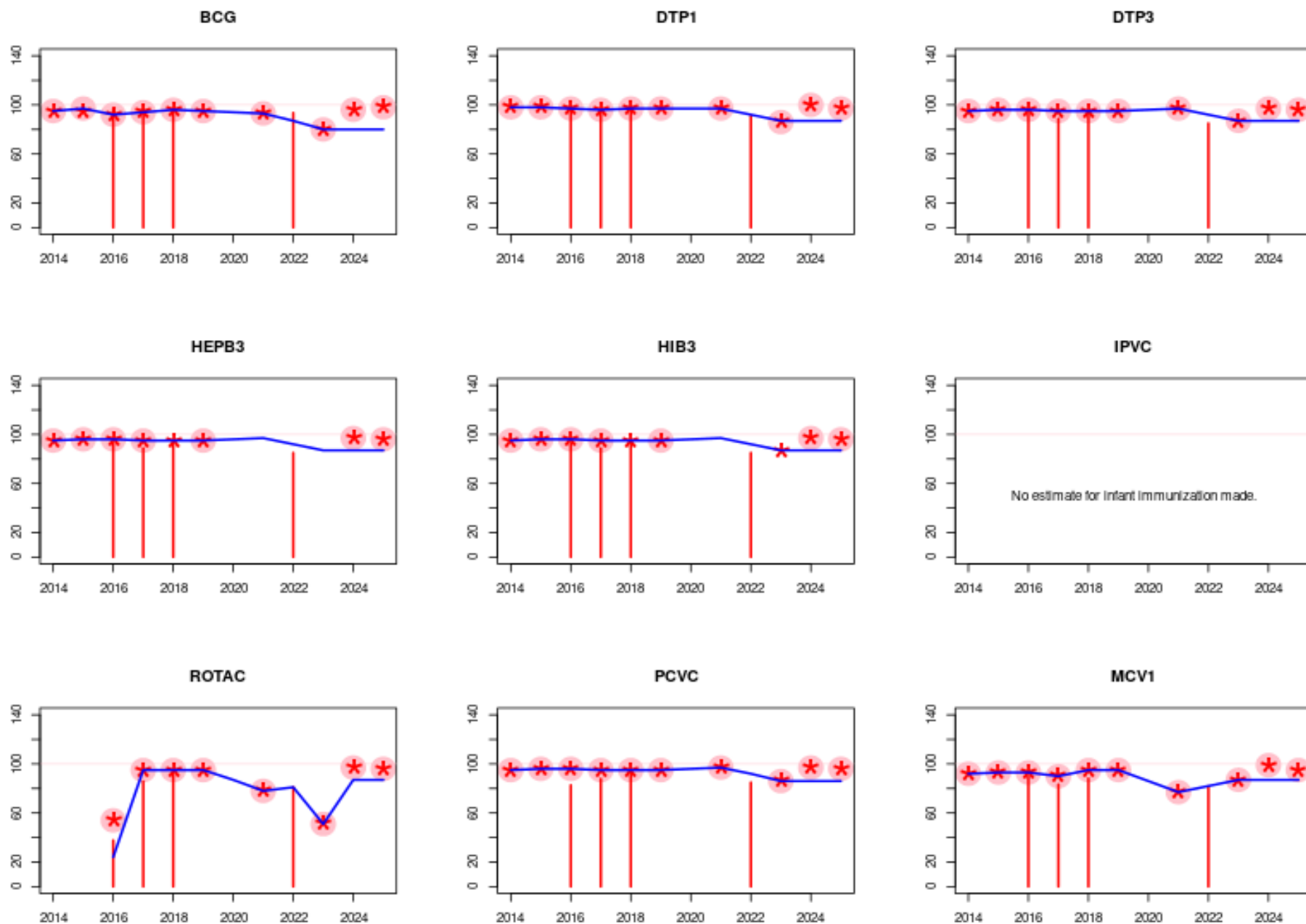




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

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

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

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

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

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

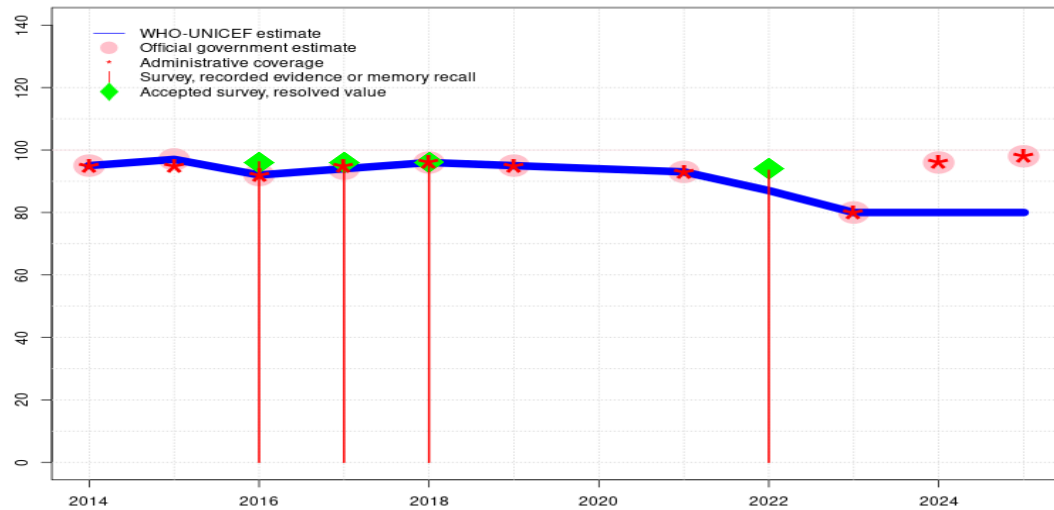
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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São Tomé and Príncipe - BCG

STP - BCG



Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline of 30 percent in target population. Programme reported 2 months vaccine stockout at the national and subnational levels. Estimate challenged by: D-S-
- 2023: Estimate informed by reported data. Estimate challenged by: S-
- 2022: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=S+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	97	92	94	96	95	94	93	87	80	80	80
Estimate GoC	●	●	●●●	●●●	●●●	●	●	●●●	●●	●	●	●
Official	95	97	92	94	96	95	-	93	-	80	96	98
Administrative	95	95	92	95	96	95	-	93	-	80	96	98
Survey	-	-	96	96	96	-	-	-	94	-	-	-

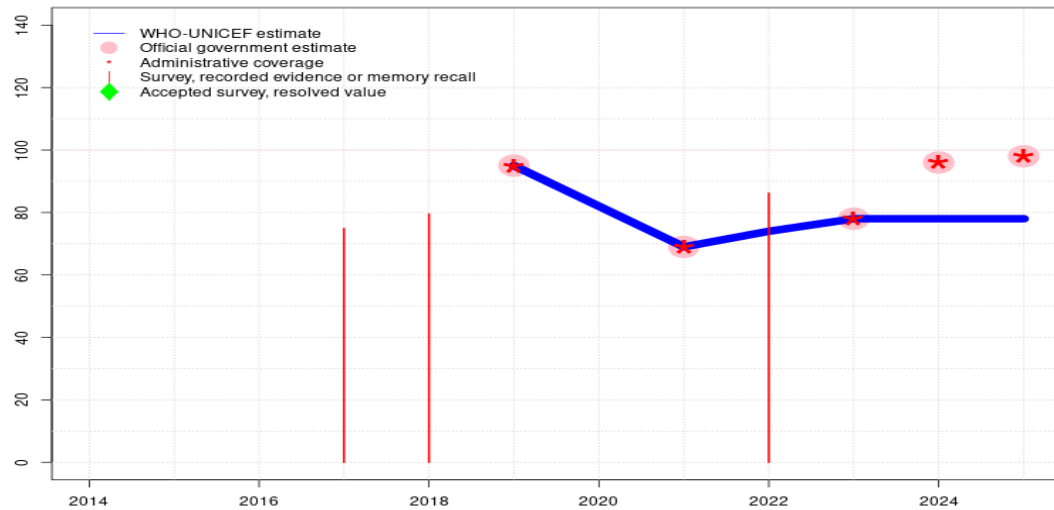
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

