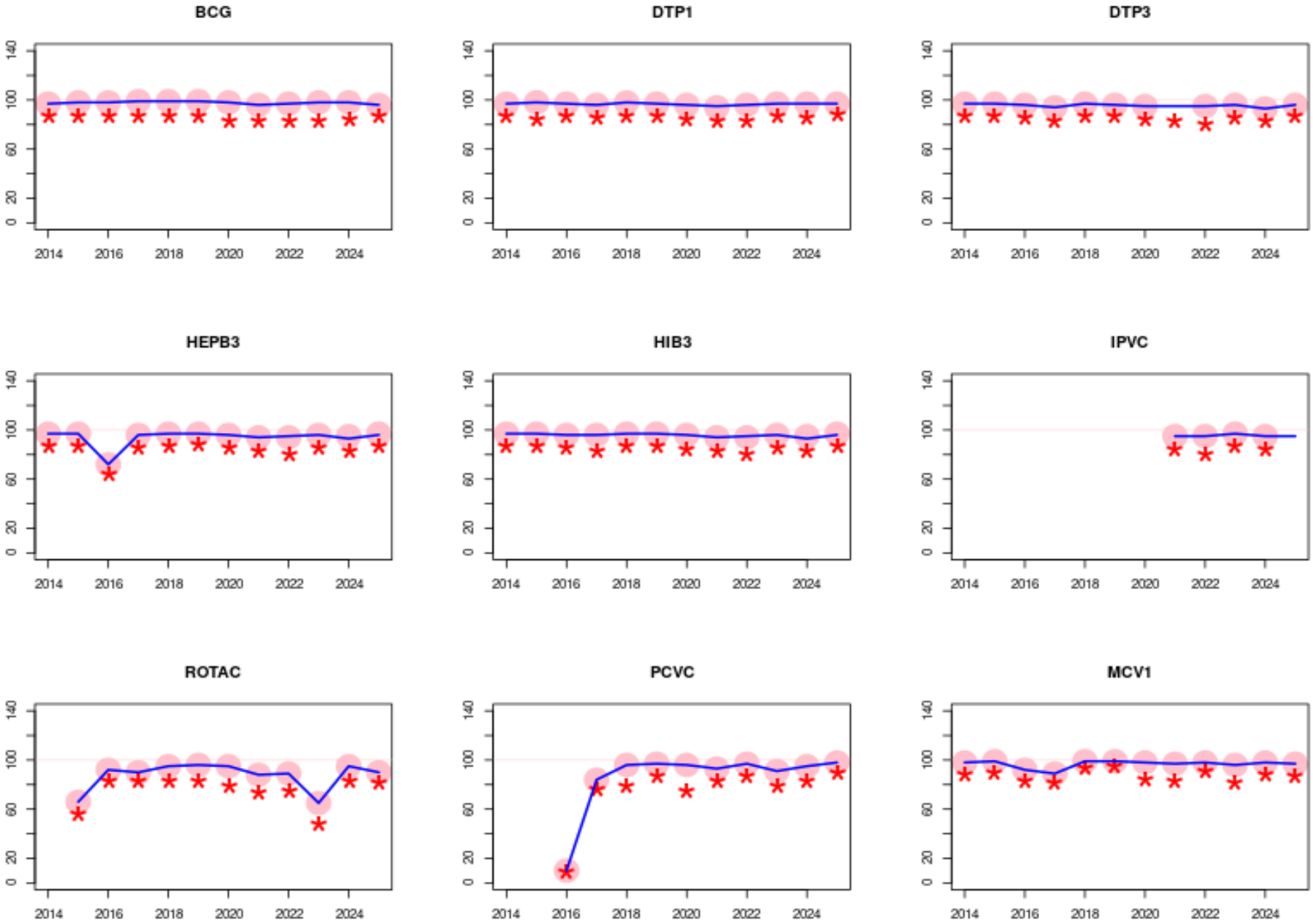

BCG
DTP1
DTP3
HEPB3
HIB3
IPVC
ROTAC
PCVC
MCV1
0
20
60
100
140
2014
2016
2018
2020
2022
2024

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.

