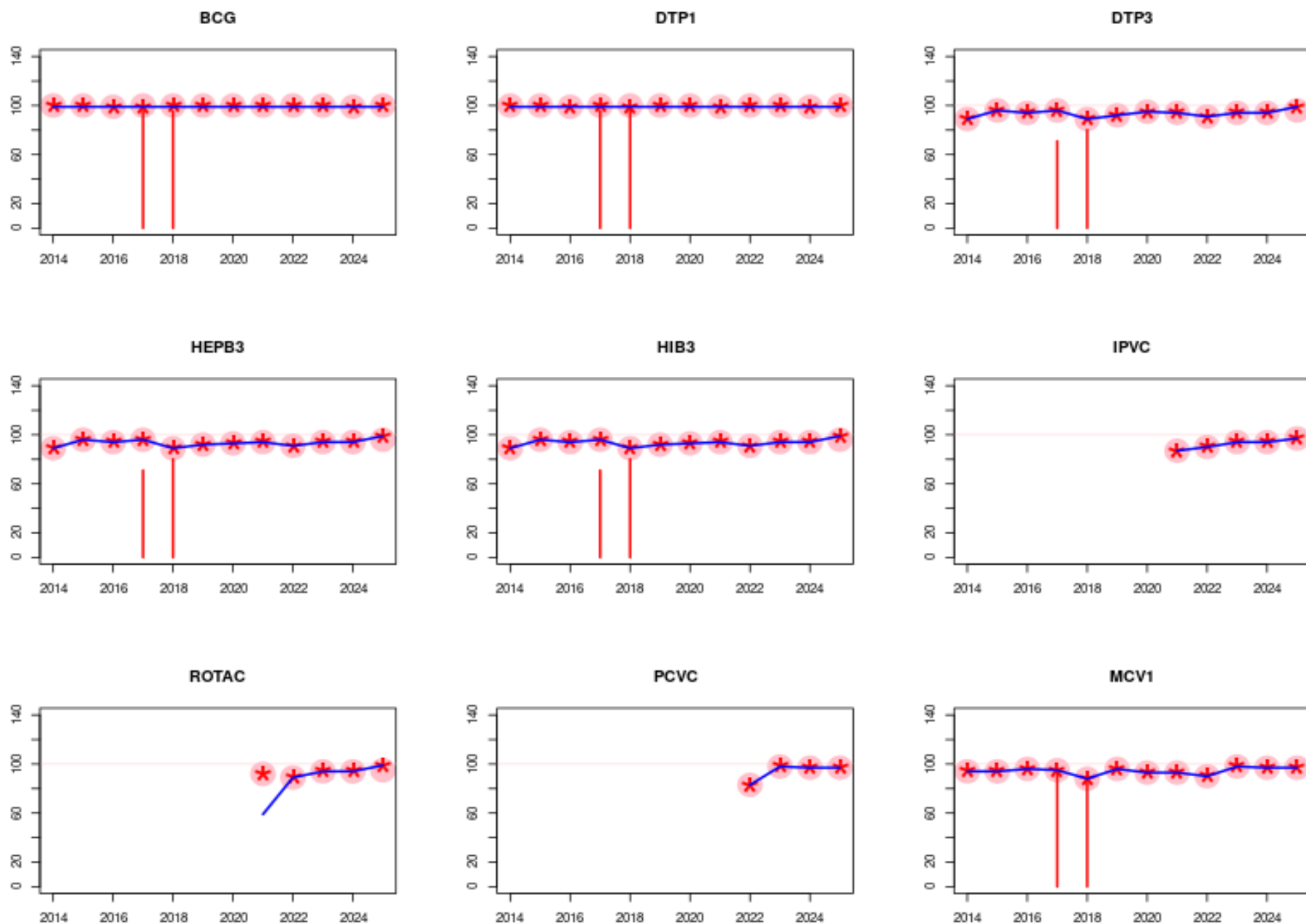




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

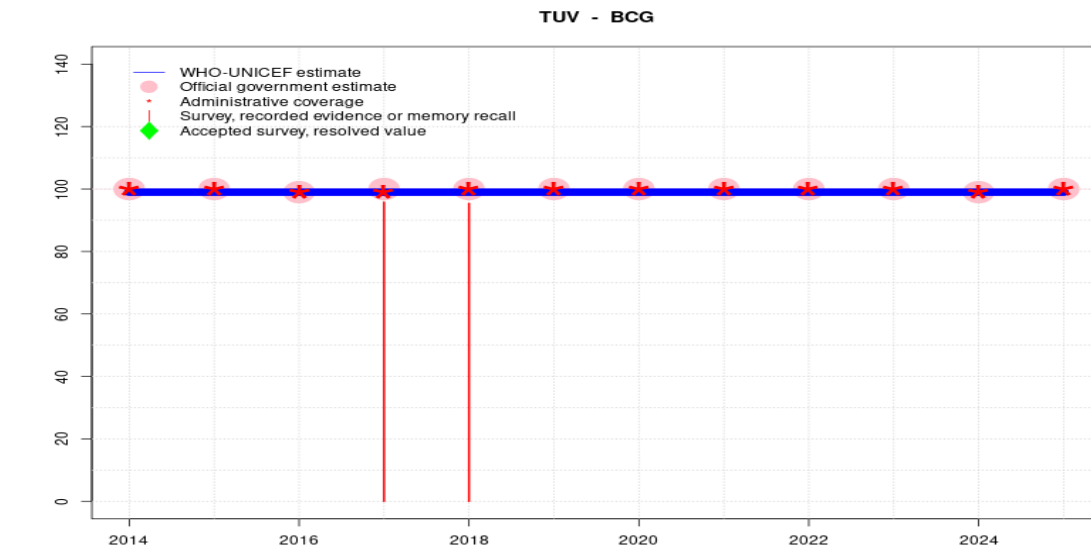
PCVC: percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine according to the national immunization schedule (e.g., second or third dose).

