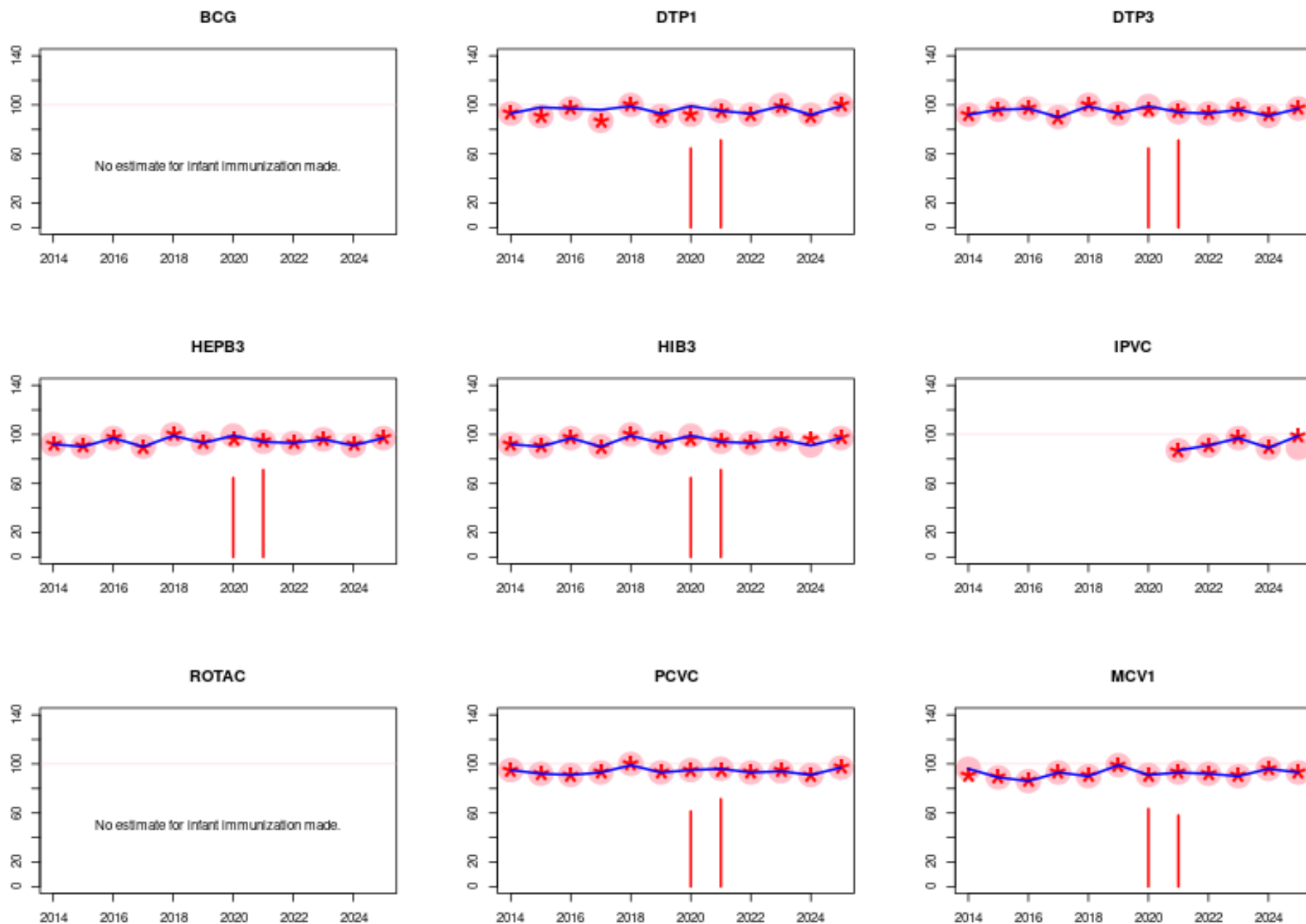




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage. The estimates refer to immunizations delivered through routine immunization services to children less than 12 months of age, or at the age specified in the recommended immunization schedule, for whom vaccinations are recorded. Immunizations received through supplemental immunization activities, such as polio and measles campaigns, are not included.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

* Burton et al. 2009. Bull World Health Organ. * Burton et al. 2012. PLoS One.
* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 6-11, 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS AND DEFINITIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

IPV1: percentage of surviving infants who received the first dose of inactivated polio vaccine.

IPVC: percentage of surviving infants who received the final recommended dose of IPV in the primary series, according to the national immunization schedule primary series (e.g., second or third dose).

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration in the production of the estimate.

