines in reported doses administered, likely due to the timing of the field work. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: R-S-
- 2019: Estimate based on estimated MCV1. Reported data excluded due to decline in reported coverage from 97 percent to 73 percent with increase to 104 percent. GoC=R+ S+ D+
- 2018: Estimate based on estimated MCV1. Reported data excluded due to an increase from 76 percent to 97 percent with decrease to 73 percent. Estimate challenged by: S-
- 2017: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2016: Estimate based on estimated MCV1. Programme reports district level stockouts of unknown duration for rubella containing vaccine. Estimate challenged by: S-
- 2015: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: S-
- 2014: Estimate based on estimated MCV1. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results inconsistent with those of other antigens vis-à-vis reported data. GoC=R+ D+

Mexico - MCV2

MEX - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	96	96	98	62	99	55	79	97	83	74	69	69
Estimate GoC	••	••	••	••	••	••	•	••	••	••	••	•
Official	96	96	98	62	99	73	83	97	83	74	69	-
Administrative	96	96	95	62	99	55	83	97	84	74	69	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.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded due to sudden change in coverage from 69 to 100 percent. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. Country reports 12 month vaccine stockout. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported target population declined nine percent from 2021 to 2022 for antigens recommended during infancy. Unexplained decline in reported coverage from 2021 to 2022. From 2022, the recommended age for MCV is changing from 12 months (MCV1) / 6 years (MCV2) to 12 months (MCV1) / 18 months (MCV2). GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports conducting catch-up activities during 2021 and doses administered during these activities are included with routine doses. GoC=R+ D+
- 2020: Estimate is based reported numerator and a recomputed target population based on 2019 and 2021 target population information given an unexplained 17 percent decline in reported target population in 2020. Estimate challenged by: R-
- 2019: Estimate informed by reported administrative data. Programme reports a six month national level vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Country reports vaccine stockout from March to July 2018 and efforts to catch up afterwards. GoC=R+ D+
- 2017: Estimate informed by reported data. Country reports delays in vaccine supply in 2017. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports district level stockouts of unknown duration for measles containing vaccine. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Mexico - 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 Encuesta Nacional de Salud y Nutrición (ENSANUT) 2021 sobre COVID-19

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	47.6	12-23 m	1841	46
BCG	Record	42.5	12-23 m	1841	46
BCG	Record or Recall	90	12-23 m	1841	46
DTP1	Recall	49.6	12-23 m	1841	46
DTP1	Record	47.2	12-23 m	1841	46
DTP1	Record or Recall	96.7	12-23 m	1841	46
DTP3	Recall	32.9	12-23 m	1841	46
DTP3	Record	43.4	12-23 m	1841	46
DTP3	Record or Recall	76.3	12-23 m	1841	46
HEPB1	Recall	49.9	12-23 m	1841	46
HEPB1	Record	45.9	12-23 m	1841	46
HEPB1	Record or Recall	95.7	12-23 m	1841	46
HEPB3	Recall	33	12-23 m	1841	46
HEPB3	Record	30.2	12-23 m	1841	46
HEPB3	Record or Recall	63.2	12-23 m	1841	46
HIB1	Recall	49.6	12-23 m	1841	46
HIB1	Record	47.2	12-23 m	1841	46
HIB1	Record or Recall	96.7	12-23 m	1841	46

HIB3	Recall	32.9	12-23 m	1841	46
HIB3	Record	43.4	12-23 m	1841	46
HIB3	Record or Recall	76.3	12-23 m	1841	46
IPV1	Recall	49.6	12-23 m	1841	46
IPV1	Record	47.2	12-23 m	1841	46
IPV1	Record or Recall	96.7	12-23 m	1841	46
MCV1	Recall	23.6	12-23 m	1841	46
MCV1	Record	38	12-23 m	1841	46
MCV1	Record or Recall	61.6	12-23 m	1841	46
PCV1	Recall	46	12-23 m	1841	46
PCV1	Record	47.1	12-23 m	1841	46
PCV1	Record or Recall	93.1	12-23 m	1841	46
PCVC	Recall	28.1	12-23 m	1841	46
PCVC	Record	36.6	12-23 m	1841	46
PCVC	Record or Recall	64.6	12-23 m	1841	46
RCV1	Recall	23.6	12-23 m	1841	46
RCV1	Record	38	12-23 m	1841	46
RCV1	Record or Recall	61.6	12-23 m	1841	46
ROTAC	Recall	30.8	12-23 m	1841	46
ROTAC	Record	17.7	12-23 m	1841	46
ROTAC	Record or Recall	48.4	12-23 m	1841	46