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.

Tuvalu - BCG



Description:

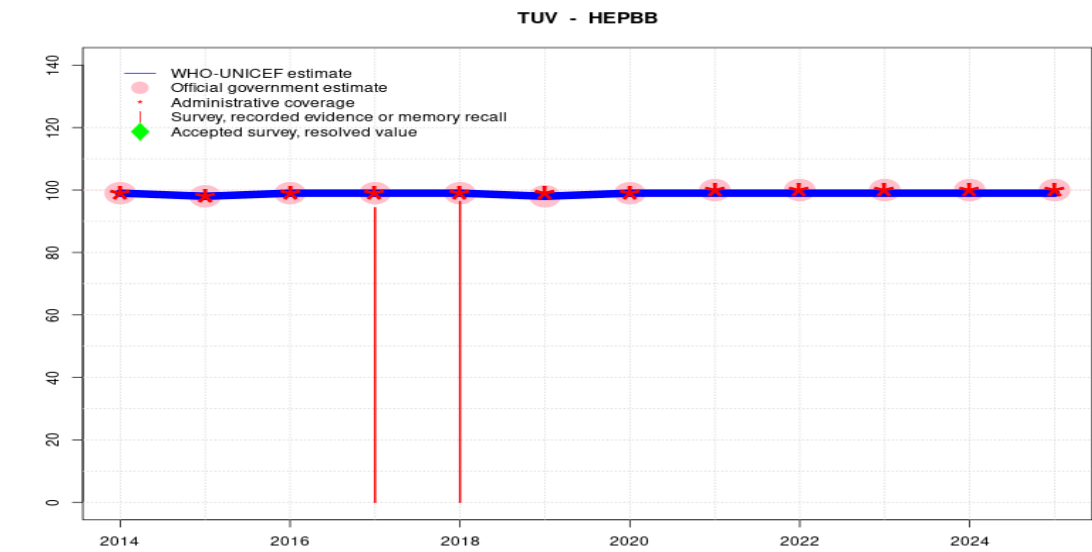
- 2025: Estimate informed by reported data. Programme reported a 1 month vaccine stock-out at the national level. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports one-half month vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
- 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey results for following year cohort. GoC=R+ D+
- 2015: Reported data calibrated to 1997 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 1997 and 2016 levels. Estimate challenged by: R-

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

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

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

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



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports one-half month vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
- 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+

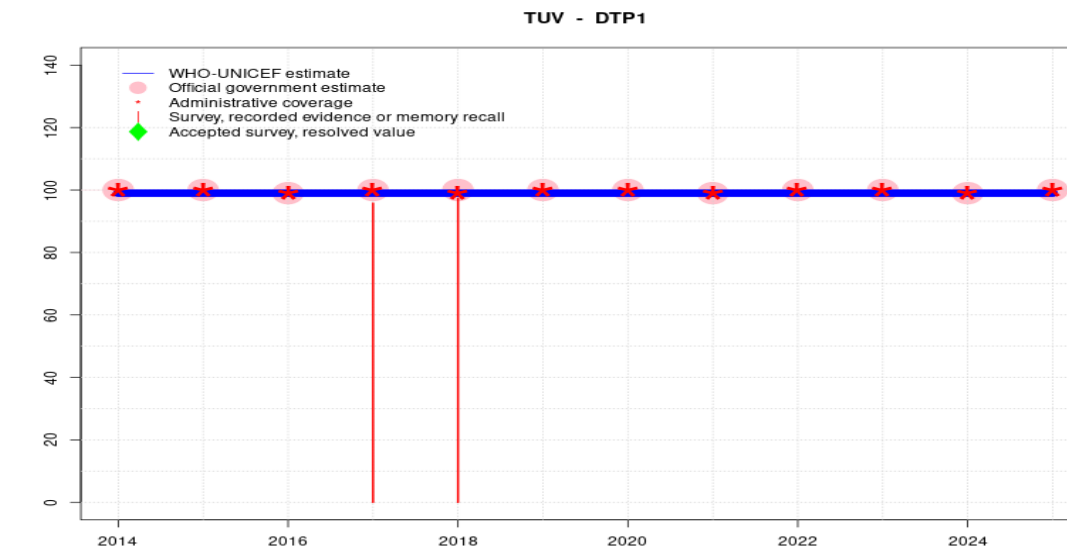
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	98	99	99	99	98	99	99	99	99	99	99
Estimate GoC	●●	●	●●	●	●●	●●	●	●	●	●	●	●●
Official	99	98	99	99	99	98	99	100	100	100	100	100
Administrative	99	98	99	99	99	99	99	100	100	100	100	100
Survey	-	-	-	94	96	-	-	-	-	-	-	-

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

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

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

Tuvalu - DTP1



Description:

2025: Reported data calibrated to 1997 levels. Estimate challenged by: R-
2024: Reported data calibrated to 1997 levels. Estimate challenged by: D-R-
2023: Reported data calibrated to 1997 levels. Estimate challenged by: D-R-
2022: Reported data calibrated to 1997 levels. Estimate challenged by: D-R-
2021: Reported data calibrated to 1997 levels. Estimate challenged by: R-
2020: Reported data calibrated to 1997 levels. Estimate challenged by: D-R-
2019: Reported data calibrated to 1997 levels. Estimate challenged by: R-
2018: Reported data calibrated to 1997 levels. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. Estimate challenged by: R-
2017: Reported data calibrated to 1997 levels. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. Estimate challenged by: R-
2016: Reported data calibrated to 1997 levels. Estimate challenged by: R-
2015: Reported data calibrated to 1997 levels. Estimate challenged by: R-
2014: Reported data calibrated to 1997 levels. Estimate challenged by: R-