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

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

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

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

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

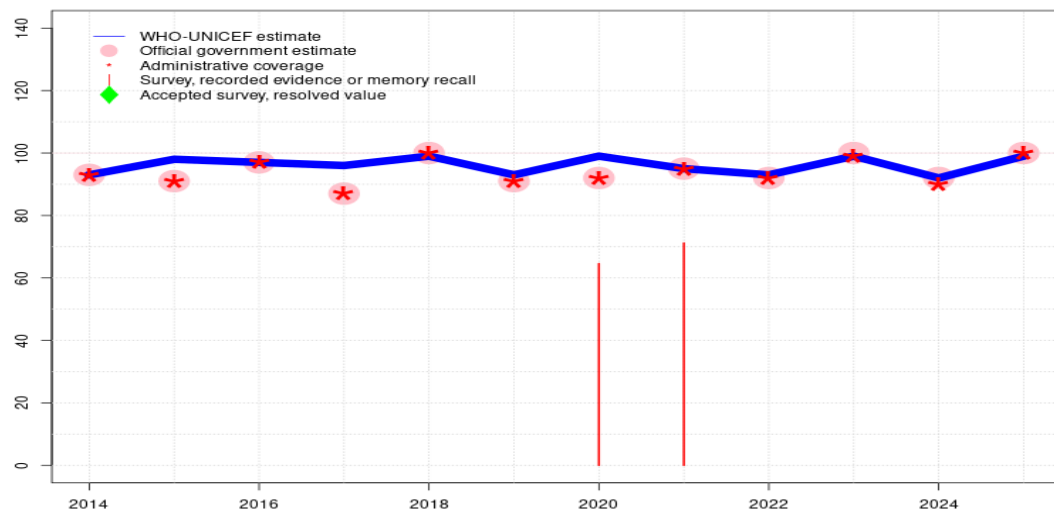
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

Trinidad and Tobago - DTP1

TTO - DTP1



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF encourage a comprehensive review of programme coverage data in light of survey coverage results, which suggest meaningfully lower levels of access and utilization of immunization services compared to reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Recalculated coverage levels using the reported number of doses administered and an independent target population suggest lower coverage levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2022: Estimate based on DTP3 coverage of 93. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2021: Estimate informed by reported data. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2020: Estimate based on DTP3 coverage of 99. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored. Sample size 296 less than 300. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. Estimate of 99 percent changed from previous revision value of 96 percent. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2019: Estimate based on DTP3 coverage of 93. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2017: Estimate informed by estimated DTP3 coverage adjusted for dropout. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2016: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2015: Estimate informed by estimated DTP3 coverage adjusted for dropout. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2014: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	98	97	96	99	93	99	95	93	99	92	99
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	93	91	97	87	100	91	92	95	92	100	92	100
Administrative	93	91	97	87	100	91	92	95	92	99	90	100
Survey	-	-	-	-	-	-	65	71	-	-	-	-

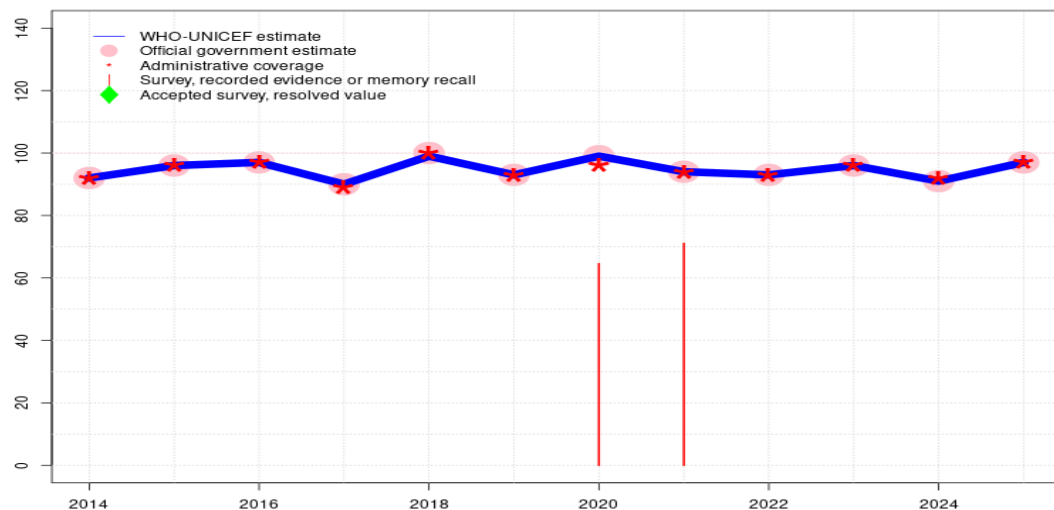
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Trinidad and Tobago - DTP3

TTO - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	96	97	90	99	93	99	94	93	96	91	97
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	92	96	97	90	100	93	99	94	93	96	91	97
Administrative	92	96	97	89	100	93	96	94	93	96	92	97
Survey	-	-	-	-	-	-	65	71	-	-	-	-

