

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. 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 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.

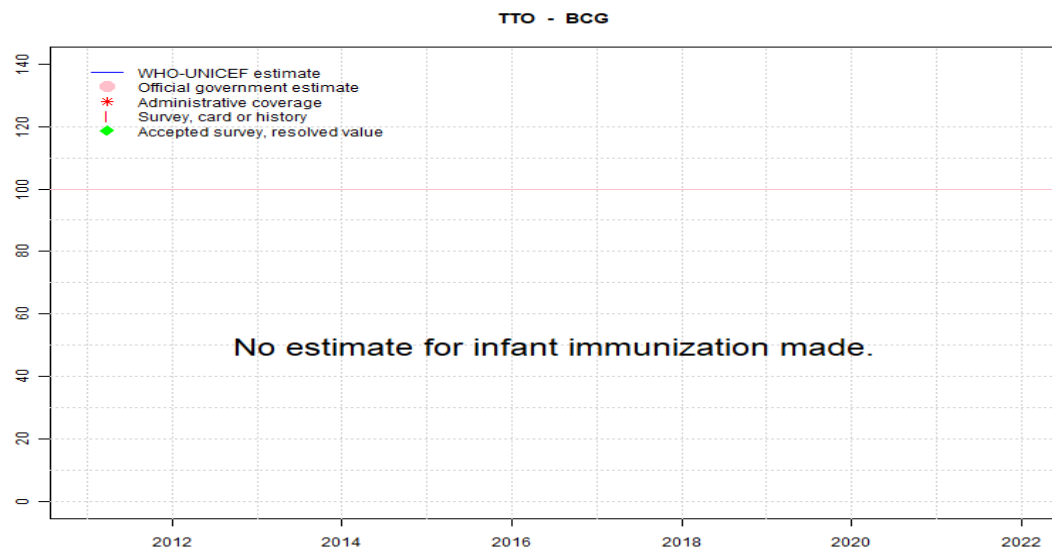
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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.

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Trinidad and Tobago - BCG



	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

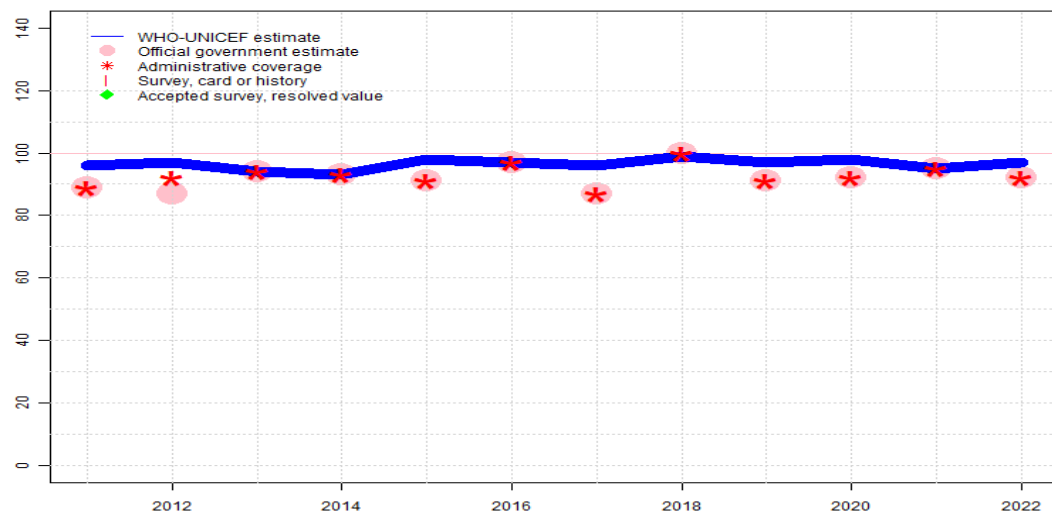
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Trinidad and Tobago - DTP1

TTO - DTP1



Description:

- 2022: DTP1 coverage estimated based on DTP3 coverage of 93. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: DTP1 coverage estimated based on DTP3 coverage of 96. Estimate challenged by: D-R-
- 2019: DTP1 coverage estimated based on DTP3 coverage of 93. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: DTP1 coverage estimated based on DTP3 coverage of 89. Estimate challenged by: D-R-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: DTP1 coverage estimated based on DTP3 coverage of 96. Estimate challenged by: D-R-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: DTP1 coverage estimated based on DTP3 coverage of 92. Estimate challenged by: D-R-
- 2011: DTP1 coverage estimated based on DTP3 coverage of 90. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	97	94	93	98	97	96	99	97	98	95	97
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	89	87	94	93	91	97	87	100	91	92	95	92
Administrative	89	92	94	93	91	97	87	100	91	92	95	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

