

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.

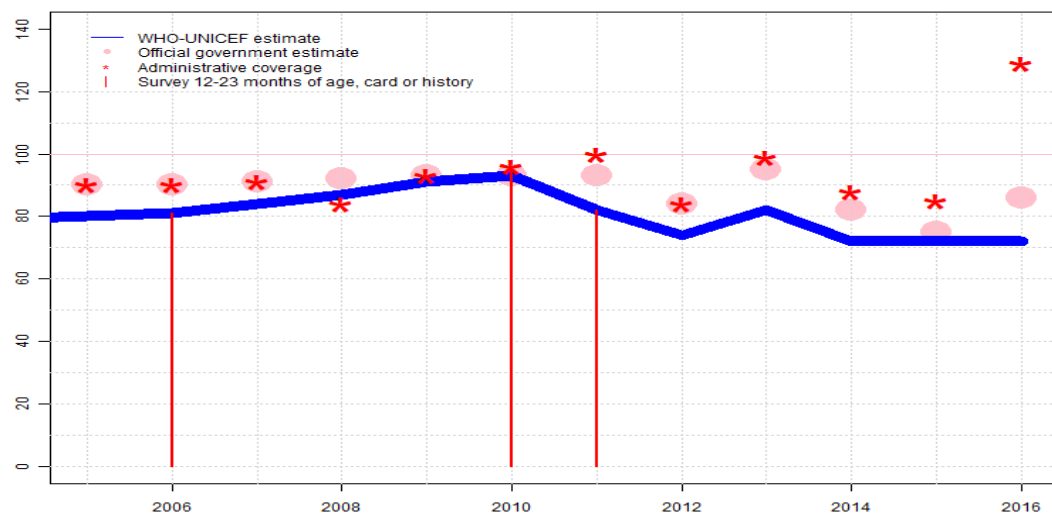
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

GIN - BCG



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	80	81	84	87	91	93	82	74	82	72	72	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	90	91	92	93	93	93	84	95	82	75	86
Administrative	90	90	91	84	93	96	100	84	99	88	85	129
Survey	NA	81	NA	NA	NA	96	82	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: 2015 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.

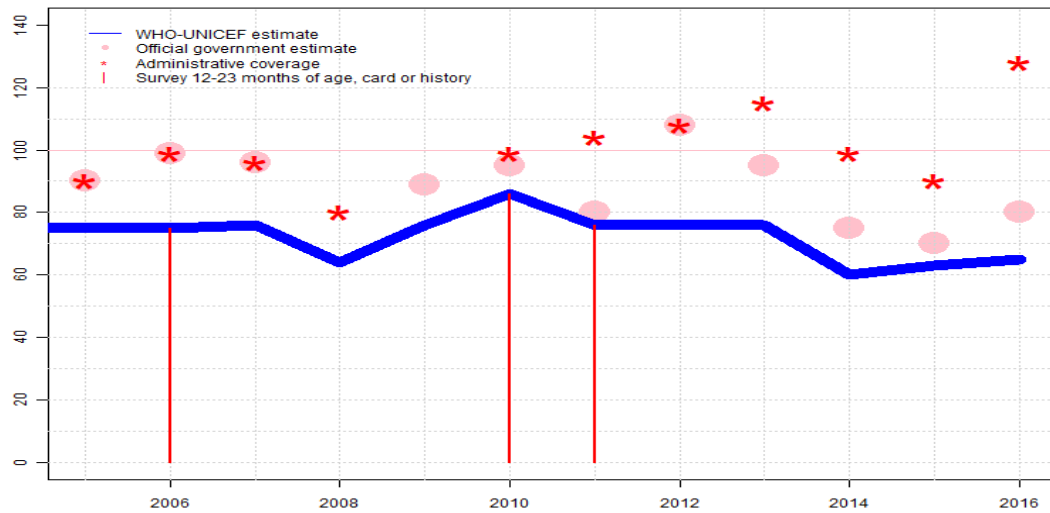
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2014 levels. Reported data excluded due to unexplained sudden change in coverage from 75 level to 86 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. WHO and UNICEF recommend assessment of the routine monitoring system. WHO and UNICEF are aware of an on-going MICS survey and await the results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Programme reports two month national level stock-out. Estimate challenged by: R-
- 2014: Estimate of 72 percent assigned by working group. Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate of 82 percent assigned by working group. Estimate is based on extrapolation from survey. Reported data excluded due to an unexplained increase from 84 percent to 99 percent with decrease 82 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Decline in coverage may be attributable to 4 months vaccine shortage in all districts. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: S-
- 2009: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: R-
- 2008: Reported data calibrated to 2006 and 2010 levels. One-month vaccine shortage reported. Nationally reported data not sufficient to calculate stock-out adjustment. Estimate challenged by: R-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: R-
- 2006: Estimate of 81 percent assigned by working group. Estimate is based on survey results. Estimate challenged by: R-
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: R-

