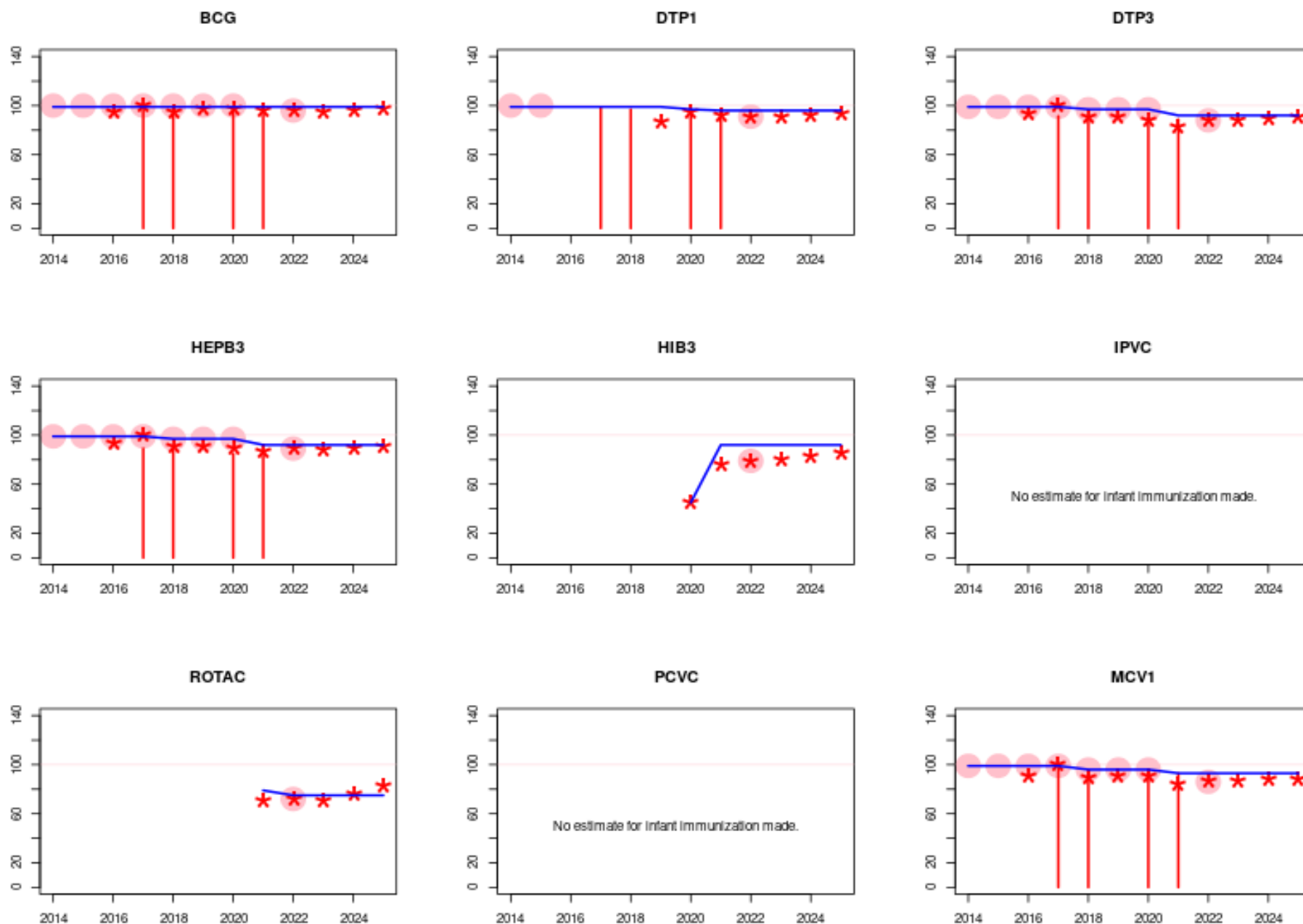




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

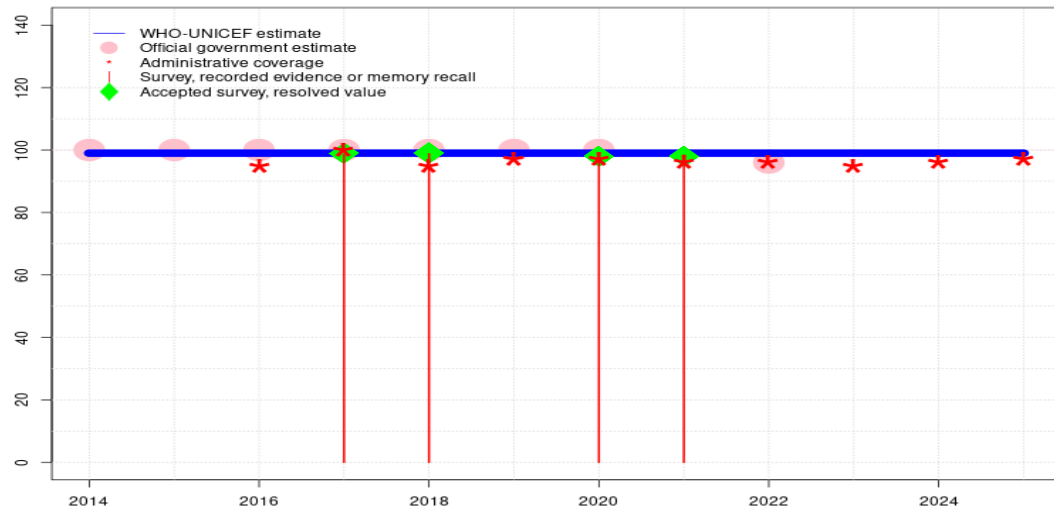
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Thailand - BCG

THA - BCG



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

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. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2021: Estimate based on extrapolation from data reported by national government supported by survey. Survey evidence of 98 percent based on 1 survey(s). Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Reported official coverage is informed by a 2013 cluster coverage

Thailand - BCG

survey. Estimate challenged by: D-

2016: Estimate informed by reported data. Reported official coverage is informed by a 2013

