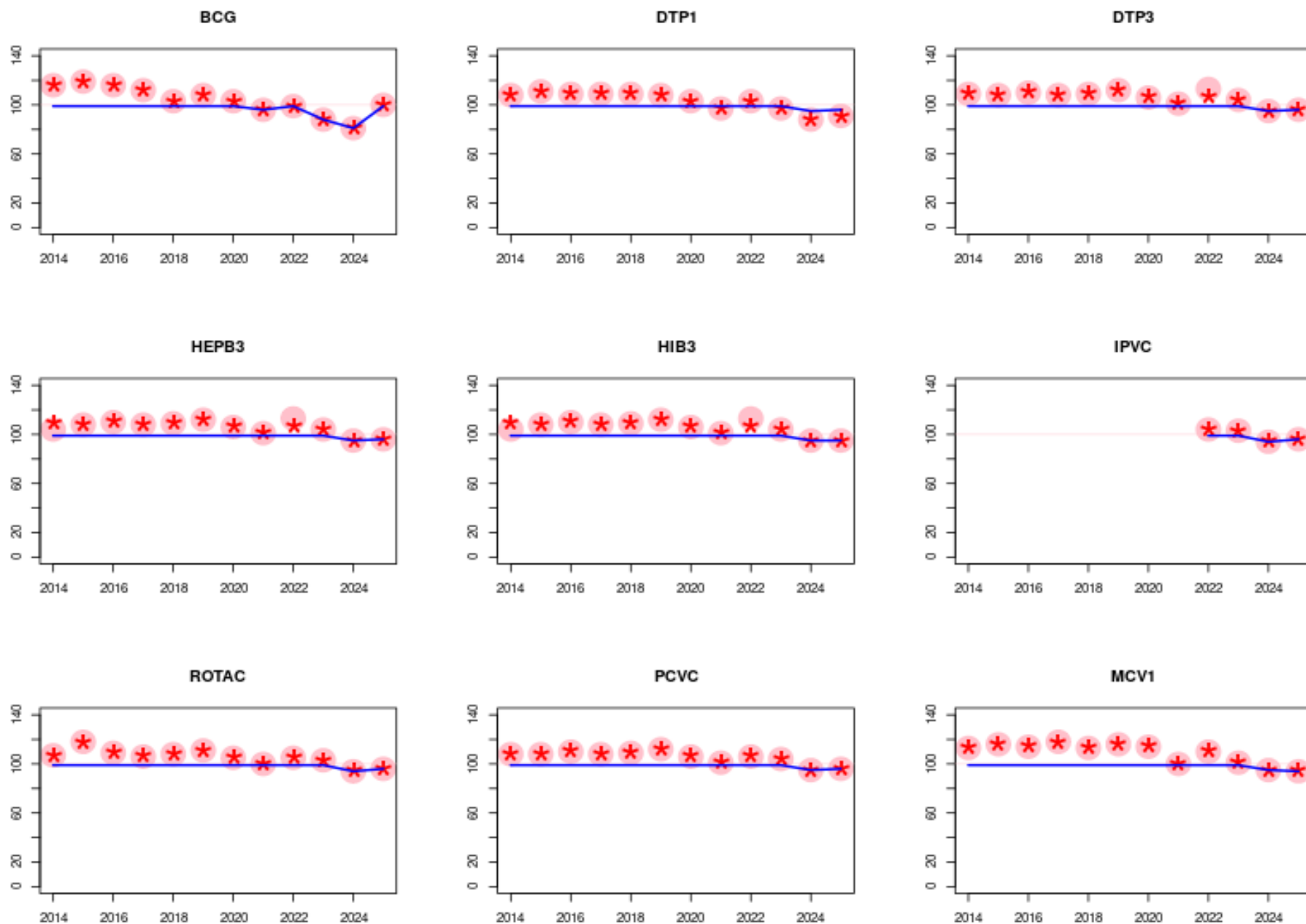




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

HEPB: 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.

