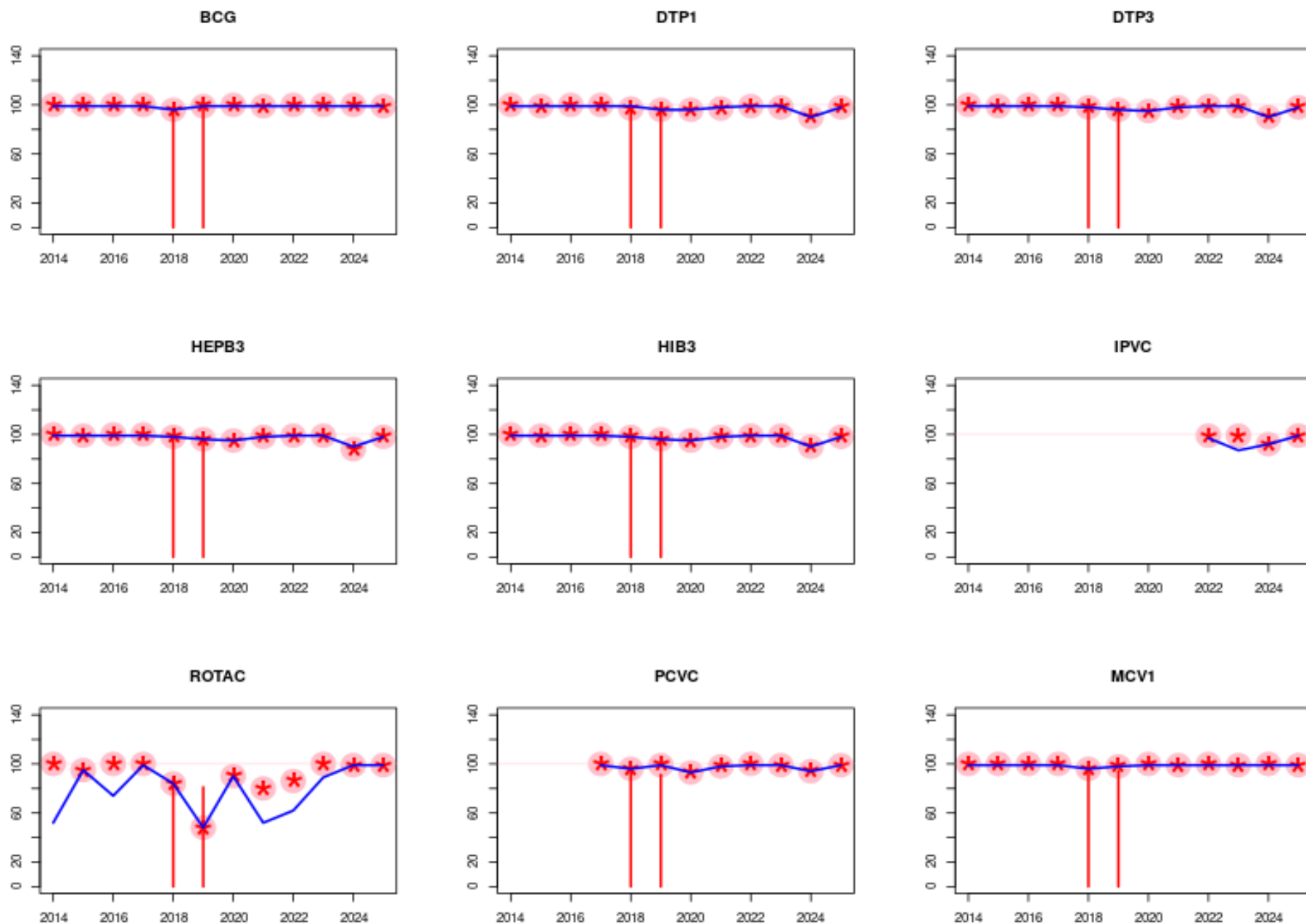




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

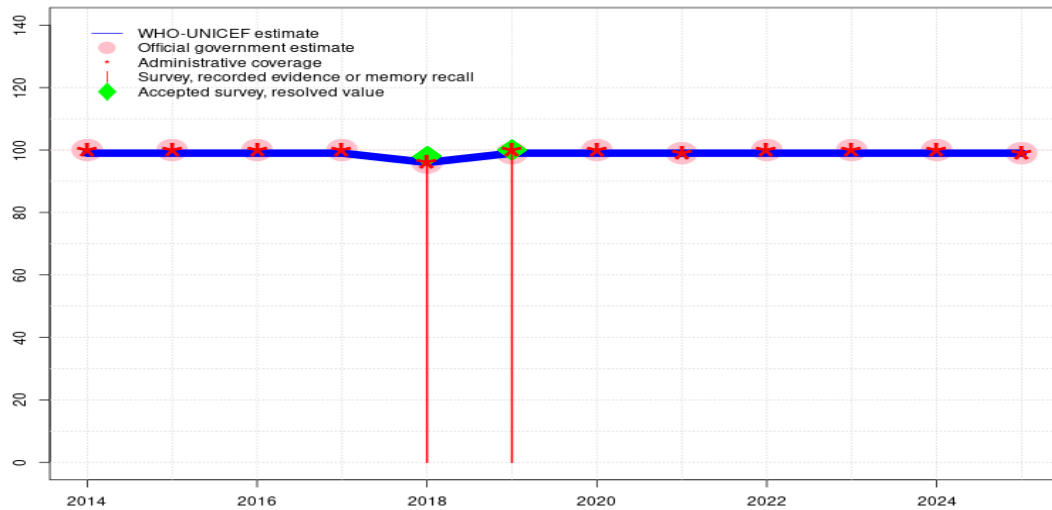
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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Uzbekistan - BCG