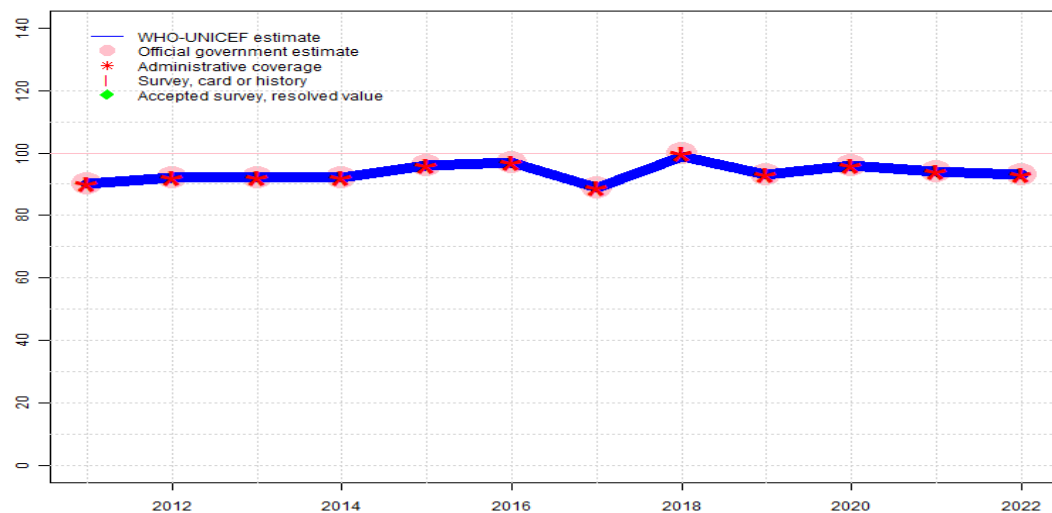
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Trinidad and Tobago - DTP3

TTO - DTP3



Description:

2022: Estimate informed by reported data. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. 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. GoC=R+ D+

2014: Estimate informed by reported data. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Estimate challenged by: D-

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

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	92	92	92	96	97	89	99	93	96	94	93
Estimate GoC	●●	●	●	●	●●	●	●	●	●	●	●	●
Official	90	92	92	92	96	97	89	100	93	96	94	93
Administrative	90	92	92	92	96	97	89	100	93	96	94	93
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

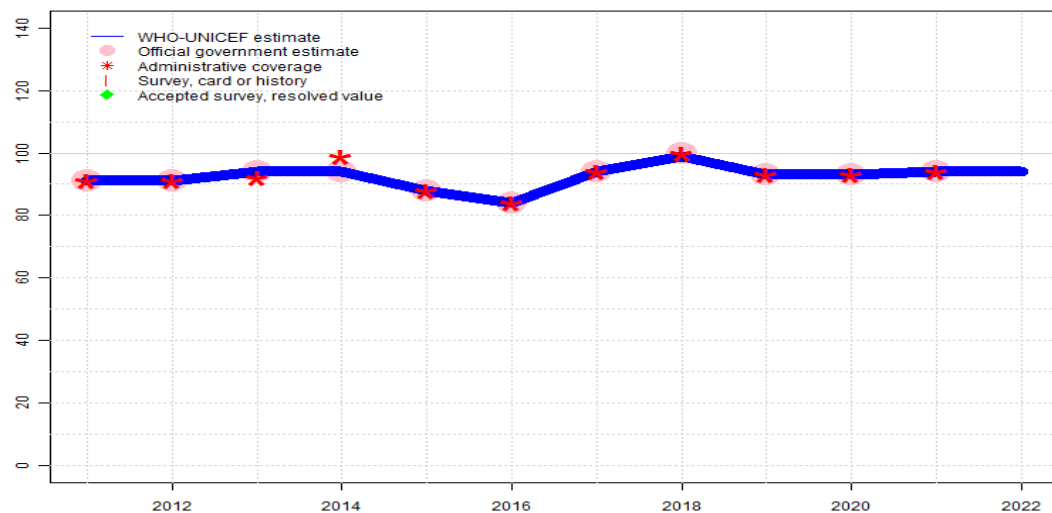
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Trinidad and Tobago - Pol3

TTO - Pol3



Description:

