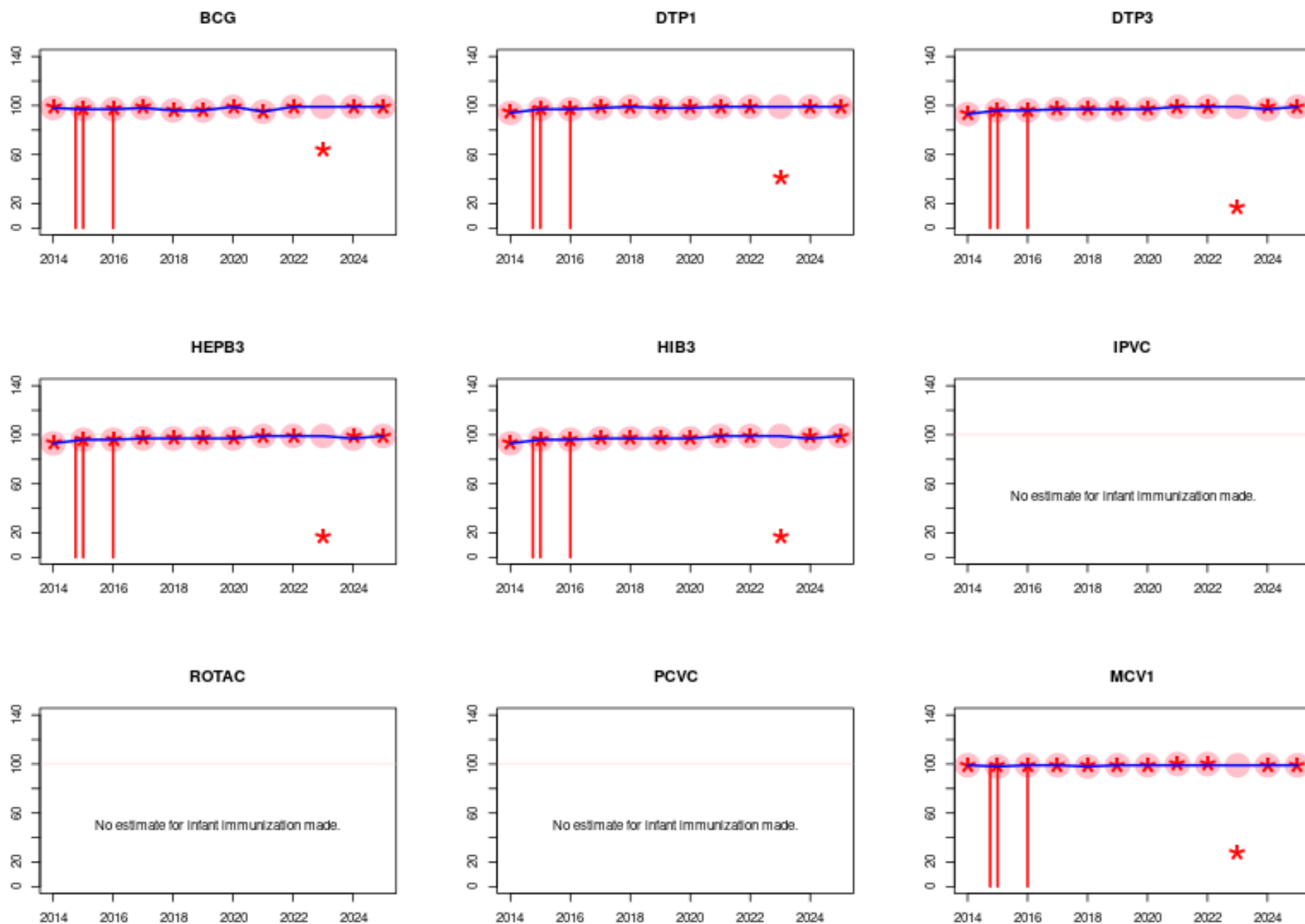




Democratic People's Republic of Korea: WHO and UNICEF estimates of immunization coverage: 2025 revision

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).

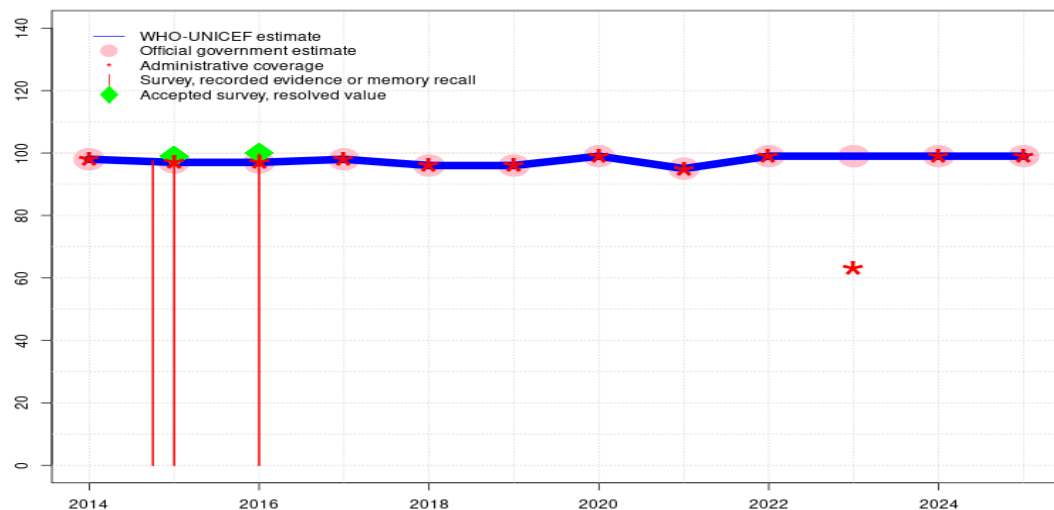
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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.