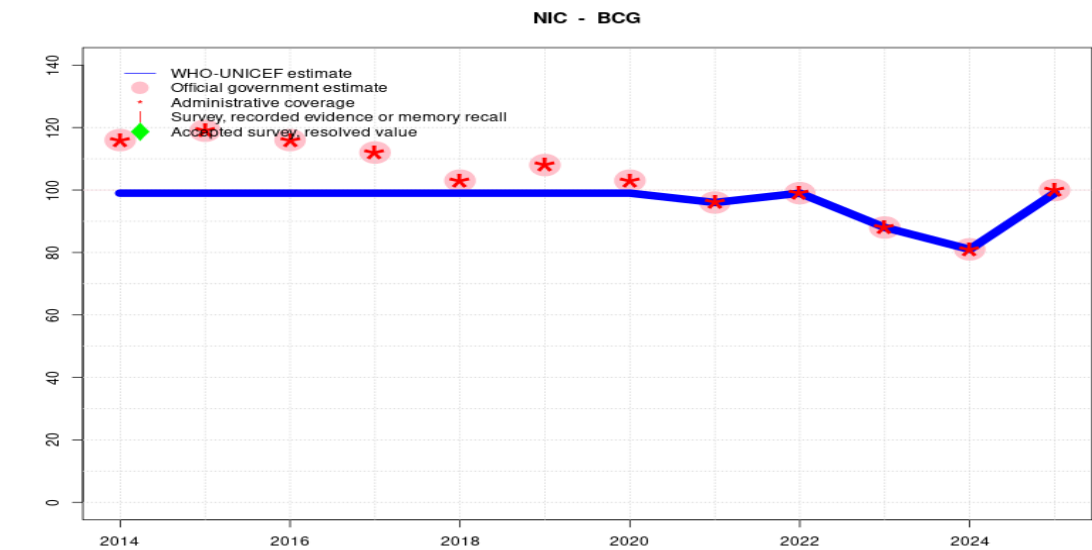
PCVC (del inglés pneumococcal conjugate vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la serie primaria de la vacuna antineumocócica conjugada, recomendada según el calendario nacional de vacunación (p. ej., segunda o tercera dosis).

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.

Nicaragua - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	96	99	88	81	99
Estimate GoC	●	●	●	●	●	●	●	●●	●●	●●	●●	●
Official	116	119	116	112	103	108	103	96	99	88	81	100
Administrative	116	119	116	112	103	108	103	96	99	88	81	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.

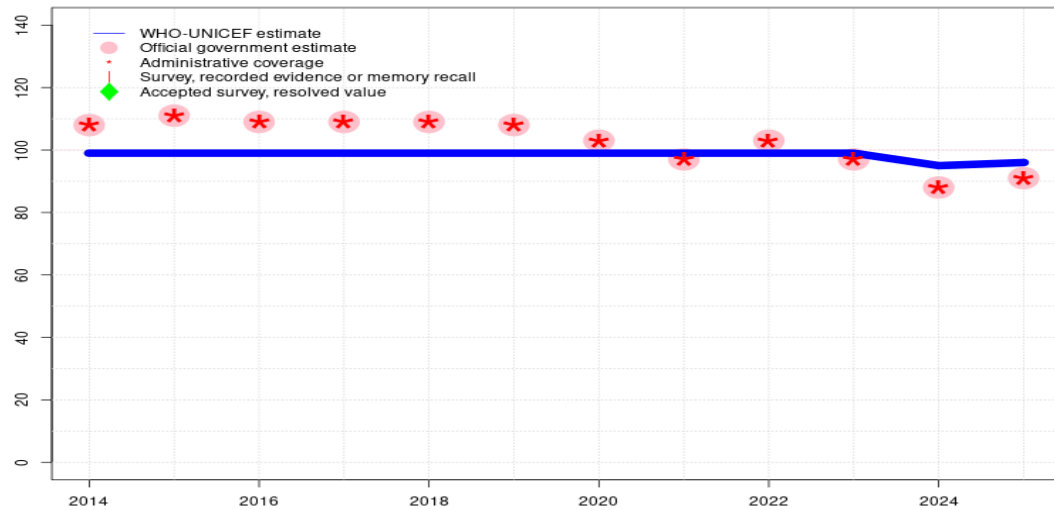
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. Increase in reported coverage partially explained by a decrease of 18 percent in target population. Reported target population for BCG is 17 percent lower than for other antigens. Estimate challenged by: D-
- 2024: Estimate informed by reported data. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate based on reported data. GoC=R+ D+
- 2020: Reported data calibrated to 2006 and 2021 levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2006 and 2021 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2006 and 2021 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2006 and 2021 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2006 and 2021 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2006 and 2021 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2006 and 2021 levels. Estimate challenged by: R-