2019 Encuesta Nacional de Salud y Nutrición (ENSANUT) 2021 sobre COVID-19

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	53.1	24-35 m	2164	-
BCG	Record	43.2	24-35 m	2164	-
BCG	Record or Recall	96.3	24-35 m	2164	-
DTP1	Recall	52.4	24-35 m	2164	-
DTP1	Record	43.1	24-35 m	2164	-
DTP1	Record or Recall	95.5	24-35 m	2164	-
DTP3	Recall	39.9	24-35 m	2164	-
DTP3	Record	39.7	24-35 m	2164	-
DTP3	Record or Recall	79.6	24-35 m	2164	-
HEPB1	Recall	52.7	24-35 m	2164	-
HEPB1	Record	42.8	24-35 m	2164	-
HEPB1	Record or Recall	95.5	24-35 m	2164	-
HEPB3	Recall	35.9	24-35 m	2164	-

Mexico - Survey Details

HEPB3	Record	32.3	24-35 m	2164	-
HEPB3	Record or Recall	68.2	24-35 m	2164	-
HIB1	Recall	52.4	24-35 m	2164	-
HIB1	Record	43.1	24-35 m	2164	-
HIB1	Record or Recall	95.5	24-35 m	2164	-
HIB3	Recall	39.9	24-35 m	2164	-
HIB3	Record	39.7	24-35 m	2164	-
HIB3	Record or Recall	79.6	24-35 m	2164	-
IPV1	Recall	52.4	24-35 m	2164	-
IPV1	Record	43.1	24-35 m	2164	-
IPV1	Record or Recall	95.5	24-35 m	2164	-
MCV1	Recall	29.6	24-35 m	2164	-
MCV1	Record	38.3	24-35 m	2164	-
MCV1	Record or Recall	67.9	24-35 m	2164	-
PCV1	Recall	50.7	24-35 m	2164	-
PCV1	Record	43.2	24-35 m	2164	-
PCV1	Record or Recall	93.9	24-35 m	2164	-
PCVC	Recall	36	24-35 m	2164	-
PCVC	Record	36.2	24-35 m	2164	-
PCVC	Record or Recall	72.2	24-35 m	2164	-
RCV1	Recall	29.6	24-35 m	2164	-
RCV1	Record	38.3	24-35 m	2164	-
RCV1	Record or Recall	67.9	24-35 m	2164	-
ROTAC	Recall	35.6	24-35 m	2164	-
ROTAC	Record	29.7	24-35 m	2164	-
ROTAC	Record or Recall	65.3	24-35 m	2164	-

2017 Encuesta Nacional de Salud y Nutrición (ENSANUT) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	45.5	12-23 m	1979	-
BCG	Record	49.6	12-23 m	1979	-
BCG	Record or Recall	95.1	12-23 m	1979	-
DTP1	Recall	43.6	12-23 m	1979	-
DTP1	Record	49	12-23 m	1979	-
DTP1	Record or Recall	92.5	12-23 m	1979	-
DTP3	Recall	30.4	12-23 m	1979	-
DTP3	Record	43.6	12-23 m	1979	-
DTP3	Record or Recall	74	12-23 m	1979	-

HEPB1	Recall	44.8	12-23 m	1979	-
HEPB1	Record	46.5	12-23 m	1979	-
HEPB1	Record or Recall	91.4	12-23 m	1979	-
HEPB3	Recall	23.9	12-23 m	1979	-
HEPB3	Record	26.1	12-23 m	1979	-
HEPB3	Record or Recall	50.1	12-23 m	1979	-
HIB1	Recall	43.6	12-23 m	1979	-
HIB1	Record	49	12-23 m	1979	-
HIB1	Record or Recall	92.5	12-23 m	1979	-
HIB3	Recall	30.4	12-23 m	1979	-
HIB3	Record	43.6	12-23 m	1979	-
HIB3	Record or Recall	74	12-23 m	1979	-
IPV1	Recall	43.6	12-23 m	1979	-
IPV1	Record	49	12-23 m	1979	-
IPV1	Record or Recall	92.5	12-23 m	1979	-
MCV1	Recall	36.8	24-35 m	1999	-
MCV1	Record	41.6	24-35 m	1999	-
MCV1	Record or Recall	78.4	24-35 m	1999	-
PCV1	Recall	42.2	12-23 m	1979	-
PCV1	Record	48.7	12-23 m	1979	-
PCV1	Record or Recall	90.9	12-23 m	1979	-
PCVC	Recall	26.4	12-23 m	1979	-
PCVC	Record	35.5	12-23 m	1979	-
PCVC	Record or Recall	61.9	12-23 m	1979	-
RCV1	Recall	36.8	24-35 m	1999	-
RCV1	Record	41.6	24-35 m	1999	-
RCV1	Record or Recall	78.4	24-35 m	1999	-
ROTAC	Recall	31.3	12-23 m	1979	-
ROTAC	Record	35.3	12-23 m	1979	-
ROTAC	Record or Recall	66.6	12-23 m	1979	-