UZB - BCG



Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ S+ D+
- 2020: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Programme reports one month vaccine stockout at national and district level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Programme reports five month national level stockout. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

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

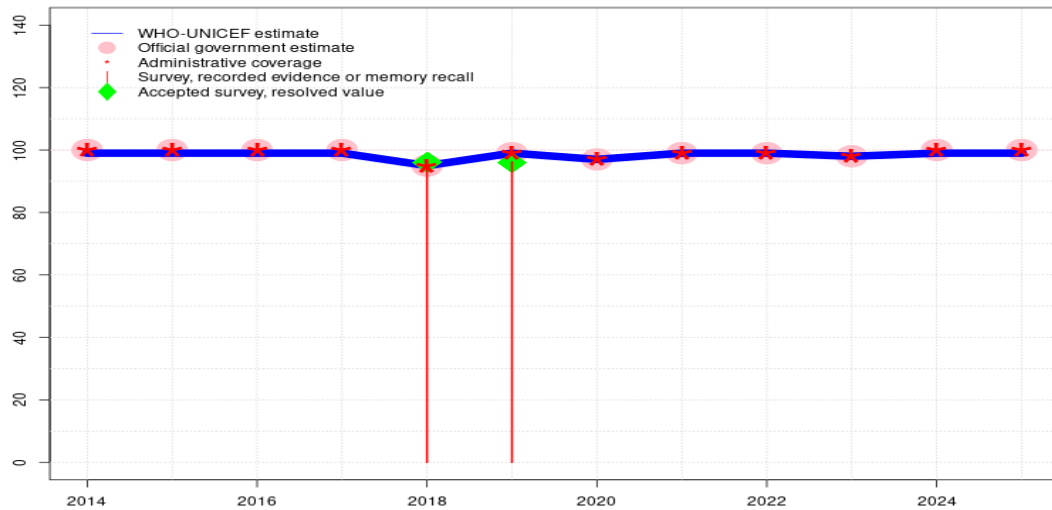
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Uzbekistan - HEPBB

UZB - HEPBB



Description:

2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+

2024: Estimate informed by reported data. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ S+ D+

2020: Estimate informed by reported data. GoC=R+ S+ D+

2019: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

2018: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

2017: Estimate informed by reported data. GoC=R+ S+ D+

2016: Estimate informed by reported data. GoC=R+ S+ D+

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

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

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

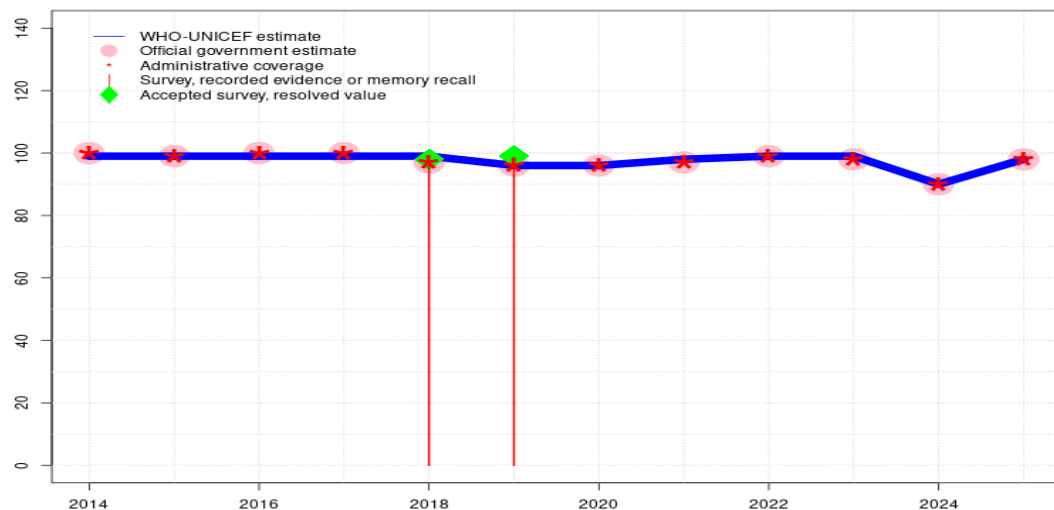
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Uzbekistan - DTP1

UZB - DTP1



Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate based on DTP3 coverage of 99. Estimate challenged by: R-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate based on DTP3 coverage of 98. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Programme reports five month vaccine stockout at the national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Programme reports two months national level stock-out. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	96	96	98	99	99	90	98
Estimate GoC	●●	●●	●●●	●●●	●	●●●	●●●	●	●●	●	●●	●●
Official	100	99	100	100	97	96	96	97	99	98	90	98
Administrative	100	99	100	100	97	96	96	97	99	98	90	98
Survey	-	-	-	-	98	99	-	-	-	-	-	-

