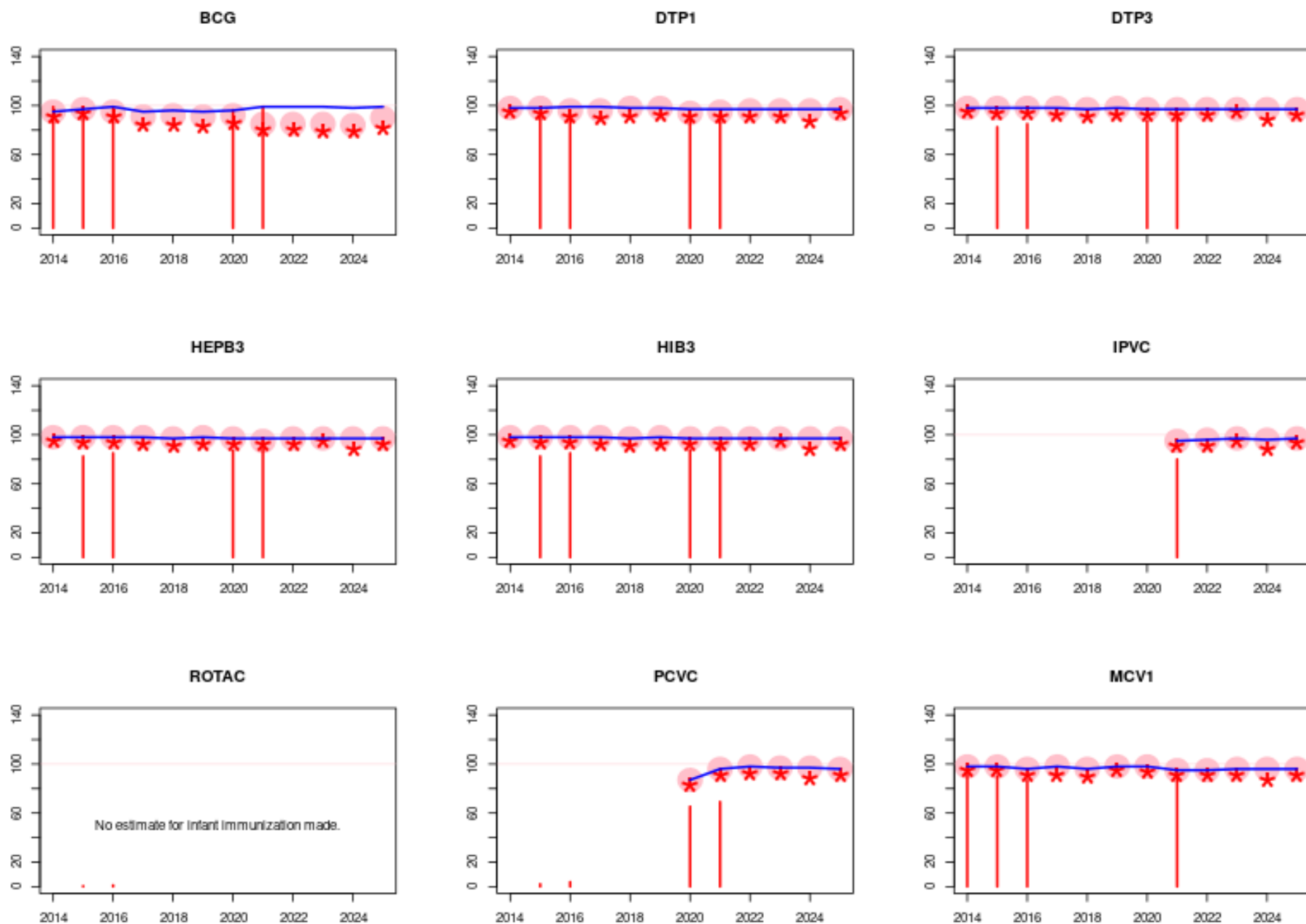




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture. Les estimations se réfèrent aux vaccinations administrées et documentées dans le cadre des services de vaccination de routine aux enfants de moins de 12 mois, ou à l'âge spécifié dans le calendrier vaccinal recommandé. Les vaccinations reçues dans le cadre d'activités de vaccination supplémentaires, telles que les campagnes contre la poliomyélite ou la rougeole, ne sont pas incluses.

Les estimations de l'OMS et de l'UNICEF sont spécifiques à chaque pays ; c'est-à-dire que les données de chaque pays sont examinées individuellement, et aucune donnée n'est empruntée à d'autres pays en l'absence de données. Les estimations ne reposent pas sur des ajustements ponctuels des données rapportées ; dans certains cas, des données empiriques proviennent d'une seule source, généralement les données de couverture déclarées au niveau national. Lorsqu'aucune donnée n'est disponible pour une combinaison donnée de pays/vaccin/année, les données des années précédentes et suivantes sont prises en compte et interpolées pour estimer la couverture des années manquantes. Dans les cas où les sources de données sont variées et présentent de grandes variations, une tentative est faite pour identifier l'estimation la plus probable en tenant compte des biais potentiels dans les données disponibles. Pour les méthodes, voir :

* 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.

SOURCES DE DONNÉES

Couverture ADMINISTRATIVE: Rapportée par les autorités nationales et basée sur des rapports administratifs agrégés provenant des prestataires de services de santé concernant le nombre de vaccinations administrées sur une période donnée (données du numérateur) et les données déclarées sur la population cible (données du dénominateur). Cette couverture peut être biaisée par des inexactitudes dans les données du numérateur et/ou du dénominateur.

Couverture OFFICIELLE: Estimation de la couverture rapportée par les autorités nationales, reflétant leur évaluation de la couverture la plus probable sur la base d'une combinaison de la couverture administrative, des estimations basées sur des enquêtes ou d'autres sources de données ou ajustements. Les approches pour déterminer la couverture OFFICIELLE peuvent varier d'un pays à l'autre.

Couverture par ENQUÊTE: Basée sur des estimations de couverture issues d'enquêtes menées auprès des ménages chez des enfants âgés de 6-11, 12-23 ou 24-35 mois, suivant une revue des méthodes et des résultats de l'enquête. Les informations reposent sur une combinaison de l'historique vaccinal, basé sur des preuves documentées ou le rappel des soignants. Les résultats des enquêtes sont considérés pour la cohorte de naissance appropriée en fonction de la période de collecte des données.

ABRÉVIATIONS ET DÉFINITIONS

BCG: pourcentage des naissances ayant reçu une dose du vaccin Bacillus Calmette-Guérin.

DTP1 (DTC1) / DTP3 (DTC3): pourcentage des nourrissons survivants ayant reçu respectivement la 1re / 3e dose du vaccin contenant l'anatoxine diphtérique et tétanique avec la coqueluche.

IPV1 (VPI1): pourcentage de nourrissons survivants ayant reçu la 1re dose de vaccin antipoliomyélitique inactivé (VPI).