São Tomé and Príncipe - HEPBB

STP - HEPBB



Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by interpolation between reported data. National Vaccination Coverage Survey, Sao Tome and Principe, 2023 results ignored by working group. Survey results appear to include doses administered beyond 24 hours. Survey estimated coverage based on documented evidence indicates 80 percent coverage which is more aligned with coverage level suggested by reported data in neighbouring cohort years. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by reported data. Hepatitis B birth dose introduced in 2018. Reporting of doses delivered within 24 hours started in 2019. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	95	82	69	74	78	78	78
Estimate GoC	-	-	-	-	-	•	•	•	•	•	•	•
Official	-	-	-	-	-	95	-	69	-	78	96	98
Administrative	-	-	-	-	-	95	-	69	-	78	96	98
Survey	-	-	-	75	80	-	-	-	86	-	-	-

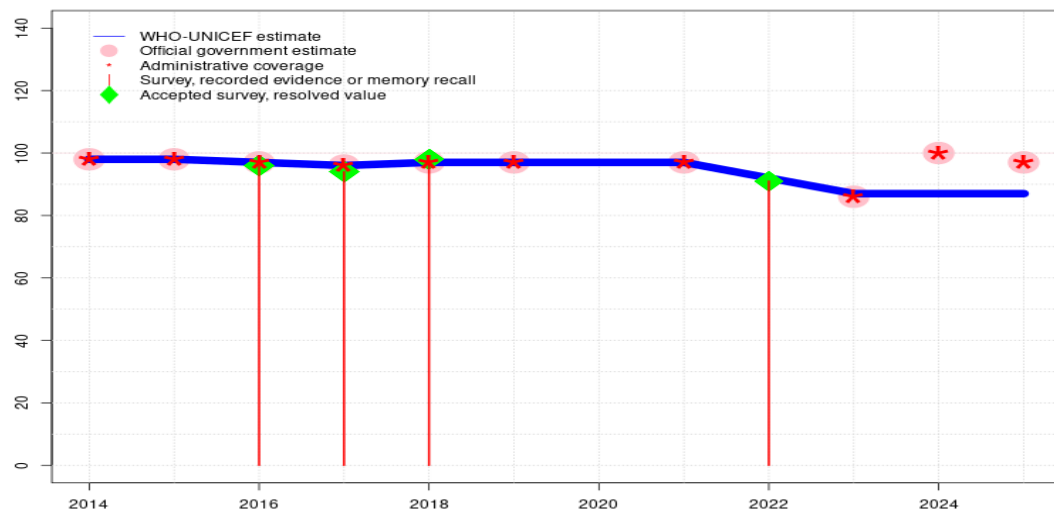
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

São Tomé and Príncipe - DTP1

STP - DTP1



Description:

- 2025: Estimate based on DTP3 coverage of 87. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-R-
- 2024: Estimate based on DTP3 coverage of 87. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-R-
- 2023: Estimate based on DTP3 coverage of 87. Estimate challenged by: D-R-
- 2022: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). GoC=S+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	97	96	97	97	97	97	92	87	87	87
Estimate GoC	●	●	●	●●●	●	●●●	●	●●●	●●	●	●	●
Official	98	98	97	96	97	97	-	97	-	86	100	97
Administrative	98	98	97	96	97	97	-	97	-	86	100	97
Survey	-	-	96	94	98	-	-	-	91	-	-	-

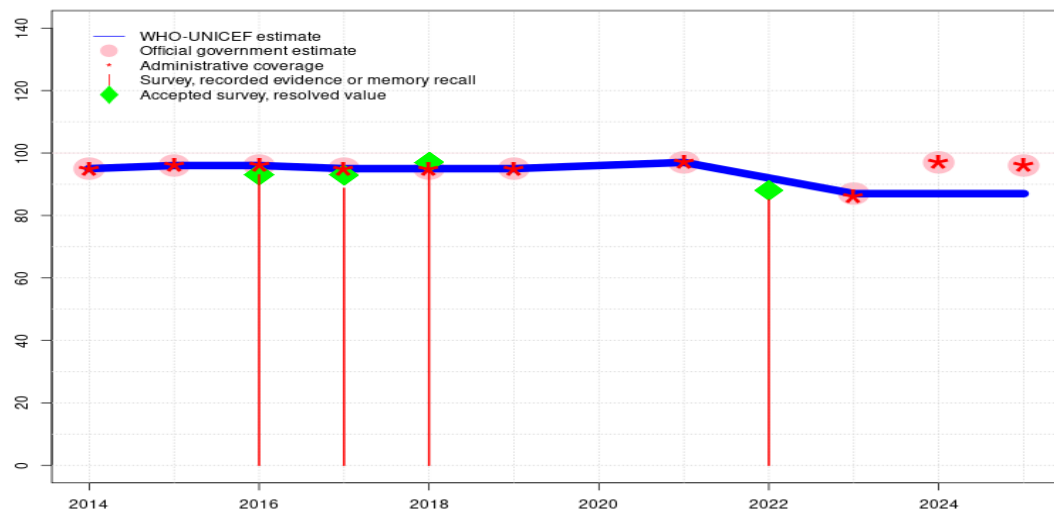
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

São Tomé and Príncipe - DTP3

STP - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	96	96	95	95	95	96	97	92	87	87	87
Estimate GoC	•	•	•	•••	•	•••	•	•••	••	•	•	•
Official	95	96	96	95	95	95	-	97	-	87	97	96
Administrative	95	96	96	95	95	95	-	97	-	86	97	96
Survey	-	-	93	89	94	-	-	-	85	-	-	-

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

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

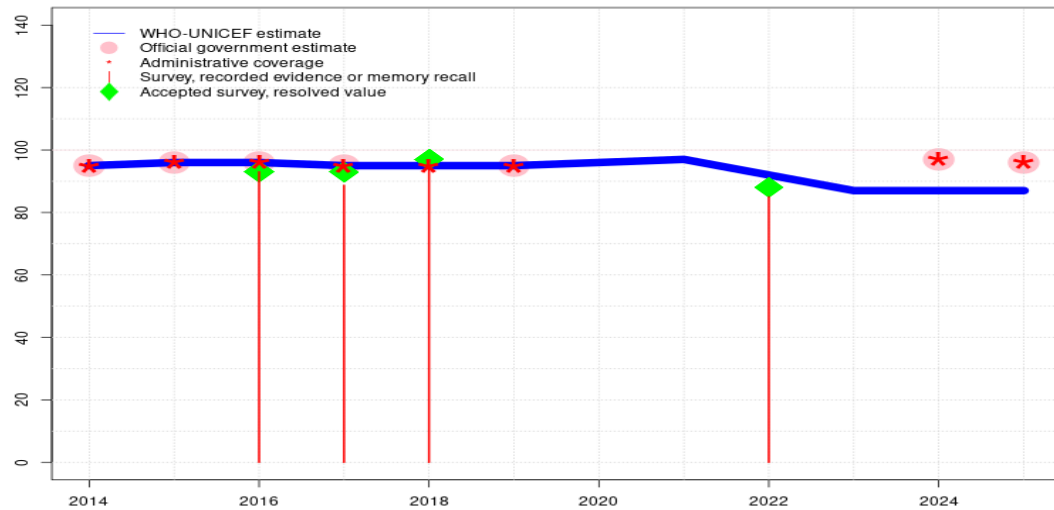
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 88 percent based on 1 survey(s). National Vaccination Coverage Survey, Sao Tome and Príncipe, 2023 record or recall results of 85 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 84 percent. GoC=S+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 94 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 93 percent and 3rd dose record only coverage of 92 percent. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 89 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