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

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

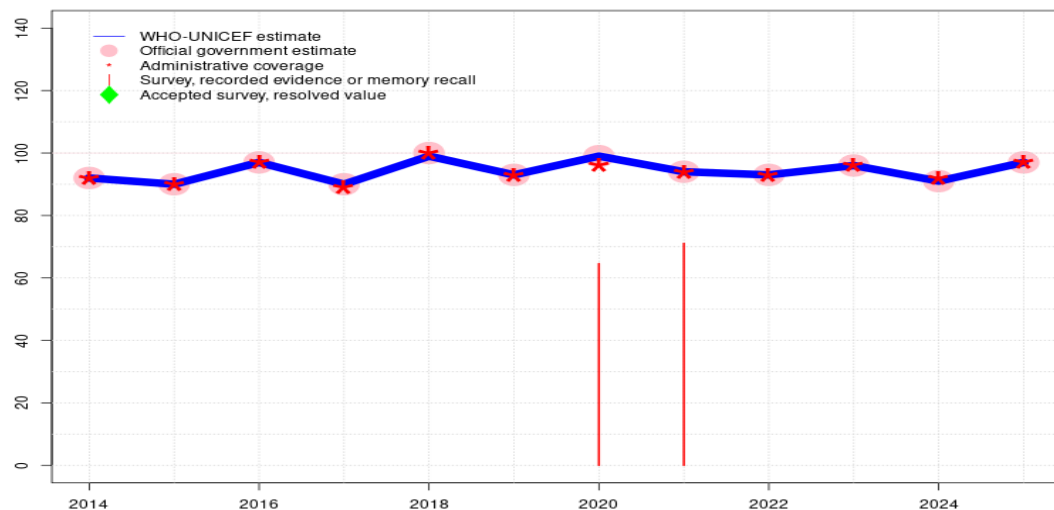
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- 2024: Estimate informed by reported data. Recalculated coverage levels using the reported number of doses administered and an independent target population suggest lower coverage levels. Estimate of 91 percent changed from previous revision value of 92 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2022: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
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- 2015: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2014: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

Trinidad and Tobago - HEPB3

TTO - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	90	97	90	99	93	99	94	93	96	91	97
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	92	90	97	90	100	93	99	94	93	96	91	97
Administrative	92	90	97	89	100	93	96	94	93	96	92	97
Survey	-	-	-	-	-	-	65	71	-	-	-	-

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

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

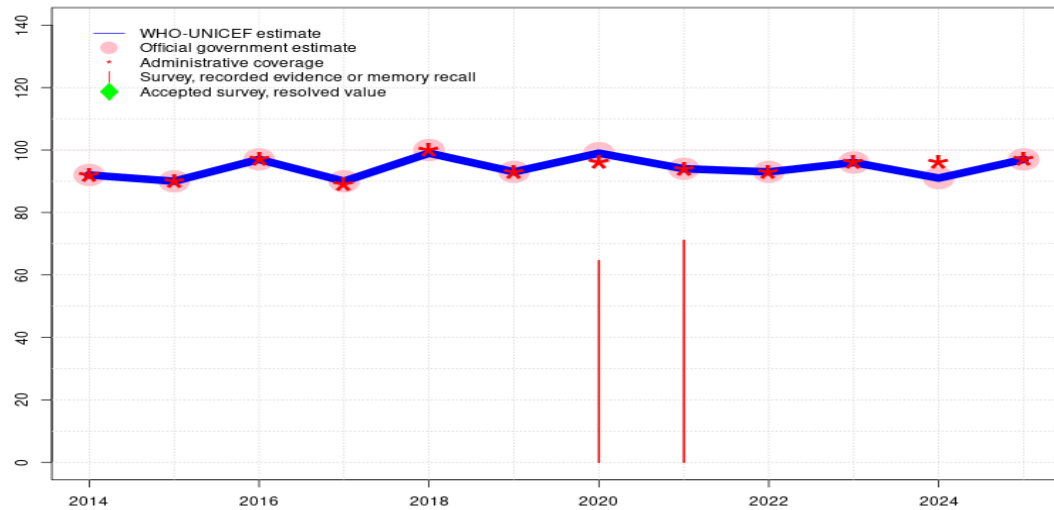
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- 2014: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

Trinidad and Tobago - Hib3

TTO - Hib3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	90	97	90	99	93	99	94	93	96	91	97
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	92	90	97	90	100	93	99	94	93	96	91	97
Administrative	92	90	97	89	100	93	96	94	93	96	96	97
Survey	-	-	-	-	-	-	65	71	-	-	-	-

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.

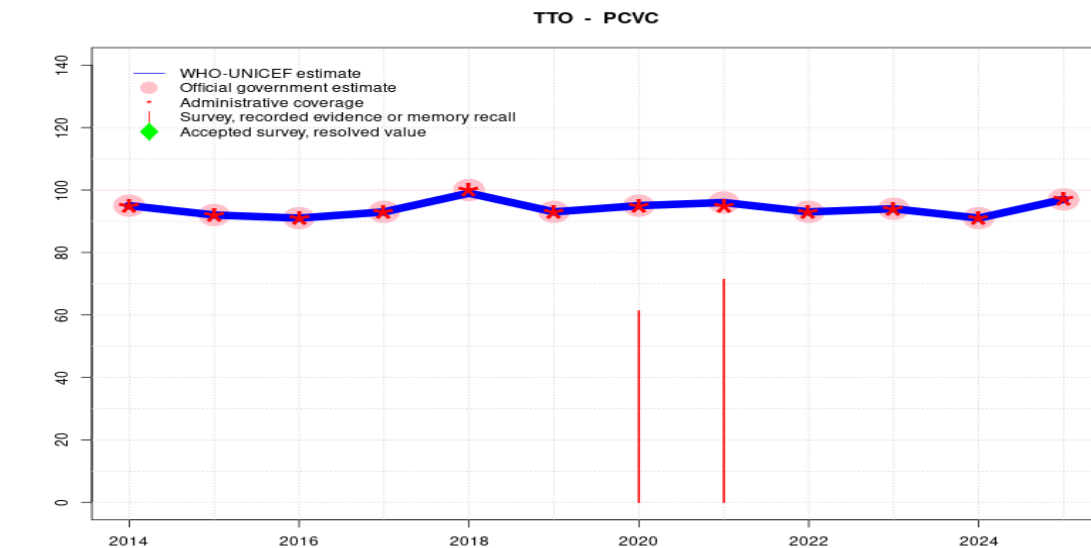
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.
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- 2014: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