IPVC (VPIC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de VPI de la série primaire, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

MCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rougeole. Dans les pays où le calendrier national recommande la 1re dose de MCV à 12 mois ou plus, en fonction de l'épidémiologie de la maladie dans le pays, les estimations de couverture reflètent le pourcentage d'enfants ayant reçu la 1re dose de MCV conformément à la recommandation.

MCV2: pourcentage des enfants ayant reçu la 2e dose de vaccin contenant la rougeole conformément au calendrier vaccinal du pays.

RCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rubéole. Les estimations de couverture sont basées sur les estimations de l'OMS et de l'UNICEF pour la dose de vaccin contenant la rougeole qui correspond à la première combinaison vaccin rougeole-rubéole. La couverture déclarée au niveau national pour le RCV n'est pas prise en compte dans l'élaboration de cette estimation.

HEPBB (VHBN): pourcentage des naissances ayant reçu une dose de vaccin contre l'hépatite B dans les 24 heures suivant l'accouchement. Les estimations de la couverture de la dose à la naissance contre l'hépatite B sont produites uniquement pour les pays ayant une politique universelle de dose à la naissance. Aucune estimation n'est réalisée pour les pays qui recommandent une dose à la naissance uniquement pour les nourrissons nés de mères infectées par le virus de l'hépatite B, ou pour les pays où les informations sont insuffisantes pour déterminer si la vaccination a eu lieu dans les 24 heures suivant la naissance.

HEPB3 (VHB3): pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant l'hépatite B après la dose à la naissance.

HIB3: pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant Haemophilus influenzae de type b.

ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

PCVC (VPCC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de vaccin antipneumococcique conjugué, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

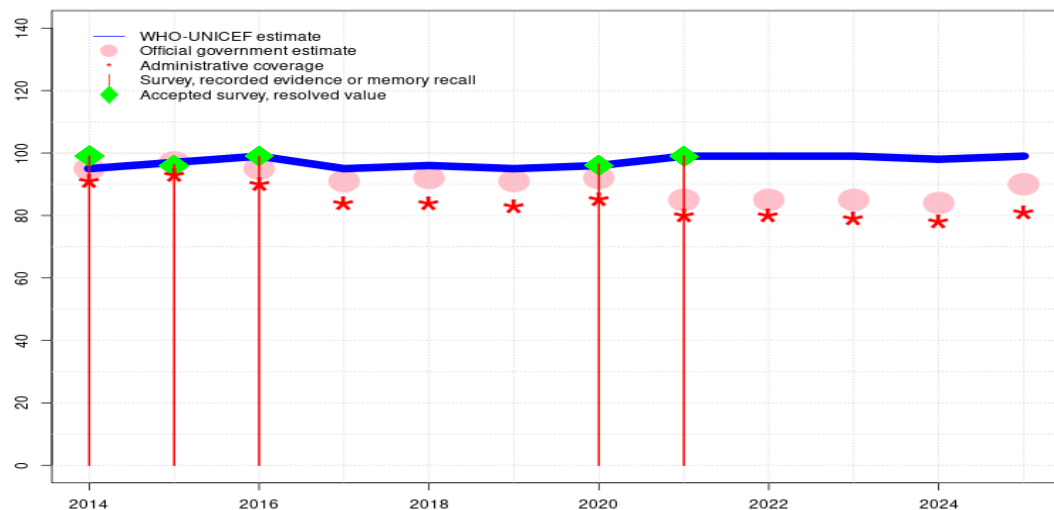
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la cohorte des nourrissons survivants.

MENGA: pourcentage des enfants ayant reçu une dose de vaccin conjugué contre le méningocoque A. Les estimations de couverture MENGA sont produites pour les pays situés dans la ceinture de la méningite en Afrique subsaharienne.

Avertissement: Toutes les précautions raisonnables ont été prises par l'Organisation mondiale de la Santé et le Fonds des Nations Unies pour l'enfance pour vérifier les informations contenues dans cette publication. Toutefois, le matériel publié est distribué sans aucune garantie, explicite ou implicite. La responsabilité de l'interprétation et de l'utilisation du matériel incombe au lecteur. En aucun cas, l'Organisation mondiale de la Santé ou le Fonds des Nations Unies pour l'enfance ne sauraient être tenus responsables des dommages résultant de son utilisation.

Tunisia - BCG

TUN - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	97	99	95	96	95	96	99	99	99	98	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●	●	●
Official	95	97	95	91	92	91	92	85	85	85	84	90
Administrative	91	93	90	84	84	83	85	80	80	79	78	81
Survey	99	96	99	-	-	-	96	99	-	-	-	-

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

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

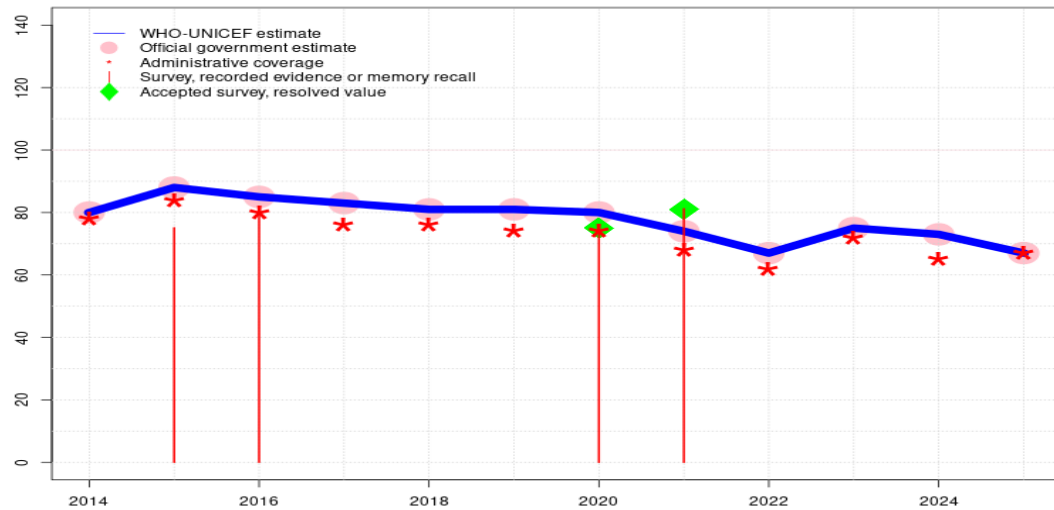
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2021 levels. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2021 levels. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 99 percent based on 1 survey(s). Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-R-
- 2020: Estimate of 96 percent assigned by working group. Estimate based on survey results. Programme reports vaccine stockouts of one month at the subnational level. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2020 levels. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Reported data calibrated to 2016 and 2020 levels. GoC=Assigned by working group. Consistency with other antigens.
- 2017: Reported data calibrated to 2016 and 2020 levels. GoC=Assigned by working group. Consistency with other antigens.
- 2016: Estimate of 99 percent assigned by working group. Estimate based on survey results. GoC=Assigned by working group. Consistency with other antigens.
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+