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded because 926 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 94 level to 926 percent. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. 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. Programme reports two months stockout. GoC=R+ D+

2015: Estimate informed by reported data. Programme reports two months stockout at national level. GoC=R+ D+

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

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Estimate challenged by: D-

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

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	91	91	94	94	88	84	94	99	93	93	94	94
Estimate GoC	●●	●	●	●●	●●	●●	●	●	●	●	●	●
Official	91	91	94	94	88	84	94	100	93	93	94	926
Administrative	91	91	92	99	88	84	94	100	93	93	94	926
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

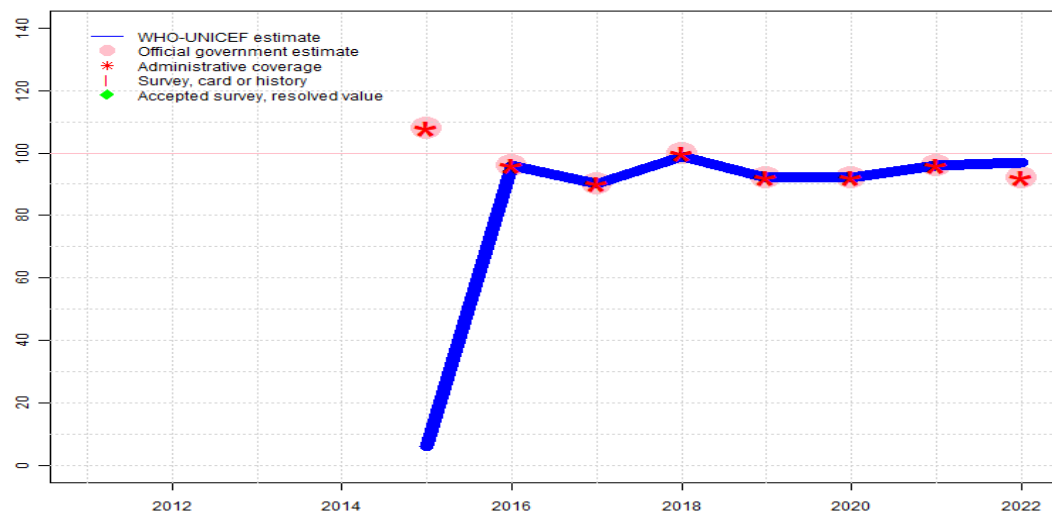
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Trinidad and Tobago - IPV1

TTO - IPV1



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 DTP1 coverage estimate as IPV1 is recommended at the same age. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: D-R-

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 is based on reported coverage following introduction. Estimate challenged by: D-

2015: Inactivated polio vaccine. introduced in December 2015. Programme reports one-hundred percent coverage achieved in six percent of the national birth cohort. Estimate is based on complete annual birth cohort. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	6	96	90	99	92	92	96	97
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	108	96	90	100	92	92	96	92
Administrative	NA	NA	NA	NA	108	96	90	100	92	92	96	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

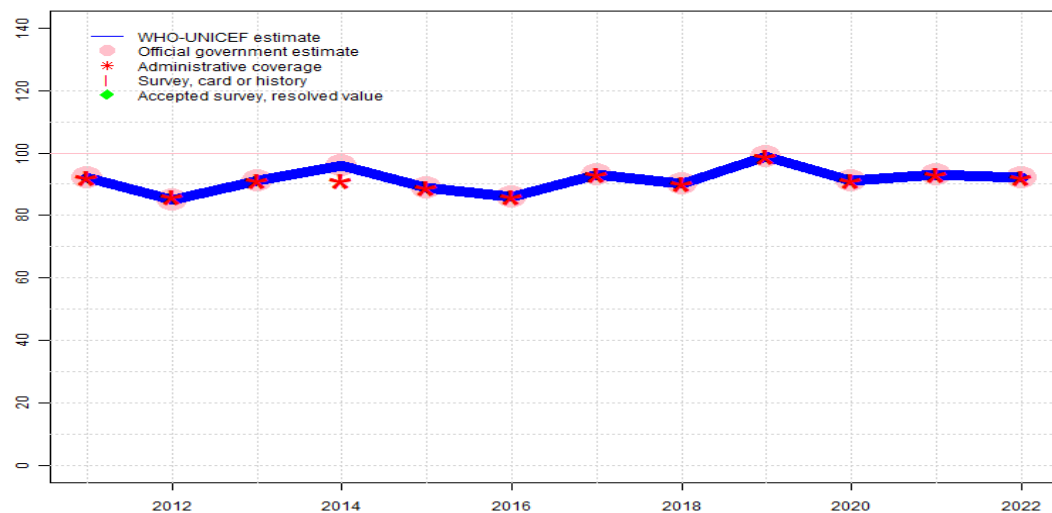
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Trinidad and Tobago - MCV1