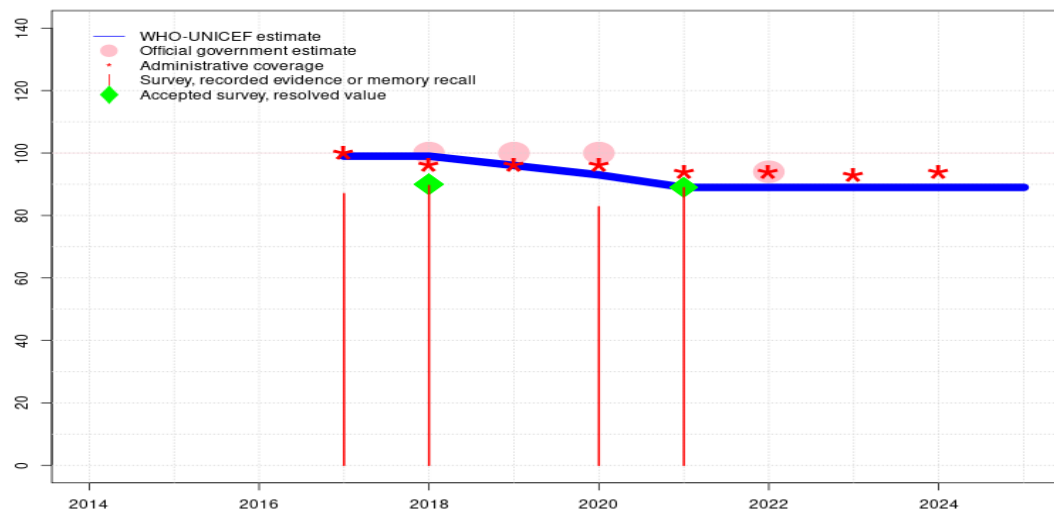
cluster coverage survey. GoC=R+ S+

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

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

Thailand - HEPBB

THA - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	99	99	96	93	89	89	89	89	89
Estimate GoC	-	-	-	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	100	100	100	-	94	-	-	-
Administrative	-	-	-	100	96	96	96	94	94	93	94	-
Survey	-	-	-	87	90	-	83	89	-	-	-	-

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.

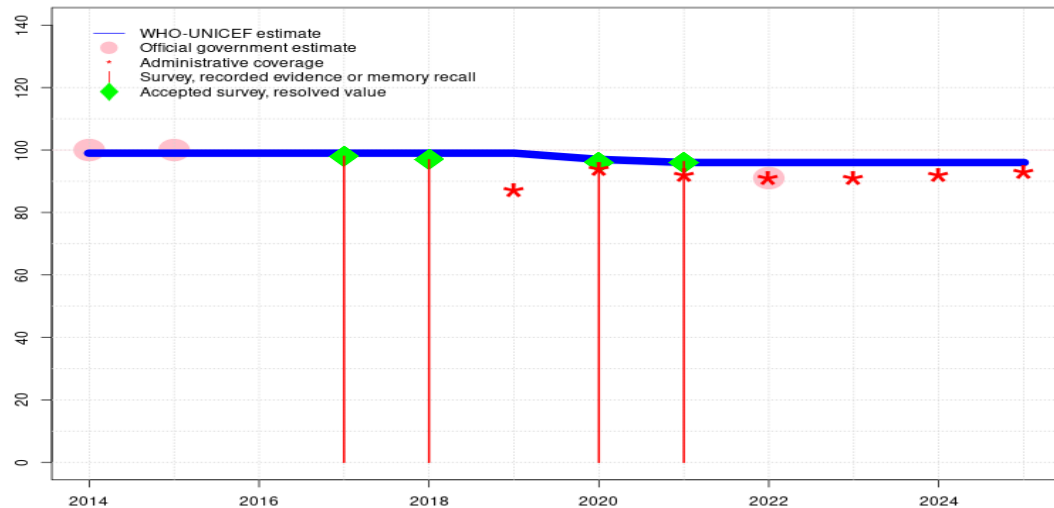
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2021 levels. GoC=No accepted empirical data
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 89 percent based on 1 survey(s). Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 and 2021 levels. Thailand Multiple Indicator Cluster Survey 2022 results ignored by working group. Survey results lower than for younger cohort. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 and 2021 levels. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Thailand Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results lower than for younger cohort. Reported official coverage is informed by a 2013 cluster coverage survey. Reporting of doses delivered during first 24 hours started from 2017. Estimate challenged by: D-

Thailand - DTP1

THA - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	97	96	96	96	96	96
Estimate GoC	●●	●●	●●	●●	●●	●	●	●	●	●	●	●
Official	100	100	-	-	-	-	-	-	91	-	-	-
Administrative	-	-	-	-	-	87	94	92	91	91	92	93
Survey	-	-	-	98	97	-	96	96	-	-	-	-

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: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 96 percent assigned by working group. Estimate informed by survey coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate based on DTP3 coverage of 97. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-R-
- 2019: Estimate informed by estimated DTP3 adjusted for dropout. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-R-
- 2018: Estimate informed by estimated DTP3 adjusted for dropout. Reported official coverage is informed by a 2018 cluster coverage survey. GoC=S+
- 2017: Estimate informed by estimated DTP3 adjusted for dropout. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=S+
- 2016: Estimate informed by estimated DTP3 adjusted for dropout. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=S+