Guinea - DTP1

GIN - DTP1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	75	75	76	64	76	86	76	76	76	60	63	65
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	99	96	NA	89	95	80	108	95	75	70	80
Administrative	90	99	96	80	NA	99	104	108	115	99	90	128
Survey	NA	75	NA	NA	NA	86	76	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: 2015 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.

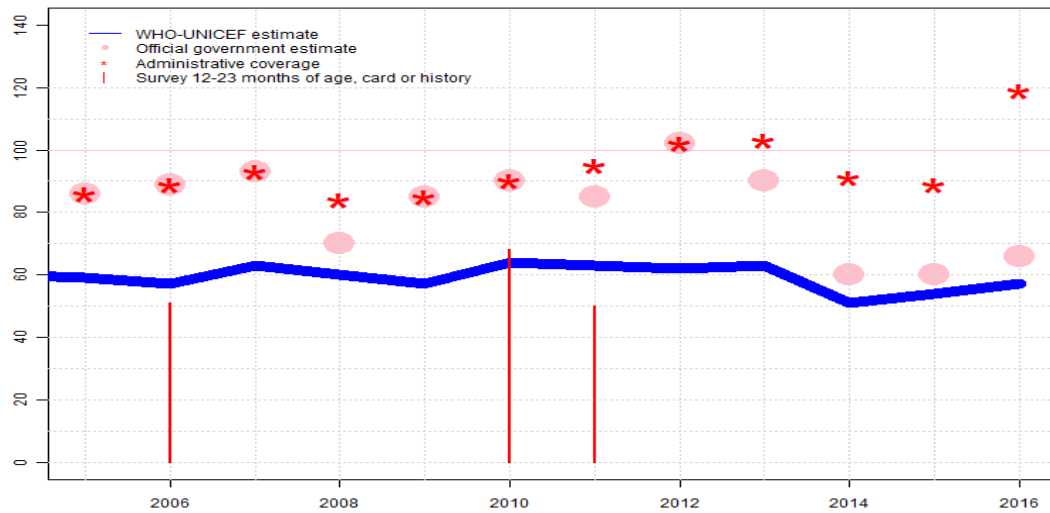
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2014 levels. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. WHO and UNICEF recommend assessment of the routine monitoring system. WHO and UNICEF are aware of an on-going MICS survey and await the results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate of 63 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-
- 2014: Estimate of 60 percent assigned by working group. Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate of 76 percent assigned by working group. Estimate is based on extrapolation from survey. Reported data excluded because 115 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded because 108 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 76 percent based on 1 survey(s). Reported data excluded because 104 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2010: Estimate of 86 percent assigned by working group. Estimate is based on survey results. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2006 and 2010 levels. GoC=Assigned by working group. Number of children vaccinated not reported; unable to recalculate coverage using an independent denominator.
- 2008: Reported data calibrated to 2006 and 2010 levels. One-month vaccine shortage reported. Nationally reported data not sufficient to calculate stock-out adjustment. Estimate challenged by: D-R-S-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-
- 2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: R-

Guinea - DTP3

GIN - DTP3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	59	57	63	60	57	64	63	62	63	51	54	57
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	86	89	93	70	85	90	85	102	90	60	60	66
Administrative	86	89	93	84	85	90	95	102	103	91	89	119
Survey	NA	51	NA	NA	NA	68	50	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: 2015 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:

2016: Reported data calibrated to 2014 levels. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. WHO and UNICEF recommend assessment of the routine monitoring system. WHO and UNICEF are aware of an on-going MICS survey and await the results. Estimate challenged by: D-R-

2015: Reported data calibrated to 2014 levels. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate of 54 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-

2014: Estimate of 51 percent assigned by working group. Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

2013: Estimate of 63 percent assigned by working group. Estimate is based on extrapolation from survey. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 50 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 40 percent and 3d dose card only coverage of 33 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Guinea EPI External Review 2011 card or history results of 68 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 47 percent. Estimate challenged by: D-R-