TTO - MCV1



Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+ 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. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Programme reports three months stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports three months stockout at national level. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	92	85	91	96	89	86	93	90	99	91	93	92
Estimate GoC	●●	●●	●	●	●●	●●	●	●●	●	●●	●	●
Official	92	85	91	96	89	86	93	90	99	91	93	92
Administrative	92	86	91	91	89	86	93	90	99	91	93	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

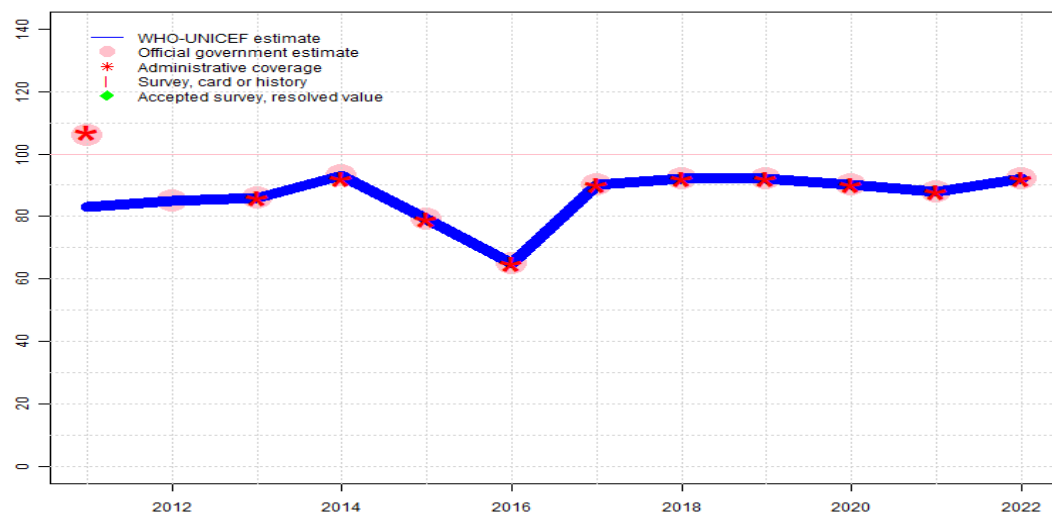
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Trinidad and Tobago - MCV2

TTO - MCV2



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. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. 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. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports three months stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports three months stockout at national level. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Estimate challenged by: D-
- 2011: Estimate informed by interpolation between reported data. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	83	85	86	93	79	65	90	92	92	90	88	92
Estimate GoC	•	•	•	•	••	••	••	••	•	•	•	•
Official	106	85	86	93	79	65	90	92	92	90	88	92
Administrative	107	NA	86	92	79	65	90	92	92	90	88	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

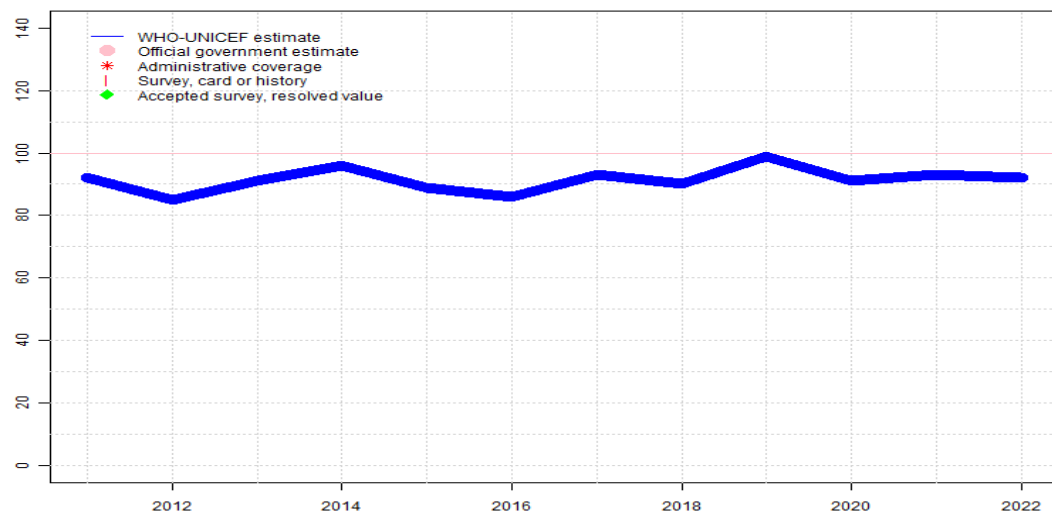
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Trinidad and Tobago - RCV1