Nicaragua - DTP1

NIC - DTP1



Description:

- 2025: Estimate based on DTP3 coverage of 96. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. Estimate challenged by: D-R-
- 2024: Estimate based on DTP3 coverage of 95. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. Estimate challenged by: D-R-
- 2023: Estimate based on DTP3 coverage of 104. Estimate challenged by: D-R-
- 2022: Estimate based on DTP3 coverage of 113. Estimate challenged by: D-R-
- 2021: Estimate based on DTP3 coverage of 101. Estimate challenged by: R-
- 2020: Estimate based on DTP3 coverage of 106. Estimate challenged by: R-
- 2019: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2018: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2017: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2016: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2015: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: D-R-
- 2014: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	95	96
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	108	111	109	109	109	108	103	97	103	97	88	91
Administrative	108	111	109	109	109	108	103	97	103	97	88	91
Survey	-	-	-	-	-	-	-	-	-	-	-	-

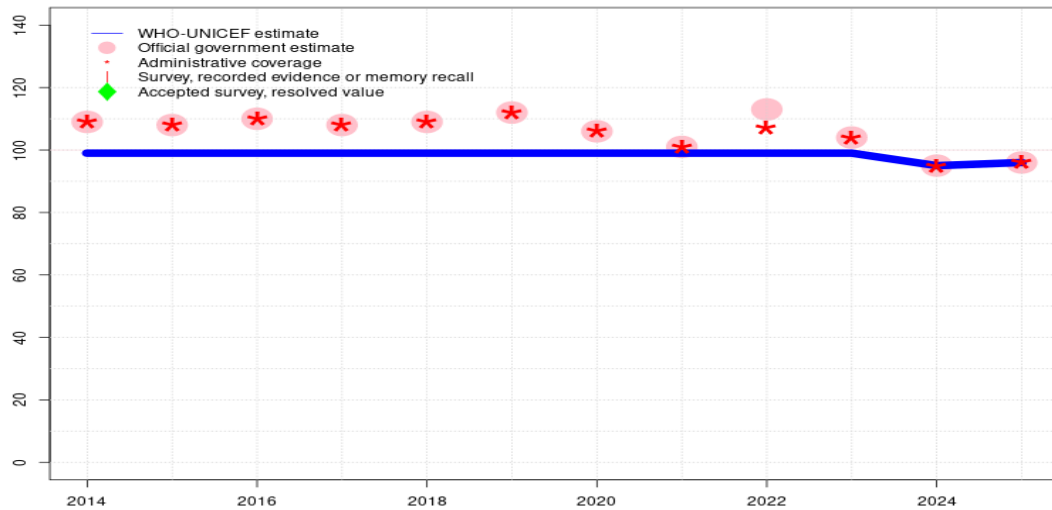
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Nicaragua - DTP3

NIC - DTP3



Description:

2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. GoC=R+ D+

2024: Estimate informed by reported data. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. GoC=R+ D+

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

2022: Estimate informed by reported data. GoC=R+ D+

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

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

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

2014: Estimate informed by reported data. GoC=R+ D+

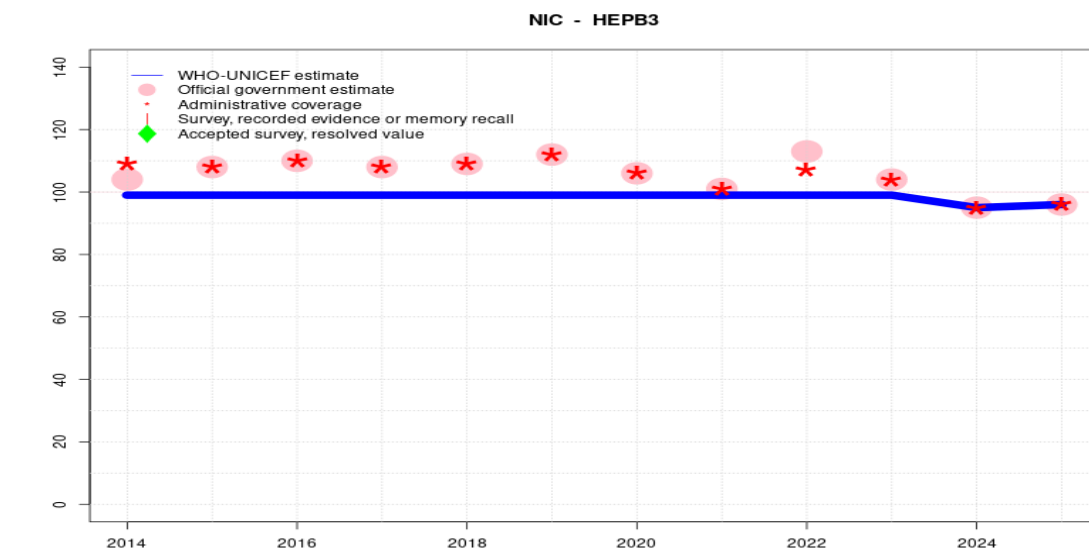
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	95	96
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	109	108	110	108	109	112	106	101	113	104	95	96
Administrative	109	108	110	108	109	112	106	101	107	104	95	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Nicaragua - HEPB3