2016 Encuesta Nacional de Salud y Nutrición (ENSANUT) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	48.5	24-35 m	1999	-
BCG	Record	47.6	24-35 m	1999	-
BCG	Record or Recall	96.2	24-35 m	1999	-
DTP1	Recall	47.1	24-35 m	1999	-
DTP1	Record	47.4	24-35 m	1999	-

Mexico - Survey Details

DTP1	Record or Recall	94.5	24-35 m	1999	-
DTP3	Recall	37	24-35 m	1999	-
DTP3	Record	46	24-35 m	1999	-
DTP3	Record or Recall	82.9	24-35 m	1999	-
HEPB1	Recall	48.5	24-35 m	1999	-
HEPB1	Record	47.6	24-35 m	1999	-
HEPB1	Record or Recall	96.1	24-35 m	1999	-
HEPB3	Recall	30.9	24-35 m	1999	-
HEPB3	Record	40.7	24-35 m	1999	-
HEPB3	Record or Recall	71.6	24-35 m	1999	-
HIB1	Recall	47.1	24-35 m	1999	-
HIB1	Record	47.4	24-35 m	1999	-
HIB1	Record or Recall	94.5	24-35 m	1999	-
HIB3	Recall	37	24-35 m	1999	-
HIB3	Record	46	24-35 m	1999	-
HIB3	Record or Recall	82.9	24-35 m	1999	-
IPV1	Recall	47.1	24-35 m	1999	-
IPV1	Record	47.4	24-35 m	1999	-
IPV1	Record or Recall	94.5	24-35 m	1999	-
PCV1	Recall	46.2	24-35 m	1999	-
PCV1	Record	47.7	24-35 m	1999	-
PCV1	Record or Recall	93.9	24-35 m	1999	-
PCVC	Recall	33.5	24-35 m	1999	-
PCVC	Record	42	24-35 m	1999	-
PCVC	Record or Recall	75.5	24-35 m	1999	-
ROTAC	Recall	34.1	24-35 m	1999	-
ROTAC	Record	33.6	24-35 m	1999	-
ROTAC	Record or Recall	67.7	24-35 m	1999	-

2014 Mexico: Encuesta Nacional de Ninos, Ninas y Mujeres 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	74.4	12-23 m	1440	75
BCG	Record or Recall	92.7	12-23 m	1440	75
BCG	Record or Recall<12m	92.6	12-23 m	1440	75
DTP1	Record	73.6	12-23 m	1440	75
DTP1	Record or Recall	91.9	12-23 m	1440	75
DTP1	Record or Recall<12m	91.4	12-23 m	1440	75
DTP3	Record	64.9	12-23 m	1440	75

DTP3	Record or Recall	71.9	12-23 m	1440	75
DTP3	Record or Recall<12m	69.1	12-23 m	1440	75
HEPB1	Record	74	12-23 m	1440	75
HEPB1	Record or Recall	92.8	12-23 m	1440	75
HEPB1	Record or Recall<12m	92.6	12-23 m	1440	75
HEPB3	Record	67.8	12-23 m	1440	75
HEPB3	Record or Recall	82.2	12-23 m	1440	75
HEPB3	Record or Recall<12m	76.9	12-23 m	1440	75
HEPBB	Record	74	12-23 m	1440	75
HEPBB	Record or Recall	92.8	12-23 m	1440	75
HEPBB	Record or Recall<12m	92.6	12-23 m	1440	75
HIB1	Record	73.6	12-23 m	1440	75
HIB1	Record or Recall	91.9	12-23 m	1440	75
HIB1	Record or Recall<12m	91.4	12-23 m	1440	75
HIB3	Record	64.9	12-23 m	1440	75
HIB3	Record or Recall	71.9	12-23 m	1440	75
HIB3	Record or Recall<12m	69.1	12-23 m	1440	75
IPV1	Record	73.6	12-23 m	1440	75
IPV1	Record or Recall	91.9	12-23 m	1440	75
IPV1	Record or Recall<12m	91.4	12-23 m	1440	75
MCV1	Record	64.3	24-35 m	1799	-
MCV1	Record or Recall	83.1	24-35 m	1799	-
MCV1	Record or Recall<12m	81.9	24-35 m	1799	-
PCV1	Record	74	12-23 m	1440	75
PCV1	Record or Recall	91.6	12-23 m	1440	75
PCV1	Record or Recall<12m	90.5	12-23 m	1440	75
PCVC	Record	51.4	12-23 m	1440	75
PCVC	Record or Recall	56.9	12-23 m	1440	75
RCV1	Record	64.3	24-35 m	1799	-
RCV1	Record or Recall	83.1	24-35 m	1799	-
RCV1	Record or Recall<12m	81.9	24-35 m	1799	-
ROTAC	Record	56.4	12-23 m	1440	75
ROTAC	Record or Recall	62.7	12-23 m	1440	75
ROTAC	Record or Recall<12m	61.9	12-23 m	1440	75

