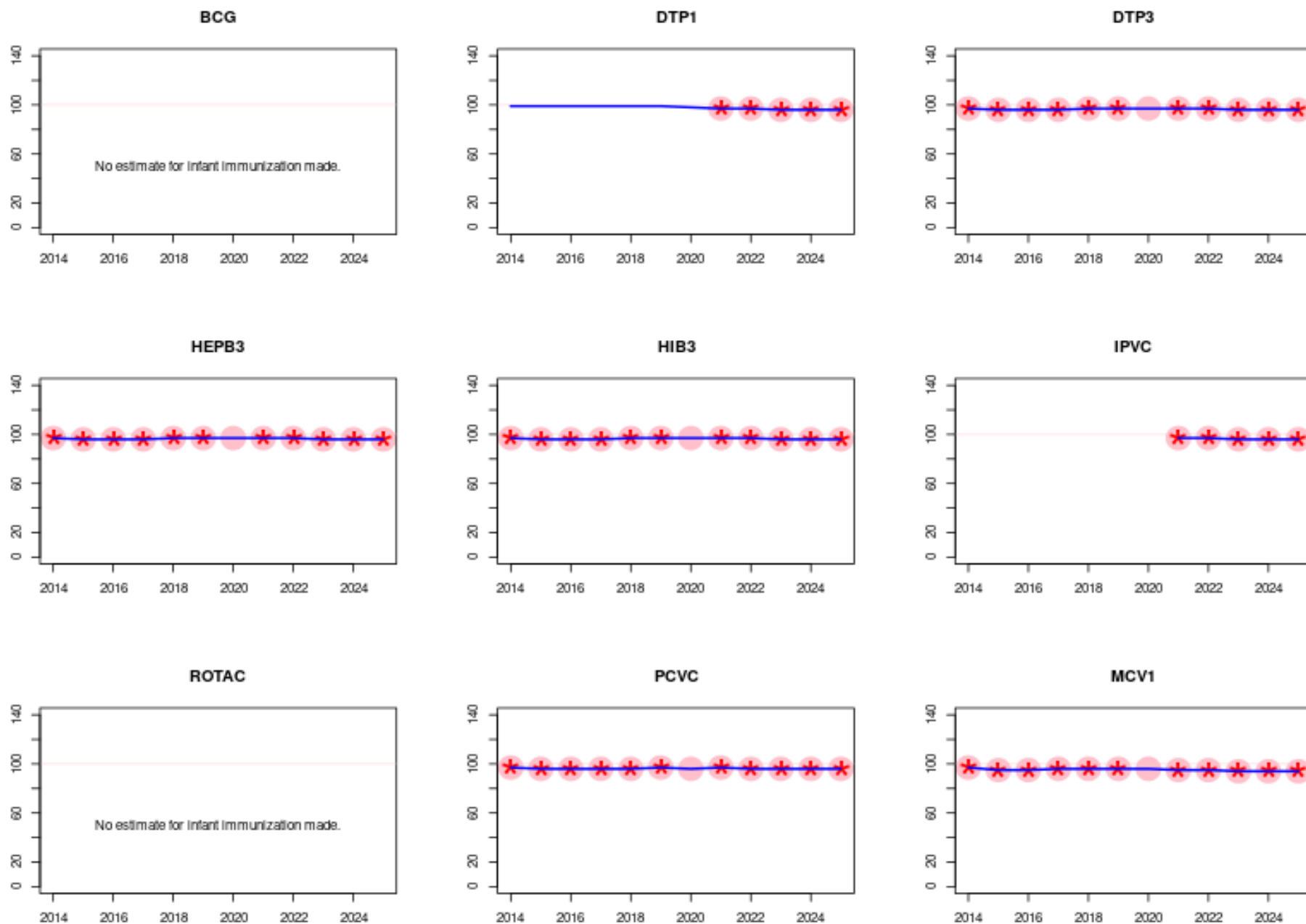




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

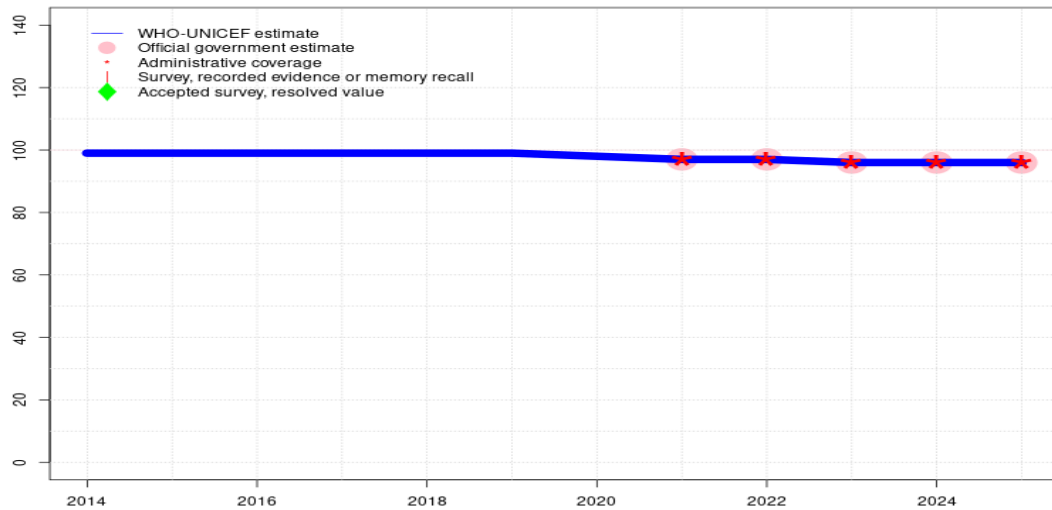
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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.

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Slovakia - DTP1

SVK - DTP1



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. A comprehensive national review of health care provider records across all districts for children born in 2023 supports reported high levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported coverage. A comprehensive national review of health care provider records across all districts for children born in 2021 supports reported high levels of coverage. Reported target population reflects children officially registered in the health care system. GoC=R+ D+
- 2020: Reported data calibrated to 2019 and 2021 levels. Official estimates reflect data for children aged two years. GoC=No accepted empirical data