Description:

2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. GoC=R+ D+

2024: Estimate informed by reported data. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. GoC=R+ D+

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

2022: Estimate informed by reported data. GoC=R+ D+

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

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

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

2014: Estimate informed by reported data. GoC=R+ D+

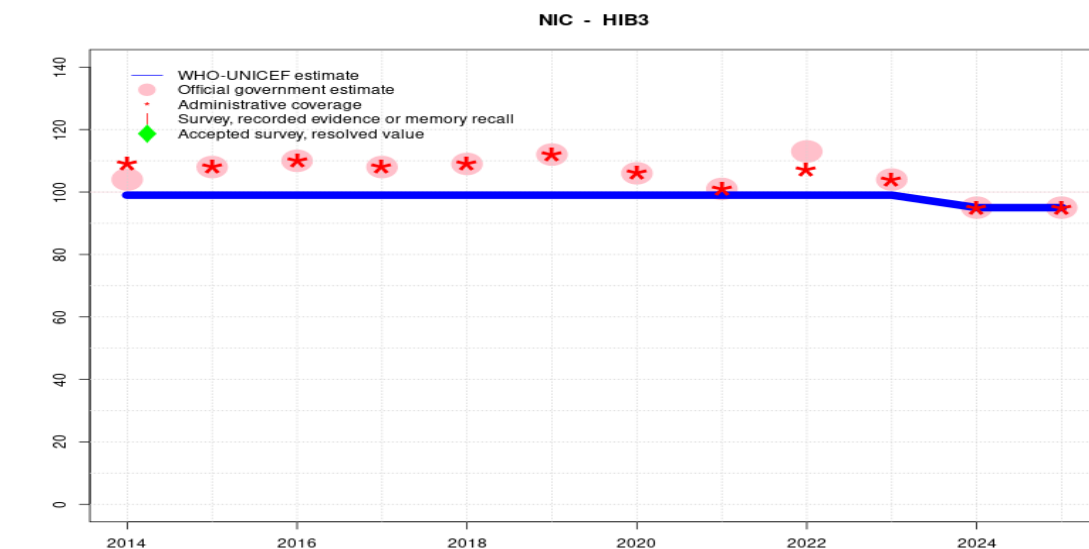
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	95	96
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	104	108	110	108	109	112	106	101	113	104	95	96
Administrative	109	108	110	108	109	112	106	101	107	104	95	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Nicaragua - HIB3



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. GoC=R+ D+
- 2024: Estimate informed by reported data. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