Democratic People's Republic of Korea - BCG

PRK - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	97	97	98	96	96	99	95	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●	●	●
Official	98	97	97	98	96	96	99	95	99	99	99	99
Administrative	98	97	97	98	96	96	99	95	99	63	99	99
Survey	-	*	100	-	-	-	-	-	-	-	-	-

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

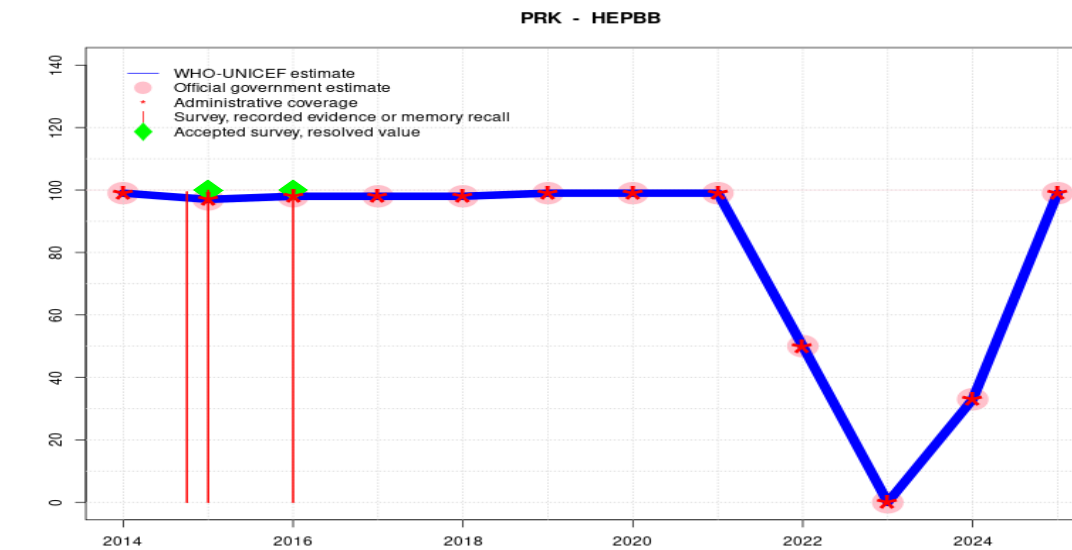
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stockout at the national and subnational levels. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reported a 4.5 months vaccine stockout at national and subnational levels. Country reported continuous disruption to vaccine supply but ensured missed cohorts were vaccinated in 2024 when vaccines were received. Estimate challenged by: D-
- 2022: Estimate informed by reported data. BCG vaccination did not take place in 2022, but the entire 2022 birth cohort was vaccinated during a catch-up activity in March 2023. Programme reports twelve months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 2 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Democratic People's Republic of Korea - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	97	98	98	98	99	99	99	50	0	33	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●●	●●	●●	●
Official	99	97	98	98	98	99	99	99	50	0	33	99
Administrative	99	97	98	98	98	99	99	99	50	0	33	99
Survey	-	*	100	-	-	-	-	-	-	-	-	-

