Cuba: WHO and UNICEF estimates of immunization coverage: 2022 revision

BCG

DTP1

DTP3

Pol3

MCV1

HepB3

Hib3

RotaC

No estimate for infant immunization made.

PcV3

No estimate for infant immunization made.

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 the 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 the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

 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. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.
*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.
*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

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 12-23 months 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 the period of data collection.

ABBREVIATIONS

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.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

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. Co verage 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 nor are the data represented in the accompanying graph and data table.

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.
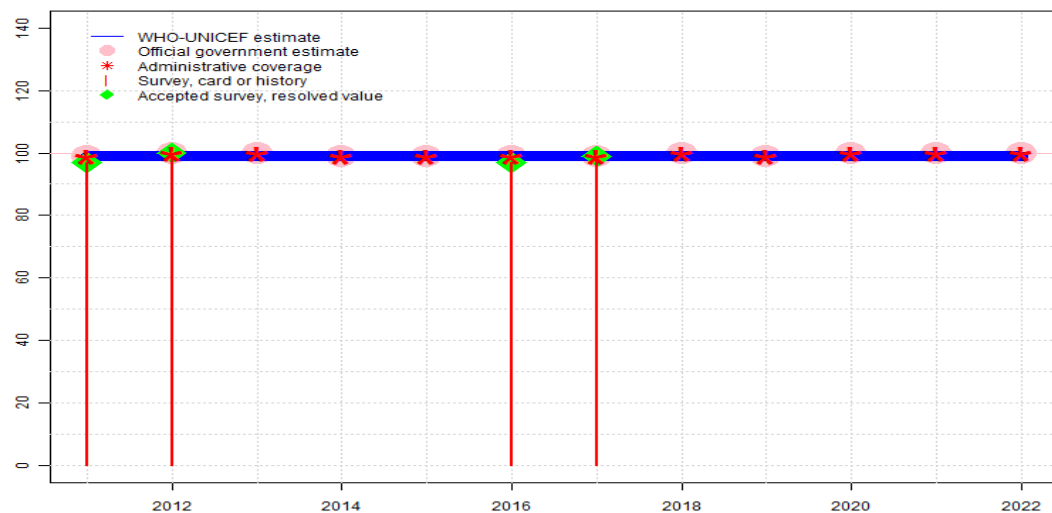
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

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.

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.

Cuba - BCG

CUB - BCG

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

Description:

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

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

2020: Estimate informed by reported data. Programme reports a two months vaccine stockout at national and subnational levels. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ S+ D+

2018: Estimate informed by reported data. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

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

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

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+

2011: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

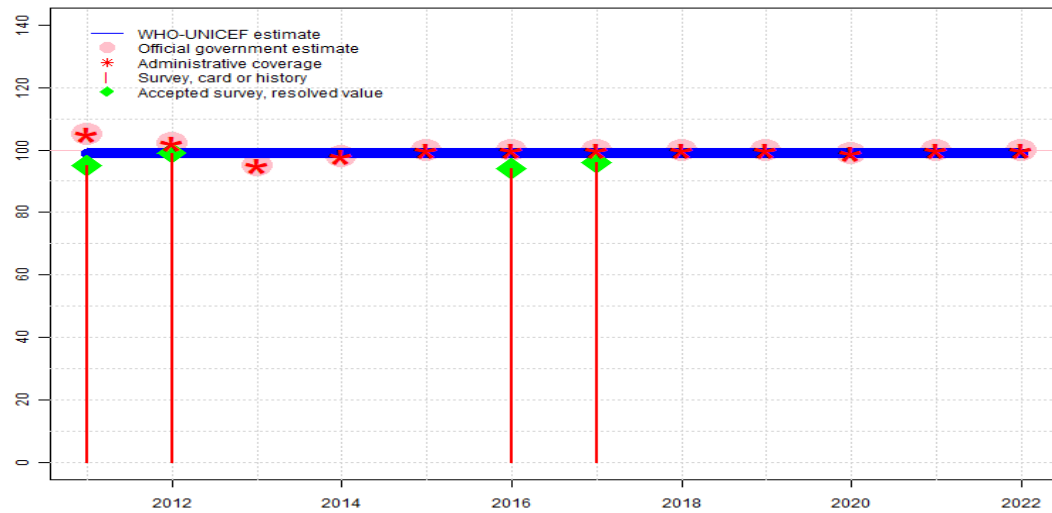|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●
Official	99	100	100	99	99	99	99	100	99	100	100	100
Administrative	99	100	100	99	99	99	99	100	99	100	100	100
Survey	97	100	NA	NA	NA	97	99	NA	NA	NA	NA	NA

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: 2022 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.

Cuba - DTP1

CUB - DTP1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

Description:

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

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

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

2019: Estimate informed by reported data. GoC=R+ S+ D+

2018: Estimate informed by reported data. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+

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

2014: DTP1 coverage estimated based on DTP3 coverage of 100. Estimate challenged by: R-

2013: DTP1 coverage estimated based on DTP3 coverage of 100. Estimate challenged by: R-

2012: DTP1 coverage estimated based on DTP3 coverage of 99. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: R-

2011: DTP1 coverage estimated based on DTP3 coverage of 97. Reported data excluded because 105 percent greater than 100 percent. Estimate challenged by: R-