- 2019: Estimate of 99 percent assigned by working group. Estimate based on extrapolation from last reported data point. Reported target population reflects children registered in the health care system. GoC=No accepted empirical data
- 2018: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data
- 2017: Reported data calibrated to 1997 and 2019 levels. Results of a 2017 facility-based survey are available at www.uvzsr.sk. Programme reports district-level vaccine stockouts. GoC=No accepted empirical data
- 2016: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data
- 2015: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data
- 2014: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data

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

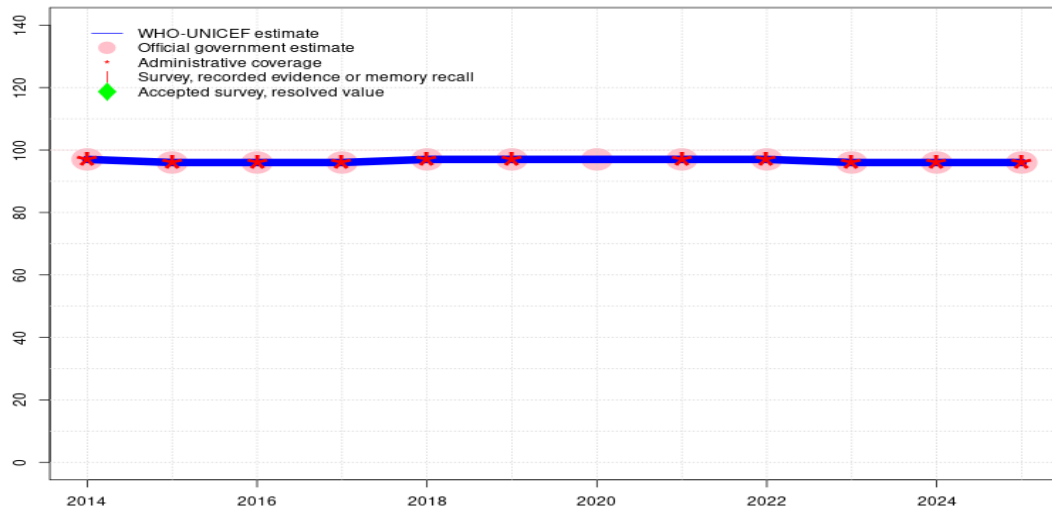
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Slovakia - DTP3