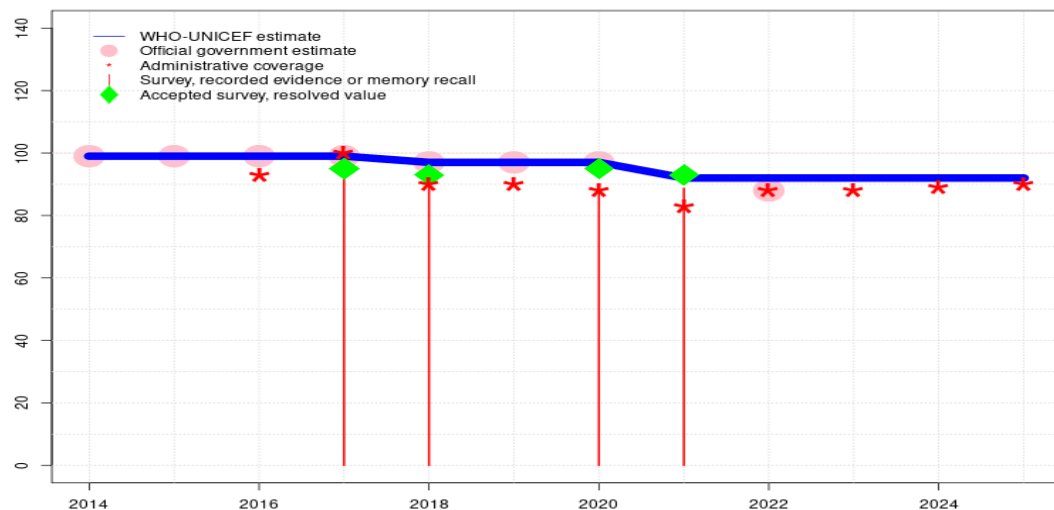
Thailand - DTP1

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

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

Thailand - DTP3

THA - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	97	97	97	92	92	92	92	92
Estimate GoC	●●	●●	●●	●	●	●	●	●	●	●	●	●
Official	99	99	99	99	97	97	97	-	88	-	-	-
Administrative	-	-	93	100	90	90	88	83	88	88	89	90
Survey	-	-	-	91	90	-	90	89	-	-	-	-

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:

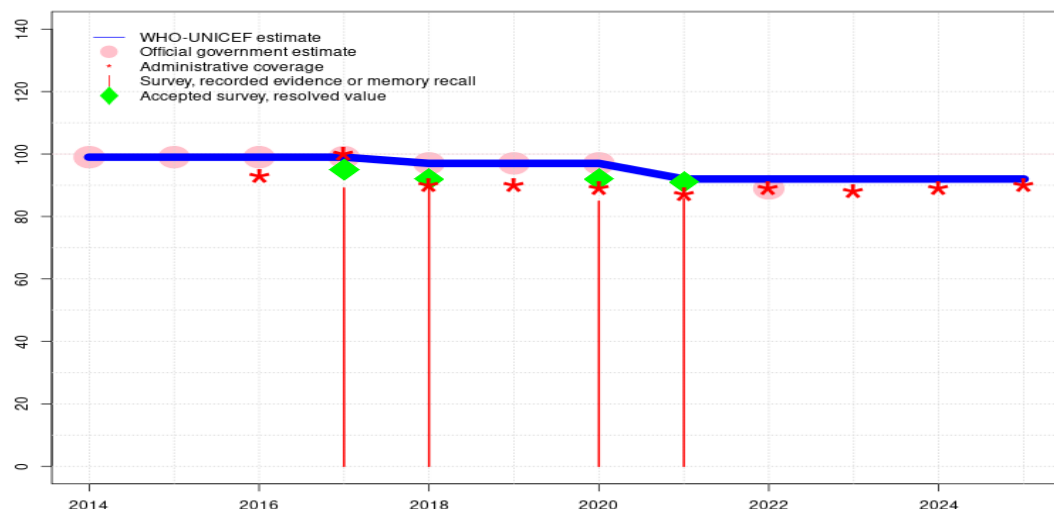
- 2025: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage. Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 89 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 85 percent. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 90 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 82 percent and 3rd dose record only coverage of 81 percent. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018

Thailand - DTP3

- cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 90 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 86 percent. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 91 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 85 percent. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+ S+
- 2015: Estimate informed by reported data. GoC=R+ S+
- 2014: Estimate informed by reported data. GoC=R+ S+

Thailand - HEPB3

THA - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	97	97	97	92	92	92	92	92
Estimate GoC	●●	●●	●●	●	●	●	●	●	●	●	●	●
Official	99	99	99	99	97	97	97	-	89	-	-	-
Administrative	-	-	93	100	90	90	89	87	89	88	89	90
Survey	-	-	-	89	89	-	85	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.

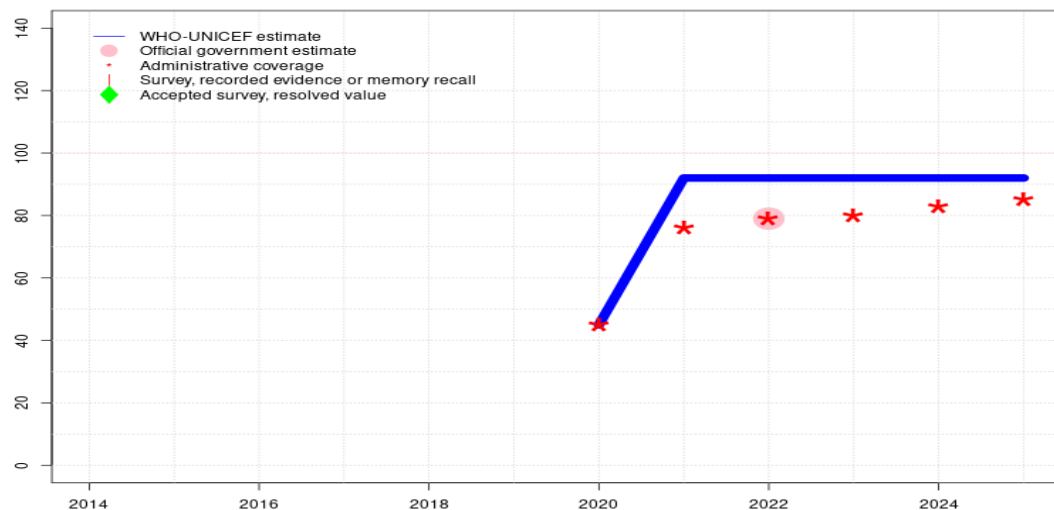
Description:

- 2025: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage for DTP3. Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 86 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 85 percent. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2022 record or recall results of 85 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 82 percent and 3rd dose record only coverage of 81 percent. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018

- cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 89 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 86 percent. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Thailand Multiple Indicator Cluster Survey 2019 record or recall results of 89 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 88 percent and 3rd dose record only coverage of 86 percent. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+ S+
- 2015: Estimate informed by reported data. GoC=R+ S+
- 2014: Estimate informed by reported data. GoC=R+ S+

Thailand - HIB3

THA - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	45	92	92	92	92	92
Estimate GoC	-	-	-	-	-	-	●	●	●	●	●	●
Official	-	-	-	-	-	-	-	-	79	-	-	-
Administrative	-	-	-	-	-	-	45	76	79	80	83	85
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.