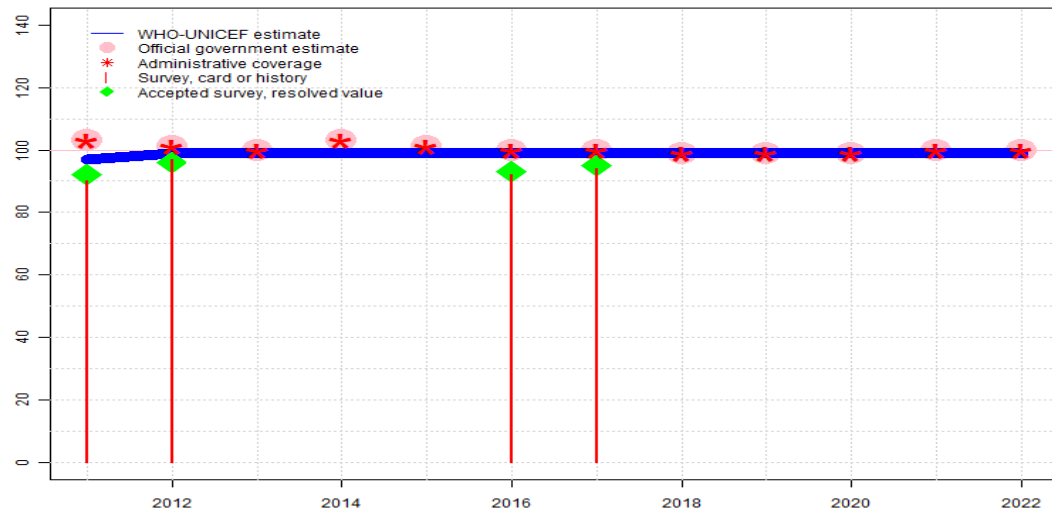|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●	●	●	●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●
Official	105	102	95	98	100	100	100	100	100	99	100	100
Administrative	105	102	95	98	100	100	100	100	100	99	100	100
Survey	95	99	NA	NA	NA	94	96	NA	NA	NA	NA	NA

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: 2022 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.

Cuba - DTP3

CUB - DTP3

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	97	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●
Official	103	101	100	103	101	100	100	99	99	99	100	100
Administrative	103	101	100	103	101	100	100	99	99	99	100	100
Survey	90	97	NA	NA	NA	92	94	NA	NA	NA	NA	NA

```
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: 2022 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.

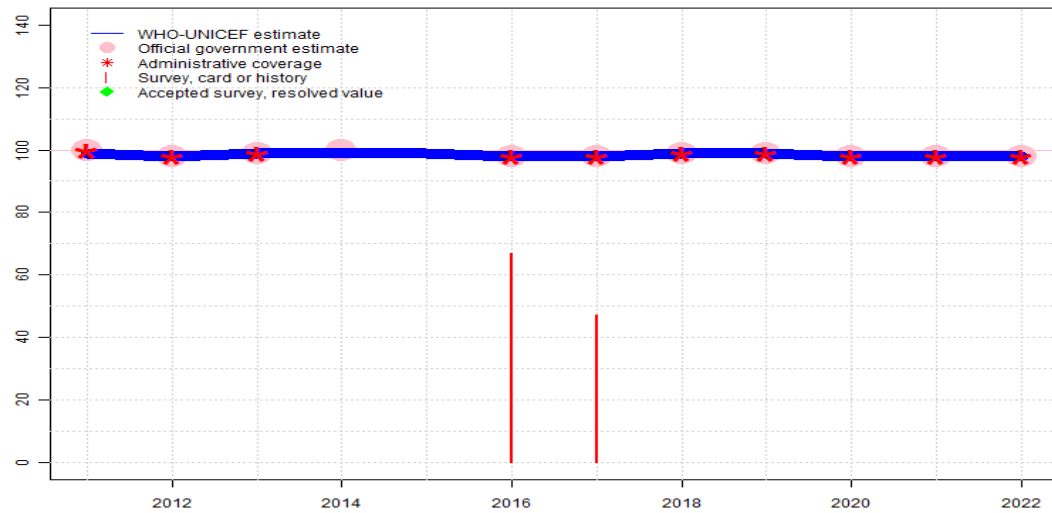● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

```
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:

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

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

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

2019: Estimate informed by reported data. GoC=R+ S+ D+

2018: Estimate informed by reported data. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey 2019 card or history results of 94 percent modifed for recall bias to 95 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 87 percent. GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey 2019 card or history results of 92 percent modifed for recall bias to 93 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 81 percent and 3rd dose card only coverage of 80 percent. GoC=R+ S+ D+

2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ S+ D+

2014: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey, 2014 card or history results of 97 percent modifed for recall bias to 96 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 96 percent and 3rd dose card only coverage of 93 percent. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ S+ D+

2011: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey, 2014 card or history results of 90 percent modifed for recall bias to 92 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 85 percent. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ S+ D+

CUB - Pol3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	98	99	99	99	98	98	99	99	98	98	98
Estimate GoC	•	••	••	••	•	••	••	••	••	••	••	••
Official	100	98	99	100	NA	98	98	99	99	98	98	98
Administrative	100	98	99	NA	NA	98	98	99	99	98	98	98
Survey	NA	NA	NA	NA	NA	67	47	NA	NA	NA	NA	NA