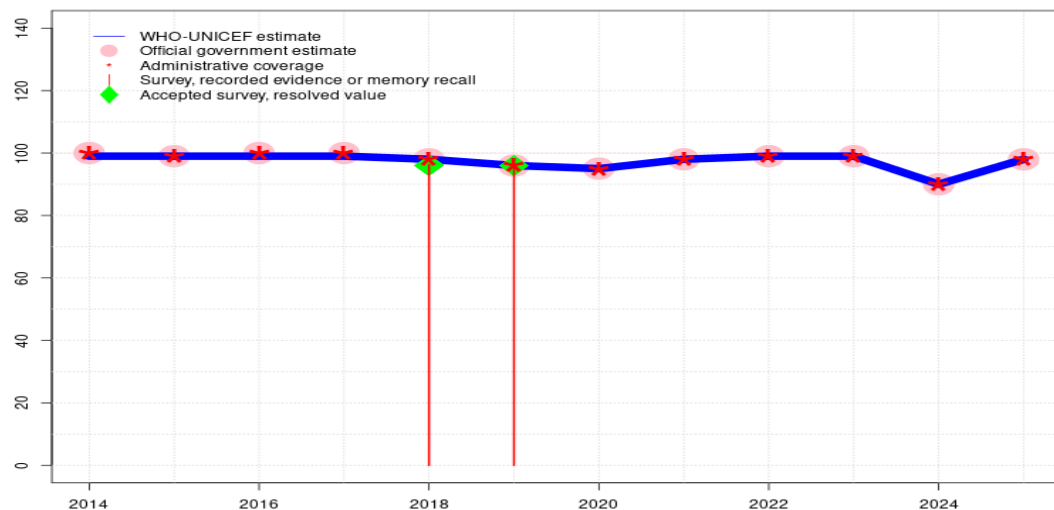
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Uzbekistan - DTP3

UZB - DTP3



Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports five month vaccine stockout at the national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Programme reports two months national level stock-out. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	98	96	95	98	99	99	90	98
Estimate GoC	••	••	•••	•••	•••	•••	•••	•	••	••	••	••
Official	100	99	100	100	98	96	95	98	99	99	90	98
Administrative	100	99	100	100	98	96	95	98	99	99	90	98
Survey	-	-	-	-	96	96	-	-	-	-	-	-

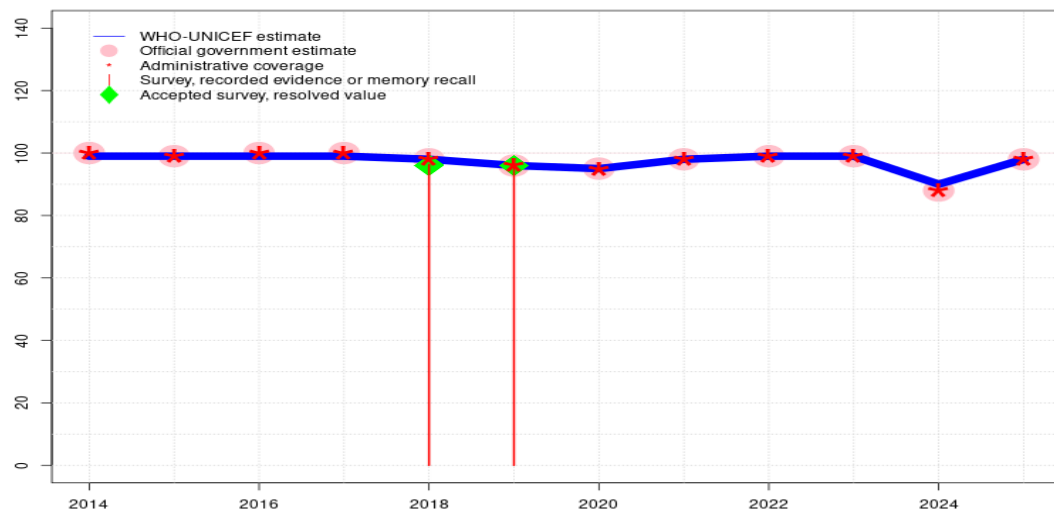
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Uzbekistan - HEPB3

UZB - HEPB3



Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate based on estimated DTP3 coverage. Estimate of 90 percent changed from previous revision value of 88 percent. Estimate challenged by: R-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports five month vaccine stockout at the national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	98	96	95	98	99	99	90	98
Estimate GoC	••	••	•••	•••	•••	•••	•••	•	••	••	•	••
Official	100	99	100	100	98	96	95	98	99	99	88	98
Administrative	100	99	100	100	98	96	95	98	99	99	88	98
Survey	-	-	-	-	96	96	-	-	-	-	-	-

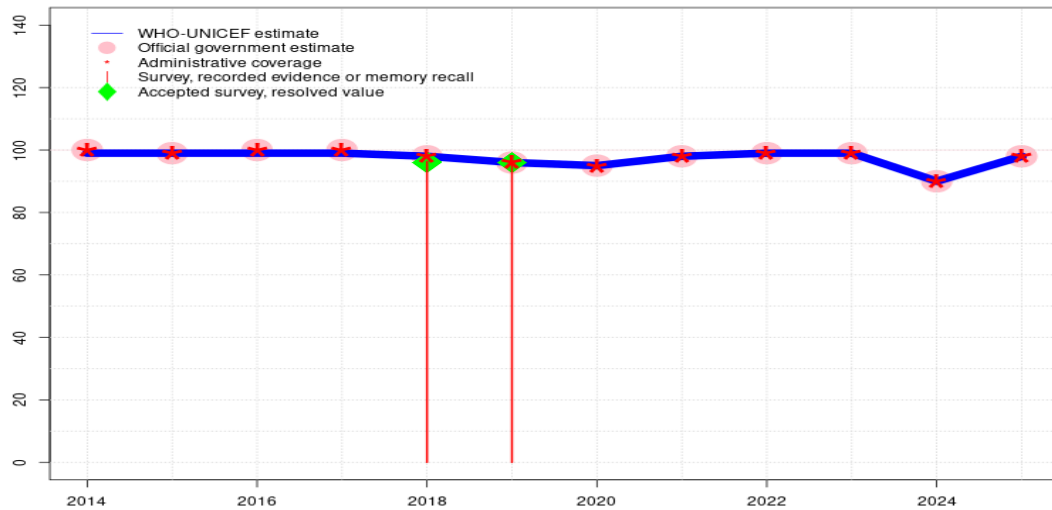
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Uzbekistan - Hib3