2009: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-

2008: Reported data calibrated to 2006 and 2010 levels. Reported data excluded due to decline in reported coverage from 93 percent to 70 percent with increase to 85 percent. One-month vaccine shortage reported. Nationally reported data not sufficient to calculate stock-out adjustment. Estimate challenged by: D-R-

2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-

2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 57 percent based on 1 survey(s). Guinea 2008 National Survey on Nutrition

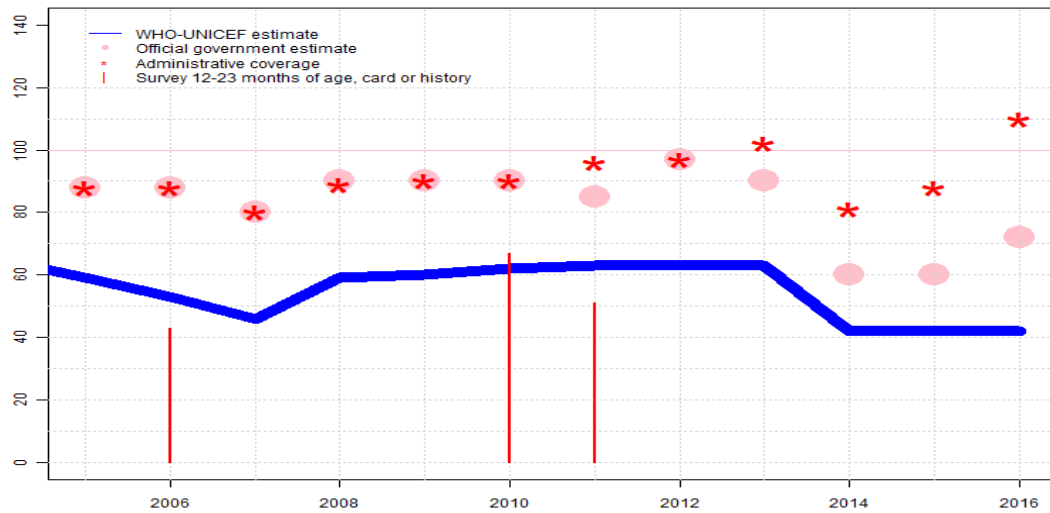
Guinea - DTP3

and Principal Indicators of Child Survival, Preliminary Report card or history results of 51 percent modified for recall bias to 57 percent based on 1st dose card or history coverage of 75 percent, 1st dose card only coverage of 47 percent and 3d dose card only coverage of 36 percent. Estimate challenged by: D-R-

2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-

Guinea - Pol3

GIN - Pol3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	59	53	46	59	60	62	63	63	63	42	42	42
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	88	88	80	90	90	90	85	97	90	60	60	72
Administrative	88	88	80	89	90	90	96	97	102	81	88	110
Survey	NA	43	NA	NA	NA	67	51	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: 2015 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:

2016: Reported data calibrated to 2014 levels. Reported data excluded due to unexplained sudden change in coverage from 60 level to 72 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. WHO and UNICEF recommend assessment of the routine monitoring system. WHO and UNICEF are aware of an on-going MICS survey and await the results. Programme reports a vaccine stock out for one-half month at national level. Estimate challenged by: D-R-

2015: Reported data calibrated to 2014 levels. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-

2014: Estimate of 42 percent assigned by working group. Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Programme reports a three month stock-out at the national level. Estimate challenged by: D-R-

2013: Estimate of 63 percent assigned by working group. Estimate is based on extrapolation from survey. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

2012: Estimate of 63 percent assigned by working group. Estimate at the level of DTP3. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

2011: Estimate of 63 percent assigned by working group. Estimate is based on DTP3 level. Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results may reflect doses received during campaign. Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 51 percent modified for recall bias to 72 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 42 percent and 3d dose card only coverage of 36 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Guinea EPI External Review 2011 card or history results of 67 percent modified for recall bias to 62 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 46 percent. Estimate challenged by: D-R-

2009: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-

2008: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-

2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-

2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 53 percent based on 1 survey(s). Guinea 2008 National Survey on Nutrition and Principal Indicators of Child Survival, Preliminary Report card or history results of