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: 2022 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.
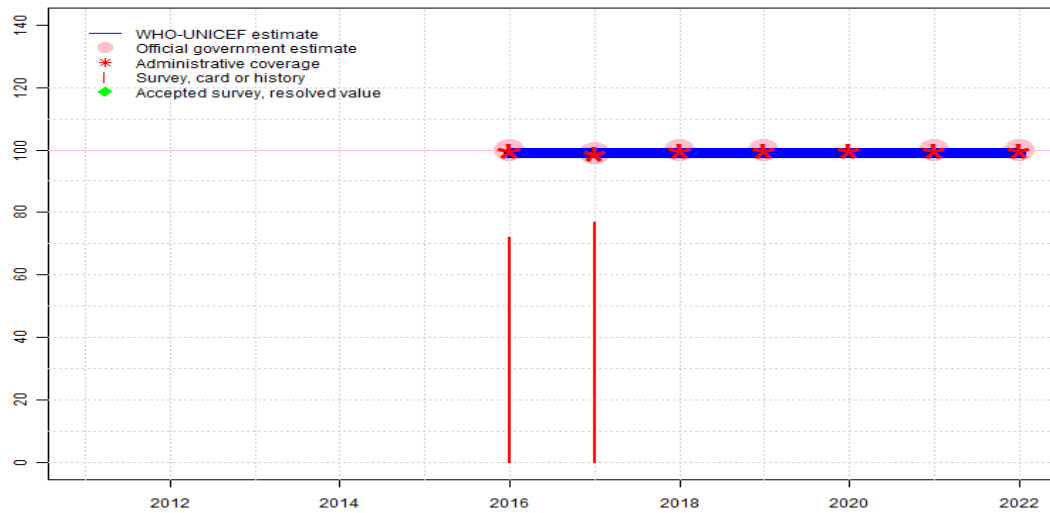
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

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

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

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

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses.Cuba Multiple Indicator Cluster Survey 2019 card or history results of 47 percent modifed for recall bias to 43 percent based on 1st dose card or history coverage of 64 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 42 percent. GoC=R+ D+

2016: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses.Cuba Multiple Indicator Cluster Survey 2019 card or history results of 67 percent modifed for recall bias to 62 percent based on 1st dose card or history coverage of 61 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 56 percent. GoC=R+ D+

2015: Estimate informed by interpolation between reported data. GoC=No accepted empirical data

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

2013: Estimate informed by reported data. GoC=R+

2012: Estimate informed by reported data. GoC=R+ D+

2011: Estimate informed by reported data. Estimate challenged by: D-

Cuba - IPV1

CUB - IPV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

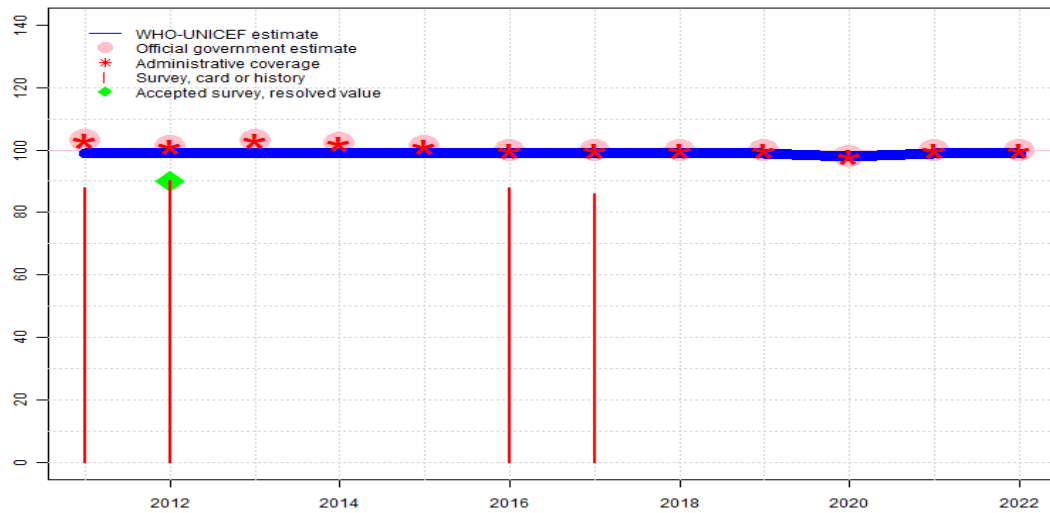|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	99	99	99	99	99	99	99
Estimate GoC	NA	NA	NA	NA	NA	●●	●●	●●	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	100	99	100	100	NA	100	100
Administrative	NA	NA	NA	NA	NA	100	99	100	100	100	100	100
Survey	NA	NA	NA	NA	NA	72	77	NA	NA	NA	NA	NA

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: 2022 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:

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

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

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

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

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Programme reports use of fractional IPV dose. Reported data reflect second fractional dose. GoC=R+ D+

2017: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. Country reports a 3-month stockout of IPV. GoC=R+ D+

2016: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. Inactivated polio vaccine introduced during January 2016. GoC=R+ D+

Cuba - MCV1

CUB - MCV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	99	99	99	99	99	99	99	98	99	99
Estimate GoC	●	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	103	101	103	102	101	100	100	100	100	98	100	100
Administrative	103	101	103	102	101	100	100	100	100	98	100	100
Survey	88	90	NA	NA	NA	88	86	NA	NA	NA	NA	NA

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: 2022 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.
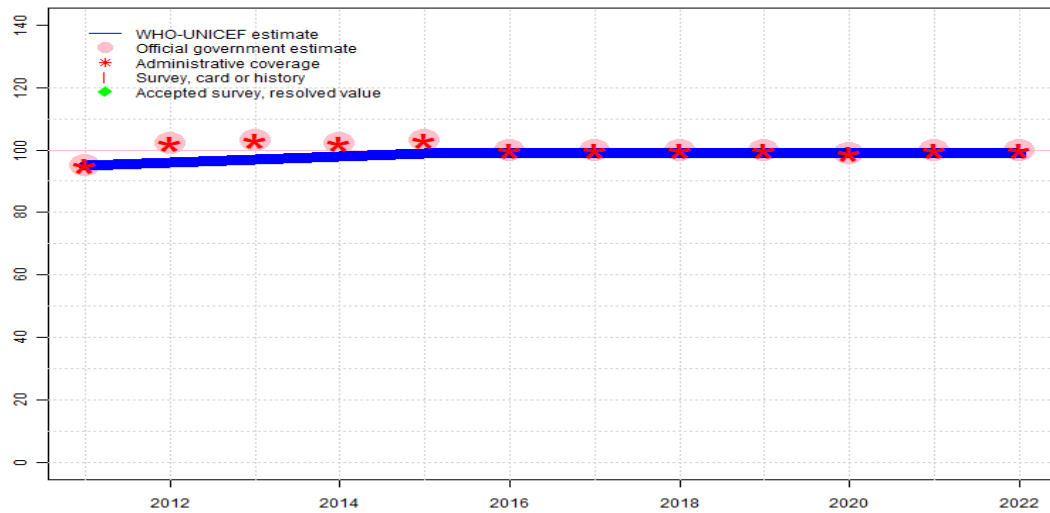
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