São Tomé and Príncipe - HEPB3

STP - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	96	96	95	95	95	96	97	92	87	87	87
Estimate GoC	●	●	●	●●	●	●	●	●●	●●	●●	●	●
Official	95	96	96	95	-	95	-	-	-	-	97	96
Administrative	95	96	96	95	95	95	-	-	-	-	97	96
Survey	-	-	93	89	94	-	-	-	85	-	-	-

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

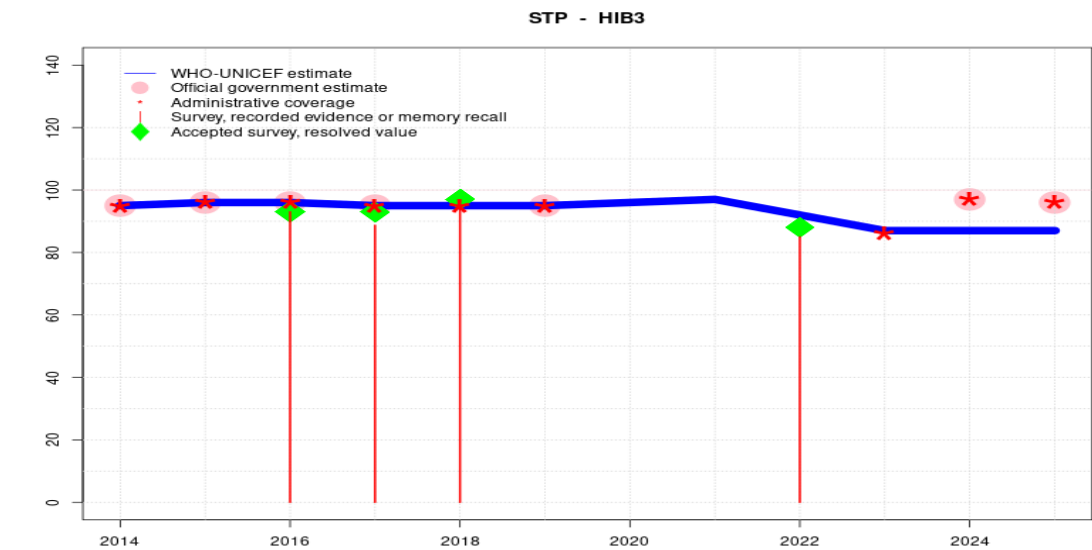
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate based on estimated DTP3. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-R-
- 2024: Estimate based on estimated DTP3 coverage. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-R-
- 2023: Estimate informed by DTP3 coverage. GoC=S+
- 2022: Estimate informed by extrapolation from prior year. National Vaccination Coverage Survey, Sao Tome and Principe, 2023 record or recall results of 85 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 84 percent. GoC=S+
- 2021: Estimate informed by estimated DTP3 coverage. GoC=S+
- 2020: Estimate informed by estimated DTP3 coverage. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2018: Estimate informed by reported administrative data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 94 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 93 percent and 3rd dose record only coverage of 92 percent. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 89 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

São Tomé and Príncipe - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	96	96	95	95	95	96	97	92	87	87	87
Estimate GoC	●	●	●	●●	●	●	●	●●	●●	●	●	●
Official	95	96	96	95	-	95	-	-	-	-	97	96
Administrative	95	96	96	95	95	95	-	-	-	86	97	96
Survey	-	-	93	89	94	-	-	-	85	-	-	-

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

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

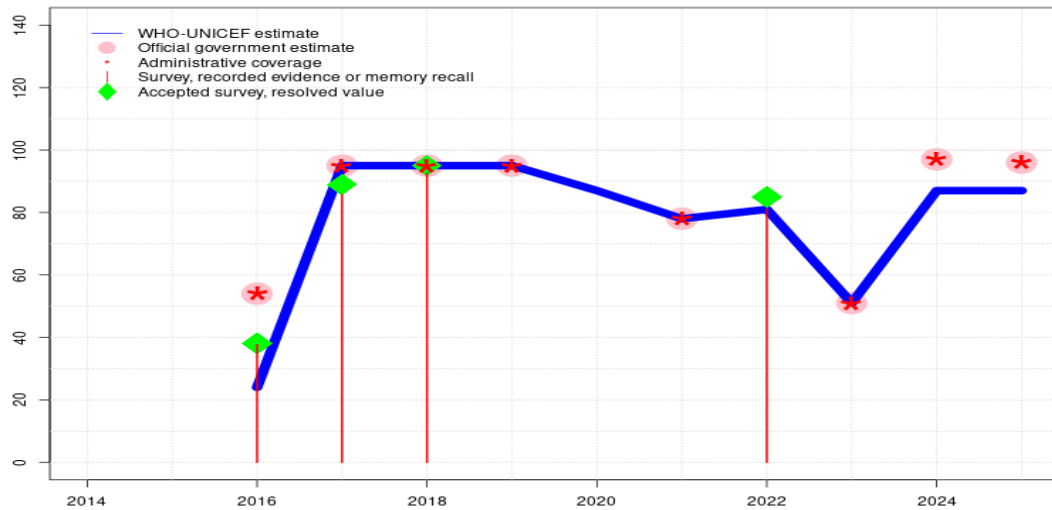
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated DTP3. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-R-
- 2024: Estimate based on estimated DTP3 coverage. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-R-
- 2023: Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2022: Estimate informed by extrapolation from prior year. National Vaccination Coverage Survey, Sao Tome and Principe, 2023 record or recall results of 85 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 84 percent. GoC=S+
- 2021: Estimate informed by estimated DTP3 coverage. GoC=S+
- 2020: Estimate informed by estimated DTP3 coverage. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2018: Estimate informed by reported administrative data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 94 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 93 percent and 3rd dose record only coverage of 92 percent. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 89 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

São Tomé and Príncipe - ROTAC

STP - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	24	95	95	95	87	78	81	51	87	87
Estimate GoC	-	-	•	•	•	•••	•	•••	••	•	•	•
Official	-	-	54	95	95	95	-	78	-	51	97	96
Administrative	-	-	54	95	95	95	-	78	-	51	97	96
Survey	-	-	38	86	93	-	-	-	81	-	-	-

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.