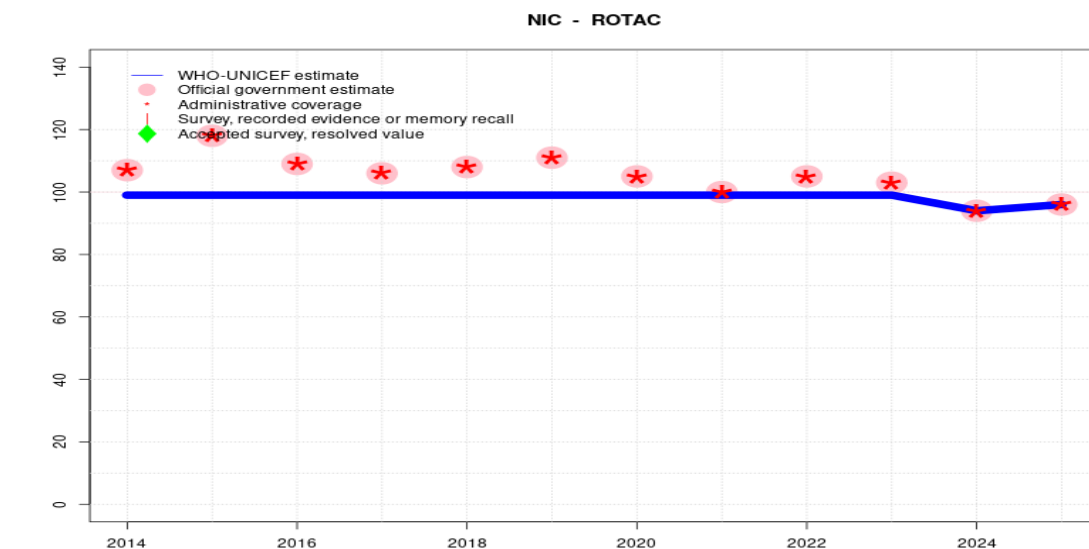
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	95	95
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	104	108	110	108	109	112	106	101	113	104	95	95
Administrative	109	108	110	108	109	112	106	101	107	104	95	95
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Nicaragua - ROTAC



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. GoC=R+ D+
- 2024: Estimate informed by reported data. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	94	96
Estimate GoC	●●	●●	●●	●	●●	●●	●●	●●	●●	●●	●●	●●
Official	107	118	109	106	108	111	105	100	105	103	94	96
Administrative	107	118	109	106	108	111	105	100	105	103	94	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

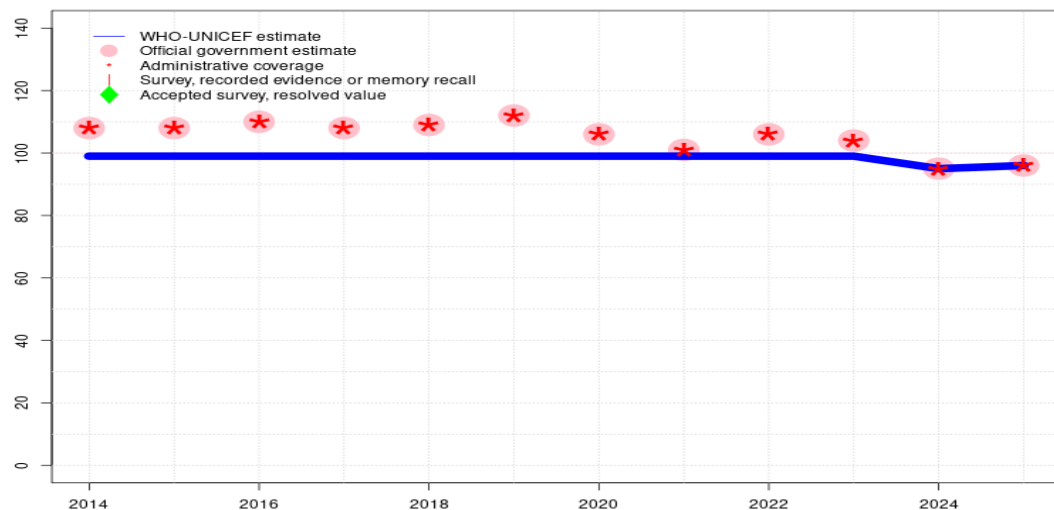
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Nicaragua - PCVC

NIC - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	95	96
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	108	108	110	108	109	112	106	101	106	104	95	96
Administrative	108	108	110	108	109	112	106	101	106	104	95	96
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.