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

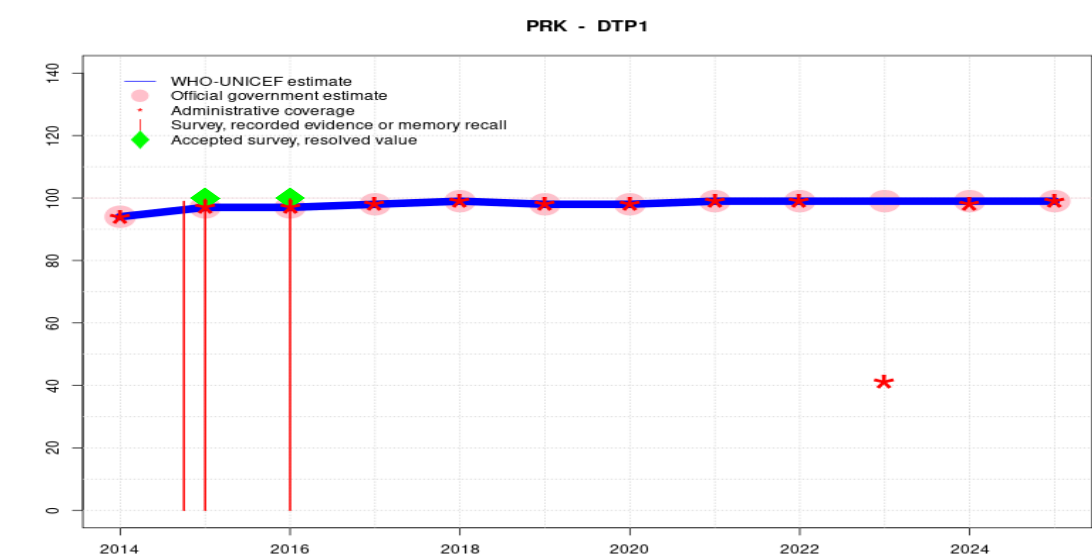
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Recovery from stockout. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reports a 6 months vaccine stockout at national and subnational levels. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports a 12 months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports nine months monovalent HepB vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 100 percent based on 2 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Democratic People’s Republic of Korea - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	94	97	97	98	99	98	98	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●	●	●
Official	94	97	97	98	99	98	98	99	99	99	99	99
Administrative	94	97	97	98	99	98	98	99	99	41	98	99
Survey	-	*	100	-	-	-	-	-	-	-	-	-

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

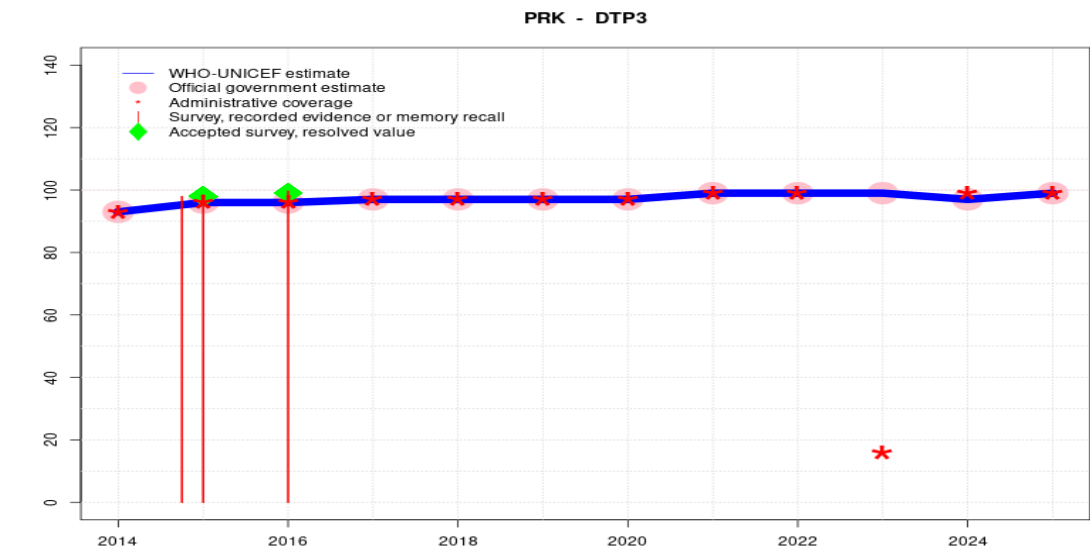
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported 12 months vaccine stockout at the national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports a 8.5 months vaccine stock-out at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports 12 months vaccine stockout at national and subnational levels, but the entire 2022 birth cohort was vaccinated during a catch-up activity in 2023. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a seven month vaccine stockout at national and subnational levels. Country reported continuous disruption to vaccine supply but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 100 percent based on 2 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Democratic People's Republic of Korea - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	96	96	97	97	97	97	99	99	99	97	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●	●	●
Official	93	96	96	97	97	97	97	99	99	99	97	99
Administrative	93	96	96	97	97	97	97	99	99	16	99	99
Survey	-	*	100	-	-	-	-	-	-	-	-	-