TTO - RCV1



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. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. Estimate challenged by: 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. Estimate challenged by: D-
- 2013: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2012: Estimate based on estimated MCV1. GoC=R+ D+
- 2011: Estimate based on estimated MCV1. GoC=R+ D+

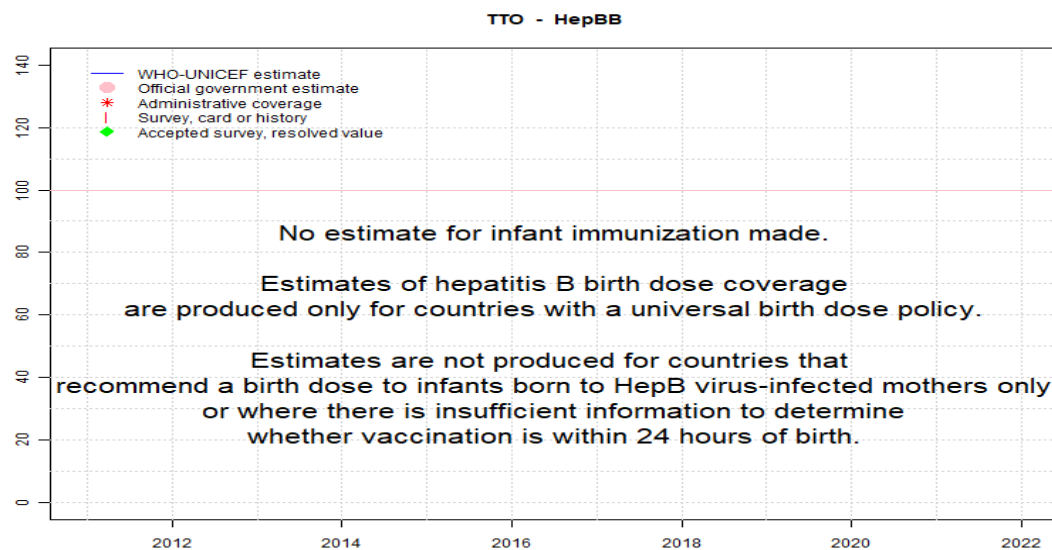
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	92	85	91	96	89	86	93	90	99	91	93	92
Estimate GoC	●●	●●	●	●	●●	●●	●	●●	●	●●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Trinidad and Tobago - HepBB



	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

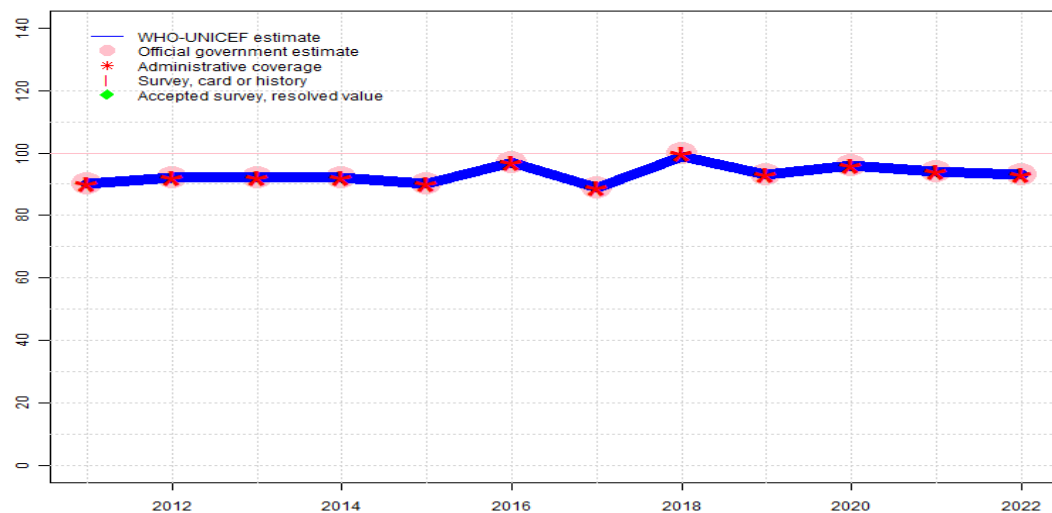
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Trinidad and Tobago - HepB3