Tunisia - HEPBB

TUN - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	88	85	83	81	81	80	74	67	75	73	67
Estimate GoC	••	••	••	••	•••	•••	•••	•••	•	•	•	•
Official	80	88	85	83	81	81	80	74	67	75	73	67
Administrative	78	84	80	76	76	74	74	68	62	72	65	67
Survey	-	75	81	-	-	-	75	81	-	-	-	-

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

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

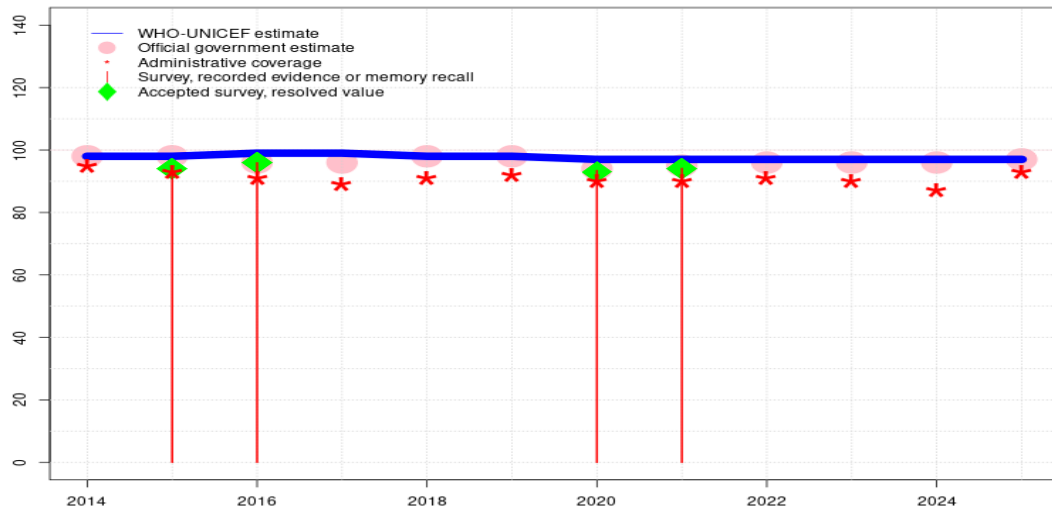
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. Estimate challenged by: S-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. GoC=R+ S+ D+
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). GoC=R+ S+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Tunisia - DTP1

TUN - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	99	99	98	98	97	97	97	97	97	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●	●	●
Official	98	98	96	96	98	98	94	95	96	96	96	97
Administrative	95	93	91	89	91	92	90	90	91	90	87	93
Survey	-	94	96	-	-	-	93	94	-	-	-	-

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

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

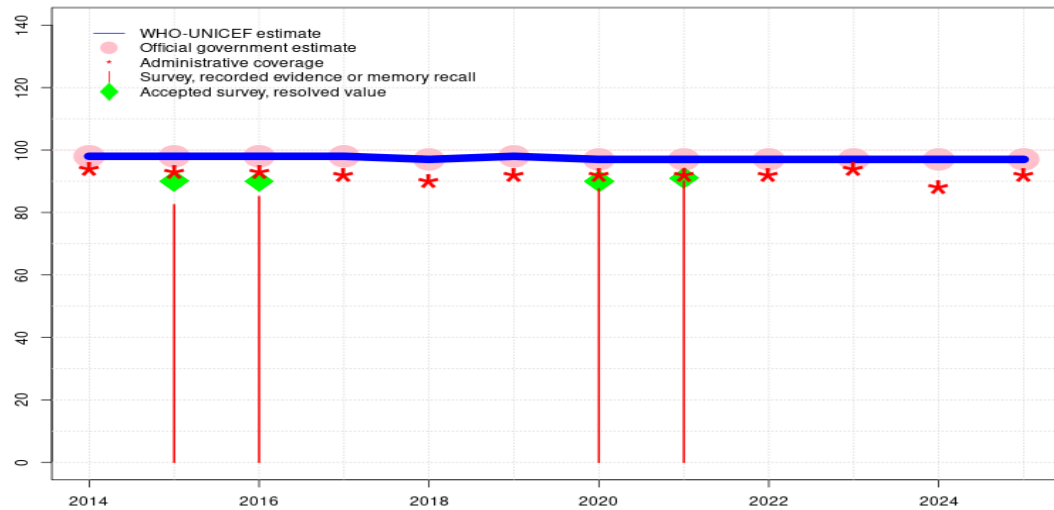
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate based on DTP3 coverage of 97. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-R-
- 2023: Estimate based on DTP3 coverage of 97. Estimate challenged by: D-R-
- 2022: Estimate based on DTP3 coverage of 97. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Estimate based on DTP3 coverage of 97. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: R-
- 2020: Estimate based on DTP3 coverage of 97. Programme reports vaccine stockouts of one month at the national and subnational levels. Estimate challenged by: R-
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2017: Estimate informed by estimated DTP3 coverage adjusted for dropout. GoC=Assigned by working group. Consistency with other antigens.
- 2016: Estimate informed by estimated DTP3 coverage adjusted for dropout. GoC=Assigned by working group. Consistency with other antigens.
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Tunisia - DTP3

TUN - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	98	98	97	98	97	97	97	97	97	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●	●	●	●
Official	98	98	98	98	97	98	97	97	97	97	97	97
Administrative	94	93	93	92	90	92	92	92	92	94	88	92
Survey	-	83	85	-	-	-	88	90	-	-	-	-

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:

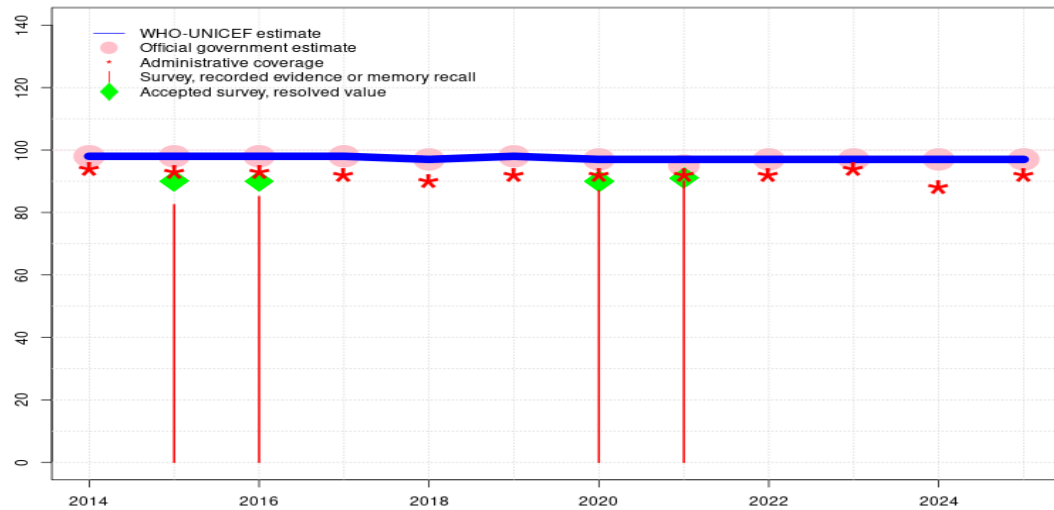
- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2023 record or recall results of 90 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 72 percent and 3rd dose record only coverage of 70 percent. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. GoC=R+ S+ D+
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2023 record or recall results of 88 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 61 percent. Programme reports vaccine stockouts of one month at the national and subnational levels. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 record or recall results of 85 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 record or recall results of 83 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 77 percent and 3rd dose