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

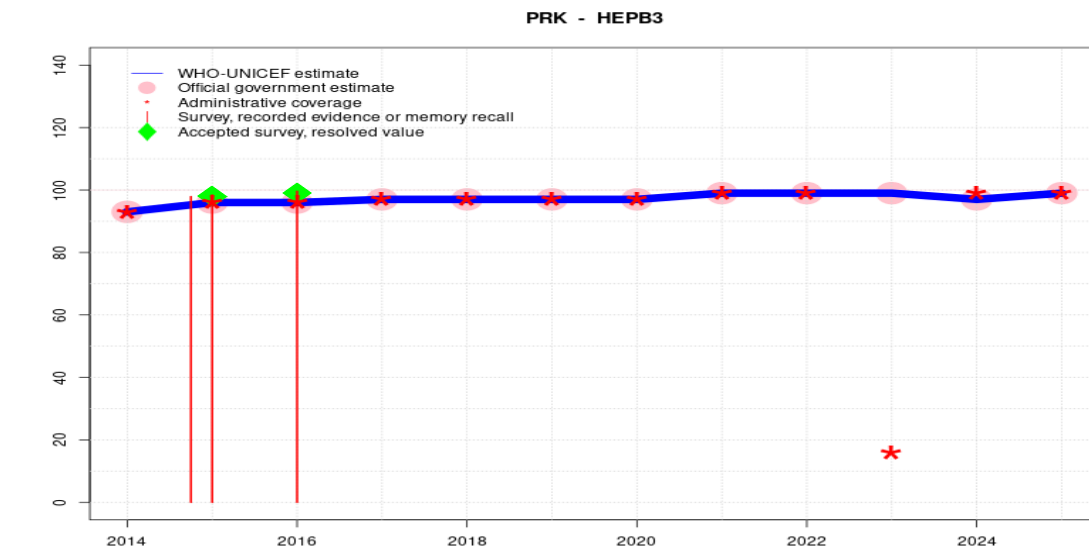
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported 12 months vaccine stockout at the national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. Estimate of 97 percent changed from previous revision value of 99 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports a 8.5 months vaccine stock-out at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports 12 months vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a seven month vaccine stock-out at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). Democratic Peoples Republic of Korea Multiple Indicator Cluster Survey 2017 record or recall results of 100 percent modified for recall bias to 99 percent based on 1st dose record or recall coverage of 100 percent, 1st dose record only coverage of 99 percent and 3rd dose record only coverage of 99 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 2 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Democratic People's Republic of Korea - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	96	96	97	97	97	97	99	99	99	97	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●	●	●
Official	93	96	96	97	97	97	97	99	99	99	97	99
Administrative	93	96	96	97	97	97	97	99	99	16	99	99
Survey	-	*	100	-	-	-	-	-	-	-	-	-

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

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

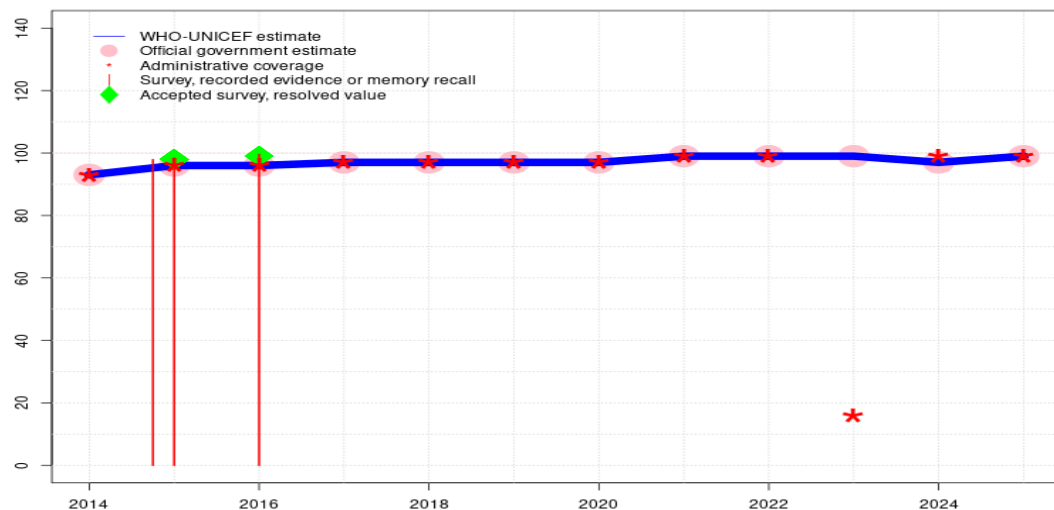
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported 12 months vaccine stockout at the national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. Estimate of 97 percent changed from previous revision value of 99 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports a 8.5 months vaccine stock-out at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports 12 months vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a seven month vaccine stock-out at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). Democratic Peoples Republic of Korea Multiple Indicator Cluster Survey 2017 record or recall results of 100 percent modified for recall bias to 99 percent based on 1st dose record or recall coverage of 100 percent, 1st dose record only coverage of 99 percent and 3rd dose record only coverage of 99 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 2 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Democratic People's Republic of Korea - HIB3

PRK - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	96	96	97	97	97	97	99	99	99	97	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●	●	●
Official	93	96	96	97	97	97	97	99	99	99	97	99
Administrative	93	96	96	97	97	97	97	99	99	16	99	99
Survey	-	*	100	-	-	-	-	-	-	-	-	-