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

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

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

SOURCES DE DONNÉES

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

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

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

ABRÉVIATIONS ET DÉFINITIONS

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

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

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

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

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

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

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

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

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

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

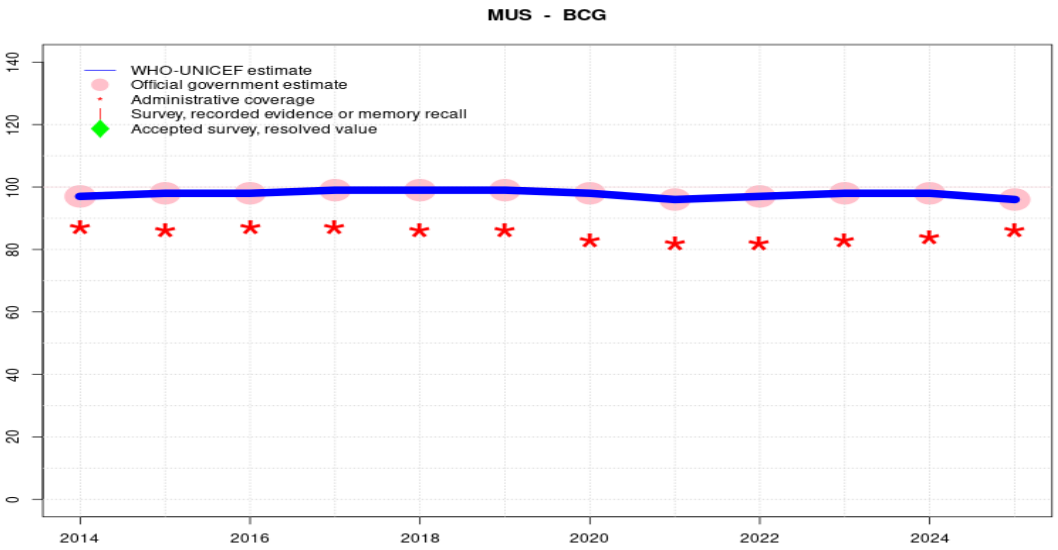
ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

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

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

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

Mauritius - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	98	98	99	99	99	98	96	97	98	98	96
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	97	98	98	99	99	99	98	96	97	98	98	96
Administrative	87	86	87	87	86	86	83	82	82	83	84	86
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

••• Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

•• Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

• There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. 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 data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. Estimate challenged by: D-

2021: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

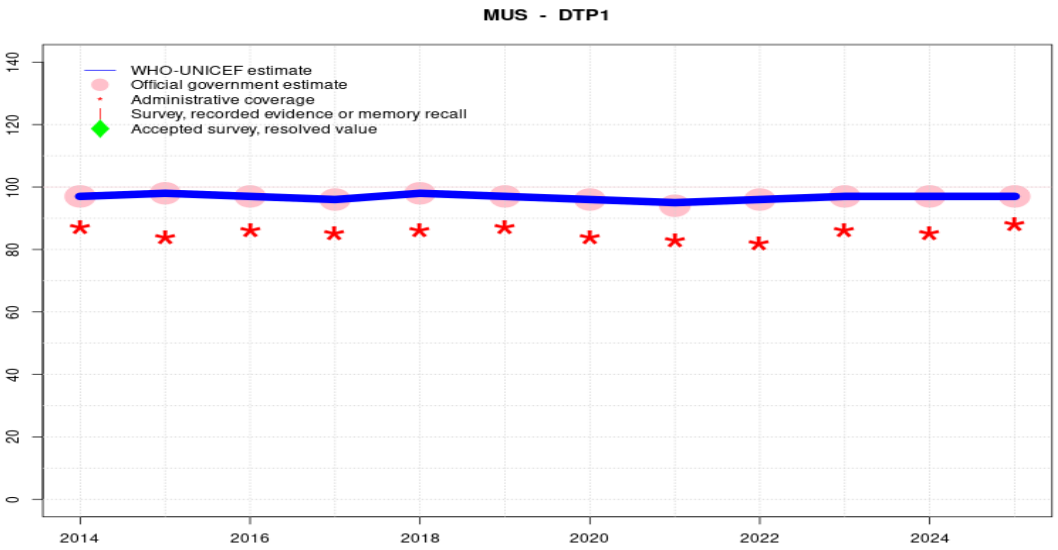
2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2016: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2015: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2014: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	98	97	96	98	97	96	95	96	97	97	97
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	97	98	97	96	98	97	96	94	96	97	97	97
Administrative	87	84	86	85	86	87	84	83	82	86	85	88
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

••• Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

•• Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

• There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. 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 data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. Estimate challenged by: D-

2021: Estimate based on DTP3 coverage of 95. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-R-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

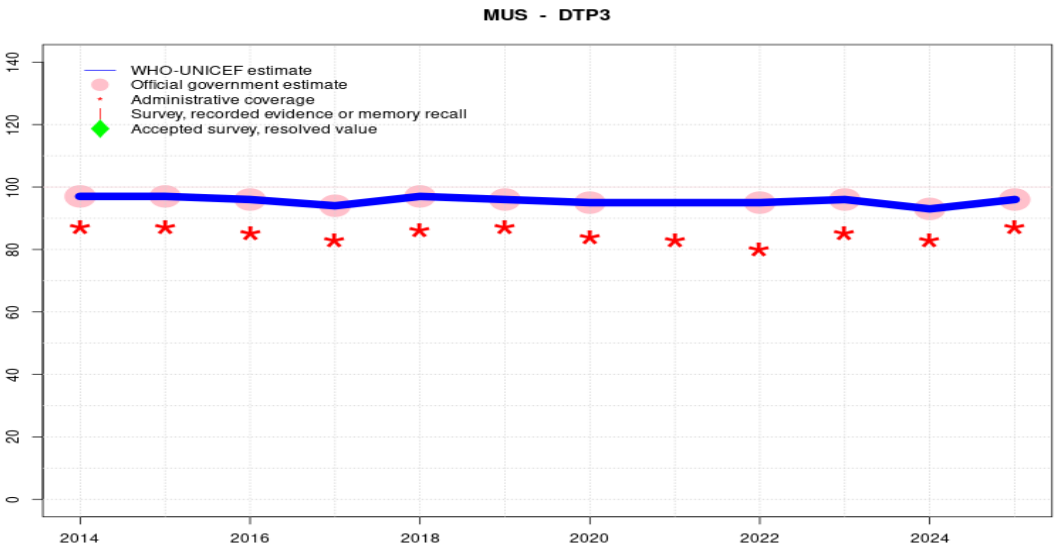
2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2016: Estimate informed by reported data. Programme reports one month vaccine stockout. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2015: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2014: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	97	96	94	97	96	95	95	95	96	93	96
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	97	97	96	94	97	96	95	-	95	96	93	96
Administrative	87	87	85	83	86	87	84	83	80	85	83	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. 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 data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. Estimate challenged by: D-

2021: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 95 percent to 83 percent with increase to 95 percent. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

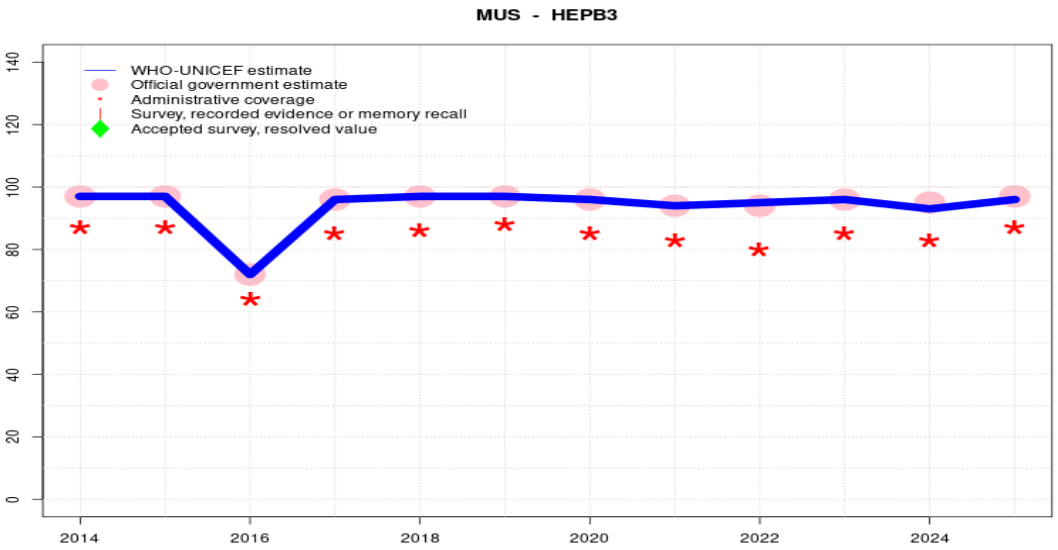
2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2016: Estimate informed by reported data. Programme reports one month vaccine stockout. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2015: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2014: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	97	72	96	97	97	96	94	95	96	93	96
Estimate GoC	•	•	••	•	•	•	•	•	•	••	•	•
Official	97	97	72	96	97	97	96	94	94	96	95	97
Administrative	87	87	64	85	86	88	85	83	80	85	83	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

••• Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

•• Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

• There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate based on estimated DTP3 coverage. National estimates are adjusted to include immunizations occurring in the private sector. 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 DTP3 estimated coverage. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: R-

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate informed by estimated DTP3 coverage level. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. Estimate challenged by: D-R-

2021: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

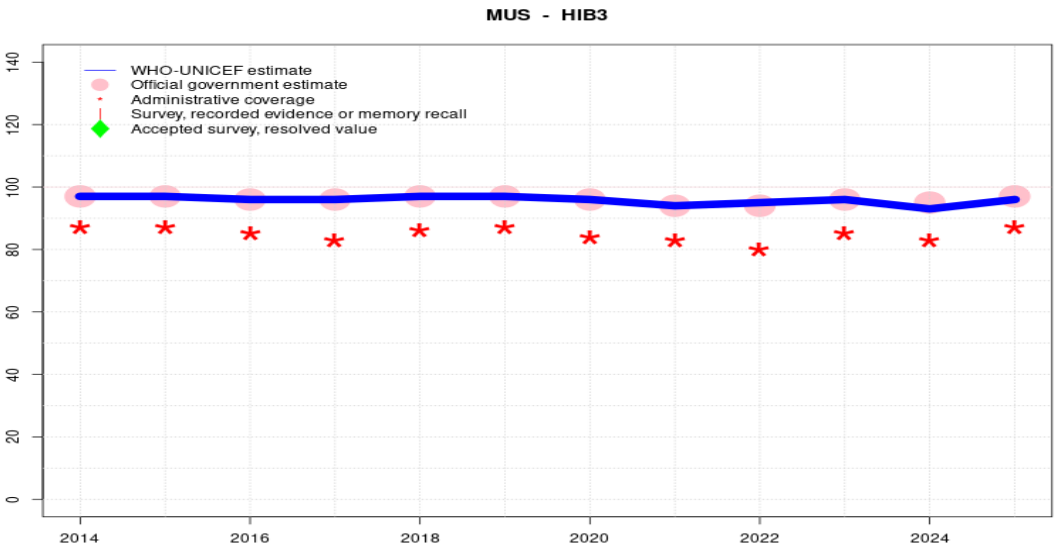
2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2016: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Decline in reported coverage due in part to a change in the recommended schedule from 6-10-14 weeks prior to 2016 to recommended HepB vaccine administration at 6 and 10 weeks and at 9 months. Programme notes that this is the first recommended vaccine at nine months of age. GoC=R+ D+

2015: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2014: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	97	96	96	97	97	96	94	95	96	93	96
Estimate GoC	•	•	•	•	•	•	•	•	•	••	•	•
Official	97	97	96	96	97	97	96	94	94	96	95	97
Administrative	87	87	85	83	86	87	84	83	80	85	83	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate based on estimated DTP3 coverage. National estimates are adjusted to include immunizations occurring in the private sector. 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 DTP3 estimated coverage. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: R-

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate informed by estimated DTP3 coverage level. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. Estimate challenged by: D-R-