SVK - DTP3



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

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

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

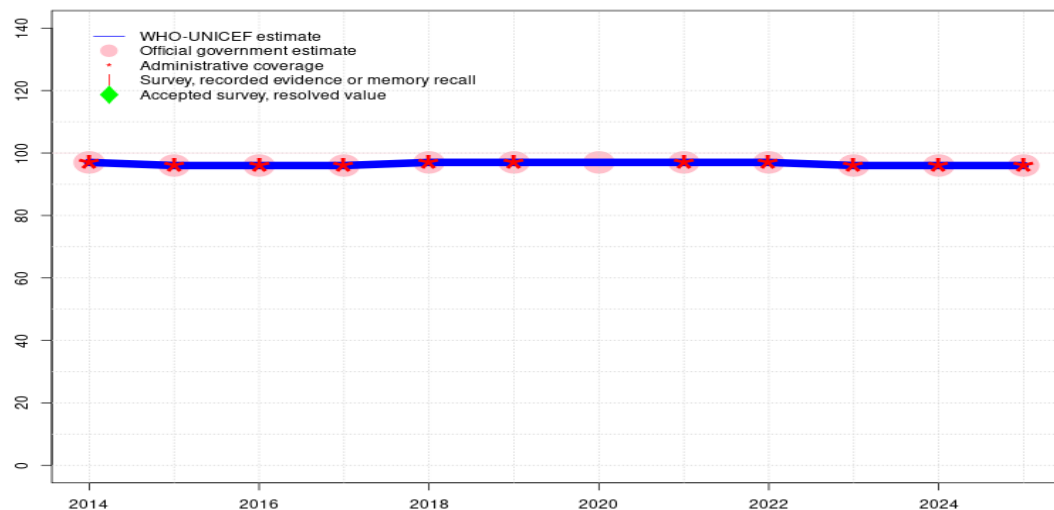
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. A comprehensive national review of health care provider records across all districts for children born in 2023 supports reported high levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Reported target population reflects children officially registered in the health care system. A comprehensive national review of health care provider records across all districts for children born in 2021 supports reported high levels of coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Official estimates reflect data for children aged two years. GoC=R+
- 2019: Estimate informed by reported data. Reported target population reflects children registered in the health care system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Results of a 2017 facility-based survey are available at www.uvzsr.sk. Programme reports district-level vaccine stockouts. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two to three months district level stockout of hexavalent DTP-HepB-Hib-IPV vaccine. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Slovakia - HEPB3

SVK - HEPB3



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

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

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

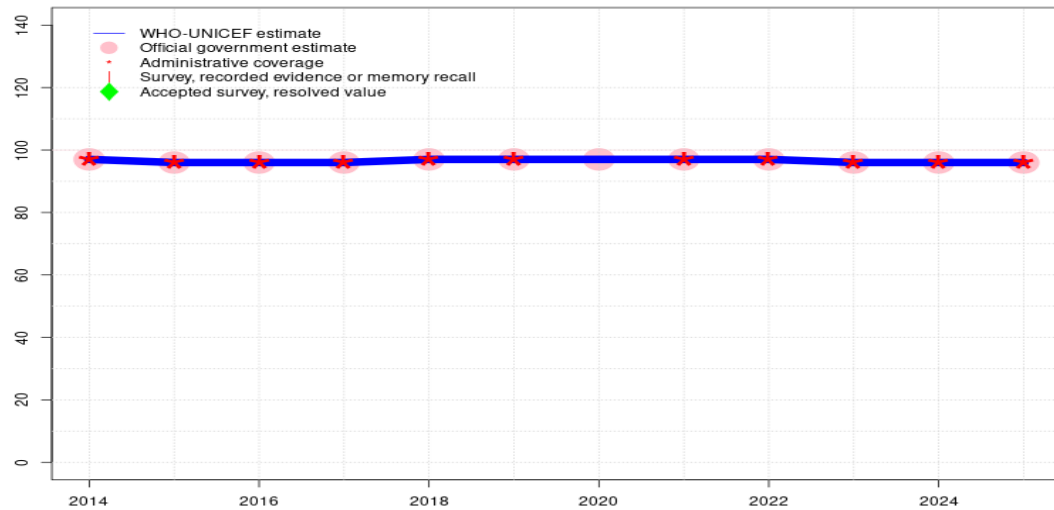
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. A comprehensive national review of health care provider records across all districts for children born in 2023 supports reported high levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Reported target population reflects children officially registered in the health care system. A comprehensive national review of health care provider records across all districts for children born in 2021 supports reported high levels of coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Official estimates reflect data for children aged two years. GoC=R+
- 2019: Estimate informed by reported data. Reported target population reflects children registered in the health care system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Results of a 2017 facility-based survey are available at www.uvzsr.sk. Programme reports district-level vaccine stockouts. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports 2-3 month district level stockout of hexavalent DTP-HepB-Hib-IPV vaccine. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Slovakia - HIB3