TTO - HepB3



Description:

2022: Estimate informed by reported data. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. 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. GoC=R+ D+

2014: Estimate informed by reported data. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Estimate challenged by: D-

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

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	92	92	92	90	97	89	99	93	96	94	93
Estimate GoC	●●	●	●	●	●●	●	●	●	●	●	●	●
Official	90	92	92	92	90	97	89	100	93	96	94	93
Administrative	90	92	92	92	90	97	89	100	93	96	94	93
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

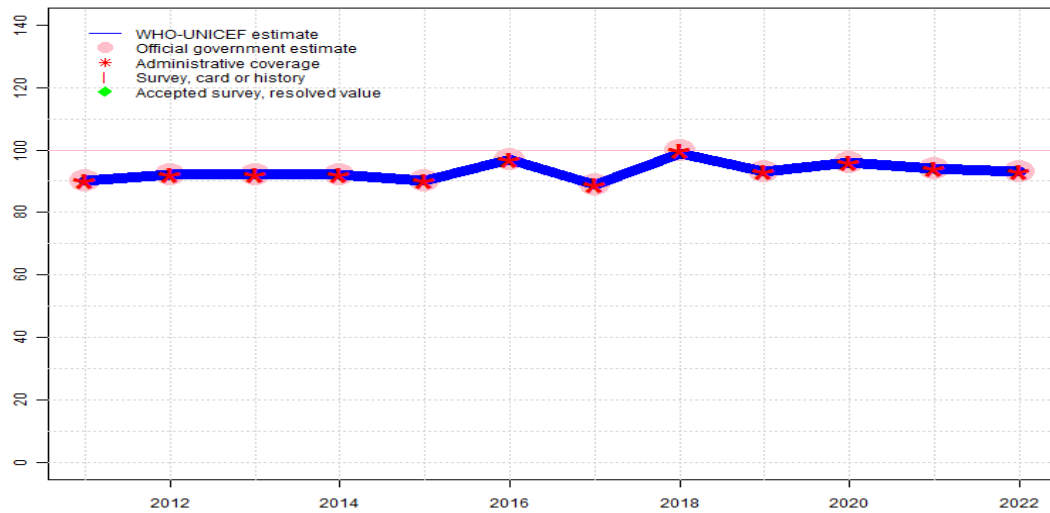
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Trinidad and Tobago - Hib3

TTO - Hib3



Description:

2022: Estimate informed by reported data. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. 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. GoC=R+ D+

2014: Estimate informed by reported data. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Estimate challenged by: D-

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

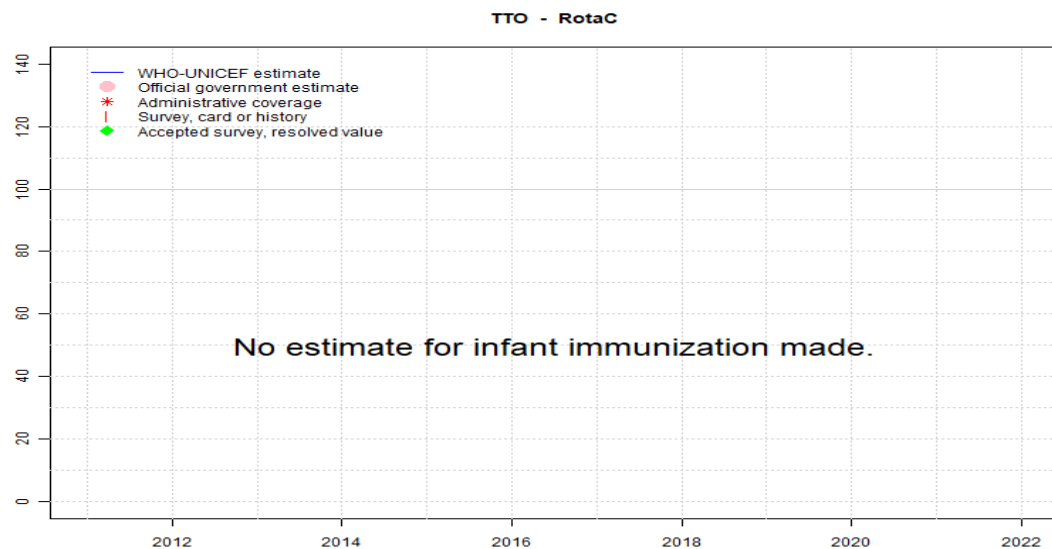
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	92	92	92	90	97	89	99	93	96	94	93
Estimate GoC	●●	●	●	●	●●	●	●	●	●	●	●	●
Official	90	92	92	92	90	97	89	100	93	96	94	93
Administrative	90	92	92	92	90	97	89	100	93	96	94	93
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Trinidad and Tobago - 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