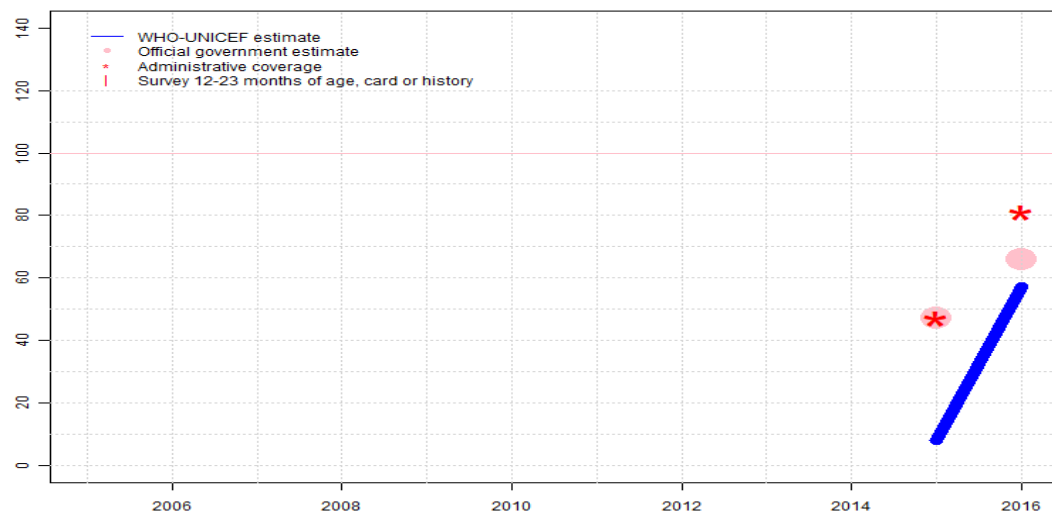
Guinea - Pol3

43 percent modified for recall bias to 53 percent based on 1st dose card or history coverage of 67 percent, 1st dose card only coverage of 47 percent and 3d dose card only coverage of 37 percent. Estimate challenged by: D-R-S-

2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-

Guinea - IPV1

GIN - IPV1



Description:

2016: Estimate is based on estimated DTP3 following introduction. Reported data excluded due to unexplained sudden change in coverage from 47 level to 66 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. WHO and UNICEF recommend assessment of the routine monitoring system. WHO and UNICEF are aware of an on-going MICS survey and await the results. Estimate challenged by: D-R-

2015: IPV introduced during November 2015. Programme reports 47 percent coverage among 17 percent of the national target population. Estimate is based on coverage achieved in the total annual national target birth cohort. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	8	57
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	47	66
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	47	81
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

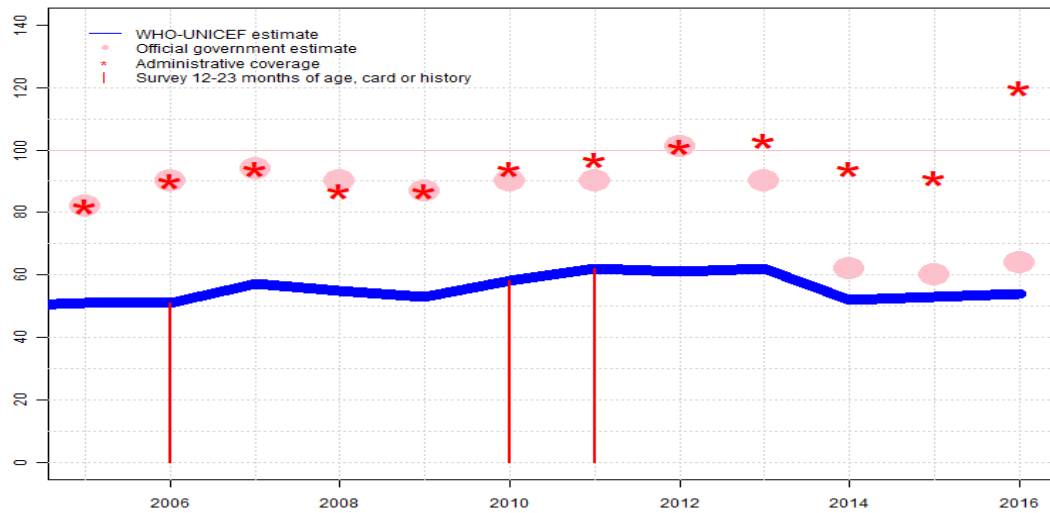
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2015 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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Guinea - MCV1

GIN - MCV1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	51	51	57	55	53	58	62	61	62	52	53	54
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	90	94	90	87	90	90	101	90	62	60	64
Administrative	82	90	94	87	87	94	97	101	103	94	91	120
Survey	NA	51	NA	NA	NA	58	62	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.