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

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

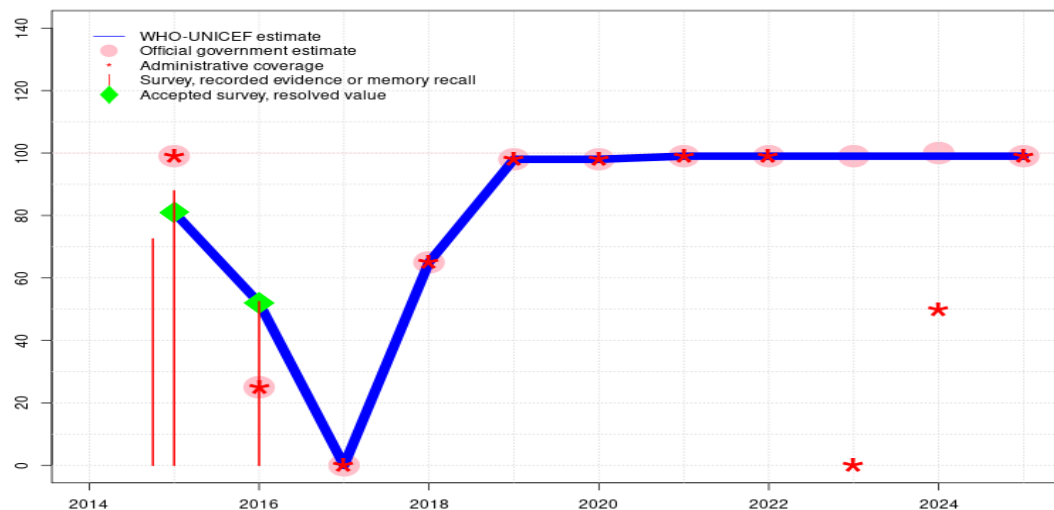
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported 12 months vaccine stockout at the national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. Estimate of 97 percent changed from previous revision value of 99 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports a 8.5 months vaccine stock-out at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports 12 months vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a seven month vaccine stock-out at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). Democratic Peoples Republic of Korea Multiple Indicator Cluster Survey 2017 record or recall results of 100 percent modified for recall bias to 99 percent based on 1st dose record or recall coverage of 100 percent, 1st dose record only coverage of 99 percent and 3rd dose record only coverage of 99 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 2 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Democratic People's Republic of Korea - IPV1

PRK - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	81	52	0	65	98	98	99	99	99	99	99
Estimate GoC	-	•	•	•	•	••	•	••	•	•	•	•
Official	-	99	25	0	65	98	98	99	99	99	100	99
Administrative	-	99	25	0	65	98	98	99	99	0	50	99
Survey	-	*	52	-	-	-	-	-	-	-	-	-

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

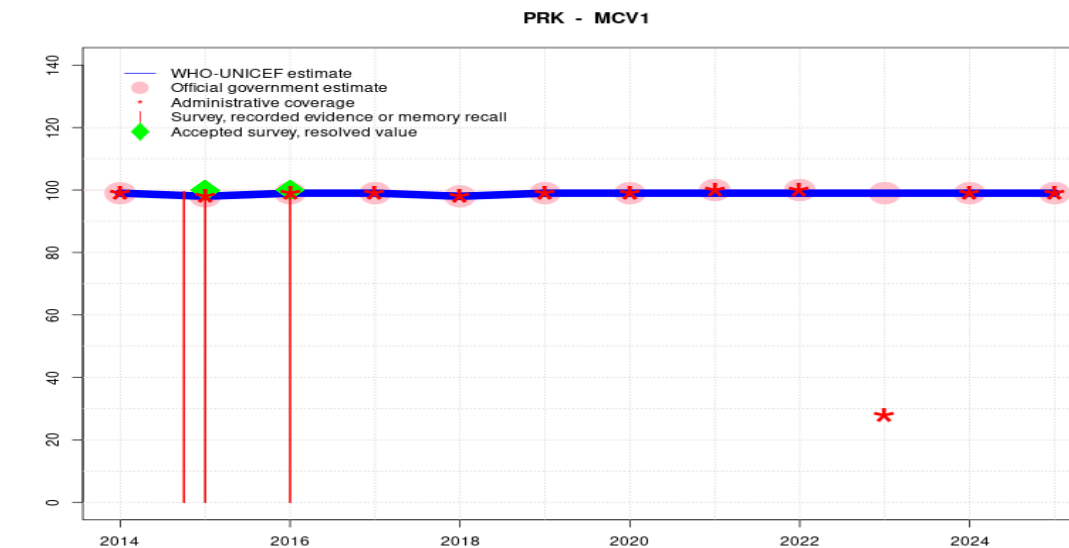
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Recovery from stockout. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stockout at the national and subnational levels. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. Estimate of 99 percent changed from previous revision value of 50 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports 12 months vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports 12 months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. A proportion of the children missed in 2021 were reached in a catch-up activity conducted in March 2023. The estimated coverage reflects vaccination occurring in 2021. Programme reports ten months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Reported data suggests partial recovery from vaccine stockout. Estimate challenged by: R-S-
- 2017: Programme reports no vaccination with IPV1 due to global shortage in 2017. Reported data excluded due to decline in reported coverage from 25 percent to 0 percent with increase to 65 percent. Estimate challenged by: R-S-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 52 percent based on 1 survey(s). Programme reports nine month vaccine stockout at national level. Estimate challenged by: D-R-S-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 81 percent based on 2 survey(s). Inactivated polio vaccine introduced in 2015. Estimate challenged by: D-R-S-

Democratic People's Republic of Korea - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	98	99	99	98	99	99	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●	●	●●
Official	99	98	99	99	98	99	99	100	100	99	99	99
Administrative	99	98	99	99	98	99	99	100	100	28	99	99
Survey	-	*	100	-	-	-	-	-	-	-	-	-

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

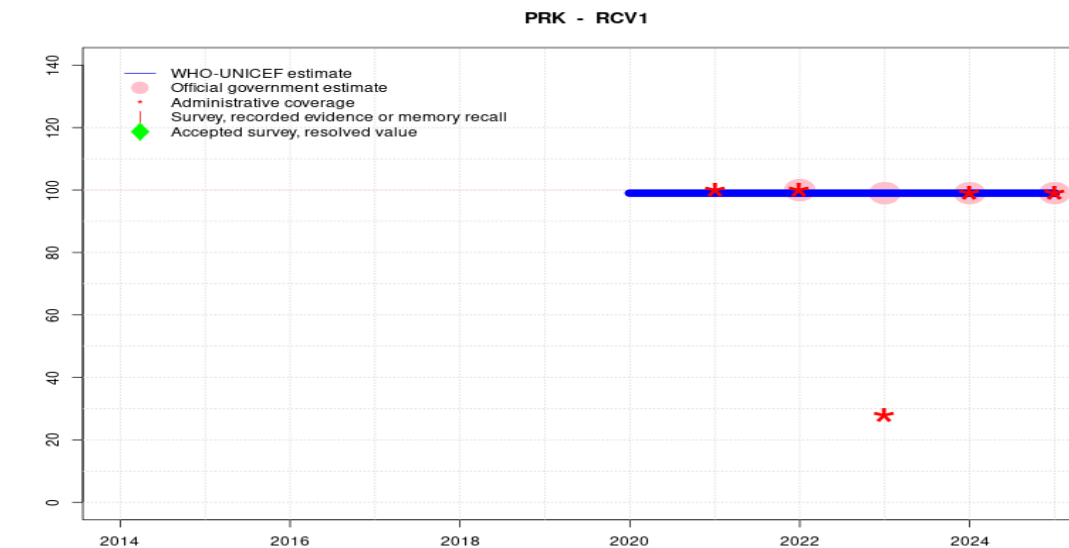
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stockout at the national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports ten months vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports 12 months vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports seven month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 100 percent based on 2 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Democratic People's Republic of Korea - RCV1



Description:

- 2025: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. Programme reported 6 months vaccine stockout at the national and subnational levels. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Programme reports ten months vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Programme reports twelve months vaccine stock-out at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Programme reports seven month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Programme introduced MR vaccine in November 2019. It is recommend at 9 and 15 months. Estimate challenged by: D-

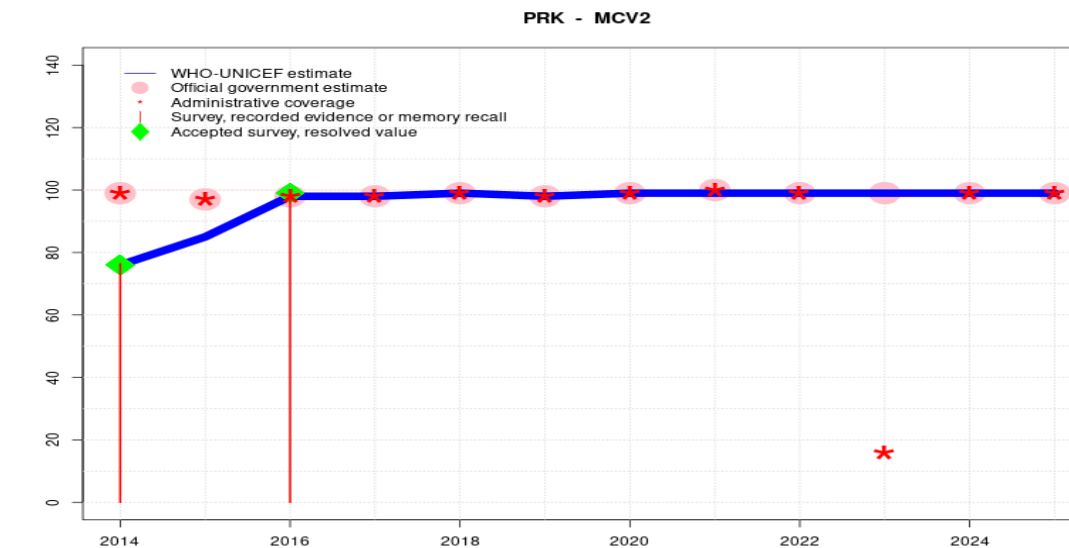
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	99	99	99	99	99	99
Estimate GoC	-	-	-	-	-	-	●	●	●	●	●	●●
Official	-	-	-	-	-	-	-	-	100	99	99	99
Administrative	-	-	-	-	-	-	-	100	100	28	99	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Democratic People's Republic of Korea - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	76	85	98	98	99	98	99	99	99	99	99	99
Estimate GoC	•	•	•	•••	•••	••	••	•	•	•	•	•
Official	99	97	98	98	99	98	99	100	99	99	99	99
Administrative	99	97	98	98	99	98	99	100	99	16	99	99
Survey	76	-	99	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stockout at the national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Country provided revised data for 2023, 2022 and 2021. Birth cohorts missed due to vaccine shortages have been monitored and vaccinated when vaccines are received. Estimates are based on reported data, exceptionally including late vaccination. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports ten months vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports 12 months vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports seven month vaccine stockout at national and subnational levels but ensured missed cohorts were vaccinated when vaccines were received. Estimate challenged by: 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+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: S-
- 2015: Reported data calibrated to 2014 and 2016 levels. Estimate challenged by: D-R-S-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 76 percent based on 1 survey(s). Estimate challenged by: D-R-S-