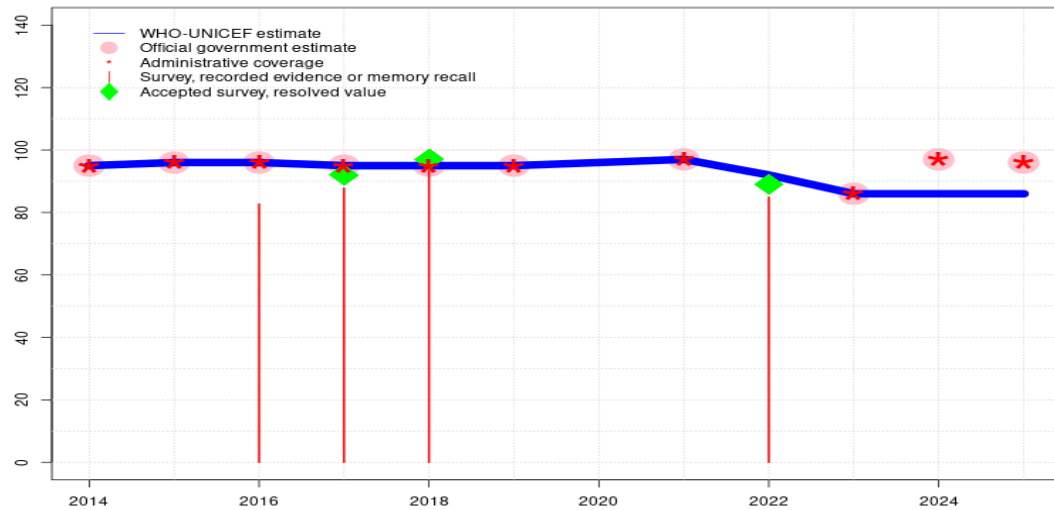
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by estimated DTP3. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-R-
- 2024: Estimate informed by estimated DTP3 coverage. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-R-
- 2023: Programme reported five months stockout at national and subnational level. Estimate challenged by: S-
- 2022: Estimate informed by survey result. National Vaccination Coverage Survey, Sao Tome and Príncipe, 2023 record or recall results of 81 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 84 percent and 3rd dose record only coverage of 80 percent. GoC=S+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: GoC=R+ S+ D+
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 1 survey(s). Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 93 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 90 percent. Estimate challenged by: D-S-
- 2017: Estimate informed by reported data following introduction. Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 86 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 84 percent and 3rd dose record only coverage of 81 percent. Estimate challenged by: S-
- 2016: Programme reports 54 percent coverage achieved among 25 percent of the national target population. Estimate informed by annualized coverage achieved in national target population. Estimate challenged by: R-S-

São Tomé and Príncipe - PCVC

STP - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	96	96	95	95	95	96	97	92	86	86	86
Estimate GoC	●	●	●	●●●	●	●●●	●	●●●	●●	●	●	●
Official	95	96	96	95	95	95	-	97	-	86	97	96
Administrative	95	96	96	95	95	95	-	97	-	86	97	96
Survey	-	-	83	88	93	-	-	-	85	-	-	-

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

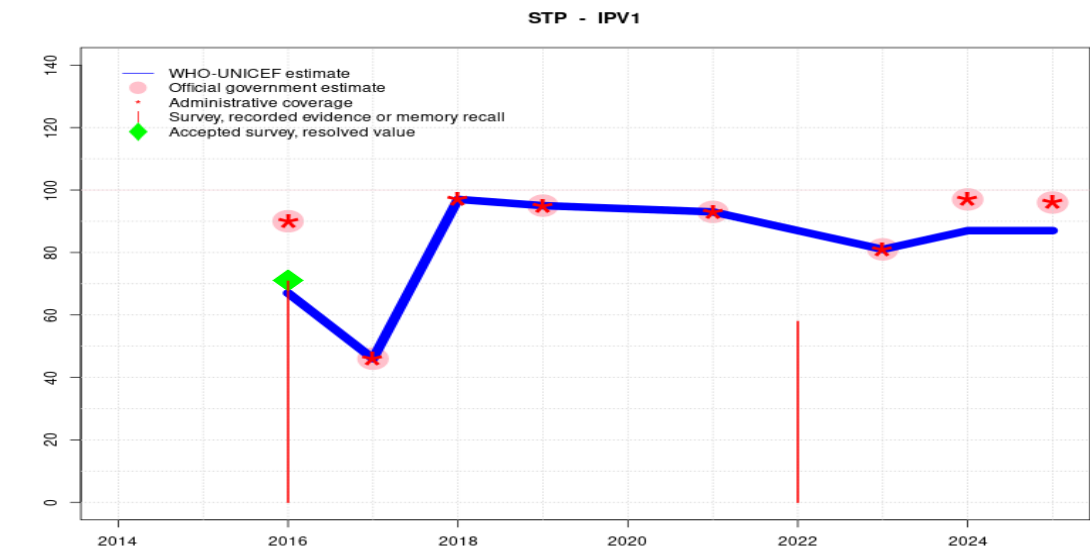
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). National Vaccination Coverage Survey, Sao Tome and Principe, 2023 record or recall results of 85 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 85 percent. GoC=S+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 93 percent modified for recall bias to 97 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 92 percent. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Sao Tome and Principe Multiple Indicator Cluster Survey 2019 record or recall results of 88 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. São Tomé and Príncipe National Immunization Coverage Survey 2017 results ignored by working group. Survey result for PCVC inconsistent with other antigens. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

São Tomé and Príncipe - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	67	46	97	95	94	93	87	81	87	87
Estimate GoC	-	-	•	•	•	••	•	••	•	•	•	•
Official	-	-	90	46	-	95	-	93	-	81	97	96
Administrative	-	-	90	46	97	95	-	93	-	81	97	96
Survey	-	-	71	-	-	-	-	-	58	-	-	-

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.

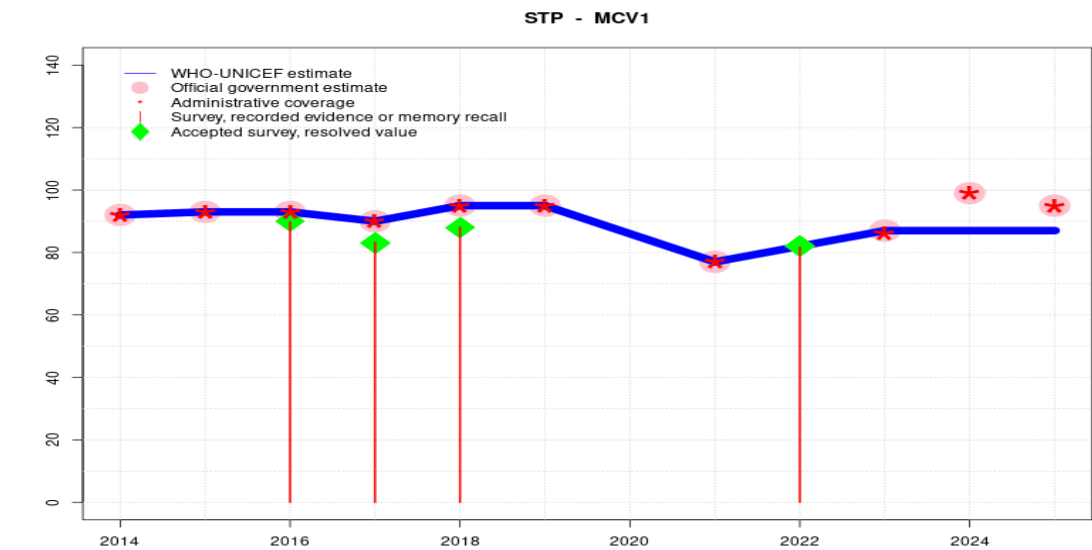
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 estimated DTP3. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-R-
- 2024: Estimate informed by estimated DTP3 coverage. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-R-
- 2023: Estimate informed by reported data. Programme reported one months stockout at national and subnational level. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data. National Vaccination Coverage Survey, Sao Tome and Príncipe, 2023 results ignored by working group. Survey results inconsistent with those of other antigens recommended at the same age due in part to challenges of documented evidence of IPV history in home-based records. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Programme appears to have recovered from 2017 vaccine stockout. Estimate challenged by: D-S-
- 2017: Estimate of 46 percent assigned by working group. Programme reports eight months national stockout. Estimate informed by reported data. Reported data excluded due to decline in reported coverage from 90 percent to 46 percent with increase to 97 percent. Estimate challenged by: R-S-
- 2016: Programme reports 90 percent coverage achieved among 75 percent of the national target population. Estimate informed by annualized coverage achieved in national target population. Estimate challenged by: R-