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

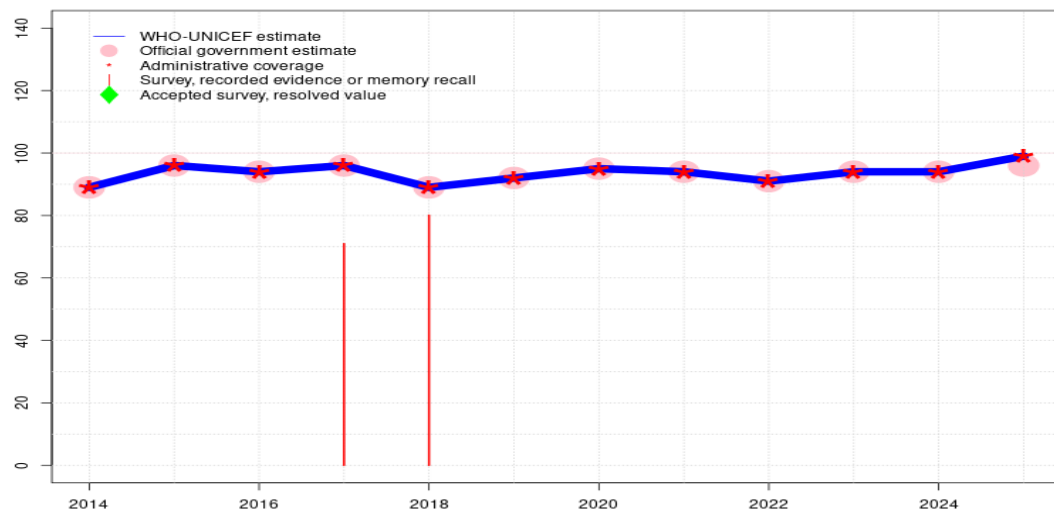
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Tuvalu - DTP3

TUV - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	89	96	94	96	89	92	95	94	91	94	94	99
Estimate GoC	●	●●	●●	●●	●●	●	●	●	●	●	●	●
Official	89	96	94	96	89	92	95	94	91	94	94	96
Administrative	89	96	94	96	89	92	95	94	91	94	94	99
Survey	-	-	-	71	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.

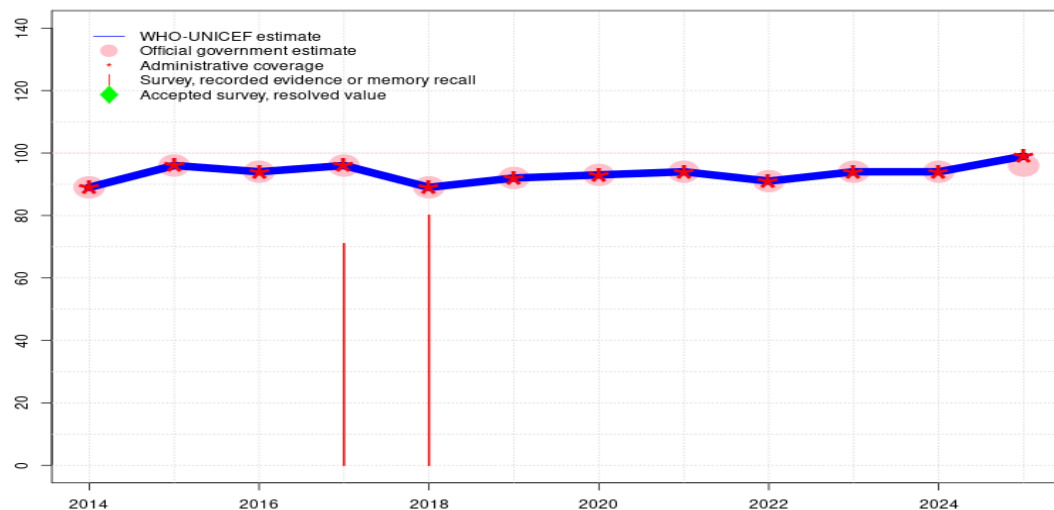
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 80 percent modified for recall bias to 99 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 54 percent. Survey results support reported coverage. GoC=R+ D+
- 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 71 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 36 percent and 3rd dose record only coverage of 36 percent. Survey results support reported coverage. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-

Tuvalu - HEPB3

TUV - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	89	96	94	96	89	92	93	94	91	94	94	99
Estimate GoC	•	••	••	••	••	•	•	•	•	•	•	•
Official	89	96	94	96	89	92	93	94	91	94	94	96
Administrative	89	96	94	96	89	92	93	94	91	94	94	99
Survey	-	-	-	71	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.

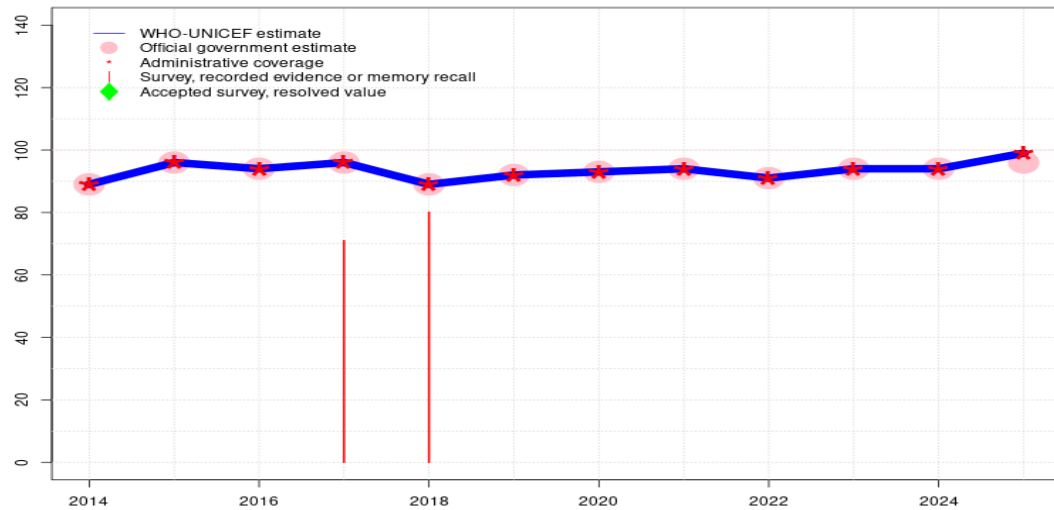
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 80 percent modified for recall bias to 99 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 54 percent. Survey results support reported coverage. GoC=R+ D+
- 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 71 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 36 percent and 3rd dose record only coverage of 36 percent. Survey results support reported coverage. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-