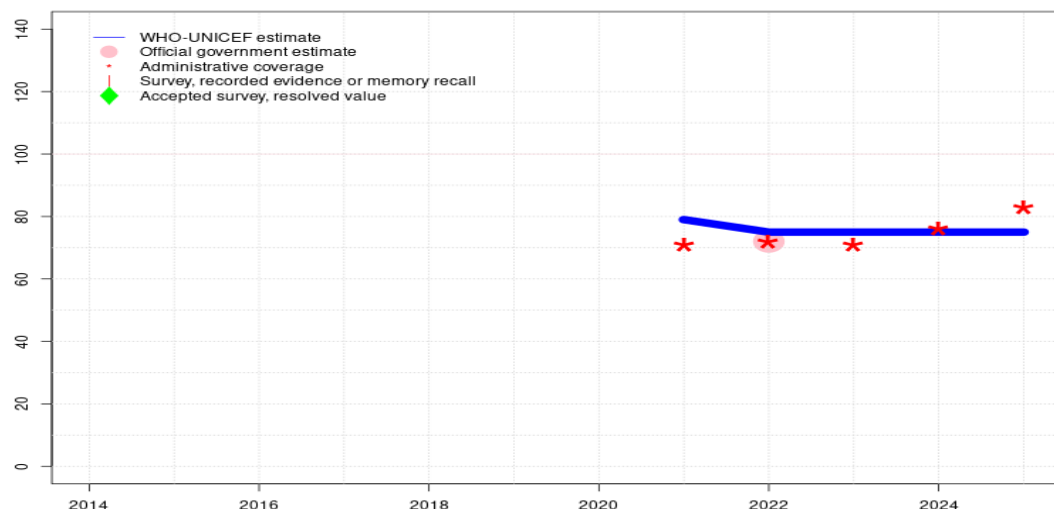
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate of 92 percent changed from previous revision value of 83 percent. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate of 92 percent changed from previous revision value of 83 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate of 92 percent changed from previous revision value of 83 percent. Estimate challenged by: D-R-
- 2021: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage for DTP3. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate of 92 percent changed from previous revision value of 84 percent. Estimate challenged by: D-R-
- 2020: Hib vaccine introduced in June 2019 nationally as DTP-Hib-HepB combination vaccine. Reporting started in 2020. Estimate is exceptionally informed by reported coverage. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-R-

Thailand - ROTAC

THA - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	79	75	75	75	75
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●
Official	-	-	-	-	-	-	-	-	72	-	-	-
Administrative	-	-	-	-	-	-	-	71	72	71	76	83
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

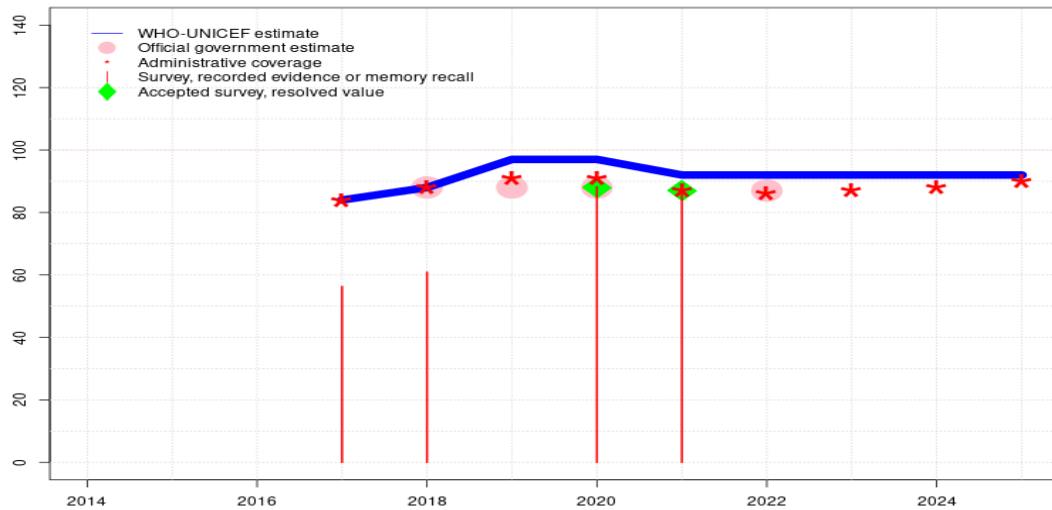
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on previous year estimate. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2024: Estimate based on prior year estimate. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Estimate informed by previous year estimated coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Estimate informed by the relationship between reported coverage for DTP3 and RotaC applied to the estimated DTP3. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate informed by the relationship between reported coverage for DTP3 and RotaC applied to the estimated DTP3. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Rotavirus vaccine introduced nationally in 2020. Reporting started in 2021. Estimate challenged by: D-R-

Thailand - IPV1

THA - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	84	88	97	97	92	92	92	92	92
Estimate GoC	-	-	-	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	88	88	88	-	87	-	-	-
Administrative	-	-	-	84	88	91	91	87	86	87	88	90
Survey	-	-	-	56	61	-	88	87	-	-	-	-

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: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Estimate informed by 2022 estimated coverage. Recommended age changed from 4 to 2 months of age, as a second IPV dose was added. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Estimate informed by the DTP3 estimated coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 92 percent assigned by working group. Estimate informed by the DTP3 estimated coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate of 97 percent assigned by working group. Estimate informed by the DTP3 estimated coverage. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-R-
- 2019: Estimate informed by the DTP3 estimated coverage. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data during period of introduction. Thailand Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results inconsistent with other vaccine-doses recommended at the same age. Reported data excluded. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-R-