Trinidad and Tobago - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	92	91	93	99	93	95	96	93	94	91	97
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	95	92	91	93	100	93	95	96	93	94	91	97
Administrative	95	92	91	93	100	93	95	95	93	94	91	97
Survey	-	-	-	-	-	-	61	71	-	-	-	-

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

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

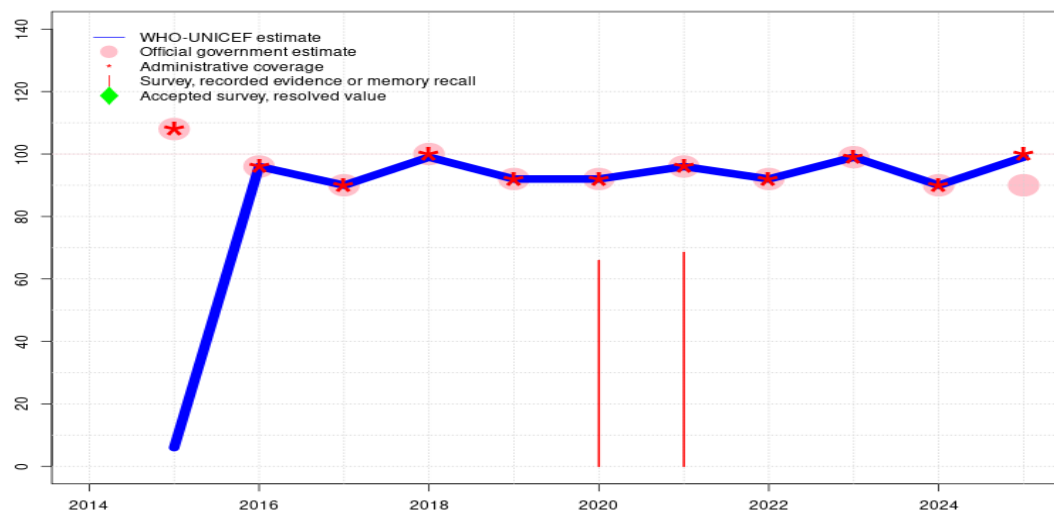
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- 2023: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2022: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2021: Estimate informed by reported data. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. Estimate of 96 percent changed from previous revision value of 95 percent. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2020: Estimate informed by reported data. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored. Sample size 296 less than 300. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
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- 2014: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

Trinidad and Tobago - IPV1

TTO - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	6	96	90	99	92	92	96	92	99	90	99
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	108	96	90	100	92	92	96	92	99	90	90
Administrative	-	108	96	90	100	92	92	96	92	99	90	100
Survey	-	-	-	-	-	-	66	69	-	-	-	-

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.

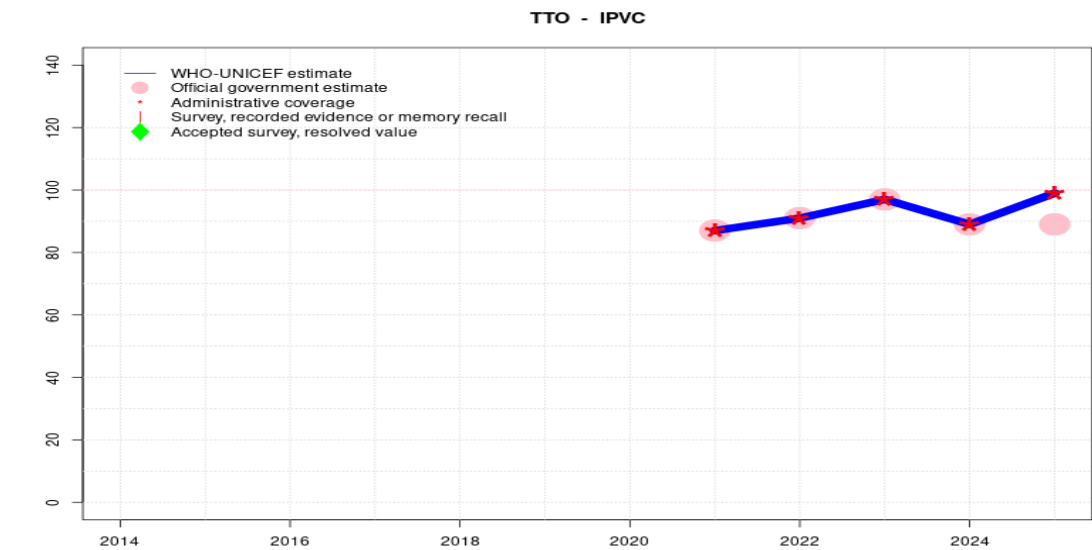
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 administrative data. WHO and UNICEF encourage a comprehensive review of programme coverage data in light of survey coverage results, which suggest meaningfully lower levels of access and utilization of immunization services compared to reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Recalculated coverage levels using the reported number of doses administered and an independent target population suggest lower coverage levels. Estimate challenged by: D-
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- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2017: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2016: Estimate informed by reported data. Estimate informed by reported coverage following introduction. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2015: Inactivated polio vaccine introduced in December 2015. Programme reports one-hundred percent coverage achieved in six percent of the national birth cohort. Estimate informed by complete annual birth cohort. Reported data excluded because 108 percent greater than 100 percent. Reported data excluded due to an increase from 67 percent to 108 percent with decrease to 96 percent. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