Tuvalu - Hib3

TUV - Hib3



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

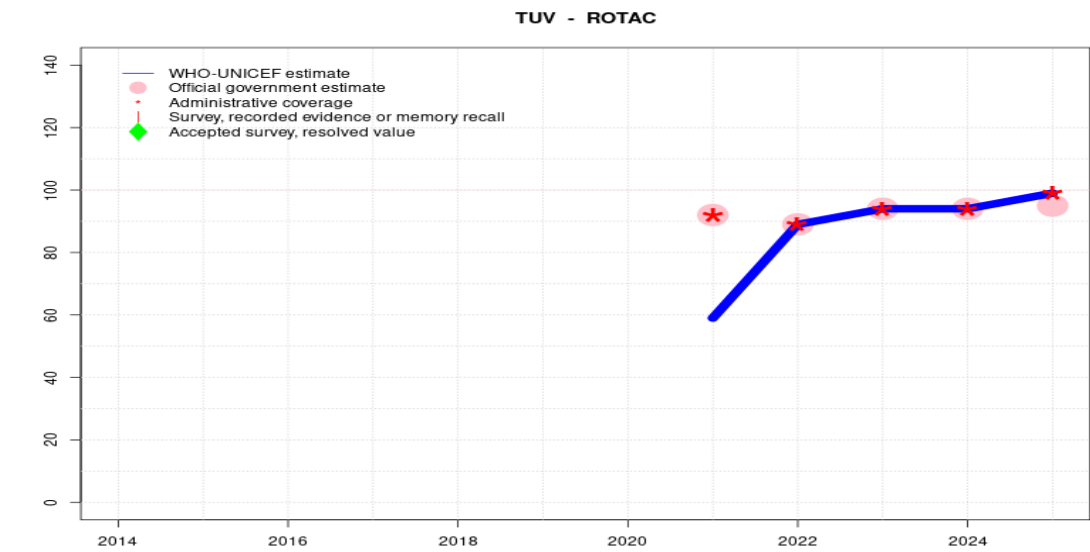
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

Description:

- 2025: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 80 percent modified for recall bias to 99 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 54 percent. Survey results support reported coverage. GoC=R+ D+
- 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Tuvalu Multiple Indicator Cluster Survey 2019-2020 record or recall results of 71 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 36 percent and 3rd dose record only coverage of 36 percent. Survey results support reported coverage. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-

Tuvalu - ROTAC



Description:

2025: Estimate informed by reported administrative data. Estimate challenged by: D-
2024: Estimate informed by reported data. Estimate challenged by: D-
2023: Estimate informed by reported data. Estimate challenged by: D-
2022: Estimate informed by reported data. Estimate challenged by: D-
2021: Rotavirus vaccine introduced in 2021. Reporting started in 2021. Reported coverage reflects that achieved in 65 percent of the national target population. Estimated coverage reflects that achieved in the annual total target population. Estimate challenged by: D-R-

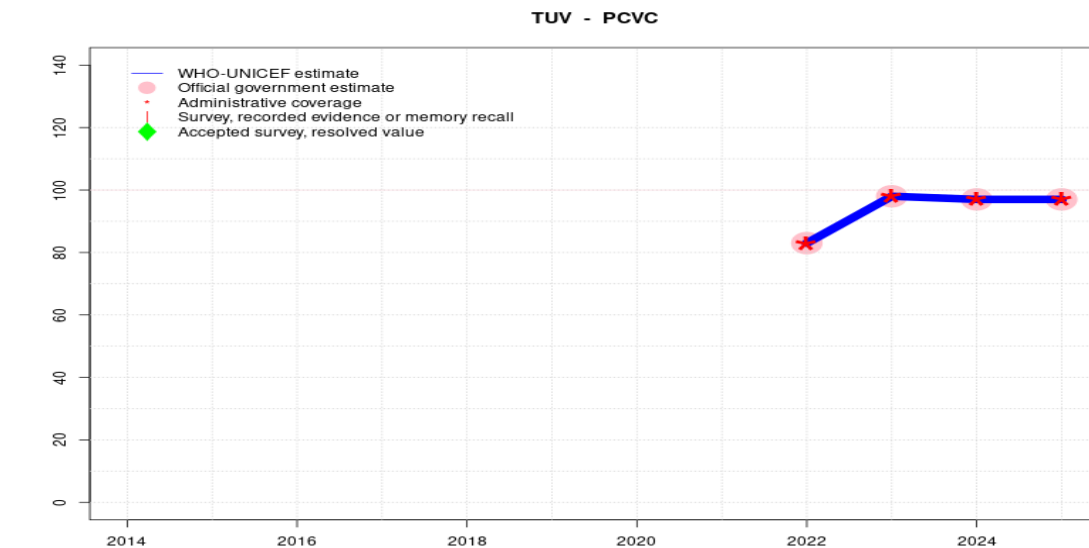
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	59	89	94	94	99
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●
Official	-	-	-	-	-	-	-	92	89	94	94	95
Administrative	-	-	-	-	-	-	-	92	89	94	94	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Tuvalu - PCVC