Tunisia - DTP3

record only coverage of 74 percent. GoC=R+ S+ D+
2014: Estimate informed by reported data. GoC=R+ S+ D+

Tunisia - HEPB3

TUN - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	98	98	97	98	97	97	97	97	97	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●	●	●	●	●
Official	98	98	98	98	97	98	97	95	97	97	97	97
Administrative	94	93	93	92	90	92	92	92	92	94	88	92
Survey	-	83	85	-	-	-	87	90	-	-	-	-

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:

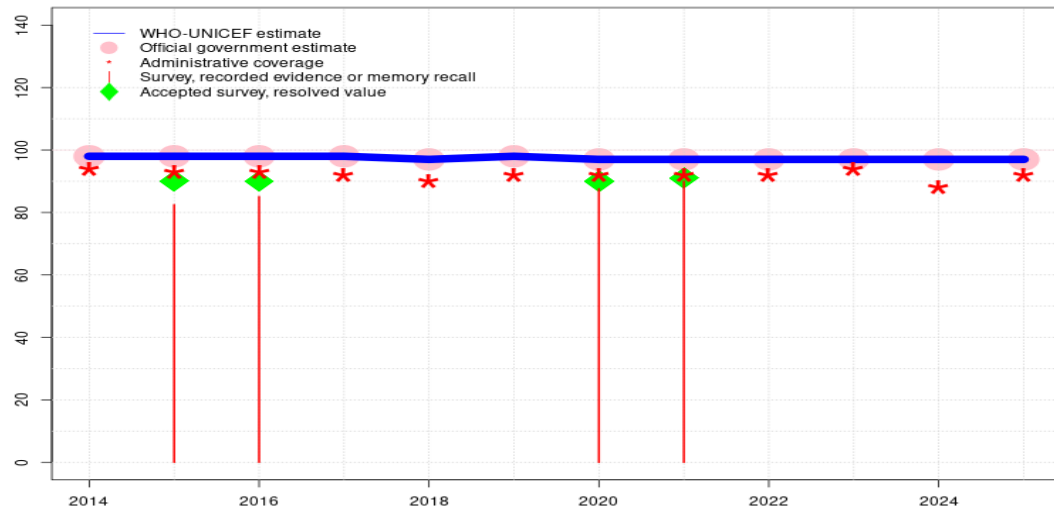
- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate informed by estimated DTP3 coverage given vaccine presentation. Tunisia Multiple Indicator Cluster Survey 2023 record or recall results of 90 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 72 percent and 3rd dose record only coverage of 70 percent. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: R-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2023 record or recall results of 87 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 60 percent. Programme reports vaccine stockouts of one month at the national and subnational levels. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 record or recall results of 85 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 record or recall results of 83 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 74 percent. GoC=R+ S+ D+

Tunisia - HEPB3

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

Tunisia - Hib3

TUN - Hib3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	98	98	97	98	97	97	97	97	97	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●	●	●	●
Official	98	98	98	98	97	98	97	97	97	97	97	97
Administrative	94	93	93	92	90	92	92	92	92	94	88	92
Survey	-	83	85	-	-	-	88	90	-	-	-	-

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:

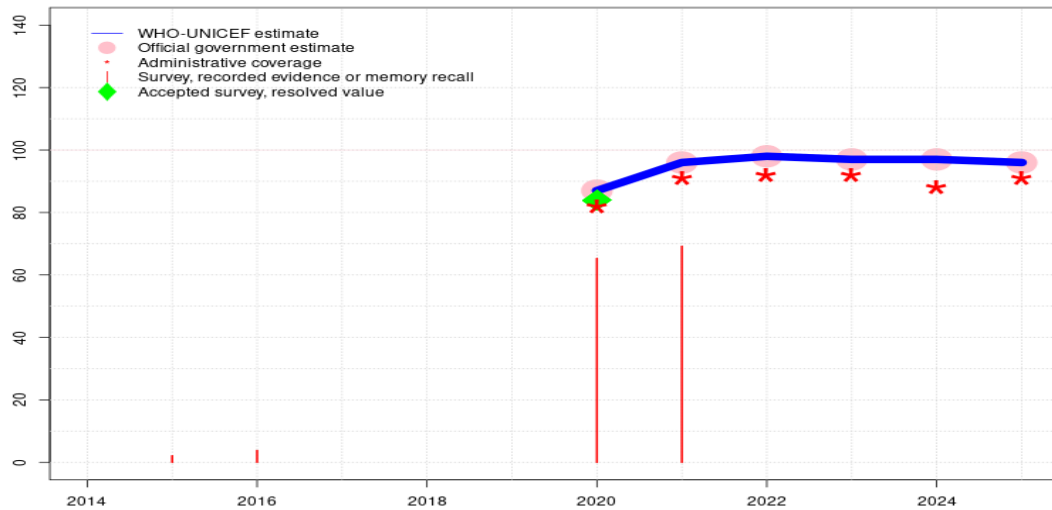
- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2023 record or recall results of 90 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 72 percent and 3rd dose record only coverage of 70 percent. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. GoC=R+ S+ D+
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2023 record or recall results of 88 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 61 percent. Programme reports vaccine stockouts of one month at the national and subnational levels. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 record or recall results of 85 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 record or recall results of 83 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 74 percent. GoC=R+ S+ D+

Tunisia - Hib3

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

Tunisia - PCVC

TUN - PCVC



Description:

- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-S-
- 2021: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2023 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. Tunisia Multiple Indicator Cluster Survey 2023 record or recall results of 69 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 71 percent and 3rd dose record only coverage of 66 percent. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: S-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2023 record or recall results of 65 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 58 percent. Pneumococcal conjugate vaccine introduced in 2019. Reporting started for 2020. GoC=R+ S+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	87	96	98	97	97	96
Estimate GoC	-	-	-	-	-	-	•••	•	•	•	•	•
Official	-	-	-	-	-	-	87	96	98	97	97	96
Administrative	-	-	-	-	-	-	82	91	92	92	88	91
Survey	-	2	4	-	-	-	65	69	-	-	-	-