Trinidad and Tobago - IPVC



Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF encourage a comprehensive review of programme coverage data in light of survey coverage results, which suggest meaningfully lower levels of access and utilization of immunization services compared to reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Recalculated coverage levels using the reported number of doses administered and an independent target population suggest lower coverage levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2022: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced prior to 2021. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	87	91	97	89	99
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●
Official	-	-	-	-	-	-	-	87	91	97	89	89
Administrative	-	-	-	-	-	-	-	87	91	97	89	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

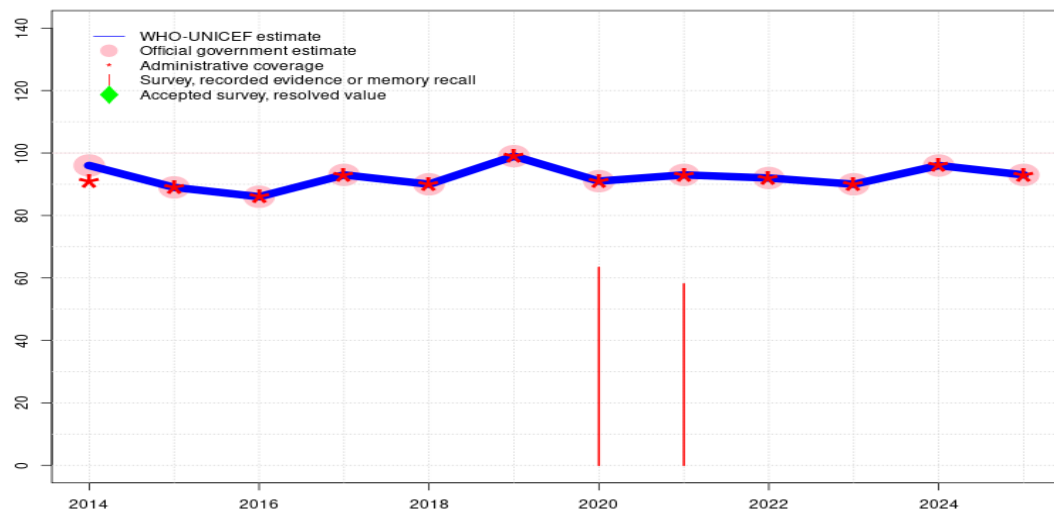
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Trinidad and Tobago - MCV1

TTO - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	96	89	86	93	90	99	91	93	92	90	96	93
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	96	89	86	93	90	99	91	93	92	90	96	93
Administrative	91	89	86	93	90	99	91	93	92	90	96	93
Survey	-	-	-	-	-	-	63	58	-	-	-	-

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

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

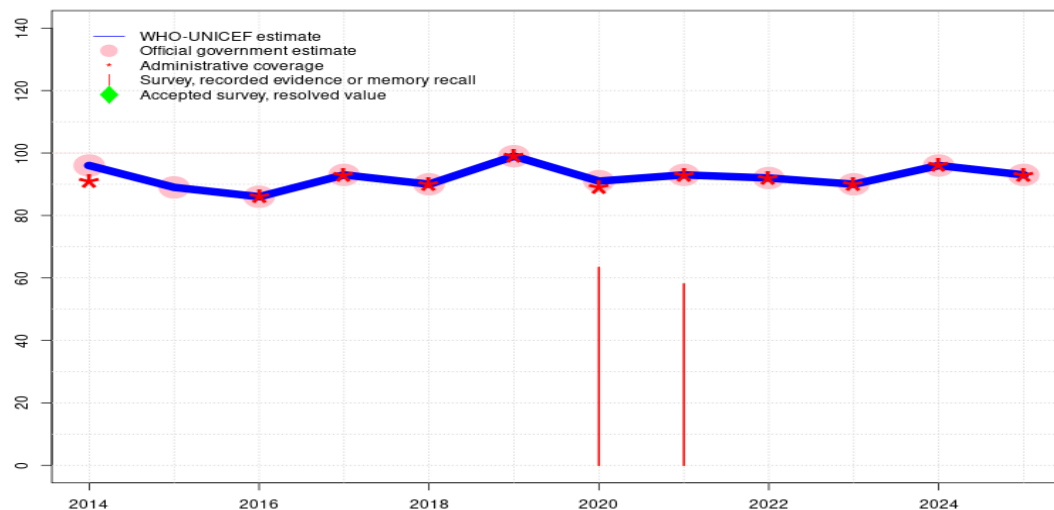
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF encourage a comprehensive review of programme coverage data in light of survey coverage results, which suggest meaningfully lower levels of access and utilization of immunization services compared to reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Recalculated coverage levels using the reported number of doses administered and an independent target population suggest lower coverage levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2022: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2021: Estimate informed by reported data. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2020: Estimate informed by reported data. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored. Sample size 296 less than 300. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2017: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2016: Estimate informed by reported data. Programme reports three months vaccine stockout. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2015: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2014: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