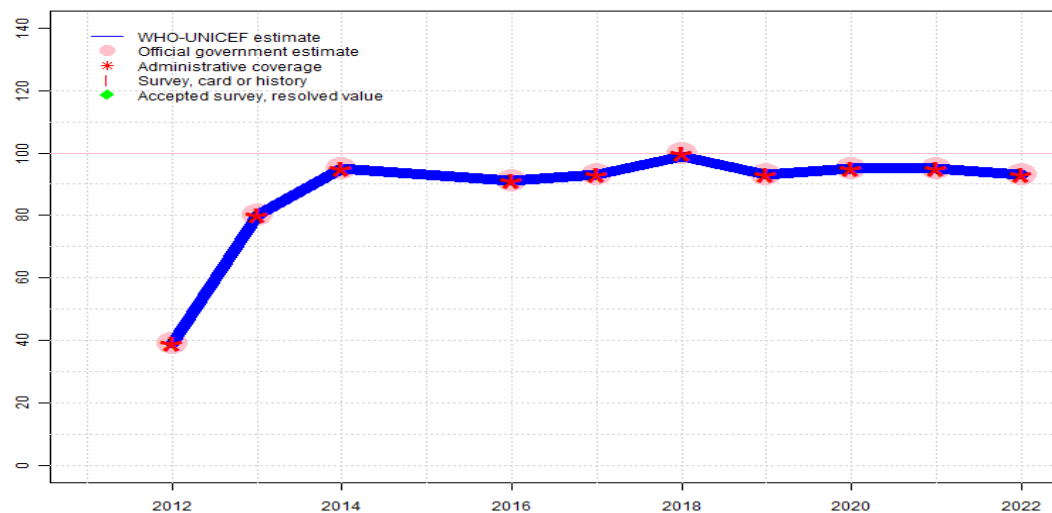
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Trinidad and Tobago - PcV3

TTO - PcV3



Description:

2022: Estimate informed by reported data. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. 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 interpolation between reported data. GoC=No accepted empirical data

2014: Estimate informed by reported data. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in 2012. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	39	80	95	93	91	93	99	93	95	95	93
Estimate GoC	NA	●●	●	●	●	●	●	●	●	●	●	●
Official	NA	39	80	95	NA	91	93	100	93	95	95	93
Administrative	NA	39	80	95	NA	91	93	100	93	95	95	93
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

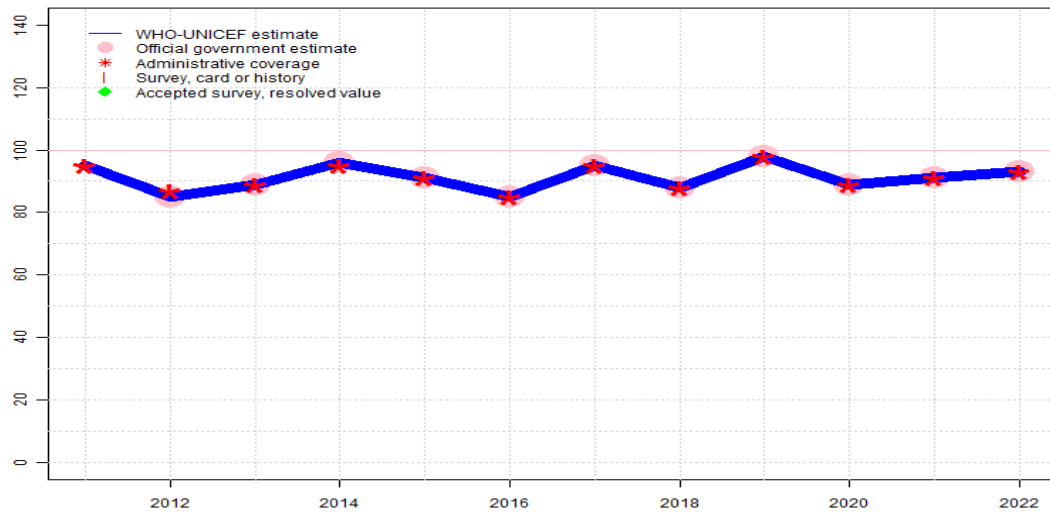
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Trinidad and Tobago - YFV