UZB - Hib3



Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports five month vaccine stockout at the national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Programme reports district-level supply disruption of Hib vaccine. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme reports one month vaccine stockout at national and district levels. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	98	96	95	98	99	99	90	98
Estimate GoC	●●	●●	●●●	●●●	●●●	●●●	●●●	●	●●	●●	●●	●●
Official	100	99	100	100	98	96	95	98	99	99	90	98
Administrative	100	99	100	100	98	96	95	98	99	99	90	98
Survey	-	-	-	-	96	96	-	-	-	-	-	-

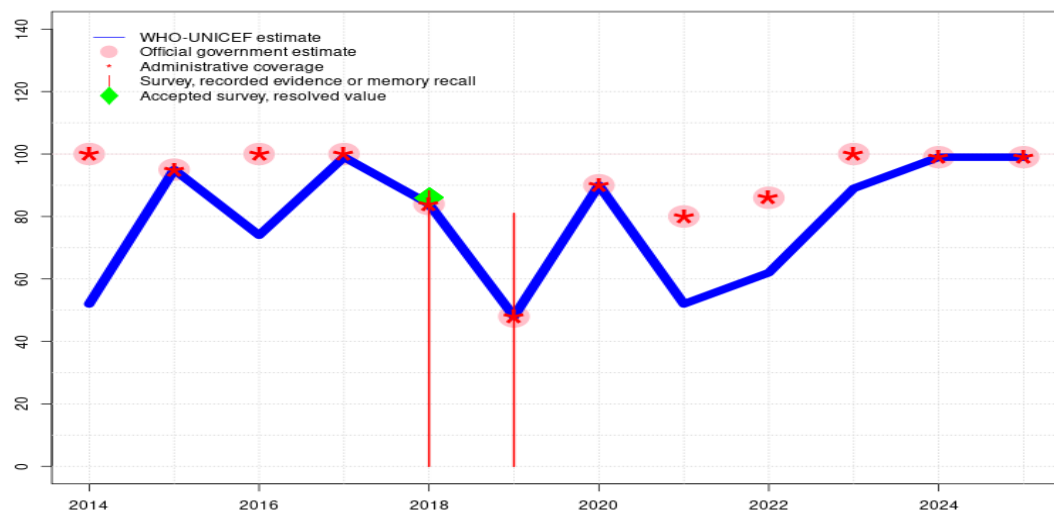
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Uzbekistan - ROTAC

UZB - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	52	95	74	99	84	48	90	52	62	89	99	99
Estimate GoC	•	••	•	•	•••	•	•••	•	•	•	••	••
Official	100	95	100	100	84	48	90	80	86	100	99	99
Administrative	100	95	100	100	84	48	90	80	86	100	99	99
Survey	-	-	-	-	88	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.

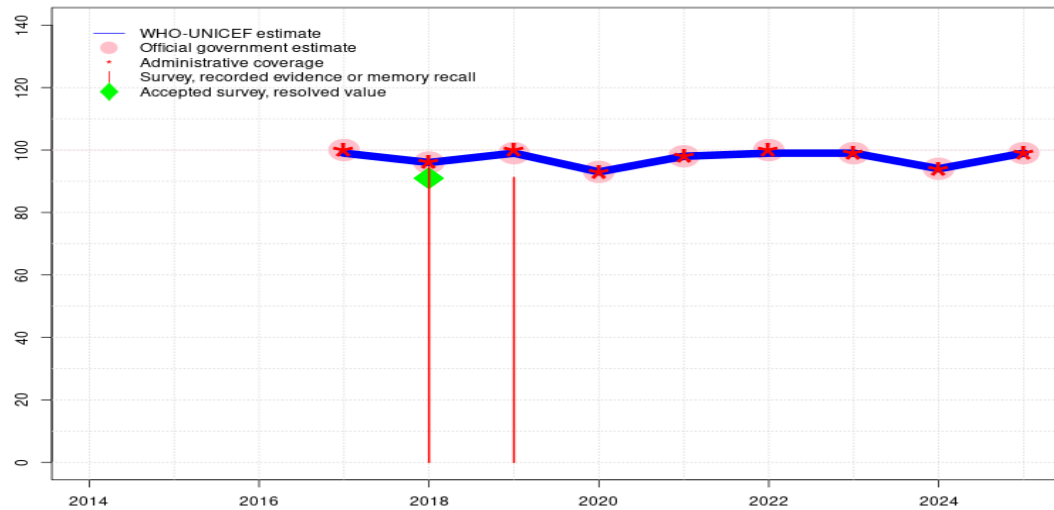
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Programme reports 100 percent coverage achieved in 89 percent of the national target population. Estimate informed by annual national cohort. Estimate challenged by: R-
- 2022: Programme reports 86 percent coverage achieved in 73 percent of the national target population. Estimate informed by annual national cohort. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2021: Programme reports 80 percent coverage achieved in 65 percent of the national target population. Estimate informed by annual national cohort. Programme reports a two months vaccine stockout at the national level. Estimate challenged by: R-
- 2020: Estimate informed by reported data. Programme reports three months vaccine stockout at the national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. Uzbekistan Multiple Indicator Cluster Survey 2021 results ignored by working group. Survey results do not reflect disruption caused by a vaccine stockout due to the timing of the survey field work. Uzbekistan Multiple Indicator Cluster Survey 2021 record or recall results of 81 percent modified for recall bias to 65 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 49 percent. Programme reports four months vaccine stockout. Estimate challenged by: S-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Uzbekistan Multiple Indicator Cluster Survey 2021 record or recall results of 88 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 82 percent and 3rd dose record only coverage of 75 percent. Survey results reflect coverage for the second dose of rotavirus vaccine recommended at 2 months and 3 months of age. Beginning in 2019, the country transitioned to a three dose vaccine product. Programme reports four months vaccine stockout at national and district level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: S-
- 2016: Programme reports 100 percent coverage achieved in 74 percent of the national target population. Estimate informed by annual national cohort. Programme reports four months vaccine stockout at national and district level. Estimate challenged by: R-S-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Rotavirus vaccine introduced in 2014. Programme achieved 100 percent coverage in 52 percent of the national target population. Estimate informed by the national target population. Estimate challenged by: R-