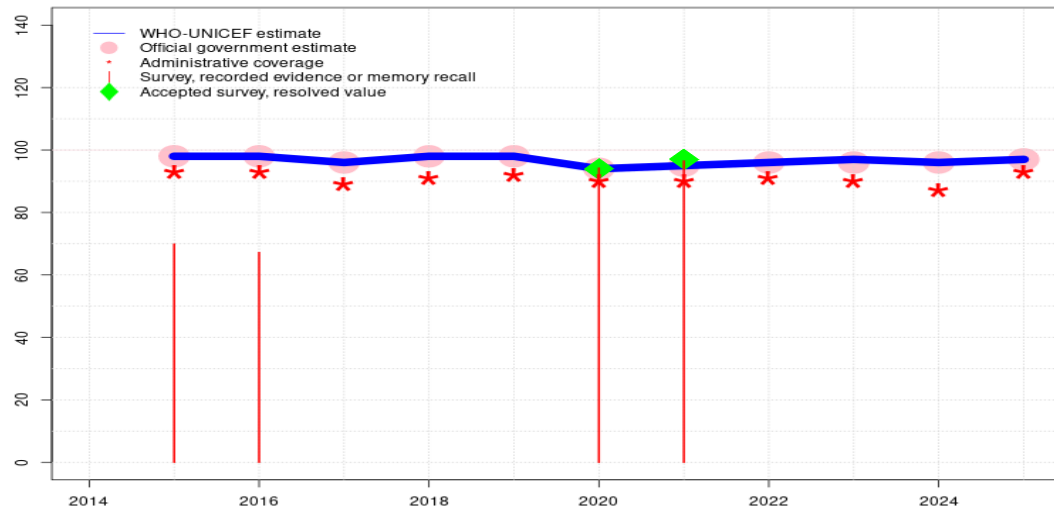
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Tunisia - IPV1

TUN - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	98	98	96	98	98	94	95	96	97	96	97
Estimate GoC	-	●●	●●	●●	●●●	●●●	●●●	●●●	●	●	●	●
Official	-	98	98	96	98	98	94	95	96	96	96	97
Administrative	-	93	93	89	91	92	90	90	91	90	87	93
Survey	-	70	67	-	-	-	94	97	-	-	-	-

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.

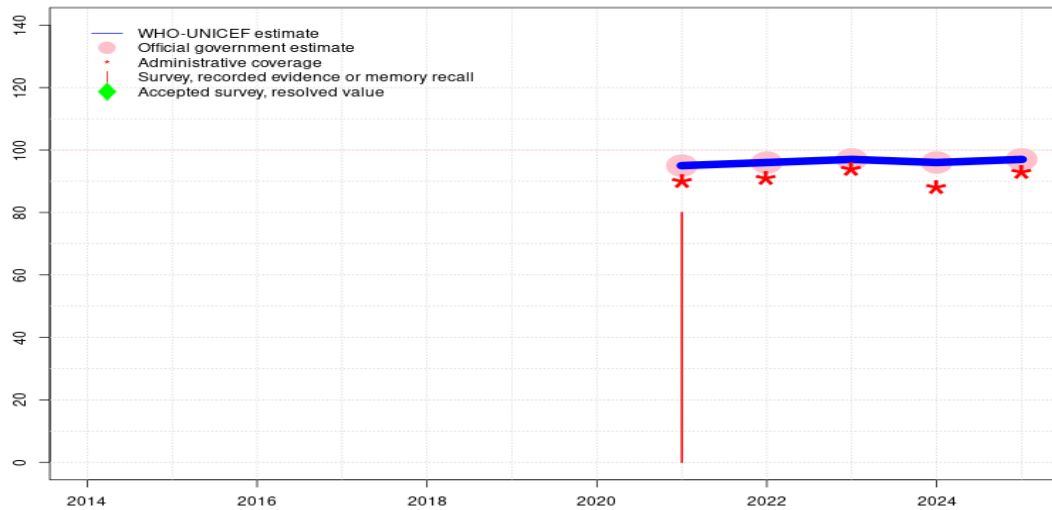
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimated based on estimated IPVC coverage. Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. GoC=R+ S+ D+
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data, likely due to the timing of the survey fieldwork during vaccine introduction. GoC=R+ D+
- 2015: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data, likely due to the timing of the survey fieldwork during vaccine introduction. Inactivated polio vaccine introduced in September 2014. GoC=R+ D+

Tunisia - IPV

TUN - IPV



Description:

- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Third dose of inactivated polio vaccine introduced in 2023. Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2023 results ignored by working group. Survey results ignored during year of introduction. Tunisia Multiple Indicator Cluster Survey 2023 record or recall results of 80 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 71 percent. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Second dose of inactivated polio vaccine introduced prior to 2021. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	95	96	97	96	97
Estimate GoC	-	-	-	-	-	-	-	●●	●	●	●	●
Official	-	-	-	-	-	-	-	95	96	97	96	97
Administrative	-	-	-	-	-	-	-	90	91	94	88	93
Survey	-	-	-	-	-	-	-	80	-	-	-	-

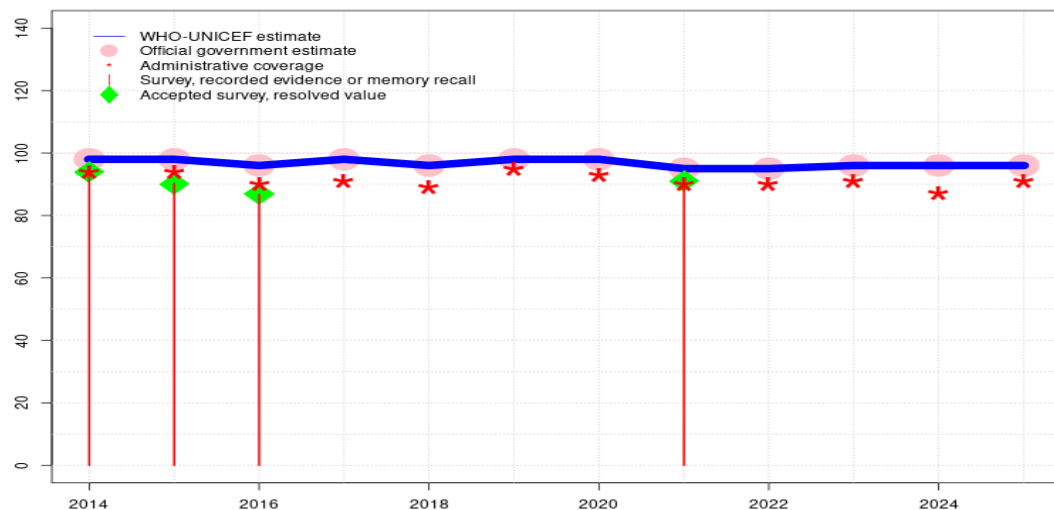
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Tunisia - MCV1

TUN - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	96	98	96	98	98	95	95	96	96	96
Estimate GoC	•	•	•••	•	•••	•••	•••	•••	•••	•	•	•
Official	98	98	96	98	96	98	98	95	95	96	96	96
Administrative	94	94	90	91	89	95	93	90	90	91	87	91
Survey	94	90	87	-	-	-	-	91	-	-	-	-