Trinidad and Tobago - RCV1

TTO - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	96	89	86	93	90	99	91	93	92	90	96	93
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	96	89	86	93	90	99	91	93	92	90	96	93
Administrative	91	-	86	93	90	99	89	93	92	90	96	93
Survey	-	-	-	-	-	-	63	58	-	-	-	-

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

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

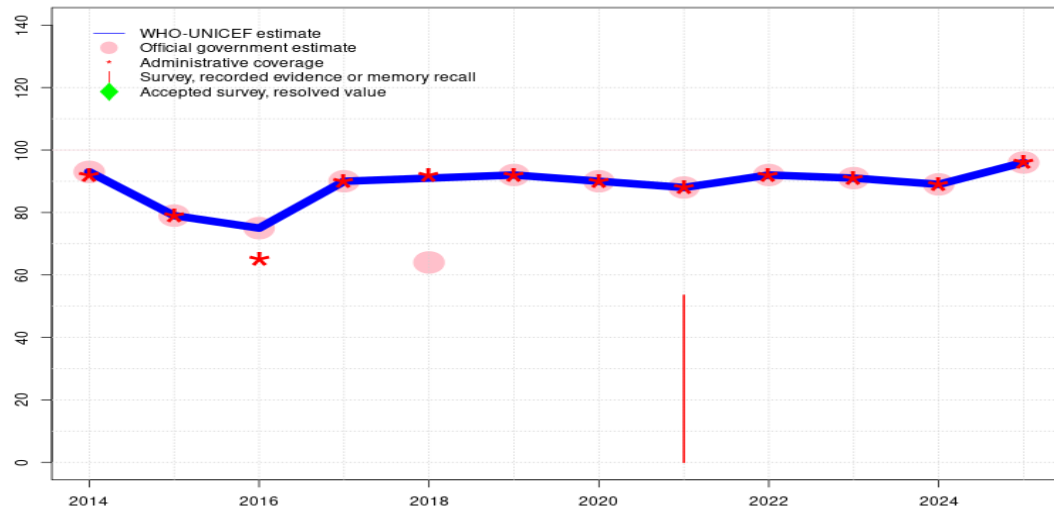
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. WHO and UNICEF encourage a comprehensive review of programme coverage data in light of survey coverage results, which suggest meaningfully lower levels of access and utilization of immunization services compared to reported data. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Recalculated coverage levels using the reported number of doses administered and an independent target population suggest lower coverage levels. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2022: Estimate based on estimated MCV1. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2021: Estimate based on estimated MCV1. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2020: Estimate based on estimated MCV1. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored. Sample size 296 less than 300. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2019: Estimate based on estimated MCV1. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2018: Estimate based on estimated MCV1. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2017: Estimate based on estimated MCV1. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2016: Estimate based on estimated MCV1. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2015: Estimate based on estimated MCV1. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2014: Estimate based on estimated MCV1. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

Trinidad and Tobago - MCV2

TTO - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	79	75	90	91	92	90	88	92	91	89	96
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	93	79	75	90	64	92	90	88	92	91	89	96
Administrative	92	79	65	90	92	92	90	88	92	91	89	96
Survey	-	-	-	-	-	-	-	54	-	-	-	-

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

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

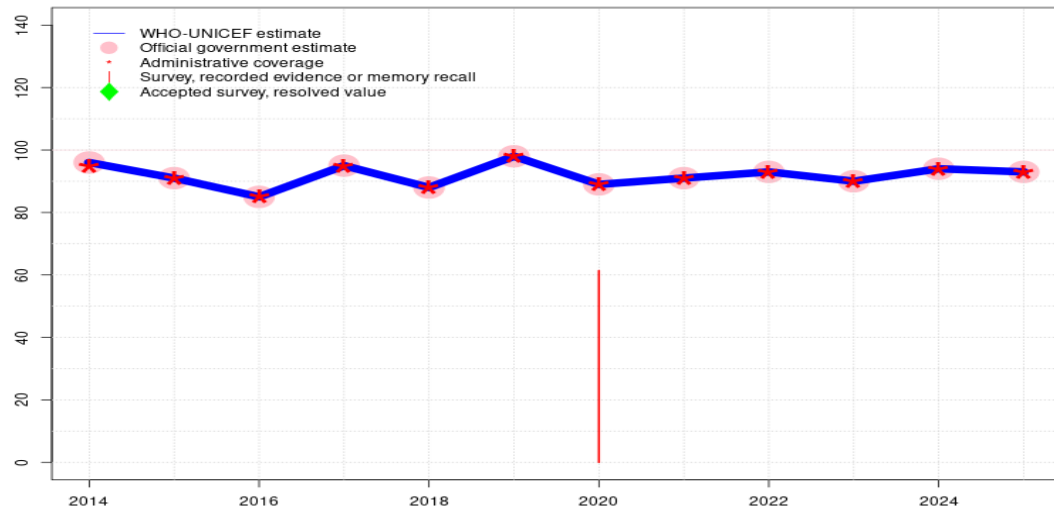
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF encourage a comprehensive review of programme coverage data in light of survey coverage results, which suggest meaningfully lower levels of access and utilization of immunization services compared to reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Recalculated coverage levels using the reported number of doses administered and an independent target population suggest lower coverage levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2022: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2021: Estimate informed by reported data. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored. Sample size 296 less than 300. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2018: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 90 percent to 64 percent with increase to 92 percent. Estimate of 91 percent changed from previous revision value of 92 percent. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2017: Estimate informed by reported data. Recovery from stockout. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2016: Estimate informed by reported data. Programme reports three months vaccine stockout. Estimate of 75 percent changed from previous revision value of 65 percent. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2015: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2014: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