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

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

2020: Estimate informed by reported data. Programme reports a three months vaccine stockout at national and subnational levels. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. GoC=R+ D+

2016: Estimate informed by reported data. Cuba Multiple Indicator Cluster Survey 2019 results ignored by working group. Survey results not considered due to inconsistent results compared to other vaccine doses. GoC=R+ D+

2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+

2014: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ S+ D+

2013: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ S+ D+

2012: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Reported data excluded because 101 percent greater than 100 percent. GoC=R+ S+ D+

2011: . Cuba Multiple Indicator Cluster Survey, 2014 results ignored by working group. Vaccine to vaccine consistency.Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-

CUB - MCV2

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	96	97	98	99	99	99	99	99	99	99	99
Estimate GoC	••	••	••	••	••	••	••	••	•	•	•	•
Official	95	102	103	102	103	100	100	100	100	99	100	100
Administrative	95	102	103	102	103	100	100	100	100	99	100	100
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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:

Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

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 three 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. GoC=R+ D+

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

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

2015: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+

2014: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

2013: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+

2012: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+

2011: Estimate informed by reported data. GoC=R+ D+

Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

2022: Estimate based on estimated MCV1. GoC=R+ D+
2021: Estimate based on estimated MCV1. GoC=R+ D+
2020: Estimate based on estimated MCV1. GoC=R+ D+
2019: Estimate based on estimated MCV1. GoC=R+ D+
2018: Estimate based on estimated MCV1. GoC=R+ D+
2017: Estimate based on estimated MCV1. GoC=R+ D+
2016: Estimate based on estimated MCV1. GoC=R+ D+
2015: Estimate based on estimated MCV1. GoC=R+ D+
2014: Estimate based on estimated MCV1. GoC=R+ S+ D+
2013: Estimate based on estimated MCV1. GoC=R+ S+ D+
2012: Estimate based on estimated MCV1. GoC=R+ S+ D+
2011: . Estimate challenged by: R-

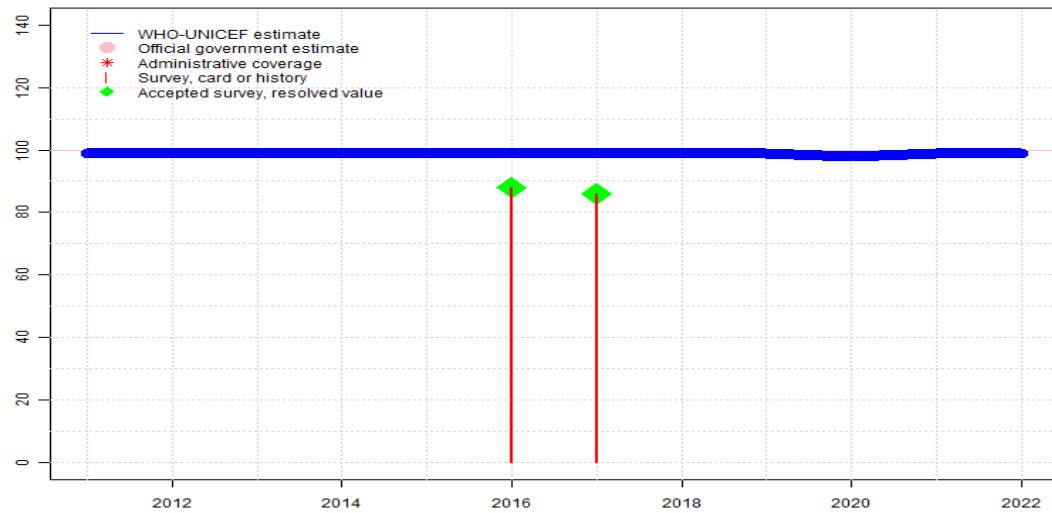|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	99	99	99	99	99	99	99	98	99	99
Estimate GoC	•	•••	•••	•••	••	••	••	••	••	••	••	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	88	86	NA	NA	NA	NA	NA

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: 2022 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.

Cuba - HepBB

CUB - HepBB

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

Description:

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

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

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

2019: Estimate informed by reported data. GoC=R+ S+ D+

2018: Estimate informed by reported data. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+