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

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

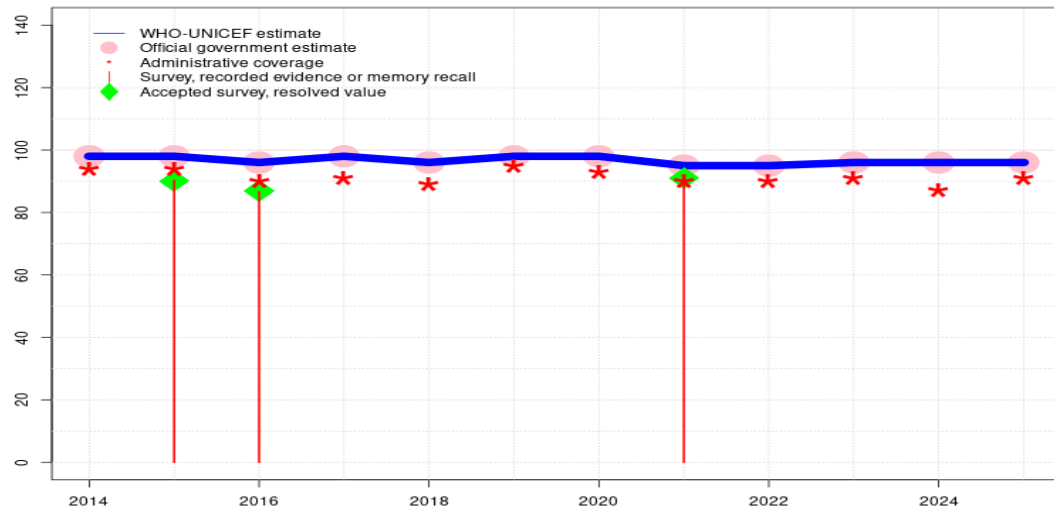
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. GoC=R+ S+ D+
- 2021: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. GoC=R+ S+ D+
- 2020: Estimate informed by reported data. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: S-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). Estimate challenged by: S-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: S-

Tunisia - RCV1

TUN - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	96	98	96	98	98	95	95	96	96	96
Estimate GoC	•	•	•••	•	•••	•••	•••	•••	•••	•	•	•
Official	98	98	96	98	96	98	98	95	95	96	96	96
Administrative	94	94	90	91	89	95	93	90	90	91	87	91
Survey	-	90	87	-	-	-	-	91	-	-	-	-

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

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

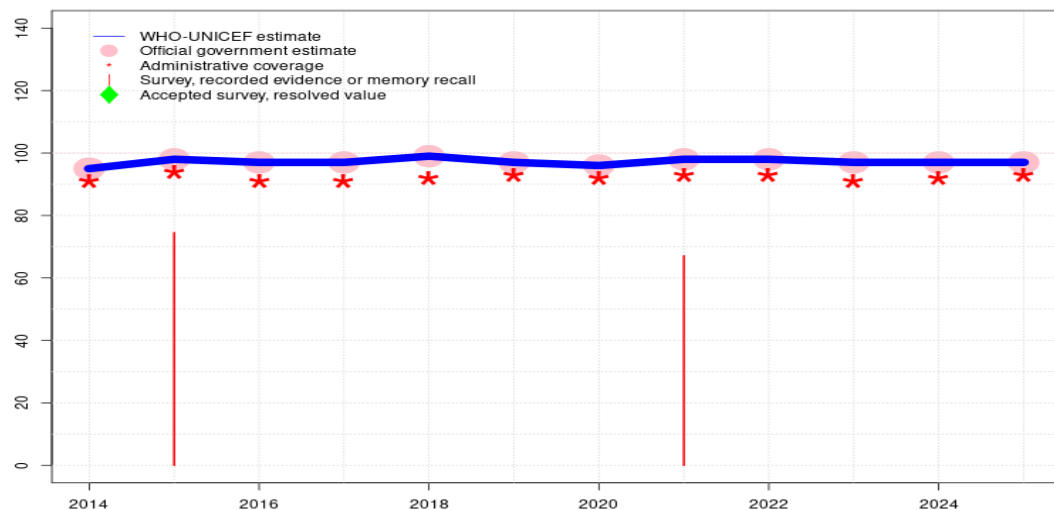
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. GoC=R+ S+ D+
- 2021: Estimate based on estimated MCV1. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. GoC=R+ S+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2017: Estimate based on estimated MCV1. Estimate challenged by: S-
- 2016: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2015: Estimate based on estimated MCV1. Estimate challenged by: S-
- 2014: Estimate based on estimated MCV1. Estimate challenged by: S-

Tunisia - MCV2

TUN - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	98	97	97	99	97	96	98	98	97	97	97
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	95	98	97	97	99	97	96	98	98	97	97	97
Administrative	91	94	91	91	92	93	92	93	93	91	92	93
Survey	-	75	-	-	-	-	-	67	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. Reported numerator and denominator values have declined since 2018. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official coverage is adjusted to account for private sector. There is no systematic collection of private sector vaccination activities and the proportion of this sector's share is estimated based on the MICS survey. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. GoC=R+ D+
- 2021: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2023 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Tunisia - 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 Enquête par Grappes à Indicateurs Multiples 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	26.1	12-23 m	341	73
BCG	Record	73	12-23 m	341	73
BCG	Record or Recall	99.1	12-23 m	341	73
BCG	Record or Recall<12m	97.9	12-23 m	341	73
DTP1	Recall	22.1	12-23 m	341	73
DTP1	Record	72	12-23 m	341	73
DTP1	Record or Recall	94.1	12-23 m	341	73
DTP1	Record or Recall<12m	94	12-23 m	341	73
DTP3	Recall	19.8	12-23 m	341	73
DTP3	Record	70.2	12-23 m	341	73
DTP3	Record or Recall	90	12-23 m	341	73
DTP3	Record or Recall<12m	86.6	12-23 m	341	73
HEPB1	Recall	22.1	12-23 m	341	73
HEPB1	Record	72	12-23 m	341	73
HEPB1	Record or Recall	94.1	12-23 m	341	73
HEPB1	Record or Recall<12m	94	12-23 m	341	73
HEPB3	Recall	19.8	12-23 m	341	73
HEPB3	Record	70.2	12-23 m	341	73
HEPB3	Record or Recall	90	12-23 m	341	73