2013 Mexico: Encuesta Nacional de Ninos, Ninas y Mujeres 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	72.2	24-35 m	1799	-

BCG	Record or Recall	93.6	24-35 m	1799	-
BCG	Record or Recall<12m	93.1	24-35 m	1799	-
DTP1	Record	72.6	24-35 m	1799	-
DTP1	Record or Recall	93.3	24-35 m	1799	-
DTP1	Record or Recall<12m	91.5	24-35 m	1799	-
DTP3	Record	68.7	24-35 m	1799	-
DTP3	Record or Recall	79.1	24-35 m	1799	-
DTP3	Record or Recall<12m	69.2	24-35 m	1799	-
HEPB1	Record	72.6	24-35 m	1799	-
HEPB1	Record or Recall	93.1	24-35 m	1799	-
HEPB1	Record or Recall<12m	92	24-35 m	1799	-
HEPB3	Record	68.7	24-35 m	1799	-
HEPB3	Record or Recall	85.1	24-35 m	1799	-
HEPB3	Record or Recall<12m	76	24-35 m	1799	-
HIB1	Record	72.6	24-35 m	1799	-
HIB1	Record or Recall	93.3	24-35 m	1799	-
HIB1	Record or Recall<12m	91.5	24-35 m	1799	-
HIB3	Record	68.7	24-35 m	1799	-
HIB3	Record or Recall	79.1	24-35 m	1799	-
HIB3	Record or Recall<12m	69.2	24-35 m	1799	-
IPV1	Record	72.6	24-35 m	1799	-
IPV1	Record or Recall	93.3	24-35 m	1799	-
IPV1	Record or Recall<12m	91.5	24-35 m	1799	-
PCV1	Record	72.3	24-35 m	1799	-
PCV1	Record or Recall	91	24-35 m	1799	-
PCV1	Record or Recall<12m	89.9	24-35 m	1799	-
PCVC	Record	63.9	24-35 m	1799	-
PCVC	Record or Recall	72.3	24-35 m	1799	-
PCVC	Record or Recall<12m	70.6	24-35 m	1799	-
ROTAC	Record	58.9	24-35 m	1799	-
ROTAC	Record or Recall	67.6	24-35 m	1799	-
ROTAC	Record or Recall<12m	55.1	24-35 m	1799	-

2011 Encuesta Nacional de Salud y Nutrición 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	98.3	12-23 m	743	64
DTP3	Recall	78.8	12-23 m	743	64
HEPB3	Recall	36.6	12-23 m	743	64
HIB3	Recall	78.8	12-23 m	743	64

MCV1	Recall	86.5	12-23 m	743	64
PCVC	Recall	86.3	12-23 m	743	64
ROTAC	Recall	81.2	12-23 m	743	64

2010 Encuesta Nacional de Salud y Nutrición 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	98.2	12-35 m	1591	-
BCG	Record	96.7	12-35 m	2801	-
DTP3	Recall	81	12-35 m	1591	-
DTP3	Record	90.2	12-35 m	2801	-
HEPB3	Recall	36.5	12-35 m	1591	-
HEPB3	Record	94.7	12-35 m	2801	-
HIB3	Recall	81	12-35 m	1591	-
HIB3	Record	90.2	12-35 m	2801	-
MCV1	Recall	91.3	12-35 m	1591	-
MCV1	Record	81.2	12-35 m	2801	-
PCVC	Recall	86.5	12-35 m	1591	-
PCVC	Record	87.6	12-35 m	2801	-
ROTAC	Recall	84.3	12-35 m	1591	-
ROTAC	Record	76.8	12-35 m	2801	-

2005 Encuesta Nacional de Salud y Nutrición 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record	81.2	0-12 m	-	-

2004 Encuesta Nacional de Salud y Nutrición 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	96.8	12-35 m	-	85
DTP3	Record	92.9	12-35 m	-	85
HEPB3	Record	92.9	12-35 m	-	85
HIB3	Record	92.9	12-35 m	-	85

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