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

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

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+

2011: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

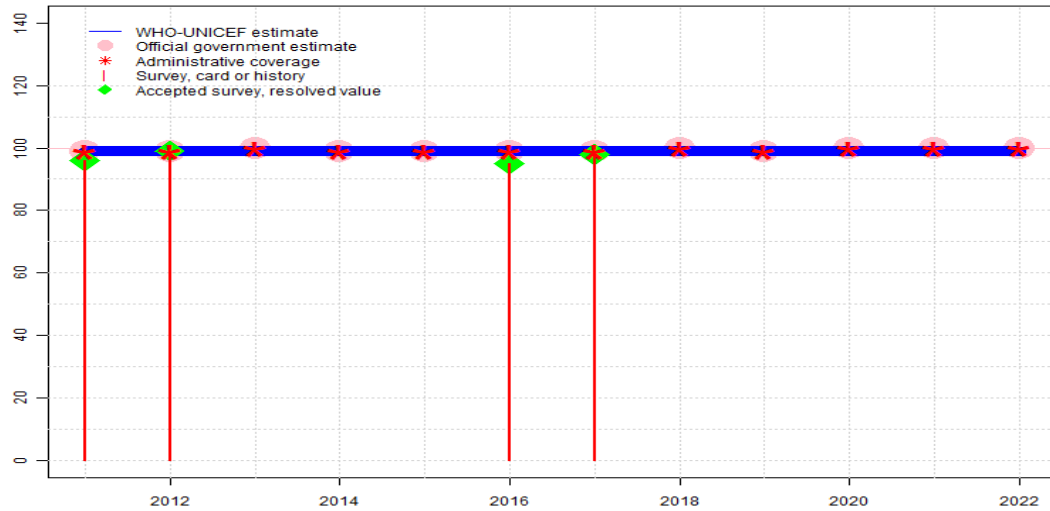|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●
Official	99	99	100	99	99	99	99	100	99	100	100	100
Administrative	99	99	100	99	99	99	99	100	99	100	100	100
Survey	96	99	NA	NA	NA	95	98	NA	NA	NA	NA	NA

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: 2022 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.

Cuba - HepB3

CUB - HepB3

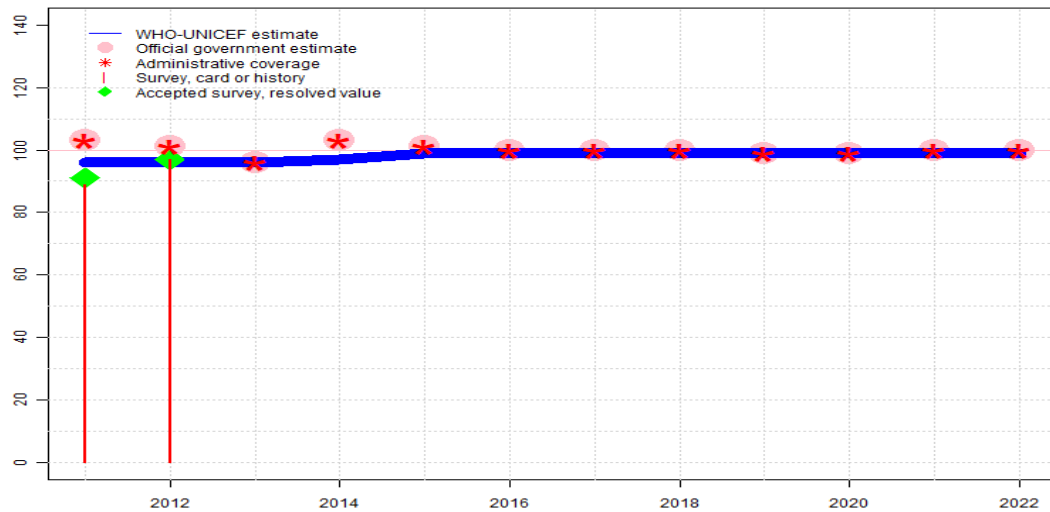|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	96	96	97	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	103	101	96	103	101	100	100	100	99	99	100	100
Administrative	103	101	96	103	101	100	100	100	99	99	100	100
Survey	89	97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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:

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

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

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

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

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

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

2015: Estimate informed by interpolation between reported data. Reported data excluded be-
cause 101 percent greater than 100 percent. GoC=R+ D+

2014: Estimate informed by interpolation between reported data. Reported data excluded be-
cause 103 percent greater than 100 percent. GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by interpolation between reported data supported by survey. Survey
evidence of 97 percent based on 1 survey(s). Reported data excluded because 101 percent
greater than 100 percent. Estimate challenged by: D-

2011: Estimate informed by interpolation between reported data supported by survey. Survey
evidence of 91 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey,
2014 card or history results of 89 percent modifed for recall bias to 91 percent based on
1st dose card or history coverage of 94 percent, 1st dose card only coverage of 87 percent
and 3rd dose card only coverage of 84 percent. Reported data excluded because 103
percent greater than 100 percent. GoC=R+ S+ D+

CUB - Hib3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	96	96	97	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●
Official	103	101	96	103	101	100	100	99	99	99	100	100
Administrative	103	101	96	103	101	100	100	99	99	99	100	100
Survey	89	97	NA	NA	NA	92	94	NA	NA	NA	NA	NA