TTO - YFV



Description:

- 2022: Estimate informed by reported data. WHO and UNICEF are aware of the 2022 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+ 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. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Programme reports three months stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports three months stockout at national level. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported administrative data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	85	89	96	91	85	95	88	98	89	91	93
Estimate GoC	●●	●●	●	●	●●	●●	●	●●	●	●●	●	●
Official	NA	85	89	96	91	85	95	88	98	89	91	93
Administrative	95	87	89	95	91	85	95	88	98	89	91	93
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.

Trinidad and Tobago - survey details

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.

2004 Trinidad and Tobago Multiple Indicator Cluster Survey 3, 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	C or H <18 months	74.1	18-29 m	215	79
DTP1	Card	73.1	18-29 m	215	79
DTP1	Card or History	85.6	18-29 m	215	79
DTP1	History	12.5	18-29 m	215	79
DTP3	C or H <18 months	72.5	18-29 m	215	79
DTP3	Card	68.7	18-29 m	215	79
DTP3	Card or History	76.9	18-29 m	215	79
DTP3	History	8.3	18-29 m	215	79
HepB1	C or H <18 months	77.6	18-29 m	215	79
HepB1	Card	68.1	18-29 m	215	79
HepB1	Card or History	81.9	18-29 m	215	79
HepB1	History	13.8	18-29 m	215	79
HepB3	C or H <18 months	70	18-29 m	215	79
HepB3	Card	65.1	18-29 m	215	79
HepB3	Card or History	74	18-29 m	215	79
HepB3	History	8.9	18-29 m	215	79
Hib1	C or H <18 months	79.1	18-29 m	215	79
Hib1	Card	73.3	18-29 m	215	79
Hib1	Card or History	84.4	18-29 m	215	79
Hib1	History	11.1	18-29 m	215	79
Hib3	C or H <18 months	14.6	18-29 m	215	79
Hib3	Card	10.3	18-29 m	215	79
Hib3	Card or History	16.2	18-29 m	215	79
Hib3	History	5.9	18-29 m	215	79

MCV1	C or H <18 months	88.9	18-29 m	215	79
MCV1	Card	78.6	18-29 m	215	79
MCV1	Card or History	90.7	18-29 m	215	79
MCV1	History	12.1	18-29 m	215	79
Pol1	C or H <18 months	95.1	18-29 m	215	79
Pol1	Card	80	18-29 m	215	79
Pol1	Card or History	95.7	18-29 m	215	79
Pol1	History	15.7	18-29 m	215	79
Pol3	C or H <18 months	81.9	18-29 m	215	79
Pol3	Card	79	18-29 m	215	79
Pol3	Card or History	86.2	18-29 m	215	79
Pol3	History	7.2	18-29 m	215	79
YFV	C or H <18 months	35.2	18-29 m	215	79
YFV	Card	77.1	18-29 m	215	79
YFV	Card or History	89.2	18-29 m	215	79
YFV	History	12.1	18-29 m	215	79

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	C or H <12 months	87.1	12-23 m	187	74
DTP1	Card	71.7	12-23 m	187	74
DTP1	Card or History	91	12-23 m	187	74
DTP1	History	19.3	12-23 m	187	74
DTP3	C or H <12 months	72	12-23 m	187	74
DTP3	Card	71.7	12-23 m	187	74
DTP3	Card or History	80.8	12-23 m	187	74
DTP3	History	9.1	12-23 m	187	74
MCV1	C or H <12 months	21.9	12-23 m	187	74
MCV1	Card	56.1	12-23 m	187	74
MCV1	Card or History	58.2	12-23 m	187	74
MCV1	History	2.1	12-23 m	187	74
Pol1	C or H <12 months	87.1	12-23 m	187	74
Pol1	Card	71.7	12-23 m	187	74
Pol1	Card or History	91	12-23 m	187	74
Pol1	History	19.3	12-23 m	187	74
Pol3	C or H <12 months	72	12-23 m	187	74
Pol3	Card	71.7	12-23 m	187	74

Trinidad and Tobago - survey details

Pol3	Card or History	80.8	12-23 m	187	74
Pol3	History	9.1	12-23 m	187	74

Trinidad and Tobago - survey details

Further information and estimates for previous years are available at:

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

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