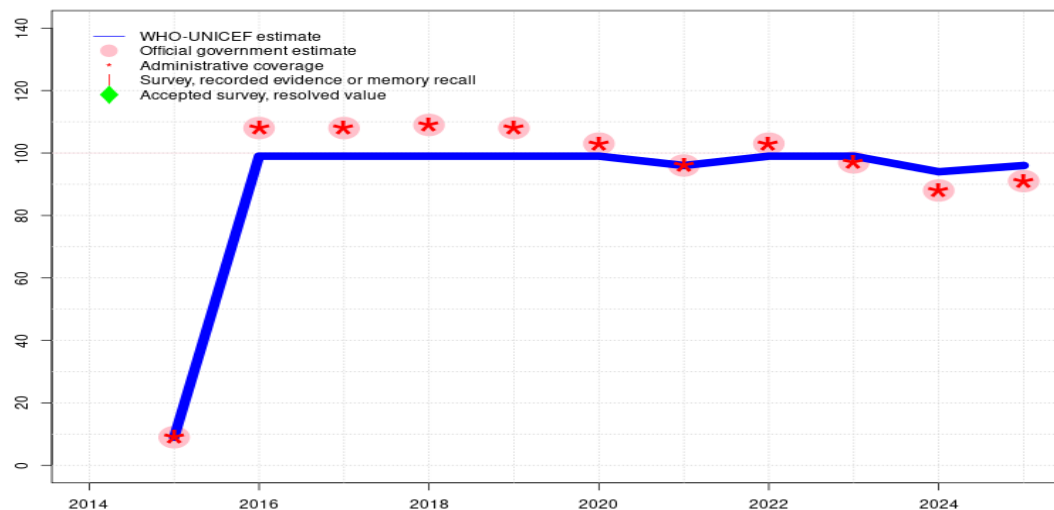
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. GoC=R+ D+
- 2024: Estimate informed by reported data. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Nicaragua - IPV1

NIC - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	9	99	99	99	99	99	96	99	99	94	96
Estimate GoC	-	•	•	•	•	•	••	••	••	•	•	•
Official	-	9	108	108	109	108	103	96	103	97	88	91
Administrative	-	9	108	108	109	108	103	96	103	97	88	91
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.

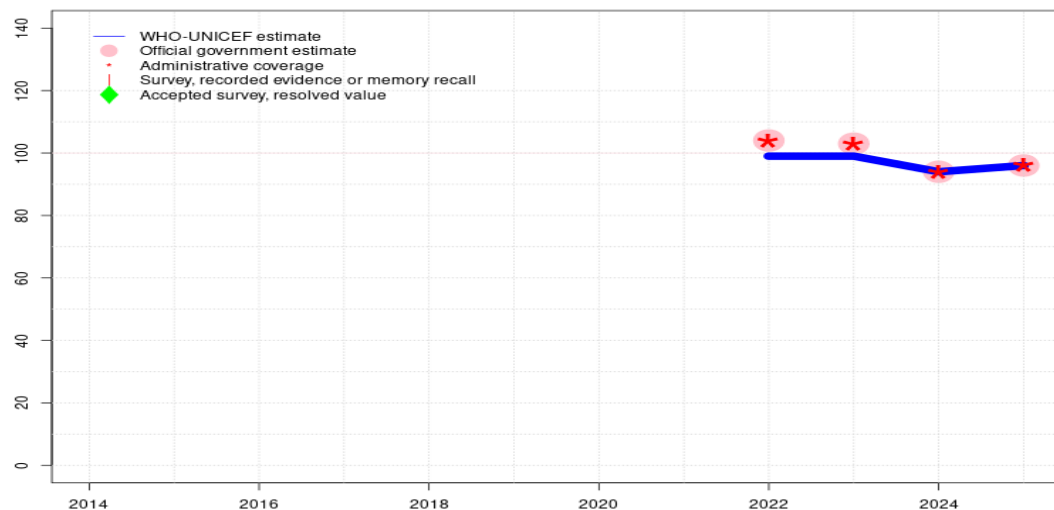
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on IPVC estimated coverage. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. Estimate challenged by: D-R-
- 2024: Estimate based on IPVC estimated coverage. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. Estimate of 94 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-
- 2023: Estimate based on IPVC estimated coverage. Estimate of 99 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2017: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2016: Estimate informed by reported data. Inactivated polio vaccine introduced in late 2015. Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2015: Estimate informed by reported data. Inactivated polio vaccine during November 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Nicaragua - IPVC

NIC - IPVC



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. GoC=R+ D+
- 2024: Estimate informed by reported data. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. Estimate of 94 percent changed from previous revision value of 88 percent. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimate of 99 percent changed from previous revision value of 97 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2022. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	99	99	94	96
Estimate GoC	-	-	-	-	-	-	-	-	●●	●●	●●	●●
Official	-	-	-	-	-	-	-	-	104	103	94	96
Administrative	-	-	-	-	-	-	-	-	104	103	94	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