Description:

2025: Estimate informed by reported data. Estimate challenged by: D-
2024: Estimate informed by reported data. Estimate challenged by: D-
2023: Estimate informed by reported data. Estimate challenged by: D-
2022: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in 2021. Reporting started in 2022. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	83	98	97	97
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●
Official	-	-	-	-	-	-	-	-	83	98	97	97
Administrative	-	-	-	-	-	-	-	-	83	98	97	97
Survey	-	-	-	-	-	-	-	-	-	-	-	-

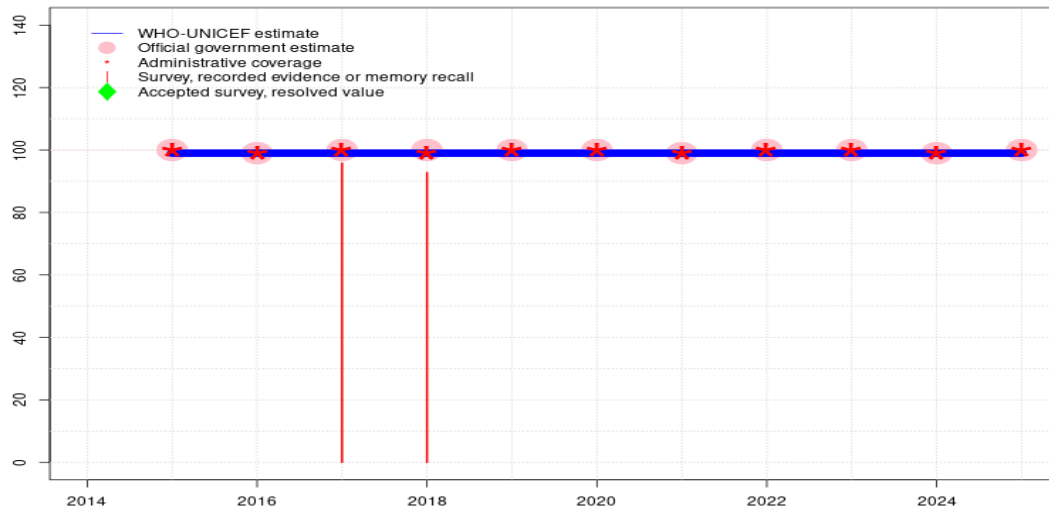
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Tuvalu - IPV1

TUV - IPV1



Description:

2025: Estimate informed by reported data. Estimate challenged by: D-
 2024: Estimate informed by reported data. Estimate challenged by: D-
 2023: Estimate informed by reported data. Estimate challenged by: D-
 2022: Estimate informed by reported data. Estimate challenged by: D-
 2021: Estimate informed by reported data. Estimate challenged by: D-
 2020: Estimate informed by reported data. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
 2019: Estimate informed by reported data. Estimate challenged by: D-
 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. GoC=R+ D+
 2016: Estimate informed by reported data. GoC=R+ D+
 2015: Estimate informed by reported data. GoC=R+ D+

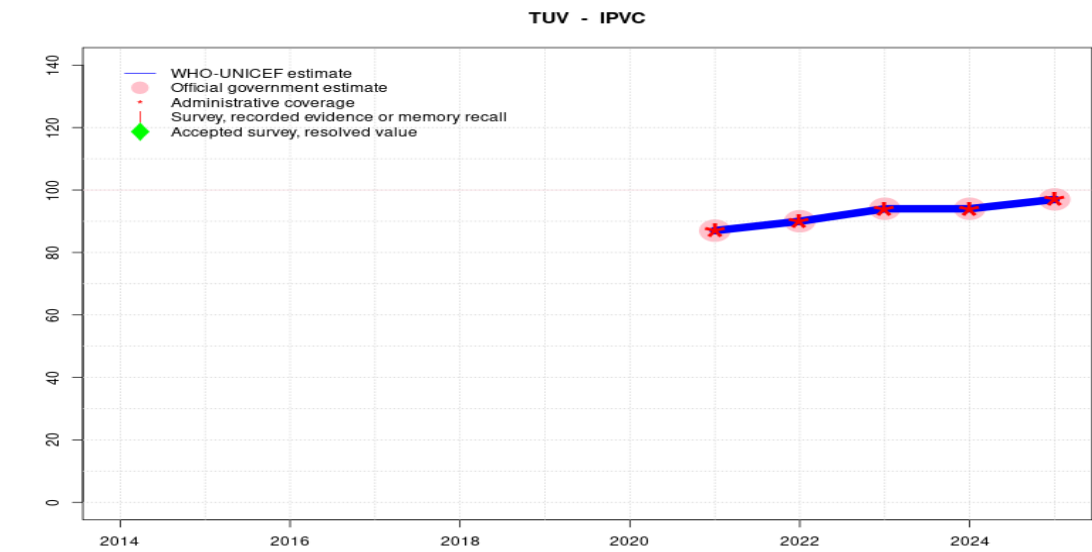
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	-	••	••	••	••	•	•	•	•	•	•	•
Official	-	100	99	100	100	100	100	99	100	100	99	100
Administrative	-	100	99	100	99	100	100	99	100	100	99	100
Survey	-	-	-	96	93	-	-	-	-	-	-	-

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

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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.