São Tomé and Príncipe - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	93	93	90	95	95	86	77	82	87	87	87
Estimate GoC	●	●	●	●	●	●	●	●●●	●●	●	●	●
Official	92	93	93	90	95	95	-	77	-	87	99	95
Administrative	92	93	93	90	95	95	-	77	-	86	99	95
Survey	-	-	90	83	88	-	-	-	82	-	-	-

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

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

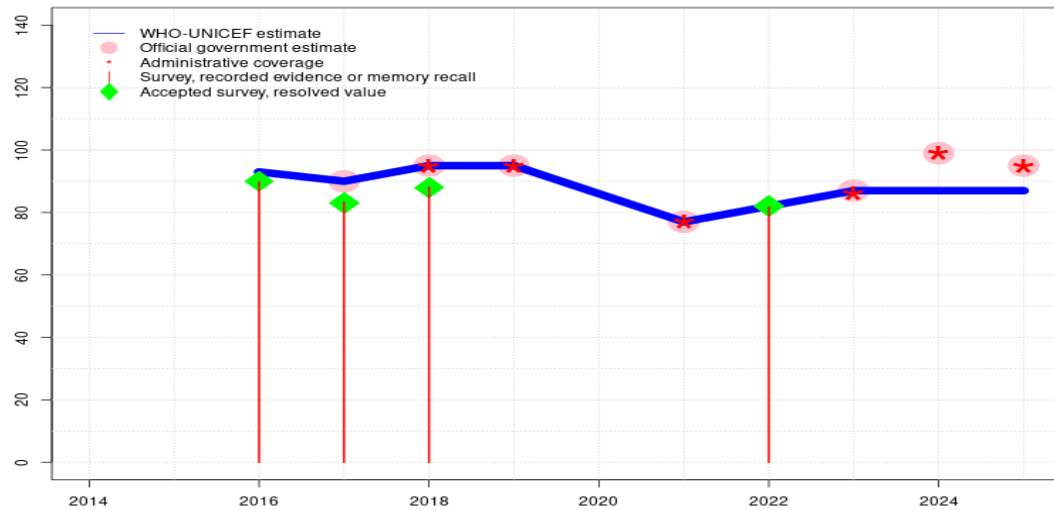
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 82 percent based on 1 survey(s). GoC=S+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by reported data. Estimate challenged by: S-
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 88 percent based on 1 survey(s). Estimate challenged by: D-S-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 83 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

São Tomé and Príncipe - RCV1

STP - RCV1



Description:

2025: Estimate based on estimated MCV1. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-

2024: Estimate based on estimated MCV1. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-

2023: Estimate based on estimated MCV1. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. GoC=S+

2021: Estimate based on estimated MCV1. GoC=R+ S+ D+

2020: Estimate based on estimated MCV1. GoC=Assigned by working group. No reported data.

2019: Estimate based on estimated MCV1. Estimate challenged by: S-

2018: Estimate based on estimated MCV1. Estimate challenged by: D-S-

2017: Estimate based on estimated MCV1. Estimate challenged by: D-

2016: Estimate based on estimated MCV1. Rubella vaccine introduced in 2016 as MR vaccine and recommended at 9 and 18 months. Estimate challenged by: D-

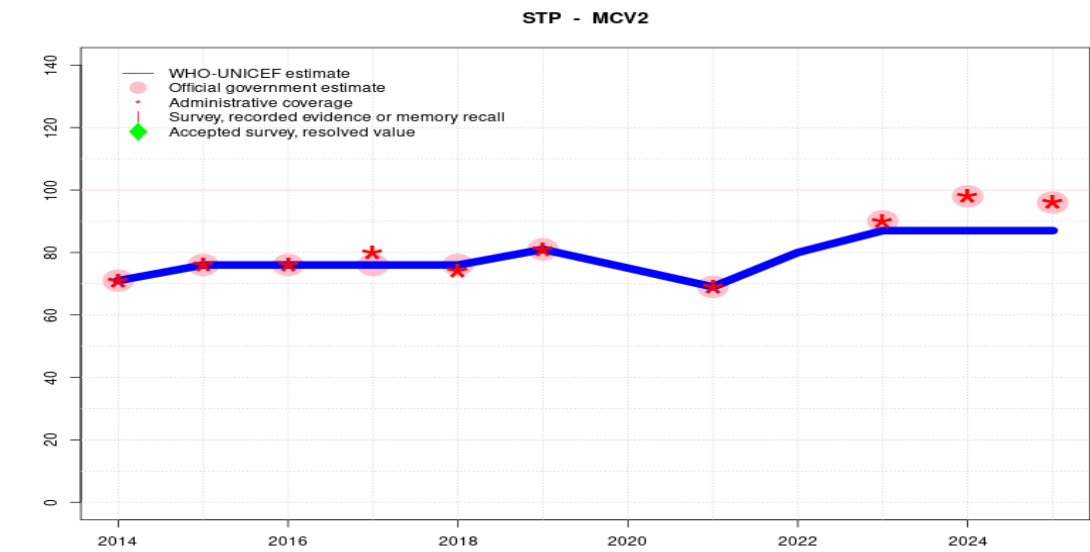
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	93	90	95	95	86	77	82	87	87	87
Estimate GoC	-	-	•	•	•	•	•	•••	••	•	•	•
Official	-	-	-	90	95	95	-	77	-	87	99	95
Administrative	-	-	-	-	95	95	-	77	-	86	99	95
Survey	-	-	90	83	88	-	-	-	82	-	-	-

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.

São Tomé and Príncipe - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	71	76	76	76	76	81	75	69	80	87	87	87
Estimate GoC	●●	●	●	●	●	●●	●	●●	●	●	●	●
Official	71	76	76	76	76	81	-	69	-	90	98	96
Administrative	71	76	76	80	74	81	-	69	-	90	98	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.