Democratic People's Republic of Korea - Survey Details

NOTE A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2016 Democratic People's Republic of Korea Multiple Indicator Cluster Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	0.1	12-23 m	456	100
BCG	Record	99.4	12-23 m	456	100
BCG	Record or Recall	99.6	12-23 m	456	100
BCG	Record or Recall<12m	99.3	12-23 m	456	100
DTP1	Recall	0.3	12-23 m	456	100
DTP1	Record	99.4	12-23 m	456	100
DTP1	Record or Recall	99.7	12-23 m	456	100
DTP1	Record or Recall<12m	99.3	12-23 m	456	100
DTP3	Recall	0.6	12-23 m	456	100
DTP3	Record	99	12-23 m	456	100
DTP3	Record or Recall	99.6	12-23 m	456	100
DTP3	Record or Recall<12m	99.2	12-23 m	456	100
HEPB1	Recall	0.3	12-23 m	456	100
HEPB1	Record	99.4	12-23 m	456	100
HEPB1	Record or Recall	99.7	12-23 m	456	100
HEPB1	Record or Recall<12m	99.3	12-23 m	456	100
HEPB3	Recall	0.6	12-23 m	456	100
HEPB3	Record	99	12-23 m	456	100

HEPB3	Record or Recall	99.6	12-23 m	456	100
HEPB3	Record or Recall<12m	99.2	12-23 m	456	100
HEPBB	Recall	0	12-23 m	456	100
HEPBB	Record	99.9	12-23 m	456	100
HEPBB	Record or Recall	99.9	12-23 m	456	100
HEPBB	Record or Recall<12m	100	12-23 m	456	100
HIB1	Recall	0.3	12-23 m	456	100
HIB1	Record	99.4	12-23 m	456	100
HIB1	Record or Recall	99.7	12-23 m	456	100
HIB1	Record or Recall<12m	99.3	12-23 m	456	100
HIB3	Recall	0.6	12-23 m	456	100
HIB3	Record	99	12-23 m	456	100
HIB3	Record or Recall	99.6	12-23 m	456	100
HIB3	Record or Recall<12m	99.2	12-23 m	456	100
IPV1	Recall	27.8	12-23 m	456	100
IPV1	Record	24.6	12-23 m	456	100
IPV1	Record or Recall	52.4	12-23 m	456	100
IPV1	Record or Recall<12m	52.4	12-23 m	456	100
MCV1	Recall	0.5	12-23 m	456	100
MCV1	Record	99.3	12-23 m	456	100
MCV1	Record or Recall	99.7	12-23 m	456	100
MCV1	Record or Recall<12m	99.3	12-23 m	456	100
MCV2	Recall	1.2	24-35 m	451	-
MCV2	Record	97.4	24-35 m	451	-
MCV2	Record or Recall	98.6	24-35 m	451	-
MCV2	Record or Recall<12m	97.9	24-35 m	451	-

2015 Democratic People's Republic of Korea Multiple Indicator Cluster Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	0.1	24-35 m	451	-
BCG	Record	99	24-35 m	451	-
BCG	Record or Recall	99.1	24-35 m	451	-
BCG	Record or Recall<12m	99	24-35 m	451	-
DTP1	Recall	0.1	24-35 m	451	-
DTP1	Record	99.5	24-35 m	451	-
DTP1	Record or Recall	99.6	24-35 m	451	-
DTP1	Record or Recall<12m	99.3	24-35 m	451	-