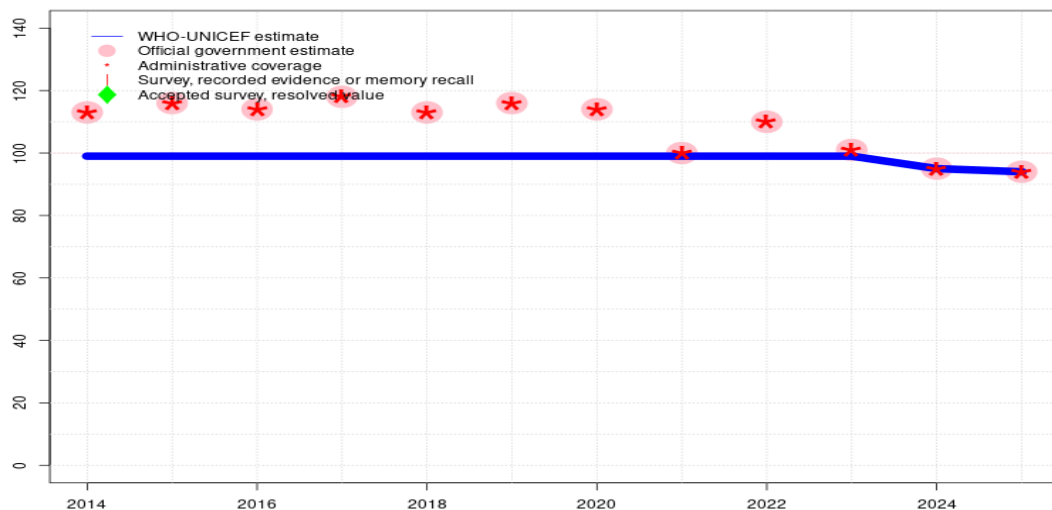
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Nicaragua - MCV1

NIC - MCV1



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. GoC=R+ D+
- 2024: Estimate informed by reported data. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

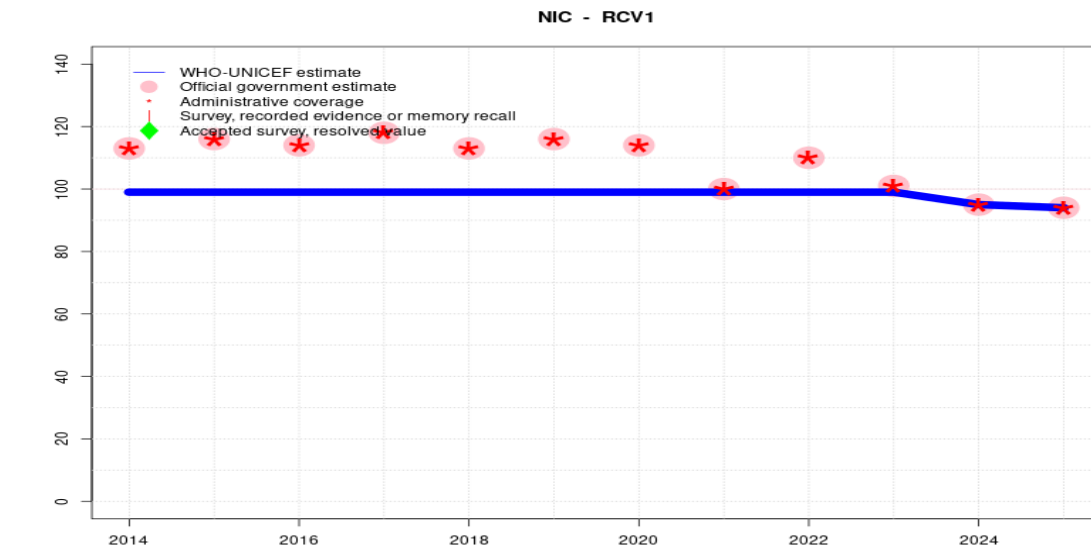
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	95	94
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	113	116	114	118	113	116	114	100	110	101	95	94
Administrative	113	116	114	118	113	116	114	100	110	101	95	94
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Nicaragua - RCV1



Description:

- 2025: Estimate based on estimated MCV1. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	95	94
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	113	116	114	118	113	116	114	100	110	101	95	94
Administrative	113	116	114	118	113	116	114	100	110	101	95	94
Survey	-	-	-	-	-	-	-	-	-	-	-	-