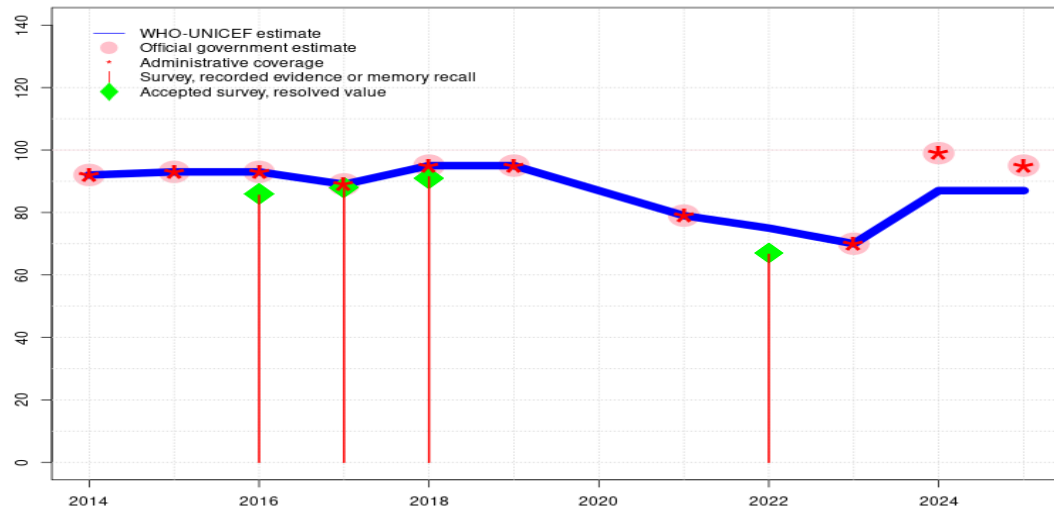
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1 coverage and no drop-out. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-R-
- 2024: Estimate is based on estimated MCV1 coverage and no drop-out. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-R-
- 2023: Estimate is based on estimated MCV1 coverage and no drop-out. Estimate challenged by: R-
- 2022: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Second dose of MCV introduced in 2013. Reporting started in 2014. GoC=R+ D+

São Tomé and Príncipe - YFV

STP - YFV



Description:

- 2025: Estimate based on estimated MCV1 coverage. Reported data excluded. Unexplained decline in target population and doses administered since 2023. Estimate challenged by: D-R-
- 2024: Estimate informed by estimated MCV1 coverage. Reported data excluded. Unexplained decline of 30 percent in target population. Estimate challenged by: D-R-S-
- 2023: Estimate informed by reported data. Programme reported three months vaccine stockout at national level. GoC=R+ S+ D+
- 2022: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 67 percent based on 1 survey(s). GoC=S+
- 2021: Estimate informed by reported data. Estimate challenged by: S-
- 2020: Estimate informed by interpolation between reported data. GoC=Assigned by working group. No reported data.
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Although no longer considered at risk for yellow fever (since 2013), WHO and UNICEF continue to estimate coverage as the country was previously at risk and YFV vaccine remains in the national immunization schedule. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 88 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 86 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	93	93	89	95	95	87	79	75	70	87	87
Estimate GoC	•	•	•	•	•	•••	•	•	••	•••	•	•
Official	92	93	93	89	95	95	-	79	-	70	99	95
Administrative	92	93	93	89	95	95	-	79	-	70	99	95
Survey	-	-	86	88	91	-	-	-	67	-	-	-

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.

São Tomé and Príncipe - 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.

2022 National Vaccination Coverage Survey, Sao Tome and Príncipe, 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	6.3	12-23 m	363	92
BCG	Record	87.2	12-23 m	363	92
BCG	Record or Recall	93.5	12-23 m	363	92
DTP1	Recall	3.7	12-23 m	363	92
DTP1	Record	87.3	12-23 m	363	92
DTP1	Record or Recall	91	12-23 m	363	92
DTP3	Recall	0.8	12-23 m	363	92
DTP3	Record	84.2	12-23 m	363	92
DTP3	Record or Recall	85	12-23 m	363	92
HEPB1	Recall	3.7	12-23 m	363	92
HEPB1	Record	87.3	12-23 m	363	92
HEPB1	Record or Recall	91	12-23 m	363	92
HEPB3	Recall	0.8	12-23 m	363	92
HEPB3	Record	84.2	12-23 m	363	92
HEPB3	Record or Recall	85	12-23 m	363	92
HEPBB	Recall	5.9	12-23 m	363	92
HEPBB	Record	80.3	12-23 m	363	92
HEPBB	Record or Recall	86.2	12-23 m	363	92
HIB1	Recall	3.7	12-23 m	363	92

HIB1	Record	87.3	12-23 m	363	92
HIB1	Record or Recall	91	12-23 m	363	92
HIB3	Recall	0.8	12-23 m	363	92
HIB3	Record	84.2	12-23 m	363	92
HIB3	Record or Recall	85	12-23 m	363	92
IPV1	Recall	1.2	12-23 m	363	92
IPV1	Record	56.7	12-23 m	363	92
IPV1	Record or Recall	57.9	12-23 m	363	92
MCV1	Recall	3.8	12-23 m	363	92
MCV1	Record	77.9	12-23 m	363	92
MCV1	Record or Recall	81.7	12-23 m	363	92
PCV1	Recall	4.1	12-23 m	363	92
PCV1	Record	87	12-23 m	363	92
PCV1	Record or Recall	91.1	12-23 m	363	92
PCVC	Recall	0.3	12-23 m	363	92
PCVC	Record	84.6	12-23 m	363	92
PCVC	Record or Recall	84.9	12-23 m	363	92
RCV1	Recall	3.8	12-23 m	363	92
RCV1	Record	77.9	12-23 m	363	92
RCV1	Record or Recall	81.7	12-23 m	363	92
ROTAC	Recall	1.3	12-23 m	363	92
ROTAC	Record	79.8	12-23 m	363	92
ROTAC	Record or Recall	81.1	12-23 m	363	92
YFV	Recall	4.5	12-23 m	363	92
YFV	Record	62.1	12-23 m	363	92
YFV	Record or Recall	66.6	12-23 m	363	92

2018 Sao Tome Principe Inquerito aos Indicadores Multiplos 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	4.8	12-23 m	346	93
BCG	Record	91.6	12-23 m	346	93
BCG	Record or Recall	96.4	12-23 m	346	93
BCG	Record or Recall<12m	96.4	12-23 m	346	93
DTP1	Recall	4.9	12-23 m	346	93
DTP1	Record	92.8	12-23 m	346	93
DTP1	Record or Recall	97.7	12-23 m	346	93
DTP1	Record or Recall<12m	97.2	12-23 m	346	93
DTP3	Recall	1.8	12-23 m	346	93

São Tomé and Príncipe - Survey Details

DTP3	Record	92.4	12-23 m	346	93
DTP3	Record or Recall	94.2	12-23 m	346	93
DTP3	Record or Recall<12m	93.9	12-23 m	346	93
HEPB1	Recall	4.9	12-23 m	346	93
HEPB1	Record	92.8	12-23 m	346	93
HEPB1	Record or Recall	97.7	12-23 m	346	93
HEPB1	Record or Recall<12m	97.2	12-23 m	346	93
HEPB3	Recall	1.8	12-23 m	346	93
HEPB3	Record	92.4	12-23 m	346	93
HEPB3	Record or Recall	94.2	12-23 m	346	93
HEPB3	Record or Recall<12m	93.9	12-23 m	346	93
HEPBB	Record	79.5	12-23 m	346	93
HEPBB	Record or Recall	79.5	12-23 m	346	93
HEPBB	Record or Recall<12m	79	12-23 m	346	93
HIB1	Recall	4.9	12-23 m	346	93
HIB1	Record	92.8	12-23 m	346	93
HIB1	Record or Recall	97.7	12-23 m	346	93
HIB1	Record or Recall<12m	97.2	12-23 m	346	93
HIB3	Recall	1.8	12-23 m	346	93
HIB3	Record	92.4	12-23 m	346	93
HIB3	Record or Recall	94.2	12-23 m	346	93
HIB3	Record or Recall<12m	93.9	12-23 m	346	93
MCV1	Recall	4.5	12-23 m	346	93
MCV1	Record	83.6	12-23 m	346	93
MCV1	Record or Recall	88.1	12-23 m	346	93
MCV1	Record or Recall<12m	86.2	12-23 m	346	93
PCV1	Recall	5	12-23 m	346	93
PCV1	Record	92.3	12-23 m	346	93
PCV1	Record or Recall	97.3	12-23 m	346	93
PCV1	Record or Recall<12m	97.3	12-23 m	346	93
PCVC	Recall	1.3	12-23 m	346	93
PCVC	Record	92	12-23 m	346	93
PCVC	Record or Recall	93.4	12-23 m	346	93
PCVC	Record or Recall<12m	92.6	12-23 m	346	93
RCV1	Recall	4.5	12-23 m	346	93
RCV1	Record	83.6	12-23 m	346	93
RCV1	Record or Recall	88.1	12-23 m	346	93
RCV1	Record or Recall<12m	86.2	12-23 m	346	93
ROTAC	Recall	2.2	12-23 m	346	93
ROTAC	Record	90.4	12-23 m	346	93