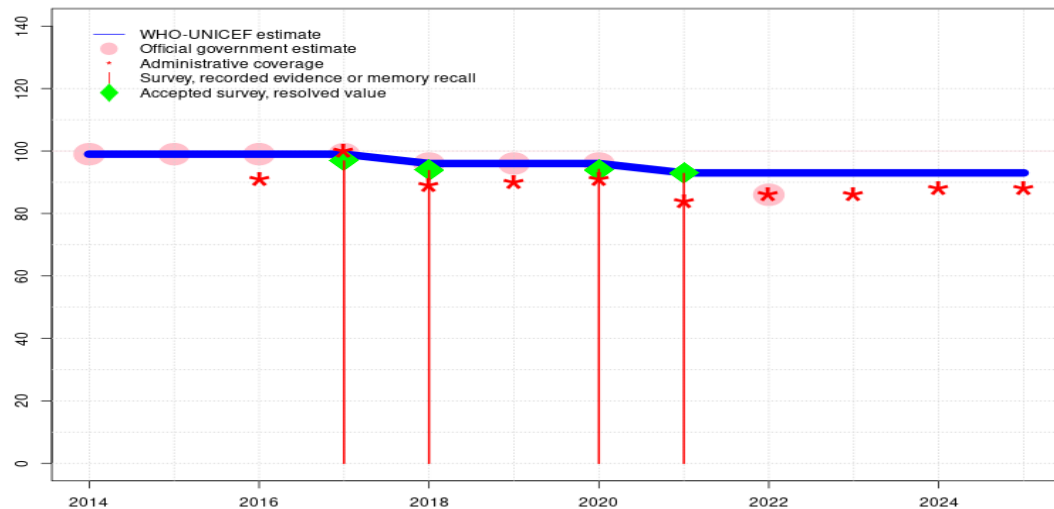
Thailand - IPV1

lenged by: D-R-

2017: Estimate informed by reported coverage following introduction. Thailand Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results inconsistent with other vaccine-doses recommended at the same age. Reported official coverage is informed by a 2013 cluster coverage survey. Inactivated polio vaccine introduced in 2015. Reporting started in 2017. Estimate challenged by: D-

Thailand - MCV1

THA - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	96	96	96	93	93	93	93	93
Estimate GoC	●●	●●	●●	●	●	●	●	●	●	●	●	●
Official	99	99	99	99	96	96	96	-	86	-	-	-
Administrative	-	-	91	100	89	90	91	84	86	86	88	88
Survey	-	-	-	97	94	-	94	93	-	-	-	-

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: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. GoC=Assigned by working group. Consistency with other vaccine doses.
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Reported official coverage is informed by a 2013 cluster coverage

Thailand - MCV1

survey. Estimate challenged by: D-

2016: Estimate informed by reported data. Reported official coverage is informed by a 2013

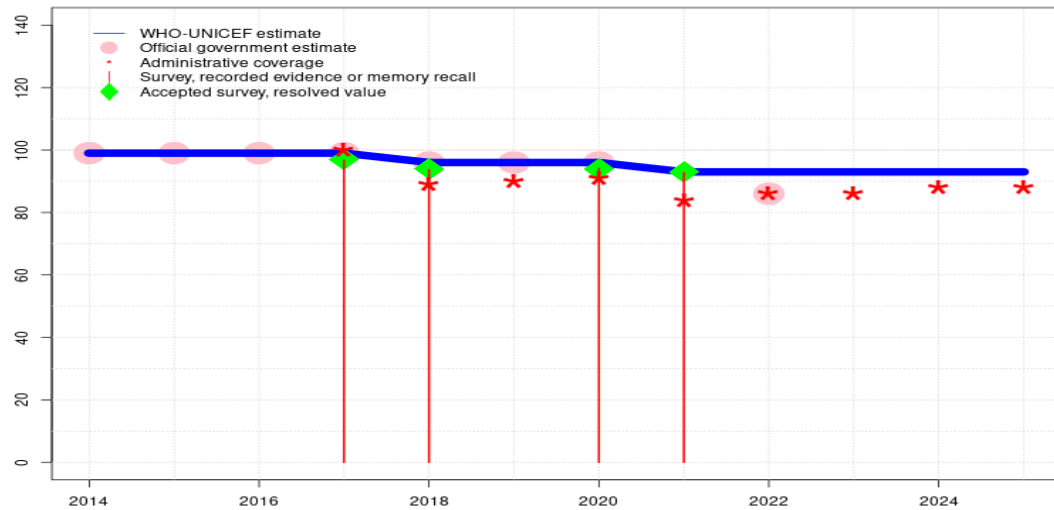
cluster coverage survey. GoC=R+ S+

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

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

Thailand - RCV1

THA - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	96	96	96	93	93	93	93	93
Estimate GoC	●●	●●	●●	●	●	●	●	●	●	●	●	●
Official	99	99	99	99	96	96	96	-	86	-	-	-
Administrative	-	-	-	100	89	90	91	84	86	86	88	88
Survey	-	-	-	97	94	-	94	93	-	-	-	-

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. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2024: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2023: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2021: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. GoC=Assigned by working group. Consistency with other vaccine doses.
- 2019: Estimate based on estimated MCV1. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-
- 2016: Estimate based on estimated MCV1. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+ S+