Democratic People's Republic of Korea - Survey Details

DTP3	Recall	0.1	24-35 m	451	-
DTP3	Record	98.3	24-35 m	451	-
DTP3	Record or Recall	98.4	24-35 m	451	-
DTP3	Record or Recall<12m	98	24-35 m	451	-
HEPB1	Recall	0.1	24-35 m	451	-
HEPB1	Record	99.5	24-35 m	451	-
HEPB1	Record or Recall	99.6	24-35 m	451	-
HEPB1	Record or Recall<12m	99.3	24-35 m	451	-
HEPB3	Recall	0.1	24-35 m	451	-
HEPB3	Record	98.3	24-35 m	451	-
HEPB3	Record or Recall	98.4	24-35 m	451	-
HEPB3	Record or Recall<12m	98	24-35 m	451	-
HEPBB	Recall	0	24-35 m	451	-
HEPBB	Record	99.4	24-35 m	451	-
HEPBB	Record or Recall	99.4	24-35 m	451	-
HEPBB	Record or Recall<12m	99.3	24-35 m	451	-
HIB1	Recall	0.1	24-35 m	451	-
HIB1	Record	99.5	24-35 m	451	-
HIB1	Record or Recall	99.6	24-35 m	451	-
HIB1	Record or Recall<12m	99.3	24-35 m	451	-
HIB3	Recall	0.1	24-35 m	451	-
HIB3	Record	98.3	24-35 m	451	-
HIB3	Record or Recall	98.4	24-35 m	451	-
HIB3	Record or Recall<12m	98	24-35 m	451	-
IPV1	Recall	9	24-35 m	451	-
IPV1	Record	78.8	24-35 m	451	-
IPV1	Record or Recall	87.9	24-35 m	451	-
IPV1	Record or Recall<12m	87.9	24-35 m	451	-
MCV1	Recall	0.7	24-35 m	451	-
MCV1	Record	98.8	24-35 m	451	-
MCV1	Record or Recall	99.6	24-35 m	451	-
MCV1	Record or Recall<12m	98.4	24-35 m	451	-

2015 National Immunization Coverage Survey, Democratic People's Republic of Korea, June 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	97.4	12-23 m	1195	99
BCG	Record or Recall	97.5	12-23 m	1195	99

DTP1	Record	98.7	12-23 m	1195	99
DTP1	Record or Recall	98.9	12-23 m	1195	99
DTP3	Record	97.7	12-23 m	1195	99
DTP3	Record or Recall	97.9	12-23 m	1195	99
HEPB1	Record	98.7	12-23 m	1195	99
HEPB1	Record or Recall	98.9	12-23 m	1195	99
HEPB3	Record	97.7	12-23 m	1195	99
HEPB3	Record or Recall	97.9	12-23 m	1195	99
HEPBB	Record	99.8	12-23 m	1195	99
HEPBB	Record or Recall	99.9	12-23 m	1195	99
HIB1	Record	98.7	12-23 m	1195	99
HIB1	Record or Recall	98.9	12-23 m	1195	99
HIB3	Record	97.7	12-23 m	1195	99
HIB3	Record or Recall	97.9	12-23 m	1195	99
IPV1	Record	73.8	12-23 m	1195	99
IPV1	Record or Recall	72.5	12-23 m	1195	99
MCV1	Record	99.2	12-23 m	1195	99
MCV1	Record or Recall	99.5	12-23 m	1195	99

2014 National Immunization Coverage Survey, Democratic People's Republic of Korea, June 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV2	Record	74.8	12-23 m	1195	99
MCV2	Record or Recall	76.4	12-23 m	1195	99

2007 EPI Coverage Evaluation survey - 2008, Democratic People's Republic of Korea

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	96.9	12-23 m	4103	100
DTP1	Record or Recall	93.9	12-23 m	4103	100
DTP3	Record or Recall	92	12-23 m	4103	100
HEPB1	Record or Recall	93.9	12-23 m	4103	100
HEPB3	Record or Recall	92	12-23 m	4103	100
MCV1	Record or Recall	99.2	12-23 m	4103	100

2001 Report on the DPRK Nutrition Assessment 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	88.3	12-23 m	-	-
DTP3	Recall	65.7	12-23 m	-	-
MCV1	Recall	95.3	12-23 m	-	-

1999 Report of the Second Multiple Indicator Cluster Survey 2000, DPRK

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	24.1	12-23 m	1075	99
BCG	Record	57.4	12-23 m	1075	99
BCG	Record or Recall	81.5	12-23 m	1075	99
DTP1	Recall	31.4	12-23 m	1075	99
DTP1	Record	59.6	12-23 m	1075	99
DTP1	Record or Recall	91	12-23 m	1075	99
DTP3	Recall	33.4	12-23 m	1075	99

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

DTP3	Record	62.1	12-23 m	1075	99
DTP3	Record or Recall	95.5	12-23 m	1075	99
MCV1	Recall	9.9	12-23 m	1075	99
MCV1	Record	81.6	12-23 m	1075	99
MCV1	Record or Recall	91.5	12-23 m	1075	99

1997 The Multiple Indicator Cluster Survey in The Democratic People’s Republic of Korea, 1998

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	63.9	12-23 m	294	94
BCG	Record or Recall	63.9	12-23 m	294	94
DTP3	Record	37.4	12-23 m	294	94
DTP3	Record or Recall	37.4	12-23 m	294	94
MCV1	Record	34.4	12-23 m	294	94
MCV1	Record or Recall	34.4	12-23 m	294	94