Trinidad and Tobago - YFV

TTO - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	96	91	85	95	88	98	89	91	93	90	94	93
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	96	91	85	95	88	98	89	91	93	90	94	93
Administrative	95	91	85	95	88	98	89	91	93	90	94	93
Survey	-	-	-	-	-	-	61	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF encourage a comprehensive review of programme coverage data in light of survey coverage results, which suggest meaningfully lower levels of access and utilization of immunization services compared to reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Recalculated coverage levels using the reported number of doses administered and an independent target population suggest lower coverage levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2022: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2021: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2020: Estimate informed by reported data. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored. Sample size 296 less than 300. Trinidad and Tobago Multiple Indicator Cluster Survey 2022 results ignored by working group. Results ignored pending comprehensive review of programme coverage data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2017: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2016: Estimate informed by reported data. Programme reports three months vaccine stockout. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2015: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.
- 2014: Estimate informed by reported data. GoC=Assigned by working group. Consistent with expressed concern around divergent information sources.

Trinidad and Tobago - 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 Trinidad and Tobago Multiple Indicator Cluster Survey 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	0.2	12-23 m	316	75
DTP1	Record	71	12-23 m	316	75
DTP1	Record or Recall	71.2	12-23 m	316	75
DTP1	Record or Recall<12m	71.2	12-23 m	316	75
DTP3	Recall	0.1	12-23 m	316	75
DTP3	Record	71	12-23 m	316	75
DTP3	Record or Recall	71.1	12-23 m	316	75
DTP3	Record or Recall<12m	68.3	12-23 m	316	75
HEPB1	Recall	0.2	12-23 m	316	75
HEPB1	Record	71	12-23 m	316	75
HEPB1	Record or Recall	71.2	12-23 m	316	75
HEPB1	Record or Recall<12m	71.2	12-23 m	316	75
HEPB3	Recall	0.1	12-23 m	316	75
HEPB3	Record	71	12-23 m	316	75
HEPB3	Record or Recall	71.1	12-23 m	316	75
HEPB3	Record or Recall<12m	68.3	12-23 m	316	75
HIB1	Recall	0.2	12-23 m	316	75
HIB1	Record	71	12-23 m	316	75
HIB1	Record or Recall	71.2	12-23 m	316	75

HIB1	Record or Recall<12m	71.2	12-23 m	316	75
HIB3	Recall	0.1	12-23 m	316	75
HIB3	Record	71	12-23 m	316	75
HIB3	Record or Recall	71.1	12-23 m	316	75
HIB3	Record or Recall<12m	68.3	12-23 m	316	75
IPV1	Recall	1.2	12-23 m	316	75
IPV1	Record	67.3	12-23 m	316	75
IPV1	Record or Recall	68.5	12-23 m	316	75
IPV1	Record or Recall<12m	68.5	12-23 m	316	75
MCV1	Recall	0.1	12-23 m	316	75
MCV1	Record	58	12-23 m	316	75
MCV1	Record or Recall	58.1	12-23 m	316	75
MCV1	Record or Recall<12m	27.8	12-23 m	316	75
MCV2	Recall	0	24-35 m	296	69
MCV2	Record	53.5	24-35 m	296	69
MCV2	Record or Recall	53.5	24-35 m	296	69
MCV2	Record or Recall<12m	34.8	24-35 m	296	69
PCV1	Recall	0.1	12-23 m	316	75
PCV1	Record	72.6	12-23 m	316	75
PCV1	Record or Recall	72.6	12-23 m	316	75
PCV1	Record or Recall<12m	72.6	12-23 m	316	75
PCVC	Recall	0.1	12-23 m	316	75
PCVC	Record	71.3	12-23 m	316	75
PCVC	Record or Recall	71.4	12-23 m	316	75
PCVC	Record or Recall<12m	68	12-23 m	316	75
RCV1	Recall	0.1	12-23 m	316	75
RCV1	Record	58	12-23 m	316	75
RCV1	Record or Recall	58.1	12-23 m	316	75
RCV1	Record or Recall<12m	27.8	12-23 m	316	75

2020 Trinidad and Tobago Multiple Indicator Cluster Survey 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	0	24-35 m	296	69
DTP1	Record	64.6	24-35 m	296	69
DTP1	Record or Recall	64.6	24-35 m	296	69
DTP1	Record or Recall<12m	64.6	24-35 m	296	69
DTP3	Recall	0	24-35 m	296	69
DTP3	Record	64.6	24-35 m	296	69