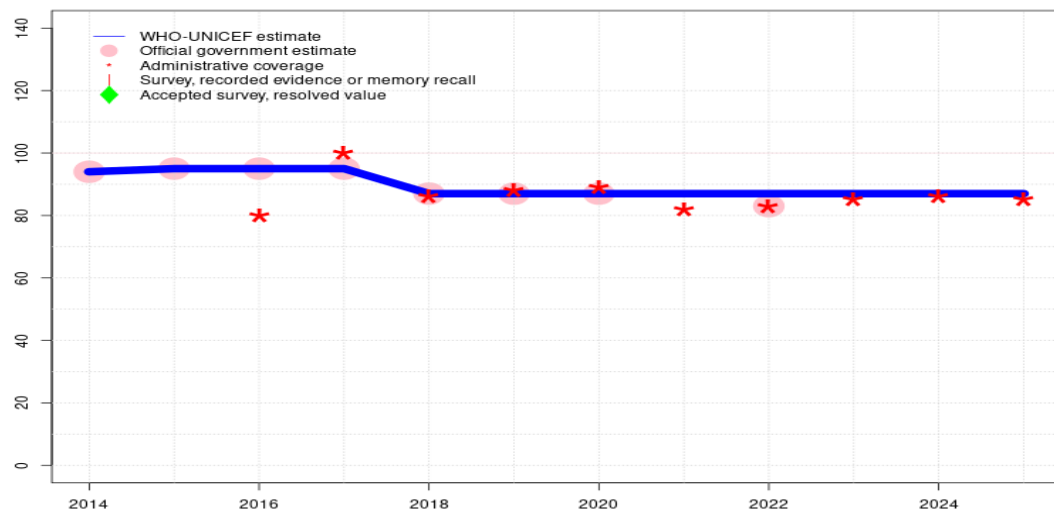
Thailand - RCV1

2015: Estimate based on estimated MCV1. GoC=R+ S+

2014: Estimate based on estimated MCV1. GoC=R+ S+

Thailand - MCV2

THA - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	94	95	95	95	87	87	87	87	87	87	87	87
Estimate GoC	●●	●●	●●	●	●	●	●	●	●	●	●	●
Official	94	95	95	95	87	87	87	-	83	-	-	-
Administrative	-	-	80	100	86	88	89	82	83	85	86	85
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2023: Estimate informed by the estimated MCV2 for the previous year. No survey data for MCV2. Estimated coverage may underestimate coverage. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-R-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2021: Estimate informed by extrapolation from reported data. Reported data excluded. Estimated coverage levels may overestimate actual coverage levels informed by patterns signalling declines in the reported number of doses administered. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Data for Bangkok are not included in the data reporting system. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Reported denominator is likely an underestimate. Country reports that denominator is informed by count of children residing in the area of responsibility of each health facility. Bangkok seems not to be included in the data reporting system. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Reported official coverage is informed by a 2018 cluster coverage survey. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported official coverage is informed by a 2013 cluster coverage survey. GoC=R+

Thailand - MCV2

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

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

Thailand - 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.

2021 Thailand Multiple Indicator Cluster Survey 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9.4	12-23 m	1994	89
BCG	Record	89	12-23 m	1994	89
BCG	Record or Recall	98.4	12-23 m	1994	89
BCG	Record or Recall<12m	98.4	12-23 m	1994	89
DTP1	Recall	8.3	12-23 m	1994	89
DTP1	Record	88.1	12-23 m	1994	89
DTP1	Record or Recall	96.3	12-23 m	1994	89
DTP1	Record or Recall<12m	95.6	12-23 m	1994	89
DTP3	Recall	4.1	12-23 m	1994	89
DTP3	Record	84.6	12-23 m	1994	89
DTP3	Record or Recall	88.7	12-23 m	1994	89
DTP3	Record or Recall<12m	86.8	12-23 m	1994	89
HEPB1	Recall	6.2	12-23 m	1994	89
HEPB1	Record	88.1	12-23 m	1994	89
HEPB1	Record or Recall	94.2	12-23 m	1994	89
HEPB1	Record or Recall<12m	93.5	12-23 m	1994	89
HEPB3	Recall	1	12-23 m	1994	89
HEPB3	Record	84.6	12-23 m	1994	89
HEPB3	Record or Recall	85.7	12-23 m	1994	89

HEPB3	Record or Recall<12m	83.8	12-23 m	1994	89
HEPBB	Recall	0	12-23 m	1994	89
HEPBB	Record	88.8	12-23 m	1994	89
HEPBB	Record or Recall	88.9	12-23 m	1994	89
HEPBB	Record or Recall<12m	88.9	12-23 m	1994	89
IPV1	Recall	8.7	12-23 m	1994	89
IPV1	Record	78.4	12-23 m	1994	89
IPV1	Record or Recall	87.1	12-23 m	1994	89
IPV1	Record or Recall<12m	85.1	12-23 m	1994	89
MCV1	Recall	7.8	12-23 m	1994	89
MCV1	Record	85	12-23 m	1994	89
MCV1	Record or Recall	92.8	12-23 m	1994	89
MCV1	Record or Recall<12m	88.4	12-23 m	1994	89
RCV1	Recall	7.8	12-23 m	1994	89
RCV1	Record	85	12-23 m	1994	89
RCV1	Record or Recall	92.8	12-23 m	1994	89
RCV1	Record or Recall<12m	88.4	12-23 m	1994	89

2020 Thailand Multiple Indicator Cluster Survey 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14	24-35 m	2276	84
BCG	Record	83.5	24-35 m	2276	84
BCG	Record or Recall	97.5	24-35 m	2276	84
BCG	Record or Recall<12m	97.4	24-35 m	2276	84
DTP1	Recall	13.2	24-35 m	2276	84
DTP1	Record	82.4	24-35 m	2276	84
DTP1	Record or Recall	95.6	24-35 m	2276	84
DTP1	Record or Recall<12m	95.2	24-35 m	2276	84
DTP3	Recall	8.5	24-35 m	2276	84
DTP3	Record	81	24-35 m	2276	84
DTP3	Record or Recall	89.6	24-35 m	2276	84
DTP3	Record or Recall<12m	86.4	24-35 m	2276	84
HEPB1	Recall	10.7	24-35 m	2276	84
HEPB1	Record	82.4	24-35 m	2276	84
HEPB1	Record or Recall	93.1	24-35 m	2276	84
HEPB1	Record or Recall<12m	92.7	24-35 m	2276	84
HEPB3	Recall	3.9	24-35 m	2276	84
HEPB3	Record	81	24-35 m	2276	84

Thailand - Survey Details

HEPB3	Record or Recall	84.9	24-35 m	2276	84
HEPB3	Record or Recall<12m	81.9	24-35 m	2276	84
HEPB3	Record	0.4	24-35 m	2276	84
HEPB3	Record or Recall	82.4	24-35 m	2276	84
HEPB3	Record or Recall<12m	82.8	24-35 m	2276	84
HEPB3	Record	82.7	24-35 m	2276	84
IPV1	Recall	13.1	24-35 m	2276	84
IPV1	Record	75.1	24-35 m	2276	84
IPV1	Record or Recall	88.2	24-35 m	2276	84
IPV1	Record or Recall<12m	84.7	24-35 m	2276	84
MCV1	Recall	13.4	24-35 m	2276	84
MCV1	Record	80.7	24-35 m	2276	84
MCV1	Record or Recall	94.1	24-35 m	2276	84
MCV1	Record or Recall<12m	87.4	24-35 m	2276	84
RCV1	Recall	13.4	24-35 m	2276	84
RCV1	Record	80.7	24-35 m	2276	84
RCV1	Record or Recall	94.1	24-35 m	2276	84
RCV1	Record or Recall<12m	87.4	24-35 m	2276	84