2021: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

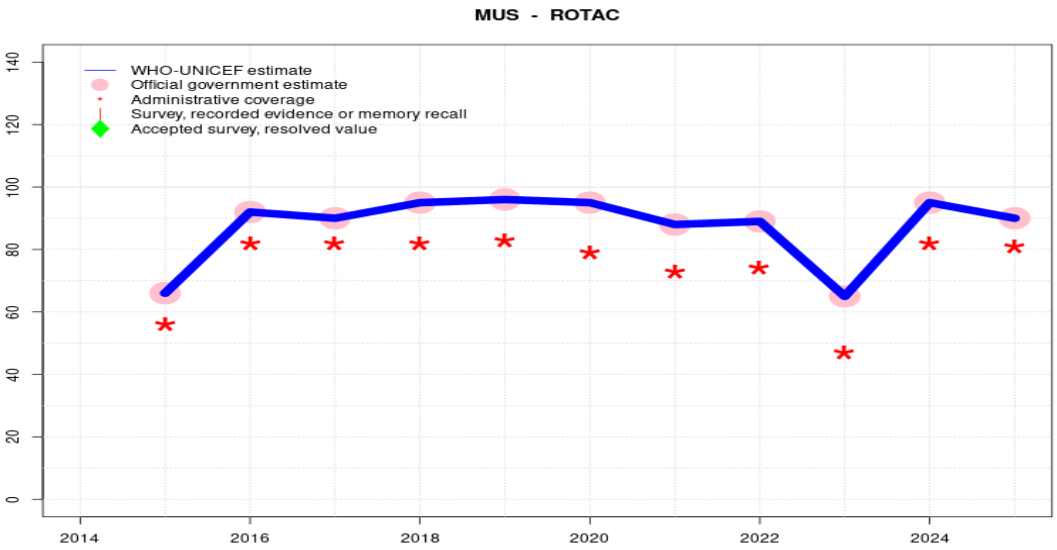
2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2016: Estimate informed by reported data. Programme reports one month vaccine stockout. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2015: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2014: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	66	92	90	95	96	95	88	89	65	95	90
Estimate GoC	-	•	•	••	•	•	•	•	•	•	••	••
Official	-	66	92	90	95	96	95	88	89	65	95	90
Administrative	-	56	82	82	82	83	79	73	74	47	82	81
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

••• Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

•• Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

• There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. 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 data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Programme reports four months vaccine stockout at national level. Estimate challenged by: D-

2022: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. Estimate challenged by: D-

2021: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

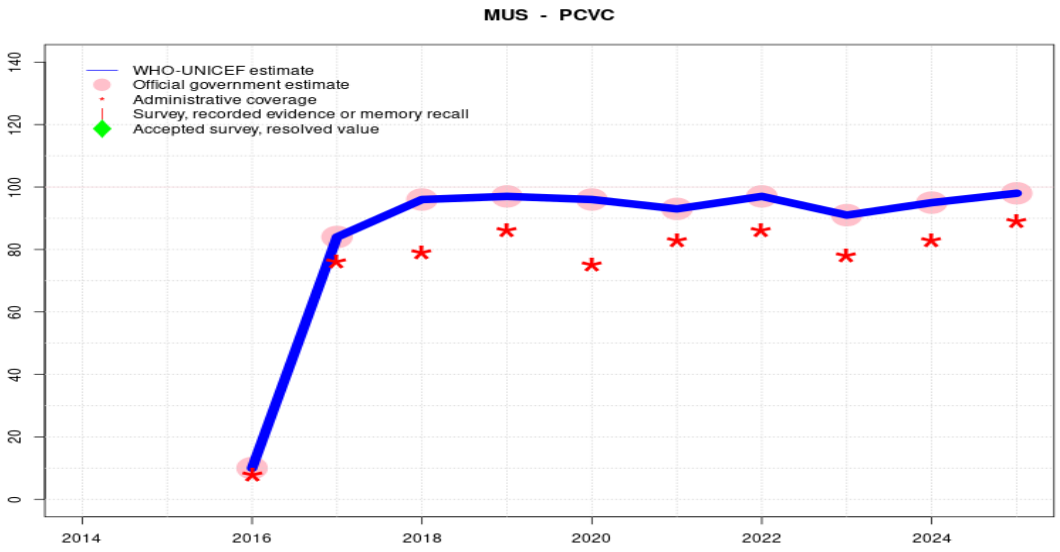
2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2016: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2015: Estimate informed by reported data. Rotavirus vaccine introduced in March 2015. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	10	84	96	97	96	93	97	91	95	98
Estimate GoC	-	-	•	••	•	•	•	•	•	••	••	••
Official	-	-	10	84	96	97	96	93	97	91	95	98
Administrative	-	-	8	76	79	86	75	83	86	78	83	89
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. 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 data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. Estimate challenged by: D-