Uzbekistan - PCVC

UZB - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	99	96	99	93	98	99	99	94	99
Estimate GoC	-	-	-	•	•	•	•	•	••	••	••	••
Official	-	-	-	100	96	99	93	98	100	99	94	99
Administrative	-	-	-	100	96	100	93	98	100	99	94	99
Survey	-	-	-	-	95	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.

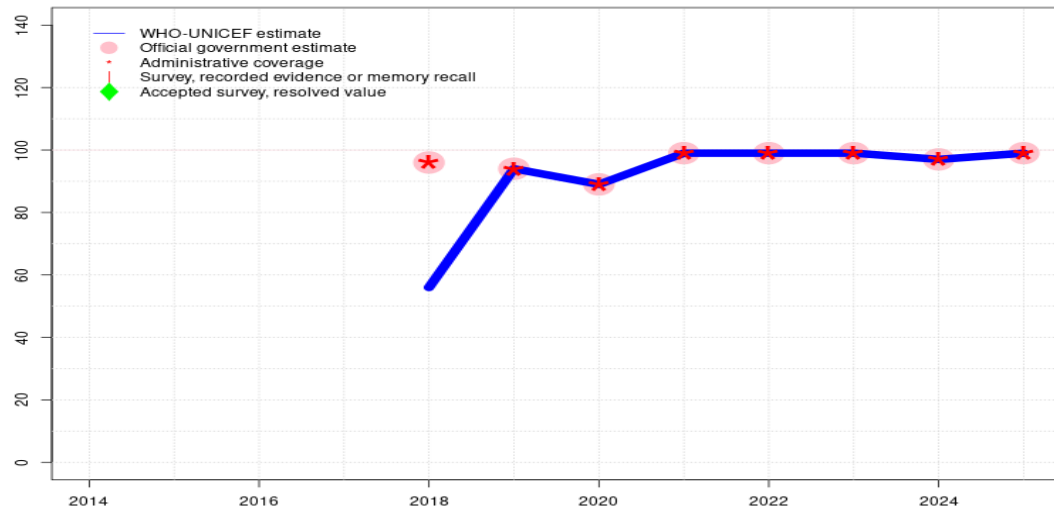
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports seven month vaccine stockout at national and district level. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Uzbekistan Multiple Indicator Cluster Survey 2021 results ignored by working group. Survey result adjusted for recall bias is inconsistent with other survey results. Uzbekistan Multiple Indicator Cluster Survey 2021 record or recall results of 91 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 99 percent, 1st dose record only coverage of 96 percent and 3rd dose record only coverage of 82 percent. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Uzbekistan Multiple Indicator Cluster Survey 2021 record or recall results of 95 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 96 percent and 3rd dose record only coverage of 89 percent. Programme reports one month vaccine stockout at national and district level. Estimate challenged by: D-
- 2017: Estimate informed by reported data for third dose coverage. Programme reports one month vaccine stockout at national and district levels. Pneumococcal conjugate vaccine introduced November 2015. Reporting started in 2017. Estimate challenged by: R-

Uzbekistan - IPV1

UZB - IPV1



Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports five month vaccine stockout at the national and district level. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate informed by reported data following introduction. GoC=R+ D+
- 2018: Inactivated polio vaccine introduced in 2018. Programme reports 96 percent coverage in 56 percent of the population. Estimate based on coverage achieved in the annualized national target population. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	56	94	89	99	99	99	97	99
Estimate GoC	-	-	-	-	•	••	••	•	••	••	••	••
Official	-	-	-	-	96	94	89	99	99	99	97	99
Administrative	-	-	-	-	96	94	89	99	99	99	97	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

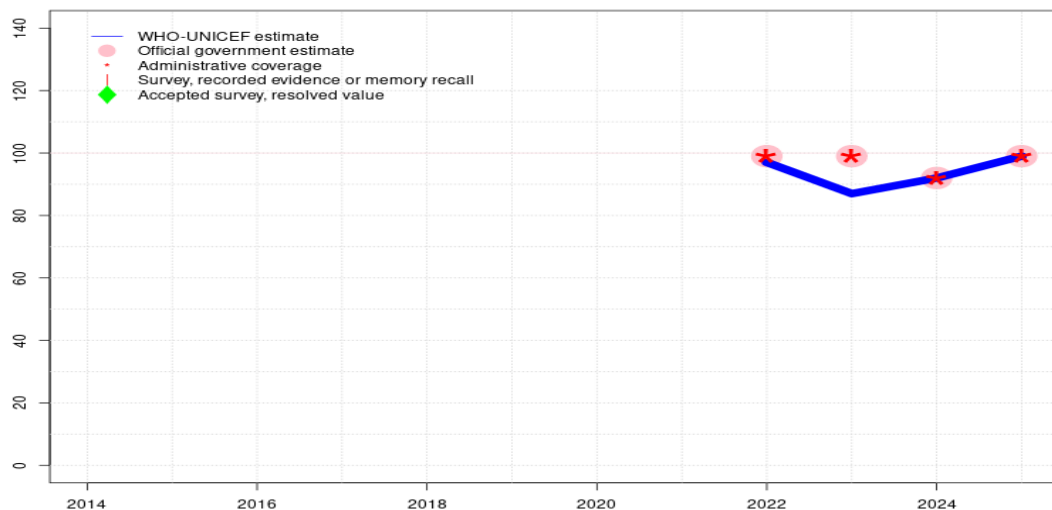
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Uzbekistan - IPV1C