Tuvalu - IPV



Description:

2025: Estimate informed by reported data. Estimate challenged by: D-
2024: Estimate informed by reported data. Estimate challenged by: D-
2023: Estimate informed by reported data. Estimate challenged by: D-
2022: Estimate informed by reported data. Estimate challenged by: D-
2021: Estimate informed by reported data. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	87	90	94	94	97
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●
Official	-	-	-	-	-	-	-	87	90	94	94	97
Administrative	-	-	-	-	-	-	-	87	90	94	94	97
Survey	-	-	-	-	-	-	-	-	-	-	-	-

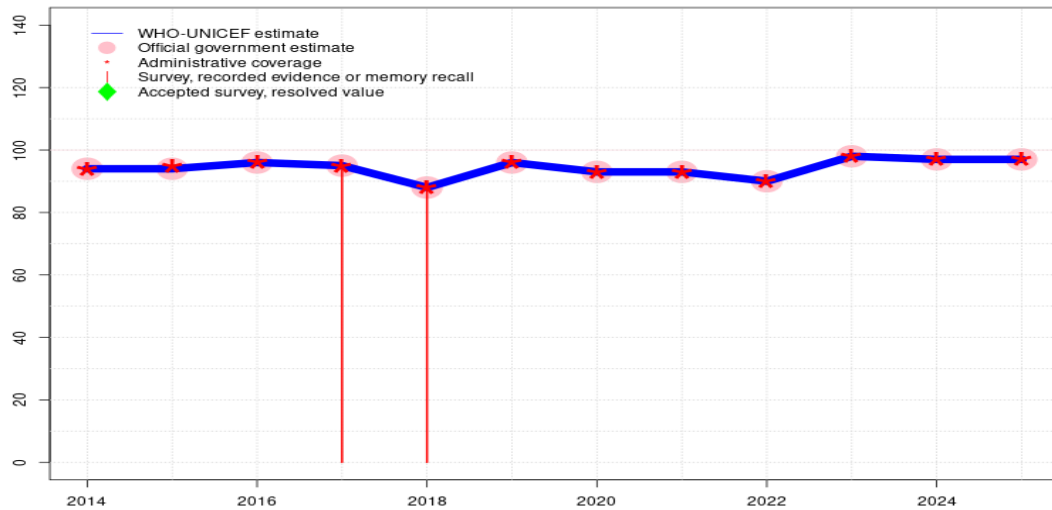
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Tuvalu - MCV1

TUV - MCV1



Description:

2025: Estimate informed by reported data. Estimate challenged by: D-
 2024: Estimate informed by reported data. Estimate challenged by: D-
 2023: Estimate informed by reported data. Estimate challenged by: D-
 2022: Estimate informed by reported data. Estimate challenged by: D-
 2021: Estimate informed by reported data. Estimate challenged by: D-
 2020: Estimate informed by reported data. Estimate challenged by: D-
 2019: Estimate informed by reported data. Programme reports national level vaccine stockout of unknown duration. Estimate challenged by: D-
 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. GoC=R+ D+
 2016: Estimate informed by reported data. GoC=R+ D+
 2015: Estimate informed by reported data. Estimate challenged by: D-
 2014: Estimate informed by reported data. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	94	94	96	95	88	96	93	93	90	98	97	97
Estimate GoC	●	●	●●	●●	●●	●	●	●	●	●	●	●
Official	94	94	96	95	88	96	93	93	90	98	97	97
Administrative	94	95	96	95	88	96	93	93	90	98	97	97
Survey	-	-	-	94	90	-	-	-	-	-	-	-

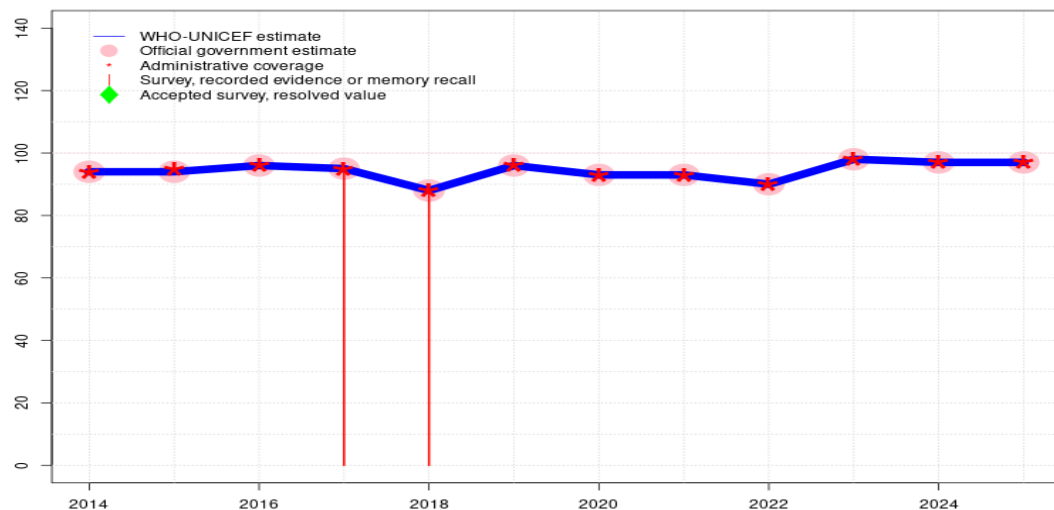
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Tuvalu - RCV1

TUV - RCV1



Description:

2025: Estimate based on estimated MCV1. Estimate challenged by: D-
 2024: Estimate based on estimated MCV1. Estimate challenged by: D-
 2023: Estimate based on estimated MCV1. Estimate challenged by: D-
 2022: Estimate based on estimated MCV1. Estimate challenged by: D-
 2021: Estimate based on estimated MCV1. Estimate challenged by: D-
 2020: Estimate based on estimated MCV1. Estimate challenged by: D-
 2019: Estimate based on estimated MCV1. Estimate challenged by: D-
 2018: Estimate based on estimated MCV1. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. Survey results support reported coverage. GoC=R+ D+
 2017: Estimate based on estimated MCV1. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. Survey results support reported coverage. GoC=R+ D+
 2016: Estimate based on estimated MCV1. GoC=R+ D+
 2015: Estimate based on estimated MCV1. Estimate challenged by: D-
 2014: Estimate based on estimated MCV1. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	94	94	96	95	88	96	93	93	90	98	97	97
Estimate GoC	●	●	●●	●●	●●	●	●	●	●	●	●	●
Official	94	94	96	95	88	96	93	93	90	98	97	97
Administrative	94	95	96	95	88	96	93	93	90	98	97	97
Survey	-	-	-	94	90	-	-	-	-	-	-	-