SVK - HIB3



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

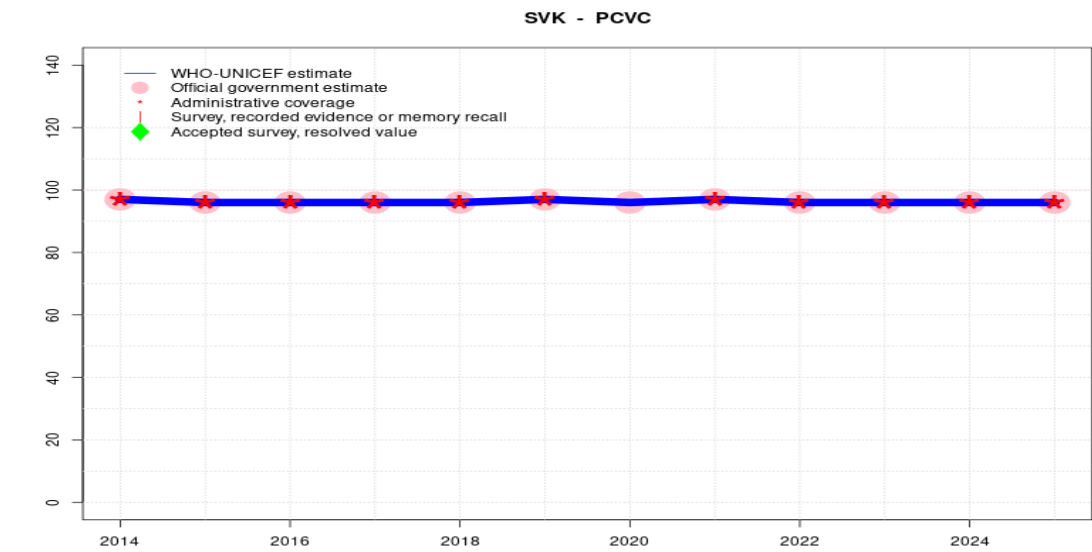
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While 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. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. A comprehensive national review of health care provider records across all districts for children born in 2023 supports reported high levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Reported target population reflects children officially registered in the health care system. A comprehensive national review of health care provider records across all districts for children born in 2021 supports reported high levels of coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Official estimates reflect data for children aged two years. GoC=R+
- 2019: Estimate informed by reported data. Reported target population reflects children registered in the health care system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Results of a 2017 facility-based survey are available at www.uvzsr.sk. Programme reports district-level vaccine stockouts. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports 2-3 month district level stockout of hexavalent DTP-HepB-Hib-IPV vaccine. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. A comprehensive national review of health care provider records across all districts for children born in 2023 supports reported high levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Reported target population reflects children officially registered in the health care system. A comprehensive national review of health care provider records across all districts for children born in 2021 supports reported high levels of coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Official estimates reflect data for children aged two years. GoC=R+
- 2019: Estimate informed by reported data. Reported target population reflects children registered in the health care system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Results of a 2017 facility-based survey are available at www.uvzsr.sk. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