HEPB3	Record	86.4	12-23 m	2614	90
HEPB3	Record or Recall	89	12-23 m	2614	90
HEPB3	Record or Recall<12m	86.8	12-23 m	2614	90
HEPB3	Record	0	12-23 m	2614	90
HEPB3	Record or Recall	89.6	12-23 m	2614	90
HEPB3	Record or Recall<12m	89.6	12-23 m	2614	90
IPV1	Recall	6.2	12-23 m	2614	90
IPV1	Record	54.7	12-23 m	2614	90
IPV1	Record or Recall	60.9	12-23 m	2614	90
IPV1	Record or Recall<12m	59.3	12-23 m	2614	90
MCV1	Recall	7.5	12-23 m	2614	90
MCV1	Record	86.2	12-23 m	2614	90
MCV1	Record or Recall	93.7	12-23 m	2614	90
MCV1	Record or Recall<12m	89.7	12-23 m	2614	90
RCV1	Recall	7.5	12-23 m	2614	90
RCV1	Record	86.2	12-23 m	2614	90
RCV1	Record or Recall	93.7	12-23 m	2614	90
RCV1	Record or Recall<12m	89.7	12-23 m	2614	90

2018 Thailand Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9.1	12-23 m	2614	90
BCG	Record	89.6	12-23 m	2614	90
BCG	Record or Recall	98.8	12-23 m	2614	90
BCG	Record or Recall<12m	98.8	12-23 m	2614	90
DTP1	Recall	7.1	12-23 m	2614	90
DTP1	Record	89.7	12-23 m	2614	90
DTP1	Record or Recall	96.9	12-23 m	2614	90
DTP1	Record or Recall<12m	96.4	12-23 m	2614	90
DTP3	Recall	3.9	12-23 m	2614	90
DTP3	Record	86	12-23 m	2614	90
DTP3	Record or Recall	89.9	12-23 m	2614	90
DTP3	Record or Recall<12m	88	12-23 m	2614	90
HEPB1	Recall	6.4	12-23 m	2614	90
HEPB1	Record	89.7	12-23 m	2614	90
HEPB1	Record or Recall	96.1	12-23 m	2614	90
HEPB1	Record or Recall<12m	95.4	12-23 m	2614	90
HEPB3	Recall	2.6	12-23 m	2614	90

2017 Thailand Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	11.6	24-35 m	2752	-
BCG	Record	87	24-35 m	2752	-
BCG	Record or Recall	98.6	24-35 m	2752	-
BCG	Record or Recall<12m	98.4	24-35 m	2752	-
DTP1	Recall	10.4	24-35 m	2752	-
DTP1	Record	87.6	24-35 m	2752	-
DTP1	Record or Recall	98	24-35 m	2752	-
DTP1	Record or Recall<12m	96.6	24-35 m	2752	-
DTP3	Recall	6	24-35 m	2752	-
DTP3	Record	85.4	24-35 m	2752	-
DTP3	Record or Recall	91.4	24-35 m	2752	-
DTP3	Record or Recall<12m	86.5	24-35 m	2752	-
HEPB1	Recall	9.3	24-35 m	2752	-
HEPB1	Record	87.6	24-35 m	2752	-
HEPB1	Record or Recall	96.9	24-35 m	2752	-
HEPB1	Record or Recall<12m	95.6	24-35 m	2752	-

Thailand - Survey Details

HEPB3	Recall	3.5	24-35 m	2752	-
HEPB3	Record	85.6	24-35 m	2752	-
HEPB3	Record or Recall	89.1	24-35 m	2752	-
HEPB3	Record or Recall<12m	83.6	24-35 m	2752	-
HEPBB	Recall	0	24-35 m	2752	-
HEPBB	Record	87	24-35 m	2752	-
HEPBB	Record or Recall	87	24-35 m	2752	-
HEPBB	Record or Recall<12m	87	24-35 m	2752	-
IPV1	Recall	8.2	24-35 m	2752	-
IPV1	Record	48.1	24-35 m	2752	-
IPV1	Record or Recall	56.3	24-35 m	2752	-
IPV1	Record or Recall<12m	51.6	24-35 m	2752	-
MCV1	Recall	10	24-35 m	2752	-
MCV1	Record	86.8	24-35 m	2752	-
MCV1	Record or Recall	96.8	24-35 m	2752	-
MCV1	Record or Recall<12m	86.8	24-35 m	2752	-
RCV1	Recall	10	24-35 m	2752	-
RCV1	Record	86.8	24-35 m	2752	-
RCV1	Record or Recall	96.8	24-35 m	2752	-
RCV1	Record or Recall<12m	86.8	24-35 m	2752	-

2013 Thailand Multiple Indicator Cluster Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	85.9	12-23 m	2510	86
BCG	Record or Recall	96.4	12-23 m	2510	86
BCG	Record or Recall<12m	96.2	12-23 m	2510	86
DTP1	Record	83.7	12-23 m	2510	86
DTP1	Record or Recall	94.2	12-23 m	2510	86
DTP1	Record or Recall<12m	93.9	12-23 m	2510	86
DTP3	Record	80.1	12-23 m	2510	86
DTP3	Record or Recall	89	12-23 m	2510	86
DTP3	Record or Recall<12m	87.6	12-23 m	2510	86
HEPB1	Record	85.8	12-23 m	2510	86
HEPB1	Record or Recall	94.1	12-23 m	2510	86
HEPB1	Record or Recall<12m	93.8	12-23 m	2510	86
HEPB3	Record	83	12-23 m	2510	86
HEPB3	Record or Recall	86.6	12-23 m	2510	86
HEPB3	Record or Recall<12m	84.3	12-23 m	2510	86

MCV1	Record	82.6	12-23 m	2510	86
MCV1	Record or Recall	92.9	12-23 m	2510	86
MCV1	Record or Recall<12m	89	12-23 m	2510	86
RCV1	Record	82.6	12-23 m	2510	86
RCV1	Record or Recall	92.9	12-23 m	2510	86
RCV1	Record or Recall<12m	89	12-23 m	2510	86