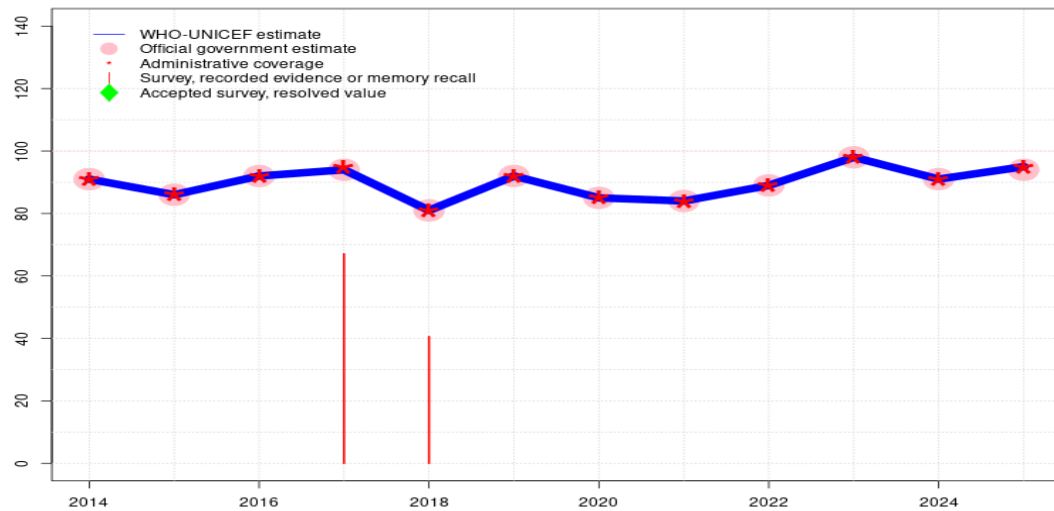
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Tuvalu - MCV2

TUV - MCV2



Description:

2025: Estimate informed by reported administrative data. Estimate challenged by: D-
 2024: Estimate informed by reported data. Estimate challenged by: D-
 2023: Estimate informed by reported data. Estimate challenged by: D-
 2022: Estimate informed by reported data. Estimate challenged by: D-
 2021: Estimate informed by reported data. Estimate challenged by: D-
 2020: Estimate informed by reported data. Estimate challenged by: D-
 2019: Estimate informed by reported data. Programme reports national level vaccine stockout of unknown duration. Estimate informed by reported data consistent with other antigens. GoC=R+ D+
 2018: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 112 less than 300. GoC=R+ D+
 2017: Estimate informed by reported data. Tuvalu Multiple Indicator Cluster Survey 2019-2020 results ignored. Sample size 99 less than 300. GoC=R+ D+
 2016: Estimate informed by reported data. Estimate challenged by: D-
 2015: Estimate informed by reported data. GoC=R+ D+
 2014: Estimate informed by reported data. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	86	92	94	81	92	85	84	89	98	91	95
Estimate GoC	●	●●	●	●●	●●	●●	●	●	●	●	●	●
Official	91	86	92	94	81	92	85	84	89	98	91	94
Administrative	91	86	92	95	81	92	85	84	89	98	91	95
Survey	-	-	-	67	41	-	-	-	-	-	-	-

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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Tuvalu - 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.

2018 Tuvalu Multiple Indicator Cluster Survey 2019-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	42.6	12-23 m	112	54
BCG	Record	52.8	12-23 m	112	54
BCG	Record or Recall	95.4	12-23 m	112	54
BCG	Record or Recall<12m	95.4	12-23 m	112	54
DTP1	Recall	44.5	12-23 m	112	54
DTP1	Record	52.8	12-23 m	112	54
DTP1	Record or Recall	97.3	12-23 m	112	54
DTP1	Record or Recall<12m	97.3	12-23 m	112	54
DTP3	Recall	26.3	12-23 m	112	54
DTP3	Record	53.8	12-23 m	112	54
DTP3	Record or Recall	80.1	12-23 m	112	54
DTP3	Record or Recall<12m	78.6	12-23 m	112	54
HEPB1	Recall	44.5	12-23 m	112	54
HEPB1	Record	52.8	12-23 m	112	54
HEPB1	Record or Recall	97.3	12-23 m	112	54
HEPB1	Record or Recall<12m	97.3	12-23 m	112	54
HEPB3	Recall	26.3	12-23 m	112	54
HEPB3	Record	53.8	12-23 m	112	54
HEPB3	Record or Recall	80.1	12-23 m	112	54

HEPB3	Record or Recall<12m	78.6	12-23 m	112	54
HEPBB	Recall	43.5	12-23 m	112	54
HEPBB	Record	52.8	12-23 m	112	54
HEPBB	Record or Recall	96.3	12-23 m	112	54
HEPBB	Record or Recall<12m	96.3	12-23 m	112	54
HIB1	Recall	44.5	12-23 m	112	54
HIB1	Record	52.8	12-23 m	112	54
HIB1	Record or Recall	97.3	12-23 m	112	54
HIB1	Record or Recall<12m	97.3	12-23 m	112	54
HIB3	Recall	26.3	12-23 m	112	54
HIB3	Record	53.8	12-23 m	112	54
HIB3	Record or Recall	80.1	12-23 m	112	54
HIB3	Record or Recall<12m	78.6	12-23 m	112	54
IPV1	Recall	43.5	12-23 m	112	54
IPV1	Record	49.3	12-23 m	112	54
IPV1	Record or Recall	92.8	12-23 m	112	54
IPV1	Record or Recall<12m	91.4	12-23 m	112	54
MCV1	Recall	40.8	12-23 m	112	54
MCV1	Record	49.3	12-23 m	112	54
MCV1	Record or Recall	90.1	12-23 m	112	54
MCV1	Record or Recall<12m	48.8	12-23 m	112	54
MCV2	Recall	17.4	12-23 m	112	54
MCV2	Record	23.2	12-23 m	112	54
MCV2	Record or Recall	40.6	12-23 m	112	54
RCV1	Recall	40.8	12-23 m	112	54
RCV1	Record	49.3	12-23 m	112	54
RCV1	Record or Recall	90.1	12-23 m	112	54
RCV1	Record or Recall<12m	48.8	12-23 m	112	54

2017 Tuvalu Multiple Indicator Cluster Survey 2019-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	60.3	24-35 m	99	-
BCG	Record	35.5	24-35 m	99	-
BCG	Record or Recall	95.8	24-35 m	99	-
BCG	Record or Recall<12m	95.8	24-35 m	99	-
DTP1	Recall	60.3	24-35 m	99	-
DTP1	Record	35.5	24-35 m	99	-
DTP1	Record or Recall	95.8	24-35 m	99	-

Tuvalu - Survey Details

DTP1	Record or Recall<12m	95.8	24-35 m	99	-
DTP3	Recall	35.5	24-35 m	99	-
DTP3	Record	35.5	24-35 m	99	-
DTP3	Record or Recall	71	24-35 m	99	-
DTP3	Record or Recall<12m	71	24-35 m	99	-
HEPB1	Recall	60.3	24-35 m	99	-
HEPB1	Record	35.5	24-35 m	99	-
HEPB1	Record or Recall	95.8	24-35 m	99	-
HEPB1	Record or Recall<12m	95.8	24-35 m	99	-
HEPB3	Recall	35.5	24-35 m	99	-
HEPB3	Record	35.5	24-35 m	99	-
HEPB3	Record or Recall	71	24-35 m	99	-
HEPB3	Record or Recall<12m	71	24-35 m	99	-
HEPBB	Recall	58.8	24-35 m	99	-
HEPBB	Record	35.5	24-35 m	99	-
HEPBB	Record or Recall	94.3	24-35 m	99	-
HEPBB	Record or Recall<12m	94.3	24-35 m	99	-
HIB1	Recall	60.3	24-35 m	99	-
HIB1	Record	35.5	24-35 m	99	-
HIB1	Record or Recall	95.8	24-35 m	99	-
HIB1	Record or Recall<12m	95.8	24-35 m	99	-
HIB3	Recall	35.5	24-35 m	99	-
HIB3	Record	35.5	24-35 m	99	-
HIB3	Record or Recall	71	24-35 m	99	-
HIB3	Record or Recall<12m	71	24-35 m	99	-
IPV1	Recall	61.4	24-35 m	99	-
IPV1	Record	34.4	24-35 m	99	-
IPV1	Record or Recall	95.8	24-35 m	99	-
IPV1	Record or Recall<12m	95.8	24-35 m	99	-
MCV1	Recall	60.3	24-35 m	99	-
MCV1	Record	33.3	24-35 m	99	-
MCV1	Record or Recall	93.6	24-35 m	99	-
MCV1	Record or Recall<12m	52.8	24-35 m	99	-
MCV2	Recall	35.7	24-35 m	99	-
MCV2	Record	31.4	24-35 m	99	-
MCV2	Record or Recall	67.1	24-35 m	99	-
MCV2	Record or Recall<12m	47.8	24-35 m	99	-
RCV1	Recall	60.3	24-35 m	99	-
RCV1	Record	33.3	24-35 m	99	-
RCV1	Record or Recall	93.6	24-35 m	99	-

RCV1	Record or Recall<12m	52.8	24-35 m	99	-
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2006 Tuvalu Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	50.8	18-29 m	54	33
BCG	Record	33.1	18-29 m	27	33
BCG	Record or Recall	83.9	18-29 m	80	33
BCG	Record or Recall<18m	83.9	18-29 m	80	33
DTP1	Recall	44.6	18-29 m	54	33
DTP1	Record	33.1	18-29 m	27	33
DTP1	Record or Recall	77.7	18-29 m	80	33
DTP1	Record or Recall<18m	77.7	18-29 m	80	33
DTP3	Recall	28.5	18-29 m	54	33
DTP3	Record	33.1	18-29 m	27	33
DTP3	Record or Recall	61.6	18-29 m	80	33
DTP3	Record or Recall<18m	60.2	18-29 m	80	33
MCV1	Recall	43.7	18-29 m	54	33
MCV1	Record	30.4	18-29 m	27	33
MCV1	Record or Recall	74.1	18-29 m	80	33
MCV1	Record or Recall<18m	3.5	18-29 m	80	33

2005 Tuvalu Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<18m	87.9	24-35 m	89	-
DTP1	Record or Recall<18m	80.2	24-35 m	89	-
DTP3	Record or Recall<18m	59.9	24-35 m	89	-
MCV1	Record or Recall<18m	20.7	24-35 m	89	-

2004 Tuvalu Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<18m	80	36-47 m	84	-
DTP1	Record or Recall<18m	74.5	36-47 m	84	-

DTP3	Record or Recall<18m	56.7	36-47 m	84	-	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall<18m	64.1	36-47 m	84	-	BCG	Record or Recall<18m	83.3	48-59 m	75	-
						DTP1	Record or Recall<18m	76.5	48-59 m	75	-
						DTP3	Record or Recall<18m	59.4	48-59 m	75	-
						MCV1	Record or Recall<18m	81	48-59 m	75	-

2003 Tuvalu Demographic and Health Survey 2007

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