HEPB3	Record or Recall<12m	86.3	12-23 m	341	73
HEPBB	Recall	23.2	12-23 m	341	73
HEPBB	Record	58	12-23 m	341	73
HEPBB	Record or Recall	81.2	12-23 m	341	73
HEPBB	Record or Recall<12m	81.2	12-23 m	341	73
HIB1	Recall	22.1	12-23 m	341	73
HIB1	Record	72	12-23 m	341	73
HIB1	Record or Recall	94.1	12-23 m	341	73
HIB1	Record or Recall<12m	94	12-23 m	341	73
HIB3	Recall	19.8	12-23 m	341	73
HIB3	Record	70.2	12-23 m	341	73
HIB3	Record or Recall	90	12-23 m	341	73
HIB3	Record or Recall<12m	86.6	12-23 m	341	73
IPV1	Recall	24	12-23 m	341	73
IPV1	Record	72.5	12-23 m	341	73
IPV1	Record or Recall	96.5	12-23 m	341	73
IPV1	Record or Recall<12m	94.1	12-23 m	341	73
IPVC	Recall	8.9	12-23 m	341	73
IPVC	Record	71.1	12-23 m	341	73
IPVC	Record or Recall	80	12-23 m	341	73
IPVC	Record or Recall<12m	77.1	12-23 m	341	73
MCV1	Recall	31.9	24-35 m	372	64
MCV1	Record	58.9	24-35 m	372	64
MCV1	Record or Recall	90.8	24-35 m	372	64
MCV1	Record or Recall<12m	89.2	24-35 m	372	64
MCV2	Recall	13.2	24-35 m	372	64
MCV2	Record	53.9	24-35 m	372	64
MCV2	Record or Recall	67.1	24-35 m	372	64
MCV2	Record or Recall<12m	62.5	24-35 m	372	64
PCV1	Recall	19.6	12-23 m	341	73
PCV1	Record	71.4	12-23 m	341	73
PCV1	Record or Recall	91	12-23 m	341	73
PCV1	Record or Recall<12m	89.1	12-23 m	341	73
PCVC	Recall	3.4	12-23 m	341	73
PCVC	Record	65.8	12-23 m	341	73
PCVC	Record or Recall	69.2	12-23 m	341	73
PCVC	Record or Recall<12m	58.2	12-23 m	341	73
RCV1	Recall	31.9	24-35 m	372	64
RCV1	Record	58.9	24-35 m	372	64
RCV1	Record or Recall	90.8	24-35 m	372	64

Tunisia - Survey Details

RCV1 Record or Recall<12m 89.2 24-35 m 372 64

2020 Enquête par Grappes à Indicateurs Multiples 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	33.1	24-35 m	372	64
BCG	Record	63.3	24-35 m	372	64
BCG	Record or Recall	96.4	24-35 m	372	64
BCG	Record or Recall<12m	94.4	24-35 m	372	64
DTP1	Recall	30.9	24-35 m	372	64
DTP1	Record	62.6	24-35 m	372	64
DTP1	Record or Recall	93.4	24-35 m	372	64
DTP1	Record or Recall<12m	92.6	24-35 m	372	64
DTP3	Recall	26.7	24-35 m	372	64
DTP3	Record	60.9	24-35 m	372	64
DTP3	Record or Recall	87.6	24-35 m	372	64
DTP3	Record or Recall<12m	82.2	24-35 m	372	64
HEPB1	Recall	30.9	24-35 m	372	64
HEPB1	Record	62.3	24-35 m	372	64
HEPB1	Record or Recall	93.2	24-35 m	372	64
HEPB1	Record or Recall<12m	92.1	24-35 m	372	64
HEPB3	Recall	26.7	24-35 m	372	64
HEPB3	Record	60.3	24-35 m	372	64
HEPB3	Record or Recall	87	24-35 m	372	64
HEPB3	Record or Recall<12m	81.6	24-35 m	372	64
HEPBB	Recall	27.7	24-35 m	372	64
HEPBB	Record	47.1	24-35 m	372	64
HEPBB	Record or Recall	74.7	24-35 m	372	64
HEPBB	Record or Recall<12m	74.7	24-35 m	372	64
HIB1	Recall	30.9	24-35 m	372	64
HIB1	Record	62.6	24-35 m	372	64
HIB1	Record or Recall	93.4	24-35 m	372	64
HIB1	Record or Recall<12m	92.6	24-35 m	372	64
HIB3	Recall	26.7	24-35 m	372	64
HIB3	Record	60.9	24-35 m	372	64
HIB3	Record or Recall	87.6	24-35 m	372	64
HIB3	Record or Recall<12m	82.2	24-35 m	372	64
IPV1	Recall	31.5	24-35 m	372	64
IPV1	Record	62.6	24-35 m	372	64

IPV1	Record or Recall	94.2	24-35 m	372	64
IPV1	Record or Recall<12m	93.3	24-35 m	372	64
PCV1	Recall	27.9	24-35 m	372	64
PCV1	Record	60.5	24-35 m	372	64
PCV1	Record or Recall	88.3	24-35 m	372	64
PCV1	Record or Recall<12m	86.9	24-35 m	372	64
PCVC	Recall	7	24-35 m	372	64
PCVC	Record	58.3	24-35 m	372	64
PCVC	Record or Recall	65.3	24-35 m	372	64
PCVC	Record or Recall<12m	52.5	24-35 m	372	64

2016 Tunisia Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	12.3	12-23 m	662	87
BCG	Record	86.6	12-23 m	662	87
BCG	Record or Recall	98.9	12-23 m	662	87
BCG	Record or Recall<12m	98.4	12-23 m	662	87
DTP1	Recall	11.3	12-23 m	662	87
DTP1	Record	84.6	12-23 m	662	87
DTP1	Record or Recall	95.9	12-23 m	662	87
DTP1	Record or Recall<12m	94.8	12-23 m	662	87
DTP3	Recall	5.6	12-23 m	662	87
DTP3	Record	79.5	12-23 m	662	87
DTP3	Record or Recall	85.1	12-23 m	662	87
DTP3	Record or Recall<12m	83.3	12-23 m	662	87
HEPB1	Recall	11.3	12-23 m	662	87
HEPB1	Record	84.6	12-23 m	662	87
HEPB1	Record or Recall	95.9	12-23 m	662	87
HEPB1	Record or Recall<12m	94.8	12-23 m	662	87
HEPB3	Recall	5.6	12-23 m	662	87
HEPB3	Record	79.5	12-23 m	662	87
HEPB3	Record or Recall	85.1	12-23 m	662	87
HEPB3	Record or Recall<12m	83.3	12-23 m	662	87
HEPBB	Recall	0	12-23 m	662	87
HEPBB	Record	80.5	12-23 m	662	87
HEPBB	Record or Recall	80.5	12-23 m	662	87
HEPBB	Record or Recall<12m	80.5	12-23 m	662	87
HIB1	Recall	11.3	12-23 m	662	87