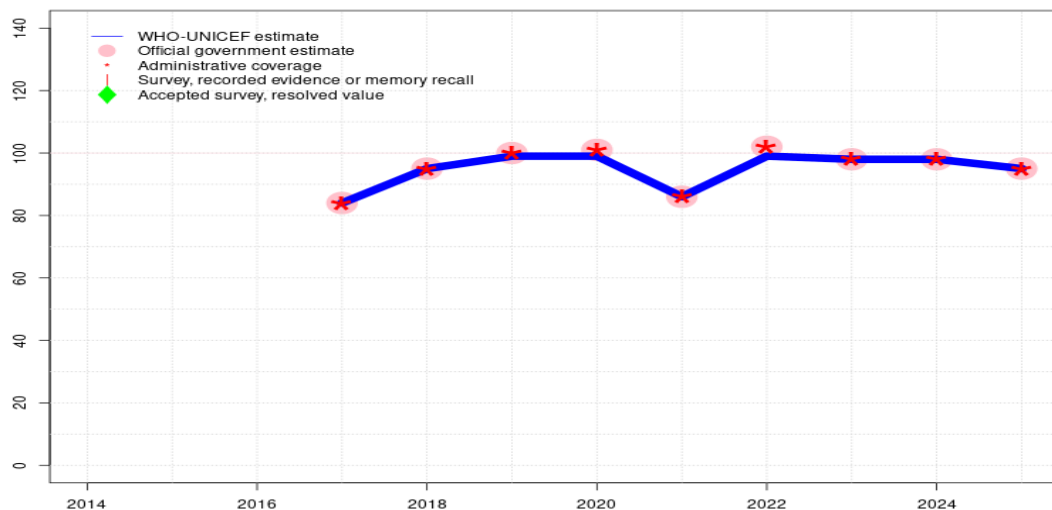
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Nicaragua - MCV2

NIC - MCV2



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2023 Multiple Indicator Cluster Survey (MICS) and await final results. Also, the country conducted a population census in 2024 and final results are being produced. WHO and UNICEF suggest that the immunization program considers a retrospective coverage data review exercise once the MICS results and the new census projections become available. GoC=R+ D+
- 2024: Estimate informed by reported data. In 2024, the country was transitioning from an aggregated paper-based system to an electronic immunization registry and data reviews are ongoing. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. Increase in coverage following introduction. GoC=Assigned by working group. Consistency with other antigens.
- 2017: Estimate informed by reported data. Second dose of MMR vaccine introduced in January 2017 and recommended at 18 months. GoC=Assigned by working group. Consistency with other antigens.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	84	95	99	99	86	99	98	98	95
Estimate GoC	-	-	-	•	•	•	••	••	••	••	••	••
Official	-	-	-	84	95	100	101	86	102	98	98	95
Administrative	-	-	-	84	95	100	101	86	102	98	98	95
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.

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.

2005 Encuesta Nicaragüense de Demografía y Salud ENDESA 2006-2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	98.3	18-29 m	1815	80
DTP1	Record or Recall	98.4	18-29 m	1815	80
DTP3	Record or Recall	95.1	18-29 m	1815	80
HEPB1	Record or Recall	98.4	18-29 m	1815	80
HEPB3	Record or Recall	95.1	18-29 m	1815	80
HIB1	Record or Recall	98.4	18-29 m	1815	80
HIB3	Record or Recall	95.1	18-29 m	1815	80
MCV1	Record or Recall	87.6	18-29 m	1815	80

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

2000 Encuesta Nicaragüense de Demografía y Salud 2001, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	95.5	12-23 m	1370	79
DTP1	Record or Recall	96.6	12-23 m	1370	79
DTP3	Record or Recall	82.7	12-23 m	1370	79
MCV1	Record or Recall	86.4	12-23 m	1370	79

1997 Encuesta Nicaragüense de Demografía y Salud 1998, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	22.8	12-23 m	1486	66
BCG	Record or Recall	95	12-23 m	1486	66
BCG	Record or Recall<12m	94.3	12-23 m	1486	66
DTP1	Recall	22.2	12-23 m	1486	66
DTP1	Record or Recall	95.4	12-23 m	1486	66
DTP1	Record or Recall<12m	92.7	12-23 m	1486	66
DTP3	Recall	13.6	12-23 m	1486	66
DTP3	Record or Recall	79.7	12-23 m	1486	66
DTP3	Record or Recall<12m	68.8	12-23 m	1486	66
MCV1	Recall	18.8	12-23 m	1486	66
MCV1	Record or Recall	85.7	12-23 m	1486	66
MCV1	Record or Recall<12m	70.8	12-23 m	1486	66