Trinidad and Tobago - Survey Details

DTP3	Record or Recall	64.6	24-35 m	296	69
DTP3	Record or Recall<12m	61.7	24-35 m	296	69
HEPB1	Recall	0	24-35 m	296	69
HEPB1	Record	64.6	24-35 m	296	69
HEPB1	Record or Recall	64.6	24-35 m	296	69
HEPB1	Record or Recall<12m	64.6	24-35 m	296	69
HEPB3	Recall	0	24-35 m	296	69
HEPB3	Record	64.6	24-35 m	296	69
HEPB3	Record or Recall	64.6	24-35 m	296	69
HEPB3	Record or Recall<12m	61.7	24-35 m	296	69
HIB1	Recall	0	24-35 m	296	69
HIB1	Record	64.6	24-35 m	296	69
HIB1	Record or Recall	64.6	24-35 m	296	69
HIB1	Record or Recall<12m	64.6	24-35 m	296	69
HIB3	Recall	0	24-35 m	296	69
HIB3	Record	64.6	24-35 m	296	69
HIB3	Record or Recall	64.6	24-35 m	296	69
HIB3	Record or Recall<12m	61.7	24-35 m	296	69
IPV1	Recall	0.3	24-35 m	296	69
IPV1	Record	65.6	24-35 m	296	69
IPV1	Record or Recall	65.9	24-35 m	296	69
IPV1	Record or Recall<12m	65.9	24-35 m	296	69
MCV1	Recall	0.3	24-35 m	296	69
MCV1	Record	63.1	24-35 m	296	69
MCV1	Record or Recall	63.4	24-35 m	296	69
MCV1	Record or Recall<12m	62.6	24-35 m	296	69
PCV1	Recall	0.3	24-35 m	296	69
PCV1	Record	63.6	24-35 m	296	69
PCV1	Record or Recall	63.9	24-35 m	296	69
PCV1	Record or Recall<12m	61.6	24-35 m	296	69
PCVC	Recall	0	24-35 m	296	69
PCVC	Record	61.3	24-35 m	296	69
PCVC	Record or Recall	61.3	24-35 m	296	69
PCVC	Record or Recall<12m	57.3	24-35 m	296	69
RCV1	Recall	0.3	24-35 m	296	69
RCV1	Record	63.1	24-35 m	296	69
RCV1	Record or Recall	63.4	24-35 m	296	69
RCV1	Record or Recall<12m	62.6	24-35 m	296	69
YFV	Recall	0	24-35 m	296	69
YFV	Record	61.4	24-35 m	296	69

YFV	Record or Recall	61.4	24-35 m	296	69
YFV	Record or Recall<12m	60.6	24-35 m	296	69

2004 Trinidad and Tobago Multiple Indicator Cluster Survey 3, 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	12.5	18-29 m	215	79
DTP1	Record	73.1	18-29 m	215	79
DTP1	Record or Recall	85.6	18-29 m	215	79
DTP1	Record or Recall<18m	74.1	18-29 m	215	79
DTP3	Recall	8.3	18-29 m	215	79
DTP3	Record	68.7	18-29 m	215	79
DTP3	Record or Recall	76.9	18-29 m	215	79
DTP3	Record or Recall<18m	72.5	18-29 m	215	79
HEPB1	Recall	13.8	18-29 m	215	79
HEPB1	Record	68.1	18-29 m	215	79
HEPB1	Record or Recall	81.9	18-29 m	215	79
HEPB1	Record or Recall<18m	77.6	18-29 m	215	79
HEPB3	Recall	8.9	18-29 m	215	79
HEPB3	Record	65.1	18-29 m	215	79
HEPB3	Record or Recall	74	18-29 m	215	79
HEPB3	Record or Recall<18m	70	18-29 m	215	79
HIB1	Recall	11.1	18-29 m	215	79
HIB1	Record	73.3	18-29 m	215	79
HIB1	Record or Recall	84.4	18-29 m	215	79
HIB1	Record or Recall<18m	79.1	18-29 m	215	79
HIB3	Recall	5.9	18-29 m	215	79
HIB3	Record	10.3	18-29 m	215	79
HIB3	Record or Recall	16.2	18-29 m	215	79
HIB3	Record or Recall<18m	14.6	18-29 m	215	79
MCV1	Recall	12.1	18-29 m	215	79
MCV1	Record	78.6	18-29 m	215	79
MCV1	Record or Recall	90.7	18-29 m	215	79
MCV1	Record or Recall<18m	88.9	18-29 m	215	79
YFV	Recall	12.1	18-29 m	215	79
YFV	Record	77.1	18-29 m	215	79
YFV	Record or Recall	89.2	18-29 m	215	79
YFV	Record or Recall<18m	35.2	18-29 m	215	79

1999 Trinidad and Tobago Multiple Indicator Cluster Survey 2000, Preliminary Report

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	19.3	12-23 m	187	74
DTP1	Record	71.7	12-23 m	187	74
DTP1	Record or Recall	91	12-23 m	187	74
DTP1	Record or Recall<12m	87.1	12-23 m	187	74

DTP3	Recall	9.1	12-23 m	187	74
DTP3	Record	71.7	12-23 m	187	74
DTP3	Record or Recall	80.8	12-23 m	187	74
DTP3	Record or Recall<12m	72	12-23 m	187	74
MCV1	Recall	2.1	12-23 m	187	74
MCV1	Record	56.1	12-23 m	187	74
MCV1	Record or Recall	58.2	12-23 m	187	74
MCV1	Record or Recall<12m	21.9	12-23 m	187	74

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