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

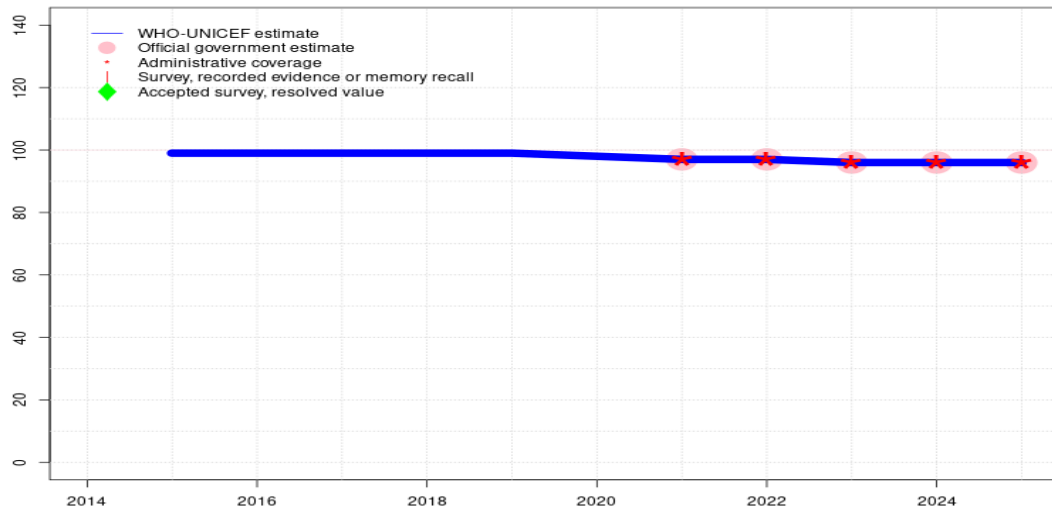
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While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

Slovakia - IPV1

SVK - IPV1



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. A comprehensive national review of health care provider records across all districts for children born in 2023 supports reported high levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Reported target population reflects children officially registered in the health care system. A comprehensive national review of health care provider records across all districts for children born in 2021 supports reported high levels of coverage. GoC=R+ D+
- 2020: Estimate based on estimated DTP1 coverage. Official estimates reflect data for children aged two years. GoC=No accepted empirical data
- 2019: Estimate based on estimated DTP1 coverage. Reported target population reflects children registered in the health care system. GoC=No accepted empirical data
- 2018: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data
- 2017: Estimate based on estimated DTP1 coverage. Programme reports district-level vaccine stockouts. Results of a 2017 facility-based survey are available at www.uvzsr.sk. GoC=No accepted empirical data
- 2016: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data
- 2015: Inactivated polio vaccine administered as part of DTP-HepB-Hib-IPV combination vaccine. Estimate informed by estimated DTP1 coverage. GoC=No accepted empirical data

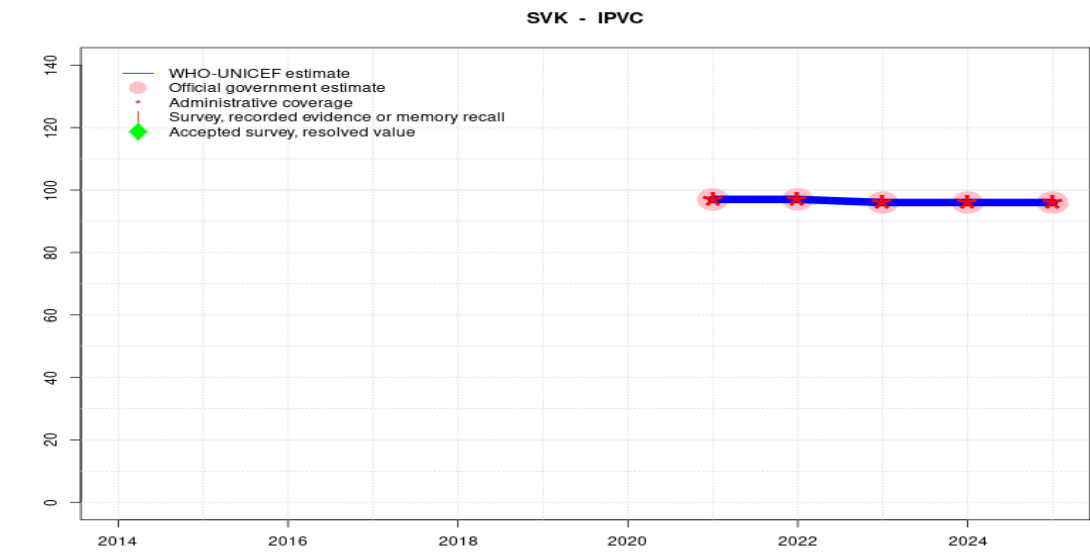
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	99	99	99	99	99	98	97	97	96	96	96
Estimate GoC	-	●	●	●	●	●	●	●●	●●	●●	●●	●●
Official	-	-	-	-	-	-	-	97	97	96	96	96
Administrative	-	-	-	-	-	-	-	97	97	96	96	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.
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Slovakia - IPV