ROTAC	Record or Recall	92.5	12-23 m	346	93
ROTAC	Record or Recall<12m	92.5	12-23 m	346	93
YFV	Recall	4.5	12-23 m	346	93
YFV	Record	86.9	12-23 m	346	93
YFV	Record or Recall	91.4	12-23 m	346	93
YFV	Record or Recall<12m	89.9	12-23 m	346	93

2017 Sao Tome Principe Inquerito aos Indicadores Multiplos 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9	24-35 m	406	-
BCG	Record	86.8	24-35 m	406	-
BCG	Record or Recall	95.8	24-35 m	406	-
BCG	Record or Recall<12m	95.3	24-35 m	406	-
DTP1	Recall	7.8	24-35 m	406	-
DTP1	Record	86.3	24-35 m	406	-
DTP1	Record or Recall	94	24-35 m	406	-
DTP1	Record or Recall<12m	93.5	24-35 m	406	-
DTP3	Recall	3.5	24-35 m	406	-
DTP3	Record	85.1	24-35 m	406	-
DTP3	Record or Recall	88.7	24-35 m	406	-
DTP3	Record or Recall<12m	86.4	24-35 m	406	-
HEPB1	Recall	7.8	24-35 m	406	-
HEPB1	Record	86.3	24-35 m	406	-
HEPB1	Record or Recall	94	24-35 m	406	-
HEPB1	Record or Recall<12m	93.5	24-35 m	406	-
HEPB3	Recall	3.5	24-35 m	406	-
HEPB3	Record	85.1	24-35 m	406	-
HEPB3	Record or Recall	88.7	24-35 m	406	-
HEPB3	Record or Recall<12m	86.4	24-35 m	406	-
HEPBB	Record	74.9	24-35 m	406	-
HEPBB	Record or Recall	74.9	24-35 m	406	-
HEPBB	Record or Recall<12m	74.6	24-35 m	406	-
HIB1	Recall	7.8	24-35 m	406	-
HIB1	Record	86.3	24-35 m	406	-
HIB1	Record or Recall	94	24-35 m	406	-
HIB1	Record or Recall<12m	93.5	24-35 m	406	-
HIB3	Recall	3.5	24-35 m	406	-
HIB3	Record	85.1	24-35 m	406	-

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HIB3	Record or Recall	88.7	24-35 m	406	-
HIB3	Record or Recall<12m	86.4	24-35 m	406	-
MCV1	Recall	6.9	24-35 m	406	-
MCV1	Record	76.4	24-35 m	406	-
MCV1	Record or Recall	83.3	24-35 m	406	-
MCV1	Record or Recall<12m	74	24-35 m	406	-
PCV1	Recall	7.2	24-35 m	406	-
PCV1	Record	85.9	24-35 m	406	-
PCV1	Record or Recall	93.1	24-35 m	406	-
PCV1	Record or Recall<12m	91.7	24-35 m	406	-
PCVC	Recall	3.2	24-35 m	406	-
PCVC	Record	84.6	24-35 m	406	-
PCVC	Record or Recall	87.8	24-35 m	406	-
PCVC	Record or Recall<12m	85.5	24-35 m	406	-
RCV1	Recall	6.9	24-35 m	406	-
RCV1	Record	76.4	24-35 m	406	-
RCV1	Record or Recall	83.3	24-35 m	406	-
RCV1	Record or Recall<12m	74	24-35 m	406	-
ROTAC	Recall	4.7	24-35 m	406	-
ROTAC	Record	81.1	24-35 m	406	-
ROTAC	Record or Recall	85.7	24-35 m	406	-
ROTAC	Record or Recall<12m	84.1	24-35 m	406	-
YFV	Recall	6.9	24-35 m	406	-
YFV	Record	80.9	24-35 m	406	-
YFV	Record or Recall	87.8	24-35 m	406	-
YFV	Record or Recall<12m	77.2	24-35 m	406	-

2016 Enquête nationale de couverture vaccinale 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	96.2	12-23 m	495	88
DTP1	Record or Recall	96	12-23 m	495	88
DTP3	Record or Recall	93	12-23 m	495	88
HEPB1	Record or Recall	96	12-23 m	495	88
HEPB3	Record or Recall	93	12-23 m	495	88
HIB1	Record or Recall	96	12-23 m	495	88
HIB3	Record or Recall	93	12-23 m	495	88
IPV1	Record or Recall	70.8	12-23 m	495	88
MCV1	Record or Recall	89.8	12-23 m	495	88

PCV1	Record or Recall	85	12-23 m	495	88
PCVC	Record or Recall	82.7	12-23 m	495	88
RCV1	Record or Recall	89.8	12-23 m	495	88
ROTAC	Record or Recall	37.7	12-23 m	495	88
YFV	Record or Recall	85.5	12-23 m	495	88

2012 Sao Tome and Principe Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	6.1	12-23 m	403	92
BCG	Record	91.2	12-23 m	403	92
BCG	Record or Recall	97.3	12-23 m	403	92
BCG	Record or Recall<12m	97.3	12-23 m	403	92
DTP1	Recall	5.5	12-23 m	403	92
DTP1	Record	91.7	12-23 m	403	92
DTP1	Record or Recall	97.2	12-23 m	403	92
DTP1	Record or Recall<12m	95.4	12-23 m	403	92
DTP3	Recall	4	12-23 m	403	92
DTP3	Record	90.5	12-23 m	403	92
DTP3	Record or Recall	94.5	12-23 m	403	92
DTP3	Record or Recall<12m	93	12-23 m	403	92
HEPB1	Recall	5.5	12-23 m	403	92
HEPB1	Record	91.7	12-23 m	403	92
HEPB1	Record or Recall	97.2	12-23 m	403	92
HEPB1	Record or Recall<12m	95.4	12-23 m	403	92
HEPB3	Recall	4	12-23 m	403	92
HEPB3	Record	90.5	12-23 m	403	92
HEPB3	Record or Recall	94.5	12-23 m	403	92
HEPB3	Record or Recall<12m	93	12-23 m	403	92
HIB1	Recall	5.5	12-23 m	403	92
HIB1	Record	91.7	12-23 m	403	92
HIB1	Record or Recall	97.2	12-23 m	403	92
HIB1	Record or Recall<12m	95.4	12-23 m	403	92
HIB3	Recall	4	12-23 m	403	92
HIB3	Record	90.5	12-23 m	403	92
HIB3	Record or Recall	94.5	12-23 m	403	92
HIB3	Record or Recall<12m	93	12-23 m	403	92
MCV1	Recall	4.9	12-23 m	403	92
MCV1	Record	88.1	12-23 m	403	92