Tunisia - Survey Details

HIB1	Record	84.6	12-23 m	662	87	DTP1	Recall	16.3	24-35 m	655	-
HIB1	Record or Recall	95.9	12-23 m	662	87	DTP1	Record	77.2	24-35 m	655	-
HIB1	Record or Recall<12m	94.8	12-23 m	662	87	DTP1	Record or Recall	93.5	24-35 m	655	-
HIB3	Recall	5.6	12-23 m	662	87	DTP1	Record or Recall<12m	91.9	24-35 m	655	-
HIB3	Record	79.5	12-23 m	662	87	DTP3	Recall	8.8	24-35 m	655	-
HIB3	Record or Recall	85.1	12-23 m	662	87	DTP3	Record	73.6	24-35 m	655	-
HIB3	Record or Recall<12m	83.3	12-23 m	662	87	DTP3	Record or Recall	82.5	24-35 m	655	-
IPV1	Recall	7.9	12-23 m	662	87	DTP3	Record or Recall<12m	82.5	24-35 m	655	-
IPV1	Record	59.3	12-23 m	662	87	HEPB1	Recall	16.3	24-35 m	655	-
IPV1	Record or Recall	67.2	12-23 m	662	87	HEPB1	Record	77.2	24-35 m	655	-
IPV1	Record or Recall<12m	62.2	12-23 m	662	87	HEPB1	Record or Recall	93.5	24-35 m	655	-
MCV1	Recall	8.9	12-23 m	662	87	HEPB1	Record or Recall<12m	91.9	24-35 m	655	-
MCV1	Record	77.8	12-23 m	662	87	HEPB3	Recall	8.8	24-35 m	655	-
MCV1	Record or Recall	86.7	12-23 m	662	87	HEPB3	Record	73.6	24-35 m	655	-
MCV1	Record or Recall<12m	53.5	12-23 m	662	87	HEPB3	Record or Recall	82.5	24-35 m	655	-
PCV1	Recall	1.9	12-23 m	662	87	HEPB3	Record or Recall<12m	82.5	24-35 m	655	-
PCV1	Record	5	12-23 m	662	87	HEPBB	Recall	0	24-35 m	655	-
PCV1	Record or Recall	6.9	12-23 m	662	87	HEPBB	Record	75.1	24-35 m	655	-
PCV1	Record or Recall<12m	6.4	12-23 m	662	87	HEPBB	Record or Recall	75.1	24-35 m	655	-
PCVC	Recall	0.4	12-23 m	662	87	HEPBB	Record or Recall<12m	74.7	24-35 m	655	-
PCVC	Record	3.4	12-23 m	662	87	HIB1	Recall	16.3	24-35 m	655	-
PCVC	Record or Recall	3.8	12-23 m	662	87	HIB1	Record	77.2	24-35 m	655	-
PCVC	Record or Recall<12m	3	12-23 m	662	87	HIB1	Record or Recall	93.5	24-35 m	655	-
RCV1	Recall	8.9	12-23 m	662	87	HIB1	Record or Recall<12m	91.9	24-35 m	655	-
RCV1	Record	77.8	12-23 m	662	87	HIB3	Recall	8.8	24-35 m	655	-
RCV1	Record or Recall	86.7	12-23 m	662	87	HIB3	Record	73.6	24-35 m	655	-
RCV1	Record or Recall<12m	53.5	12-23 m	662	87	HIB3	Record or Recall	82.5	24-35 m	655	-
ROTAC	Recall	0.4	12-23 m	662	87	HIB3	Record or Recall<12m	82.5	24-35 m	655	-
ROTAC	Record	0.8	12-23 m	662	87	IPV1	Recall	14.4	24-35 m	655	-
ROTAC	Record or Recall	1.2	12-23 m	662	87	IPV1	Record	55.5	24-35 m	655	-
ROTAC	Record or Recall<12m	0.9	12-23 m	662	87	IPV1	Record or Recall	69.9	24-35 m	655	-
						IPV1	Record or Recall<12m	58.5	24-35 m	655	-
						MCV1	Recall	16.6	24-35 m	655	-
						MCV1	Record	73.7	24-35 m	655	-
						MCV1	Record or Recall	90.3	24-35 m	655	-
						MCV1	Record or Recall<12m	89.5	24-35 m	655	-
						MCV2	Recall	11.3	24-35 m	655	-
						MCV2	Record	63.3	24-35 m	655	-
						MCV2	Record or Recall	74.5	24-35 m	655	-
						MCV2	Record or Recall<12m	71.5	24-35 m	655	-

2015 Tunisia Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	18.1	24-35 m	655	-
BCG	Record	78.3	24-35 m	655	-
BCG	Record or Recall	96.3	24-35 m	655	-
BCG	Record or Recall<12m	95.9	24-35 m	655	-

PCV1	Recall	1.5	24-35 m	655	-
PCV1	Record	2.8	24-35 m	655	-
PCV1	Record or Recall	4.3	24-35 m	655	-
PCV1	Record or Recall<12m	3.9	24-35 m	655	-
PCVC	Recall	0	24-35 m	655	-
PCVC	Record	2.1	24-35 m	655	-
PCVC	Record or Recall	2.1	24-35 m	655	-
PCVC	Record or Recall<12m	1.8	24-35 m	655	-
RCV1	Recall	16.6	24-35 m	655	-
RCV1	Record	73.7	24-35 m	655	-
RCV1	Record or Recall	90.3	24-35 m	655	-
RCV1	Record or Recall<12m	89.5	24-35 m	655	-
ROTAC	Recall	0.2	24-35 m	655	-
ROTAC	Record	0.4	24-35 m	655	-
ROTAC	Record or Recall	0.5	24-35 m	655	-
ROTAC	Record or Recall<12m	0.5	24-35 m	655	-

2014 Tunisian Health Examination Survey-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99	18-29 m	437	84
MCV1	Record or Recall	93.9	18-29 m	437	84

2010 Tunisie Enquête par grappes à indicateurs multiples (MICS 4), 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	15.2	18-29 m	-	84
BCG	Record	83	18-29 m	-	84
BCG	Record or Recall	98.2	18-29 m	600	84
BCG	Record or Recall<12m	98.1	18-29 m	-	84
DTP1	Recall	15.3	18-29 m	-	84
DTP1	Record	84	18-29 m	-	84
DTP1	Record or Recall	99.3	18-29 m	600	84
DTP1	Record or Recall<12m	98.4	18-29 m	-	84
DTP3	Recall	13	18-29 m	-	84
DTP3	Record	82.9	18-29 m	-	84
DTP3	Record or Recall	95.9	18-29 m	600	84
DTP3	Record or Recall<12m	91.7	18-29 m	-	84

HEPB1	Recall	14	18-29 m	-	84
HEPB1	Record	84.2	18-29 m	-	84
HEPB1	Record or Recall	98.2	18-29 m	600	84
HEPB1	Record or Recall<12m	98.2	18-29 m	-	84
HEPB3	Recall	8.8	18-29 m	-	84
HEPB3	Record	83.1	18-29 m	-	84
HEPB3	Record or Recall	91.9	18-29 m	600	84
HEPB3	Record or Recall<12m	89.5	18-29 m	-	84
MCV1	Recall	15.3	18-29 m	-	84
MCV1	Record	79	18-29 m	-	84
MCV1	Record or Recall	94.3	18-29 m	600	84
MCV1	Record or Recall<12m	85.9	18-29 m	-	84

2005 L'enquête sur la santé et le bien-être de la mère et l'enfant MICS3, Tunisie 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	98.6	12-23 m	595	-
DTP3	Record or Recall	99.7	12-23 m	595	-
HEPB3	Record or Recall	99.2	12-23 m	595	-
HIB3	Record or Recall	99.7	12-23 m	595	-

2004 L'enquête sur la santé et le bien-être de la mère et l'enfant MICS3, Tunisie 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall	98.5	24-35 m	595	-

1999 Tunisia MICS 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	97.4	12-23 m	2158	-
DTP3	Record or Recall	96	12-23 m	2158	-
HEPB3	Record or Recall	87.6	12-23 m	2158	-
MCV1	Record or Recall	71.3	12-23 m	2158	-

Further information and estimates for previous years are available at:

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

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