UZB - IPV1C



Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Programme reports 99 percent coverage achieved in 87 percent of the national target population. Estimate based on annualized coverage for the national target population. Estimate challenged by: R-
- 2022: Programme reports 99 percent coverage achieved in 97 percent of the national target population. Estimate based on annualized coverage for the national target population. Second dose of inactivated polio vaccine introduced in 2022. GoC=Assigned by working group. Consistency with other antigens.

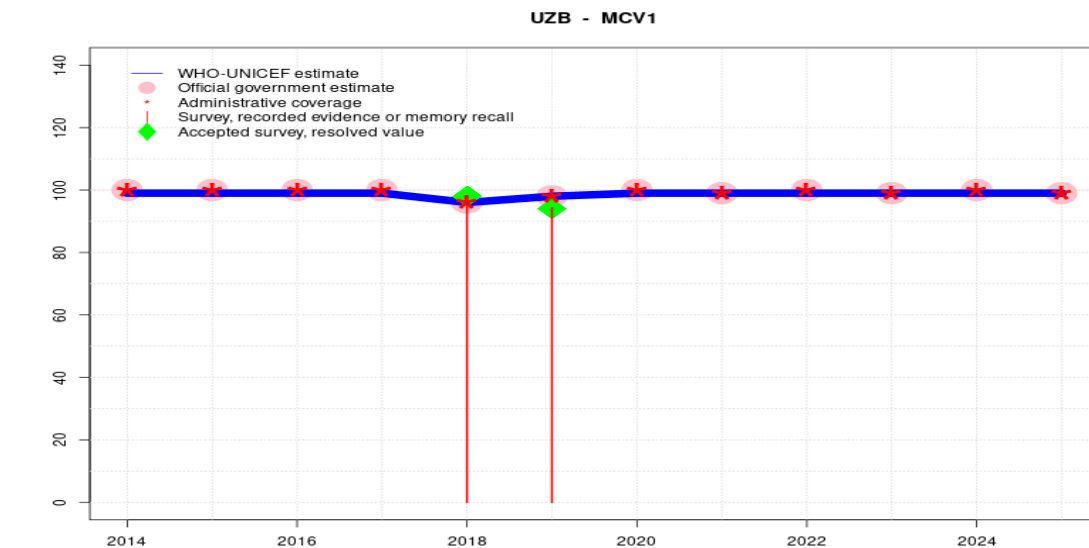
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	97	87	92	99
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●●	●
Official	-	-	-	-	-	-	-	-	99	99	92	99
Administrative	-	-	-	-	-	-	-	-	99	99	92	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Uzbekistan - MCV1



Description:

2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+

2024: Estimate informed by reported data. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. 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 supported by survey. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

2017: Estimate informed by reported data. GoC=R+ S+ D+

2016: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. GoC=R+ S+ D+

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

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

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

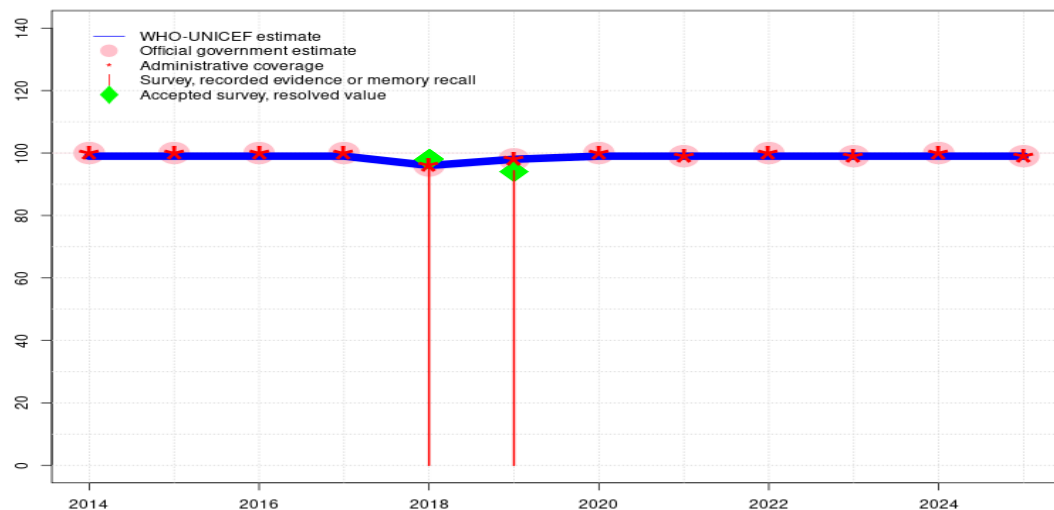
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Uzbekistan - RCV1

UZB - RCV1



Description:

2025: Estimate based on estimated MCV1. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. GoC=R+ D+

2024: Estimate based on estimated MCV1. GoC=R+ D+

2023: Estimate based on estimated MCV1. GoC=R+ D+

2022: Estimate based on estimated MCV1. 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. GoC=R+ S+ D+

2017: Estimate based on estimated MCV1. GoC=R+ S+ D+

2016: Estimate based on estimated MCV1. GoC=R+ S+ D+

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

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

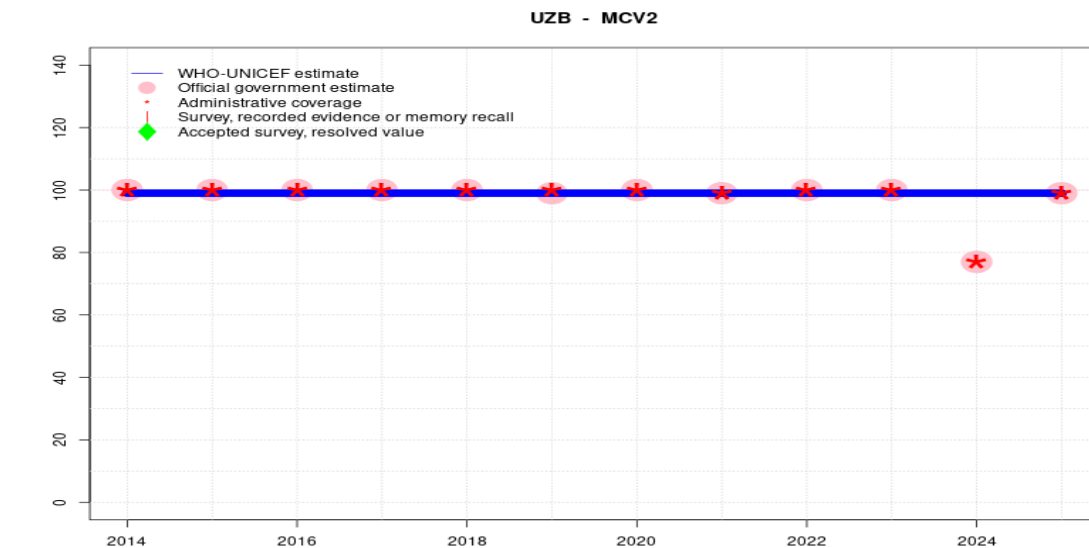
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	96	98	99	99	99	99	99	99
Estimate GoC	●●	●●	●●●	●●●	●●●	●	●	●	●	●●	●●	●●
Official	100	100	100	100	96	98	100	99	100	99	100	99
Administrative	100	100	100	100	96	98	100	99	100	99	100	99
Survey	-	-	-	-	98	94	-	-	-	-	-	-

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.

Uzbekistan - MCV2



Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 100 percent to 77 percent with increase to 99 percent. Decline in coverage due to unexplained increase in target population of 28 percent. 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. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	100	100	100	100	100	99	100	99	100	100	77	99
Administrative	100	100	100	100	100	100	100	99	100	100	77	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.

Uzbekistan - 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.

2019 Uzbekistan Multiple Indicator Cluster Survey 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	2.1	12-23 m	1254	98
BCG	Record	97.9	12-23 m	1254	98
BCG	Record or Recall	100	12-23 m	1254	98
BCG	Record or Recall<12m	99	12-23 m	1254	98
DTP1	Recall	3.2	12-23 m	1254	98
DTP1	Record	95.4	12-23 m	1254	98
DTP1	Record or Recall	98.6	12-23 m	1254	98
DTP1	Record or Recall<12m	94.3	12-23 m	1254	98
DTP3	Recall	4.1	12-23 m	1254	98
DTP3	Record	91.7	12-23 m	1254	98
DTP3	Record or Recall	95.8	12-23 m	1254	98
DTP3	Record or Recall<12m	85.5	12-23 m	1254	98
HEPB1	Recall	3.2	12-23 m	1254	98
HEPB1	Record	95.4	12-23 m	1254	98
HEPB1	Record or Recall	98.6	12-23 m	1254	98
HEPB1	Record or Recall<12m	94.3	12-23 m	1254	98
HEPB3	Recall	4.1	12-23 m	1254	98
HEPB3	Record	91.7	12-23 m	1254	98
HEPB3	Record or Recall	95.8	12-23 m	1254	98

HEPB3	Record or Recall<12m	85.5	12-23 m	1254	98
HEPBB	Recall	0	12-23 m	1254	98
HEPBB	Record	96.2	12-23 m	1254	98
HEPBB	Record or Recall	96.2	12-23 m	1254	98
HEPBB	Record or Recall<12m	93.6	12-23 m	1254	98
HIB1	Recall	3.2	12-23 m	1254	98
HIB1	Record	95.4	12-23 m	1254	98
HIB1	Record or Recall	98.6	12-23 m	1254	98
HIB1	Record or Recall<12m	94.3	12-23 m	1254	98
HIB3	Recall	4.1	12-23 m	1254	98
HIB3	Record	91.7	12-23 m	1254	98
HIB3	Record or Recall	95.8	12-23 m	1254	98
HIB3	Record or Recall<12m	85.5	12-23 m	1254	98
MCV1	Recall	6.2	12-23 m	1254	98
MCV1	Record	88	12-23 m	1254	98
MCV1	Record or Recall	94.3	12-23 m	1254	98
MCV1	Record or Recall<12m	54.5	12-23 m	1254	98
PCV1	Recall	2.6	12-23 m	1254	98
PCV1	Record	96.2	12-23 m	1254	98
PCV1	Record or Recall	98.8	12-23 m	1254	98
PCV1	Record or Recall<12m	95.7	12-23 m	1254	98
PCVC	Recall	9.5	12-23 m	1254	98
PCVC	Record	81.7	12-23 m	1254	98
PCVC	Record or Recall	91.2	12-23 m	1254	98
PCVC	Record or Recall<12m	45.3	12-23 m	1254	98
RCV1	Recall	6.2	12-23 m	1254	98
RCV1	Record	88	12-23 m	1254	98
RCV1	Record or Recall	94.3	12-23 m	1254	98
RCV1	Record or Recall<12m	54.5	12-23 m	1254	98
ROTAC	Recall	31.6	12-23 m	1254	98
ROTAC	Record	49.4	12-23 m	1254	98
ROTAC	Record or Recall	81	12-23 m	1254	98
ROTAC	Record or Recall<12m	37.3	12-23 m	1254	98