2021: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

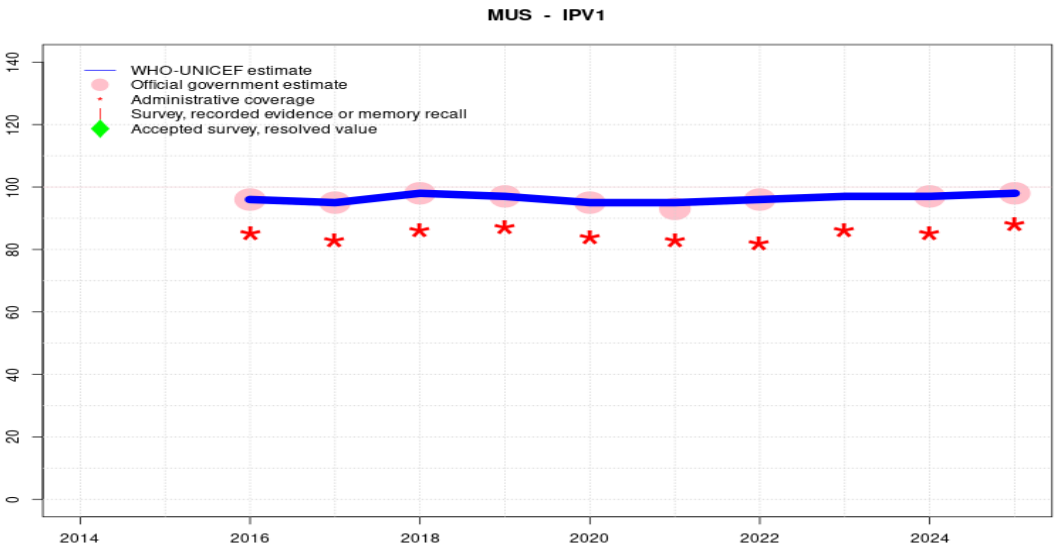
2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2016: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in 2016. National estimates are adjusted to include immunizations occurring in the private sector. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Mauritius - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	96	95	98	97	95	95	96	97	97	98
Estimate GoC	-	-	•	•	•	•	••	•	•	••	••	••
Official	-	-	96	95	98	97	95	93	96	-	97	98
Administrative	-	-	85	83	86	87	84	83	82	86	85	88
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

••• Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

•• Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

• There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. 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 data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate of 97 percent changed from previous revision value of 96 percent. GoC=R+ D+

2023: Estimate informed by interpolation between reported data. Reported data excluded. National estimates are adjusted to include immunizations occurring in the private sector. Estimate of 97 percent changed from previous revision value of 96 percent. GoC=R+ D+

2022: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. Estimate challenged by: D-

2021: Estimate based on estimated IPVC coverage. National estimates are adjusted to include immunizations occurring in the private sector. Estimate of 95 percent changed from previous revision value of 93 percent. Estimate challenged by: D-R-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

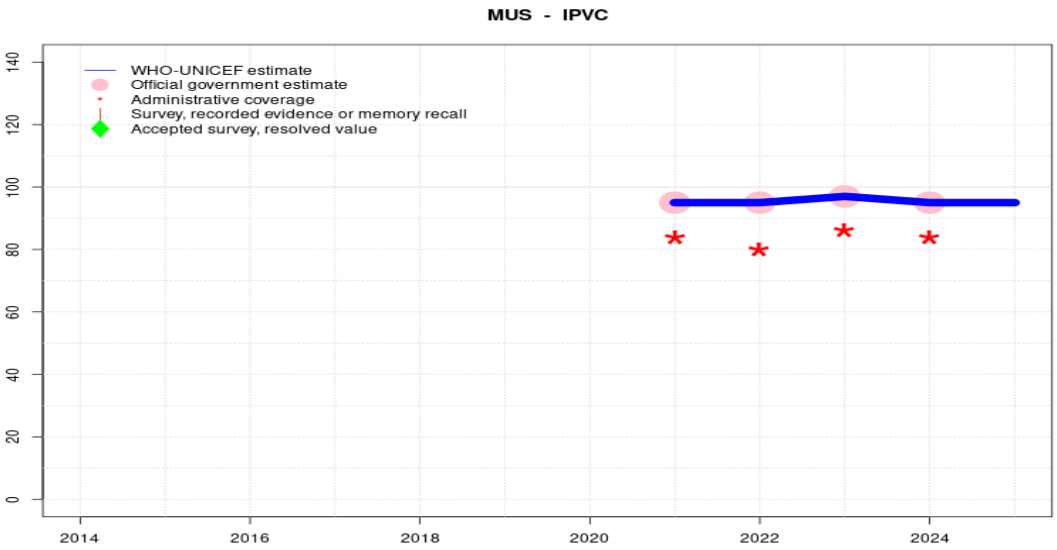
2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2016: Estimate informed by reported data. Inactivated polio vaccine introduced in November 2015. Reporting started in 2016. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - IPVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	95	95	97	95	95
Estimate GoC	-	-	-	-	-	-	-	•	•	••	••	•
Official	-	-	-	-	-	-	-	95	95	97	95	-
Administrative	-	-	-	-	-	-	-	84	80	86	84	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

••• Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

•• Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

• There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by extrapolation from reported data. National estimates are adjusted to include immunizations occurring in the private sector. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data

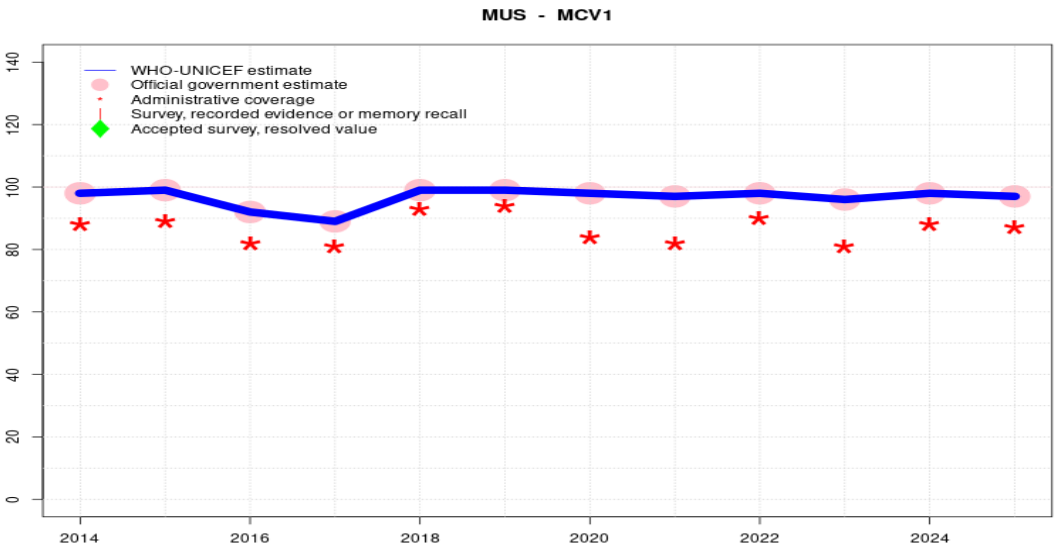
2024: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. Estimate challenged by: D-

2021: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	99	92	89	99	99	98	97	98	96	98	97
Estimate GoC	•	•	•	••	••	••	•	•	••	••	••	••
Official	98	99	92	89	99	99	98	97	98	96	98	97
Administrative	88	89	82	81	93	94	84	82	90	81	88	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

••• Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

•• Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

• There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. 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 data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. GoC=R+ D+

2021: Estimate informed by reported data. Programme reports a four months vaccine stockout. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