Description:

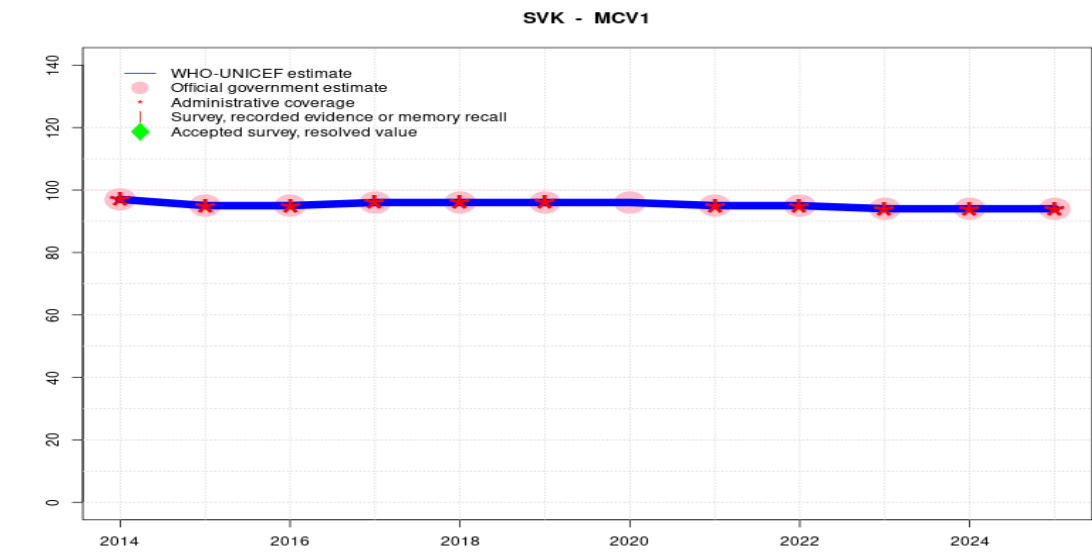
2025: Estimate informed by reported data. GoC=R+ D+
2024: Estimate informed by reported data. GoC=R+ D+
2023: Estimate informed by reported data. A comprehensive national review of health care provider records across all districts for children born in 2023 supports reported high levels of coverage. GoC=R+ D+
2022: Estimate informed by reported data. GoC=R+ D+
2021: Estimate informed by reported data. Reported target population reflects children officially registered in the health care system. GoC=R+ D+

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

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

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

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



Description:

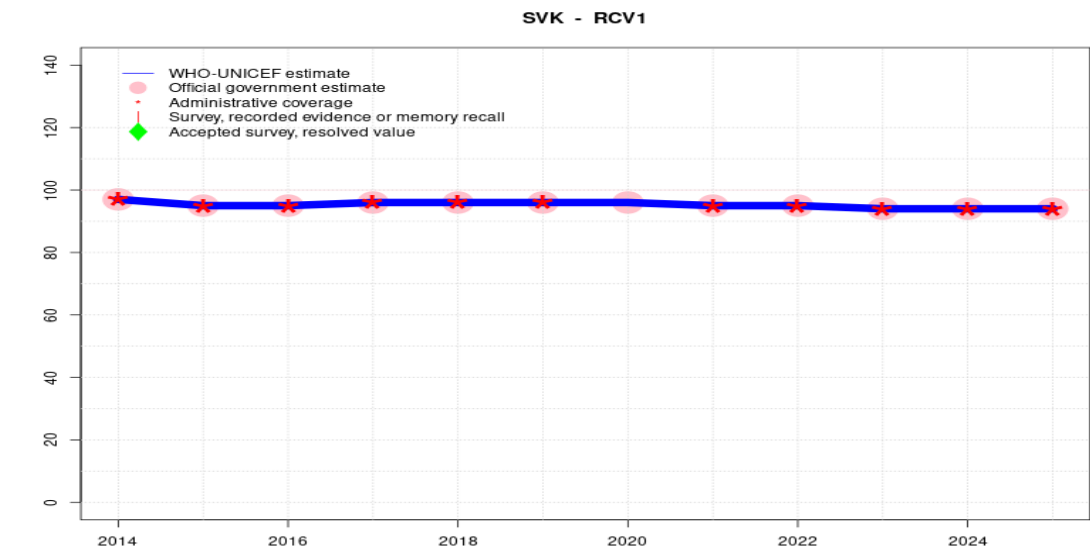
- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. A comprehensive national review of health care provider records across all districts for children born in 2022 supports reported high levels of coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. Reported target population reflects children officially registered in the health care system. GoC=R+ D+
- 2020: Estimate informed by reported data. Official estimates reflect data for children aged two years. A comprehensive national review of health care provider records across all districts for children born in 2020 supports reported high levels of coverage. GoC=R+
- 2019: Estimate informed by reported data. Reported target population reflects children registered in the health care system. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports district-level vaccine stockouts. Results of a 2017 facility-based survey are available at www.uvzsr.sk. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