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: 2022 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.
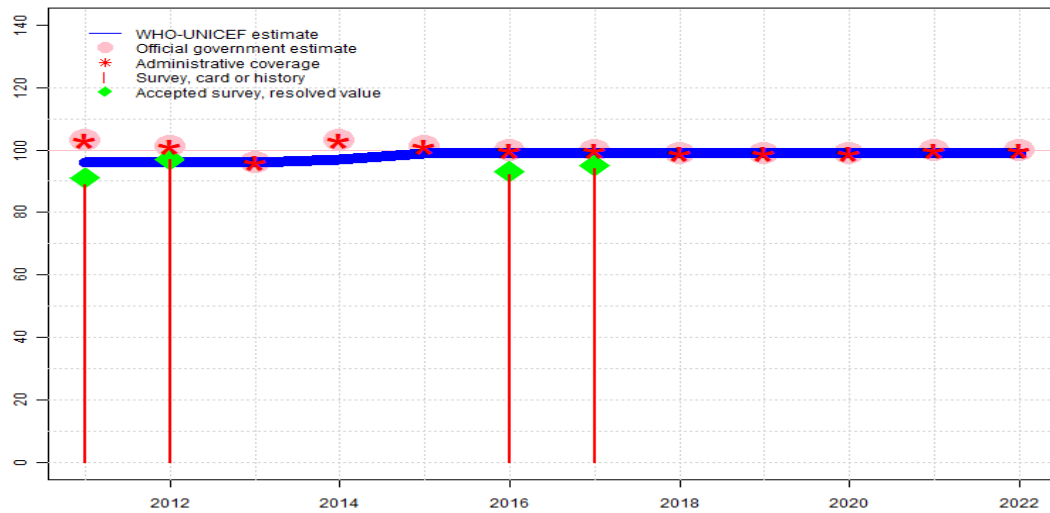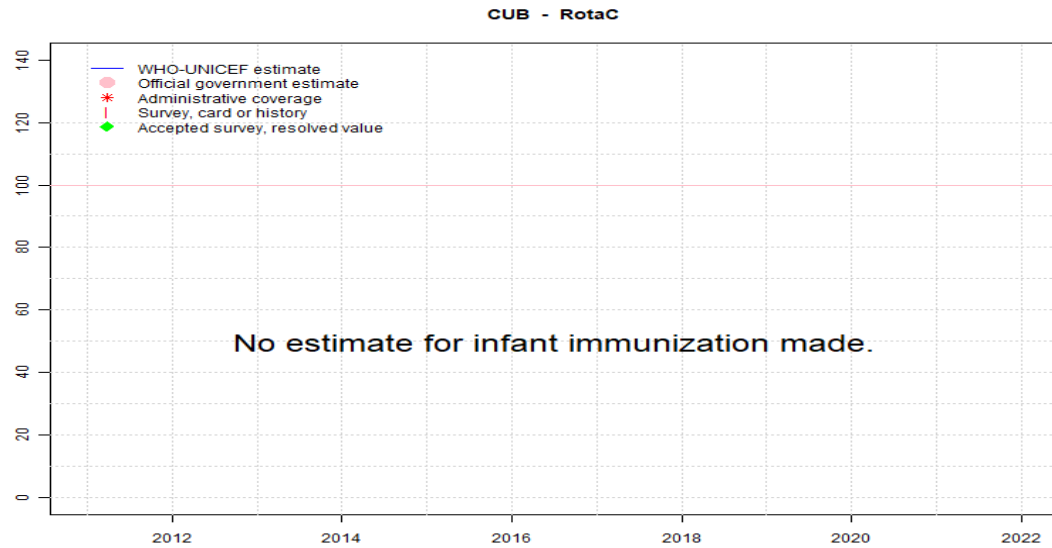
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

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

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

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

2019: Estimate informed by reported data. GoC=R+ S+ D+

2018: Estimate informed by reported data. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey 2019 card or history results of 94 percent modifed for recall bias to 95 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 87 percent. GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey 2019 card or history results of 92 percent modifed for recall bias to 93 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 81 percent and 3rd dose card only coverage of 80 percent. GoC=R+ S+ D+

2015: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ S+ D+

2014: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-

2011: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Cuba Multiple Indicator Cluster Survey, 2014 card or history results of 89 percent modifed for recall bias to 91 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 87 percent and 3rd dose card only coverage of 84 percent. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ S+ D+

CUB - RotaC

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

Cuba - PcV3

CUB - PcV3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

No estimate for infant immunization made.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

```
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: 2022 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.
```

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 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 to 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 1 or 2 years prior to the survey field work.

2017 Cuba Encuesta de Indicadores Multiples por Conglomerados 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.9	12-23 m	1019	91
BCG	Card	90.7	12-23 m	1019	91
BCG	Card or History	98.9	12-23 m	1019	91
BCG	History	8.2	12-23 m	1019	91
DTP1	C or H <12 months	79	12-23 m	1019	91
DTP1	Card	88.5	12-23 m	1019	91
DTP1	Card or History	96.3	12-23 m	1019	91
DTP1	History	7.9	12-23 m	1019	91
DTP3	C or H <12 months	94	12-23 m	1019	91
DTP3	Card	87.2	12-23 m	1019	91
DTP3	Card or History	94	12-23 m	1019	91
DTP3	History	6.8	12-23 m	1019	91
HepB1	C or H <12 months	83.9	12-23 m	1019	91
HepB1	Card	88.5	12-23 m	1019	91
HepB1	Card or History	96.3	12-23 m	1019	91
HepB1	History	7.9	12-23 m	1019	91
HepBB	C or H <12 months	97.5	12-23 m	1019	91
HepBB	Card	90.1	12-23 m	1019	91
HepBB	Card or History	97.5	12-23 m	1019	91
HepBB	History	7.4	12-23 m	1019	91
Hib1	C or H <12 months	80.5	12-23 m	1019	91
Hib1	Card	88.5	12-23 m	1019	91
Hib1	Card or History	96.3	12-23 m	1019	91
Hib1	History	7.9	12-23 m	1019	91
Hib3	C or H <12 months	72.1	12-23 m	1019	91
Hib3	Card	87.2	12-23 m	1019	91
Hib3	Card or History	94	12-23 m	1019	91
Hib3	History	6.8	12-23 m	1019	91
IPV1	C or H <12 months	73.9	12-23 m	1019	91
IPV1	Card	70.7	12-23 m	1019	91
IPV1	Card or History	76.9	12-23 m	1019	91
IPV1	History	6.2	12-23 m	1019	91
MCV1	C or H <12 months	85.9	12-23 m	1019	91
MCV1	Card	78.1	12-23 m	1019	91
MCV1	Card or History	85.9	12-23 m	1019	91
MCV1	History	7.8	12-23 m	1019	91
Pol1	C or H <12 months	63.6	12-23 m	1019	91
Pol1	Card	62	12-23 m	1019	91
Pol1	Card or History	63.6	12-23 m	1019	91
Pol1	History	1.6	12-23 m	1019	91
Pol3	C or H <12 months	19.6	12-23 m	1019	91
Pol3	Card	42.1	12-23 m	1019	91
Pol3	Card or History	47.1	12-23 m	1019	91
Pol3	History	5	12-23 m	1019	91

2016 Cuba Encuesta de Indicadores Multiples por Conglomerados 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	96.7	24-35 m	913	91
BCG	Card	82.4	24-35 m	913	91
BCG	Card or History	96.9	24-35 m	913	91
BCG	History	14.6	24-35 m	913	91
DTP1	C or H <12 months	52.1	24-35 m	913	91
DTP1	Card	80.7	24-35 m	913	91
DTP1	Card or History	94.5	24-35 m	913	91
DTP1	History	13.8	24-35 m	913	91
DTP3	C or H <12 months	85.3	24-35 m	913	91
DTP3	Card	79.9	24-35 m	913	91
DTP3	Card or History	91.6	24-35 m	913	91
DTP3	History	11.6	24-35 m	913	91
HepB1	C or H <12 months	89.4	24-35 m	913	91
HepB1	Card	80.7	24-35 m	913	91
HepB1	Card or History	94.5	24-35 m	913	91

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
HepB1	History	13.8	24-35 m	913	91
HepBB	C or H <12 months	94.6	24-35 m	913	91
HepBB	Card	81.8	24-35 m	913	91
HepBB	Card or History	94.9	24-35 m	913	91
HepBB	History	13.1	24-35 m	913	91
Hib1	C or H <12 months	21.3	24-35 m	913	91
Hib1	Card	80.7	24-35 m	913	91
Hib1	Card or History	94.5	24-35 m	913	91
Hib1	History	13.8	24-35 m	913	91
Hib3	C or H <12 months	14.1	24-35 m	913	91
Hib3	Card	79.9	24-35 m	913	91
Hib3	Card or History	91.6	24-35 m	913	91
Hib3	History	11.6	24-35 m	913	91
IPV1	C or H <12 months	68.3	24-35 m	913	91
IPV1	Card	61.1	24-35 m	913	91
IPV1	Card or History	72.2	24-35 m	913	91
IPV1	History	11.1	24-35 m	913	91
MCV1	C or H <12 months	87.3	24-35 m	913	91
MCV1	Card	73.4	24-35 m	913	91
MCV1	Card or History	87.7	24-35 m	913	91
MCV1	History	14.3	24-35 m	913	91
Pol1	C or H <12 months	17.2	24-35 m	913	91
Pol1	Card	54.9	24-35 m	913	91
Pol1	Card or History	60.9	24-35 m	913	91
Pol1	History	5.9	24-35 m	913	91
Pol3	C or H <12 months	32.4	24-35 m	913	91
Pol3	Card	56.1	24-35 m	913	91
Pol3	Card or History	67	24-35 m	913	91
Pol3	History	11	24-35 m	913	91

2012 Encuesta de Indicadores Multiples por Conglomerados, Cuba, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	99.6	12-23 m	1148	87
BCG	Card	95.8	12-23 m	1148	87
BCG	Card or History	99.6	12-23 m	1148	87
BCG	History	3.8	12-23 m	1148	87
DTP1	C or H <12 months	98.6	12-23 m	1148	87
DTP1	Card	95.5	12-23 m	1148	87

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card or History	99.4	12-23 m	1148	87
DTP1	History	3.9	12-23 m	1148	87
DTP3	C or H <12 months	96.8	12-23 m	1148	87
DTP3	Card	93.2	12-23 m	1148	87
DTP3	Card or History	96.8	12-23 m	1148	87
DTP3	History	3.6	12-23 m	1148	87
HepB1	C or H <12 months	99	12-23 m	1148	87
HepB1	Card	95.1	12-23 m	1148	87
HepB1	Card or History	99	12-23 m	1148	87
HepB1	History	3.9	12-23 m	1148	87
HepB3	C or H <12 months	96.6	12-23 m	1148	87
HepB3	Card	93	12-23 m	1148	87
HepB3	Card or History	96.6	12-23 m	1148	87
HepB3	History	3.6	12-23 m	1148	87
HepBB	C or H <12 months	99.3	12-23 m	1148	87
HepBB	Card	96	12-23 m	1148	87
HepBB	Card or History	99.4	12-23 m	1148	87
HepBB	History	3.3	12-23 m	1148	87
Hib1	C or H <12 months	98.2	12-23 m	1148	87
Hib1	Card	95.1	12-23 m	1148	87
Hib1	Card or History	99	12-23 m	1148	87
Hib1	History	3.9	12-23 m	1148	87
Hib3	C or H <12 months	96.6	12-23 m	1148	87
Hib3	Card	92.9	12-23 m	1148	87
Hib3	Card or History	96.6	12-23 m	1148	87
Hib3	History	3.6	12-23 m	1148	87
MCV1	Card	86.5	12-23 m	1148	87
MCV1	Card or History	90.4	12-23 m	1148	87
MCV1	History	3.9	12-23 m	1148	87

2011 Encuesta de Indicadores Multiples por Conglomerados, Cuba, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	96.3	24-35 m	1175	87
BCG	Card	90.2	24-35 m	1175	87
BCG	Card or History	96.6	24-35 m	1175	87
BCG	History	6.4	24-35 m	1175	87
DTP1	C or H <12 months	94.5	24-35 m	1175	87
DTP1	Card	88.3	24-35 m	1175	87