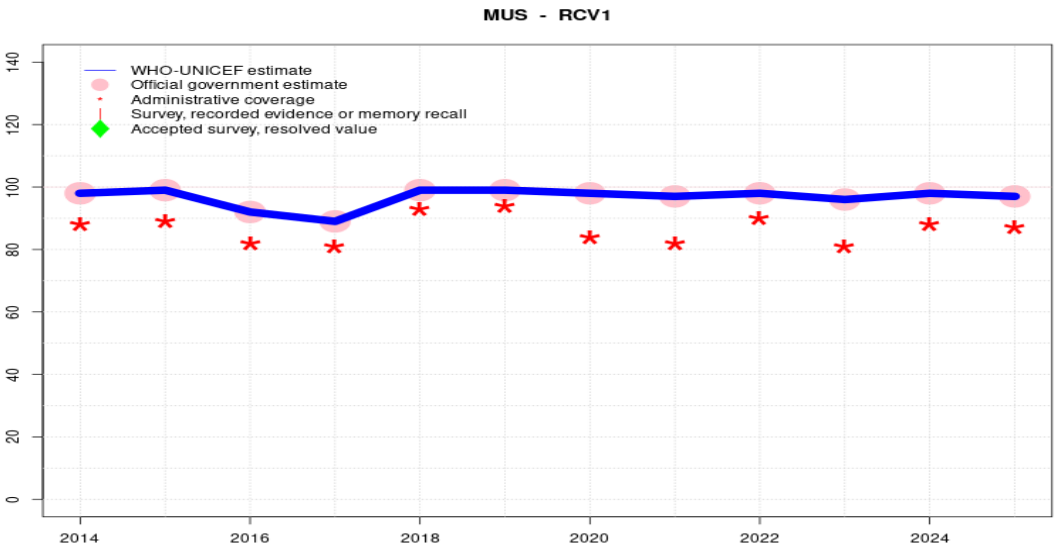
2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2016: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2015: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2014: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	99	92	89	99	99	98	97	98	96	98	97
Estimate GoC	•	•	•	••	••	••	•	•	••	••	••	••
Official	98	99	92	89	99	99	98	97	98	96	98	97
Administrative	88	89	82	81	93	94	84	82	90	81	88	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. 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 based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2023: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. GoC=R+ D+

2021: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2019: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2018: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

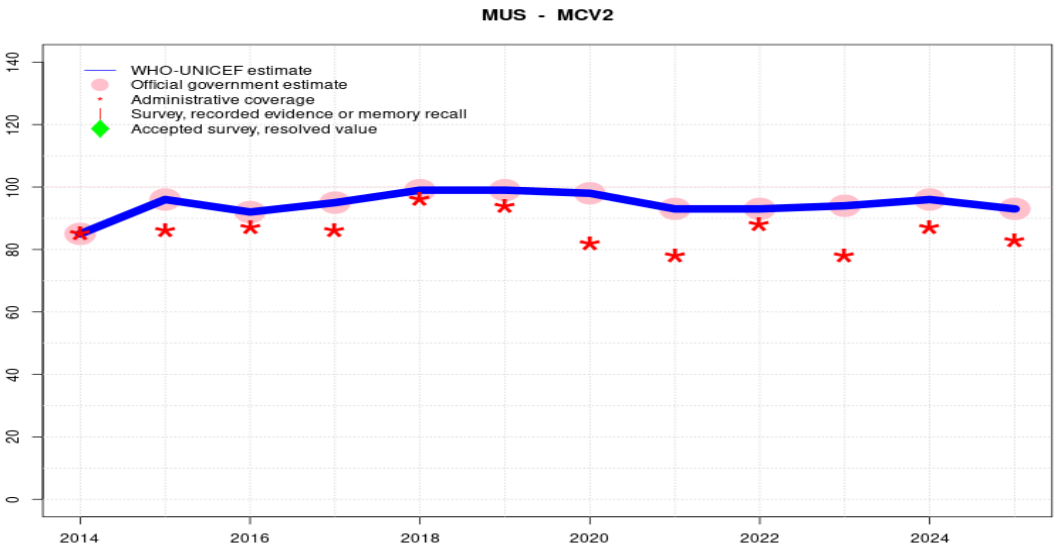
2017: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2016: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2015: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2014: Estimate based on estimated MCV1. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

Mauritius - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	96	92	95	99	99	98	93	93	94	96	93
Estimate GoC	•	••	••	••	•	••	•	•	••	••	••	••
Official	85	96	92	95	99	99	98	93	93	94	96	93
Administrative	85	86	87	86	96	94	82	78	88	78	87	83
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. 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 data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2023: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2022: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Reported official coverage reflects the contribution of services delivered in the private sector beyond those provided in the public sector. GoC=R+ D+

2021: Estimate informed by reported data. Programme reports a four months vaccine stockout. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2020: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2019: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2018: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

2017: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2016: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2015: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. GoC=R+ D+

2014: Estimate informed by reported data. National estimates are adjusted to include immunizations occurring in the private sector. Estimate challenged by: D-

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