2012 Immunization Coverage Survey: Thailand 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	100	12-23 m	2700	-
DTP3	Record or Recall	99.4	12-23 m	2700	-
HEPB3	Record or Recall	99.4	12-23 m	2700	-
MCV1	Record or Recall	98.7	12-23 m	2700	-

2012 Thailand Multiple Indicator Cluster Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	85.1	24-35 m	2550	-
BCG	Record or Recall	96.3	24-35 m	2550	-
BCG	Record or Recall<12m	96.1	24-35 m	2550	-
DTP1	Record	85.5	24-35 m	2550	-
DTP1	Record or Recall	96.3	24-35 m	2550	-
DTP1	Record or Recall<12m	94.2	24-35 m	2550	-
DTP3	Record	81.9	24-35 m	2550	-
DTP3	Record or Recall	90.4	24-35 m	2550	-
DTP3	Record or Recall<12m	86.6	24-35 m	2550	-
HEPB1	Record	85.8	24-35 m	2550	-
HEPB1	Record or Recall	93.4	24-35 m	2550	-
HEPB1	Record or Recall<12m	92.5	24-35 m	2550	-
HEPB3	Record	83.7	24-35 m	2550	-
HEPB3	Record or Recall	85.9	24-35 m	2550	-
HEPB3	Record or Recall<12m	80.2	24-35 m	2550	-
MCV1	Record	83.5	24-35 m	2550	-
MCV1	Record or Recall	93.9	24-35 m	2550	-
MCV1	Record or Recall<12m	85.1	24-35 m	2550	-
RCV1	Record	83.5	24-35 m	2550	-

Thailand - Survey Details

RCV1	Record or Recall	93.9	24-35 m	2550	-
RCV1	Record or Recall<12m	85.1	24-35 m	2550	-

2011 Thailand Multiple Indicator Cluster Survey 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	15.5	12-23 m	-	82
BCG	Record	82	12-23 m	-	82
BCG	Record or Recall	97.5	12-23 m	1827	82
BCG	Record or Recall<12m	97.5	12-23 m	1827	82
DTP1	Recall	15	12-23 m	-	82
DTP1	Record	81.7	12-23 m	-	82
DTP1	Record or Recall	96.7	12-23 m	1827	82
DTP1	Record or Recall<12m	96.3	12-23 m	1827	82
DTP3	Recall	9.5	12-23 m	-	82
DTP3	Record	80.5	12-23 m	-	82
DTP3	Record or Recall	89.9	12-23 m	1827	82
DTP3	Record or Recall<12m	87.9	12-23 m	1827	82
HEPB1	Recall	11	12-23 m	-	82
HEPB1	Record	81.8	12-23 m	-	82
HEPB1	Record or Recall	92.8	12-23 m	1827	82
HEPB1	Record or Recall<12m	92.7	12-23 m	1827	82
HEPB3	Recall	2.8	12-23 m	-	82
HEPB3	Record	80.8	12-23 m	-	82
HEPB3	Record or Recall	83.6	12-23 m	1827	82
HEPB3	Record or Recall<12m	80.7	12-23 m	1827	82
HEPBB	Recall	12.6	12-23 m	-	82
HEPBB	Record	82.8	12-23 m	-	82
HEPBB	Record or Recall	95.5	12-23 m	1827	82
HEPBB	Record or Recall<12m	95.5	12-23 m	1827	82
MCV1	Recall	14.5	12-23 m	-	82
MCV1	Record	80.8	12-23 m	-	82
MCV1	Record or Recall	95.3	12-23 m	1827	82
MCV1	Record or Recall<12m	91.9	12-23 m	1827	82

2007 Immunization Coverage Survey: Thailand 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.9	12-23 m	1800	97
DTP3	Record or Recall	98.7	12-23 m	1800	97
HEPB3	Record or Recall	98.3	12-23 m	1800	97
MCV1	Record or Recall	98.1	12-23 m	1800	97

2005 Thailand Multiple Indicator Cluster Survey, December 2005 – February 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9.7	12-23 m	1895	88
BCG	Record	88.5	12-23 m	1895	88
BCG	Record or Recall	98.2	12-23 m	1895	88
BCG	Record or Recall<12m	98.1	12-23 m	1895	88
DTP1	Recall	9.2	12-23 m	1895	88
DTP1	Record	89.2	12-23 m	1895	88
DTP1	Record or Recall	98.4	12-23 m	1895	88
DTP1	Record or Recall<12m	98	12-23 m	1895	88
DTP3	Recall	5.4	12-23 m	1895	88
DTP3	Record	89.1	12-23 m	1895	88
DTP3	Record or Recall	94.4	12-23 m	1895	88
DTP3	Record or Recall<12m	92.3	12-23 m	1895	88
HEPB1	Recall	9.4	12-23 m	1895	88
HEPB1	Record	89	12-23 m	1895	88
HEPB1	Record or Recall	98.4	12-23 m	1895	88
HEPB1	Record or Recall<12m	98.3	12-23 m	1895	88
HEPB3	Recall	6.1	12-23 m	1895	88
HEPB3	Record	88.3	12-23 m	1895	88
HEPB3	Record or Recall	94.4	12-23 m	1895	88
HEPB3	Record or Recall<12m	91.6	12-23 m	1895	88
MCV1	Recall	10.4	12-23 m	1895	88
MCV1	Record	86.5	12-23 m	1895	88
MCV1	Record or Recall	96.9	12-23 m	1895	88
MCV1	Record or Recall<12m	92.1	12-23 m	1895	88

2002 Immunization Coverage Survey: Thailand 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.5	12-23 m	2520	98
DTP3	Record or Recall	97.6	12-23 m	2520	98
HEPB3	Record or Recall	96	12-23 m	2520	98
MCV1	Record or Recall	96.1	12-23 m	2520	98

1998 Immunization Coverage Survey: Thailand 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	98.7	12-23 m	3369	94
DTP1	Record or Recall	98.5	12-23 m	3369	94
DTP3	Record or Recall	96.5	12-23 m	3369	94
HEPB3	Record or Recall	95.4	12-23 m	3369	94
MCV1	Record or Recall	94.2	12-23 m	3369	94

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