Cuba - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card or History	94.8	24-35 m	1175	87
DTP1	History	6.5	24-35 m	1175	87
DTP3	C or H <12 months	88.5	24-35 m	1175	87
DTP3	Card	84.6	24-35 m	1175	87
DTP3	Card or History	89.5	24-35 m	1175	87
DTP3	History	4.9	24-35 m	1175	87
HepB1	C or H <12 months	93.8	24-35 m	1175	87
HepB1	Card	87.3	24-35 m	1175	87
HepB1	Card or History	93.8	24-35 m	1175	87
HepB1	History	6.5	24-35 m	1175	87
HepB3	C or H <12 months	88.5	24-35 m	1175	87
HepB3	Card	83.6	24-35 m	1175	87
HepB3	Card or History	88.6	24-35 m	1175	87
HepB3	History	5	24-35 m	1175	87
HepBB	C or H <12 months	96	24-35 m	1175	87
HepBB	Card	90.4	24-35 m	1175	87
HepBB	Card or History	96.3	24-35 m	1175	87
HepBB	History	6	24-35 m	1175	87
Hib1	C or H <12 months	93.4	24-35 m	1175	87
Hib1	Card	87.2	24-35 m	1175	87
Hib1	Card or History	93.7	24-35 m	1175	87
Hib1	History	6.6	24-35 m	1175	87
Hib3	C or H <12 months	88.5	24-35 m	1175	87
Hib3	Card	83.6	24-35 m	1175	87
Hib3	Card or History	88.6	24-35 m	1175	87
Hib3	History	5	24-35 m	1175	87
MCV1	C or H <12 months	87.4	24-35 m	1175	87
MCV1	Card	81.5	24-35 m	1175	87
MCV1	Card or History	87.6	24-35 m	1175	87
MCV1	History	6.1	24-35 m	1175	87

2009 Encuesta de Indicadores Multiples por Conglomerados de Cuba 2010/11

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	99.2	18-29 m	1413	95
BCG	Card	94.5	18-29 m	1413	95
BCG	Card or History	99.8	18-29 m	1413	95
BCG	History	5.3	18-29 m	1413	95
DTP1	C or H <12 months	98.1	18-29 m	1413	95
DTP1	Card	93.6	18-29 m	1413	95
DTP1	Card or History	98.9	18-29 m	1413	95
DTP1	History	5.3	18-29 m	1413	95
DTP3	C or H <12 months	92.6	18-29 m	1413	95
DTP3	Card	91.9	18-29 m	1413	95
DTP3	Card or History	97.2	18-29 m	1413	95
DTP3	History	5.3	18-29 m	1413	95
HepB1	C or H <12 months	98.1	18-29 m	1413	95
HepB1	Card	93.6	18-29 m	1413	95
HepB1	Card or History	98.9	18-29 m	1413	95
HepB1	History	5.3	18-29 m	1413	95
HepB3	C or H <12 months	92.6	18-29 m	1413	95
HepB3	Card	91.9	18-29 m	1413	95
HepB3	Card or History	97.2	18-29 m	1413	95
HepB3	History	5.3	18-29 m	1413	95
HepBB	C or H <12 months	99	18-29 m	1413	95
HepBB	Card	94.6	18-29 m	1413	95
HepBB	Card or History	99.6	18-29 m	1413	95
HepBB	History	5	18-29 m	1413	95
Hib1	C or H <12 months	98.1	18-29 m	1413	95
Hib1	Card	93.6	18-29 m	1413	95
Hib1	Card or History	98.9	18-29 m	1413	95
Hib1	History	5.3	18-29 m	1413	95
Hib3	C or H <12 months	92.6	18-29 m	1413	95
Hib3	Card	91.9	18-29 m	1413	95
Hib3	Card or History	97.2	18-29 m	1413	95
Hib3	History	5.3	18-29 m	1413	95
MCV1	C or H <12 months	91.2	18-29 m	1413	95
MCV1	Card	91.6	18-29 m	1413	95
MCV1	Card or History	97.1	18-29 m	1413	95
MCV1	History	5.4	18-29 m	1413	95

2005 La Encuesta de Indicadores Multiples por Conglomerados 2006 de Cuba

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	99.9	12-23 m	1840	98
BCG	Card	97.5	12-23 m	1840	98
BCG	Card or History	99.9	12-23 m	1840	98

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2024   data received as of June 26, 2023

BCG	History	2.4	12-23 m	1840	98	HepB3	Card or History	94.8	12-23 m	1840	98
DTP1	C or H <12 months	99.3	12-23 m	1840	98	HepB3	History	2.3	12-23 m	1840	98
DTP1	Card	97.2	12-23 m	1840	98	Hib3	C or H <12 months	89	12-23 m	1840	98
DTP1	Card or History	99.5	12-23 m	1840	98	Hib3	Card	93.1	12-23 m	1840	98
DTP1	History	2.3	12-23 m	1840	98	Hib3	Card or History	95	12-23 m	1840	98
DTP3	C or H <12 months	86.3	12-23 m	1840	98	Hib3	History	1.9	12-23 m	1840	98
DTP3	Card	91	12-23 m	1840	98	MCV1	C or H <12 months	82.7	12-23 m	1840	98
DTP3	Card or History	92.6	12-23 m	1840	98	MCV1	Card	83.2	12-23 m	1840	98
DTP3	History	1.6	12-23 m	1840	98	MCV1	Card or History	86.3	12-23 m	1840	98
HepB1	C or H <12 months	99.4	12-23 m	1840	98	MCV1	History	3.2	12-23 m	1840	98
HepB1	Card	97	12-23 m	1840	98	Pol1	C or H <12 months	92.3	12-23 m	1840	98
HepB1	Card or History	99.4	12-23 m	1840	98	Pol1	Card	65.2	12-23 m	1840	98
HepB1	History	2.4	12-23 m	1840	98	Pol1	Card or History	94.7	12-23 m	1840	98
HepB3	C or H <12 months	92.4	12-23 m	1840	98	Pol1	History	29.5	12-23 m	1840	98
HepB3	Card	92.5	12-23 m	1840	98						

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