2018 Uzbekistan Multiple Indicator Cluster Survey 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	1.8	24-35 m	1045	-
BCG	Record	96.6	24-35 m	1045	-

BCG	Record or Recall	98.3	24-35 m	1045	-
BCG	Record or Recall<12m	97	24-35 m	1045	-
DTP1	Recall	2.6	24-35 m	1045	-
DTP1	Record	95.1	24-35 m	1045	-
DTP1	Record or Recall	97.7	24-35 m	1045	-
DTP1	Record or Recall<12m	93.8	24-35 m	1045	-
DTP3	Recall	3.5	24-35 m	1045	-
DTP3	Record	92.8	24-35 m	1045	-
DTP3	Record or Recall	96.3	24-35 m	1045	-
DTP3	Record or Recall<12m	86	24-35 m	1045	-
HEPB1	Recall	2.6	24-35 m	1045	-
HEPB1	Record	95.1	24-35 m	1045	-
HEPB1	Record or Recall	97.7	24-35 m	1045	-
HEPB1	Record or Recall<12m	93.8	24-35 m	1045	-
HEPB3	Recall	3.5	24-35 m	1045	-
HEPB3	Record	92.8	24-35 m	1045	-
HEPB3	Record or Recall	96.3	24-35 m	1045	-
HEPB3	Record or Recall<12m	86	24-35 m	1045	-
HEPBB	Recall	0	24-35 m	1045	-
HEPBB	Record	95.9	24-35 m	1045	-
HEPBB	Record or Recall	95.9	24-35 m	1045	-
HEPBB	Record or Recall<12m	93.6	24-35 m	1045	-
HIB1	Recall	2.6	24-35 m	1045	-
HIB1	Record	95.1	24-35 m	1045	-
HIB1	Record or Recall	97.7	24-35 m	1045	-
HIB1	Record or Recall<12m	93.8	24-35 m	1045	-
HIB3	Recall	3.5	24-35 m	1045	-
HIB3	Record	92.8	24-35 m	1045	-
HIB3	Record or Recall	96.3	24-35 m	1045	-
HIB3	Record or Recall<12m	86	24-35 m	1045	-
MCV1	Recall	3.6	24-35 m	1045	-
MCV1	Record	94	24-35 m	1045	-
MCV1	Record or Recall	97.6	24-35 m	1045	-
MCV1	Record or Recall<12m	93.2	24-35 m	1045	-
PCV1	Recall	2.4	24-35 m	1045	-
PCV1	Record	95.6	24-35 m	1045	-
PCV1	Record or Recall	98	24-35 m	1045	-
PCV1	Record or Recall<12m	95.1	24-35 m	1045	-
PCVC	Recall	5.9	24-35 m	1045	-
PCVC	Record	88.6	24-35 m	1045	-

PCVC	Record or Recall	94.5	24-35 m	1045	-
PCVC	Record or Recall<12m	61	24-35 m	1045	-
RCV1	Recall	3.6	24-35 m	1045	-
RCV1	Record	94	24-35 m	1045	-
RCV1	Record or Recall	97.6	24-35 m	1045	-
RCV1	Record or Recall<12m	93.2	24-35 m	1045	-
ROTAC	Recall	13.6	24-35 m	1045	-
ROTAC	Record	74.6	24-35 m	1045	-
ROTAC	Record or Recall	88.2	24-35 m	1045	-
ROTAC	Record or Recall<12m	66.6	24-35 m	1045	-

2005 Uzbekistan Multiple Indicator Cluster Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	100	15-26 m	1047	-
DTP1	Record or Recall	99.3	15-26 m	1047	-
DTP3	Record or Recall	93.2	15-26 m	1047	-
HEPB1	Record or Recall	99.7	15-26 m	1047	-
HEPB3	Record or Recall	90.4	15-26 m	1047	-
MCV1	Record or Recall	97.4	15-26 m	1047	-

1999 Multiple Indicator Cluster Survey, Uzbekistan 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	5.1	12-23 m	630	-
BCG	Record	93.8	12-23 m	630	-
BCG	Record or Recall	98.9	12-23 m	630	-
DTP1	Recall	3.3	12-23 m	630	-
DTP1	Record	95.1	12-23 m	630	-
DTP1	Record or Recall	98.4	12-23 m	630	-
DTP3	Recall	2.9	12-23 m	630	-
DTP3	Record	92.9	12-23 m	630	-
DTP3	Record or Recall	95.8	12-23 m	630	-
MCV1	Recall	5.1	12-23 m	630	-
MCV1	Record	91.9	12-23 m	630	-
MCV1	Record or Recall	97	12-23 m	630	-

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