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

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

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

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



Description:

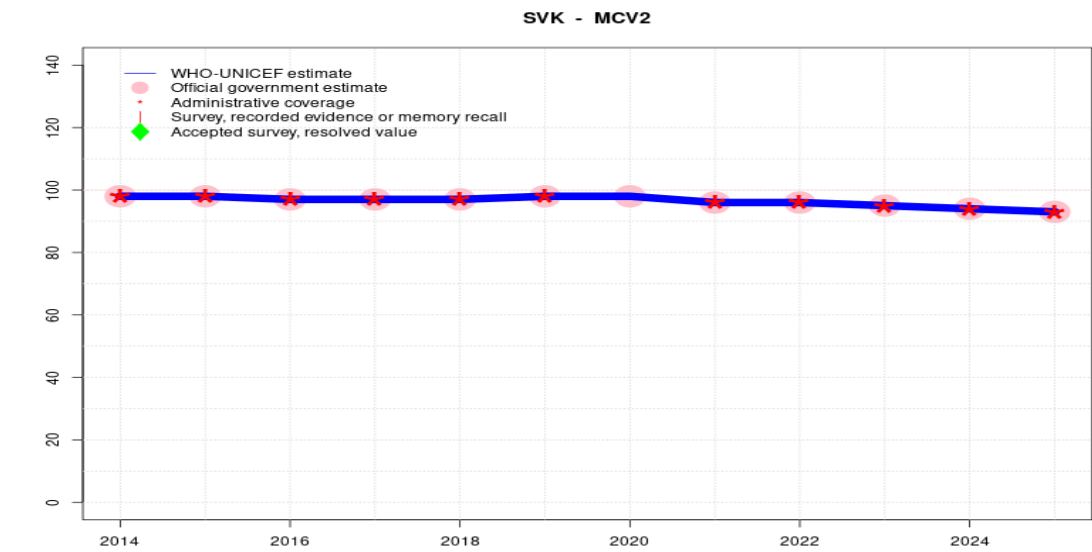
- 2025: Estimate based on estimated MCV1. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. A comprehensive national review of health care provider records across all districts for children born in 2022 supports reported high levels of coverage. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. Reported target population reflects children officially registered in the health care system. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. Official estimates reflect data for children aged two years. GoC=R+
- 2019: Estimate based on estimated MCV1. Reported target population reflects children registered in the health care system. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. Programme reports district-level vaccine stockouts. Results of a 2017 facility-based survey are available at www.uvzs.sk. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ D+

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

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

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- 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. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Reported target population reflects children officially registered in the health care system. GoC=R+ D+
- 2020: Estimate informed by reported data. Official estimates reflect data for children aged two years. GoC=R+
- 2019: Estimate informed by reported data. Reported target population reflects children registered in the health care system. A comprehensive national review of health care provider records across all districts for children born in 2019 supports reported high levels of coverage. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reports district-level vaccine stockouts. Results of a 2017 facility-based survey are available at www.uvzsr.sk. 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. Estimate challenged by: D-

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

Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>