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MCV1	Record or Recall	93	12-23 m	403	92
MCV1	Record or Recall<12m	89	12-23 m	403	92
PCV1	Recall	5	12-23 m	403	92
PCV1	Record	83	12-23 m	403	92
PCV1	Record or Recall	88	12-23 m	403	92
PCV1	Record or Recall<12m	86.8	12-23 m	403	92
PCVC	Recall	3.8	12-23 m	403	92
PCVC	Record	81	12-23 m	403	92
PCVC	Record or Recall	84.8	12-23 m	403	92
PCVC	Record or Recall<12m	82	12-23 m	403	92
YFV	Recall	5.2	12-23 m	403	92
YFV	Record	85.1	12-23 m	403	92
YFV	Record or Recall	90.3	12-23 m	403	92
YFV	Record or Recall<12m	89.3	12-23 m	403	92

2011 Sao Tome and Principe Multiple Indicator Cluster Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	8.1	24-35 m	412	-
BCG	Record	85.7	24-35 m	412	-
BCG	Record or Recall	93.8	24-35 m	412	-
BCG	Record or Recall<12m	93.7	24-35 m	412	-
DTP1	Recall	6.8	24-35 m	412	-
DTP1	Record	87.3	24-35 m	412	-
DTP1	Record or Recall	94.1	24-35 m	412	-
DTP1	Record or Recall<12m	93.6	24-35 m	412	-
DTP3	Recall	4.9	24-35 m	412	-
DTP3	Record	83.7	24-35 m	412	-
DTP3	Record or Recall	88.5	24-35 m	412	-
DTP3	Record or Recall<12m	85.8	24-35 m	412	-
HEPB1	Recall	6.8	24-35 m	412	-
HEPB1	Record	87.3	24-35 m	412	-
HEPB1	Record or Recall	94.1	24-35 m	412	-
HEPB1	Record or Recall<12m	93.6	24-35 m	412	-
HEPB3	Recall	4.9	24-35 m	412	-
HEPB3	Record	83.7	24-35 m	412	-
HEPB3	Record or Recall	88.5	24-35 m	412	-
HEPB3	Record or Recall<12m	85.8	24-35 m	412	-
HIB1	Recall	6.8	24-35 m	412	-

HIB1	Record	87.3	24-35 m	412	-
HIB1	Record or Recall	94.1	24-35 m	412	-
HIB1	Record or Recall<12m	93.6	24-35 m	412	-
HIB3	Recall	4.9	24-35 m	412	-
HIB3	Record	83.7	24-35 m	412	-
HIB3	Record or Recall	88.5	24-35 m	412	-
HIB3	Record or Recall<12m	85.8	24-35 m	412	-
MCV1	Recall	7.5	24-35 m	412	-
MCV1	Record	84.5	24-35 m	412	-
MCV1	Record or Recall	92	24-35 m	412	-
MCV1	Record or Recall<12m	86.1	24-35 m	412	-
PCV1	Recall	7.2	24-35 m	412	-
PCV1	Record	41.9	24-35 m	412	-
PCV1	Record or Recall	49.1	24-35 m	412	-
PCV1	Record or Recall<12m	47.8	24-35 m	412	-
PCVC	Recall	5.6	24-35 m	412	-
PCVC	Record	36.4	24-35 m	412	-
PCVC	Record or Recall	42	24-35 m	412	-
PCVC	Record or Recall<12m	27.6	24-35 m	412	-
YFV	Recall	7.7	24-35 m	412	-
YFV	Record	78	24-35 m	412	-
YFV	Record or Recall	85.8	24-35 m	412	-
YFV	Record or Recall<12m	81.2	24-35 m	412	-

2007 São Tomé e Príncipe Inquérito Demográfico e Sanitário (IDS STP 2008-2009)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	92.7	12-23 m	341	93
BCG	Record or Recall	96.1	12-23 m	341	93
BCG	Record or Recall<12m	95.2	12-23 m	341	93
DTP1	Record	90.4	12-23 m	341	93
DTP1	Record or Recall	93.6	12-23 m	341	93
DTP1	Record or Recall<12m	93.6	12-23 m	341	93
DTP3	Record	85.8	12-23 m	341	93
DTP3	Record or Recall	87.4	12-23 m	341	93
DTP3	Record or Recall<12m	86.4	12-23 m	341	93
MCV1	Record	81.1	12-23 m	341	93
MCV1	Record or Recall	84	12-23 m	341	93

MCV1	Record or Recall<12m	75.3	12-23 m	341	93
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2006 Enquête nationale de couverture vaccinale 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	98.6	12-23 m	220	97
BCG	Record or Recall	99.5	12-23 m	220	97
DTP1	Record	97.3	12-23 m	220	97
DTP1	Record or Recall	100	12-23 m	220	97
DTP3	Record	95.9	12-23 m	220	97
DTP3	Record or Recall	98.6	12-23 m	220	97
HEPB1	Record	96.8	12-23 m	220	97
HEPB1	Record or Recall	99.5	12-23 m	220	97
HEPB3	Record	91.4	12-23 m	220	97
HEPB3	Record or Recall	93.6	12-23 m	220	97
MCV1	Record	91.8	12-23 m	220	97
MCV1	Record or Recall	94.5	12-23 m	220	97
YFV	Record	83.6	12-23 m	220	97
YFV	Record or Recall	86.4	12-23 m	220	97

2005 The 2006 São Tomé e Príncipe Multiple Indicator Cluster Survey: Final Report

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	7.5	12-23 m	673	91
BCG	Record	90.8	12-23 m	673	91
BCG	Record or Recall	98.2	12-23 m	673	91
BCG	Record or Recall<12m	98.1	12-23 m	673	91
DTP1	Recall	7.2	12-23 m	673	91
DTP1	Record	90.8	12-23 m	673	91

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

DTP1	Record or Recall	97.9	12-23 m	673	91
DTP1	Record or Recall<12m	97.9	12-23 m	673	91
DTP3	Recall	4.7	12-23 m	673	91
DTP3	Record	87.5	12-23 m	673	91
DTP3	Record or Recall	92.1	12-23 m	673	91
DTP3	Record or Recall<12m	91.4	12-23 m	673	91
HEPB1	Recall	0	12-23 m	673	91
HEPB1	Record	88	12-23 m	673	91
HEPB1	Record or Recall	88	12-23 m	673	91
HEPB1	Record or Recall<12m	87.6	12-23 m	673	91
HEPB3	Recall	0	12-23 m	673	91
HEPB3	Record	83.2	12-23 m	673	91
HEPB3	Record or Recall	83.2	12-23 m	673	91
HEPB3	Record or Recall<12m	82.9	12-23 m	673	91
MCV1	Recall	6.8	12-23 m	673	91
MCV1	Record	80	12-23 m	673	91
MCV1	Record or Recall	86.9	12-23 m	673	91
MCV1	Record or Recall<12m	83.4	12-23 m	673	91
YFV	Recall	5.4	12-23 m	673	91
YFV	Record	73.9	12-23 m	673	91
YFV	Record or Recall	79.3	12-23 m	673	91
YFV	Record or Recall<12m	76.9	12-23 m	673	91

1999 Sao Tome and Principe Enquête de grappes à indicateurs multiples MICS, Rapport d'analyse, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record<12m	99	12-23 m	-	-
DTP1	Record<12m	97	12-23 m	-	-
DTP3	Record<12m	94	12-23 m	-	-
MCV1	Record<12m	89	12-23 m	-	-