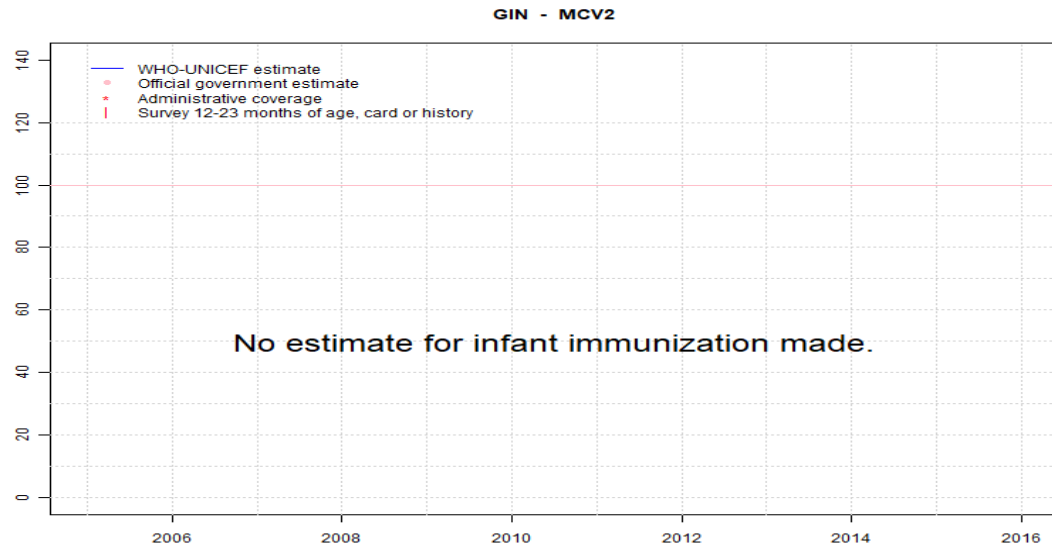
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2016: Reported data calibrated to 2014 levels. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. WHO and UNICEF recommend assessment of the routine monitoring system. WHO and UNICEF are aware of an on-going MICS survey and await the results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate of 53 percent changed from previous revision value of 52 percent. Estimate challenged by: D-R-
- 2014: Estimate of 52 percent assigned by working group. Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate of 62 percent assigned by working group. Estimate is based on extrapolation from survey. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded because 101 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 58 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-
- 2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 51 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-

Guinea - MCV2



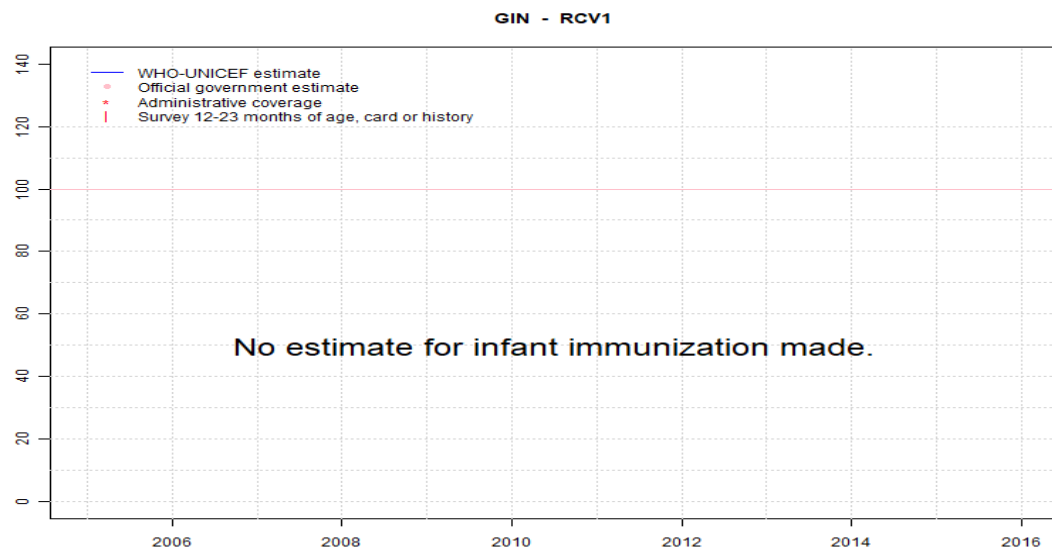
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2015 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.

Guinea - RCV1



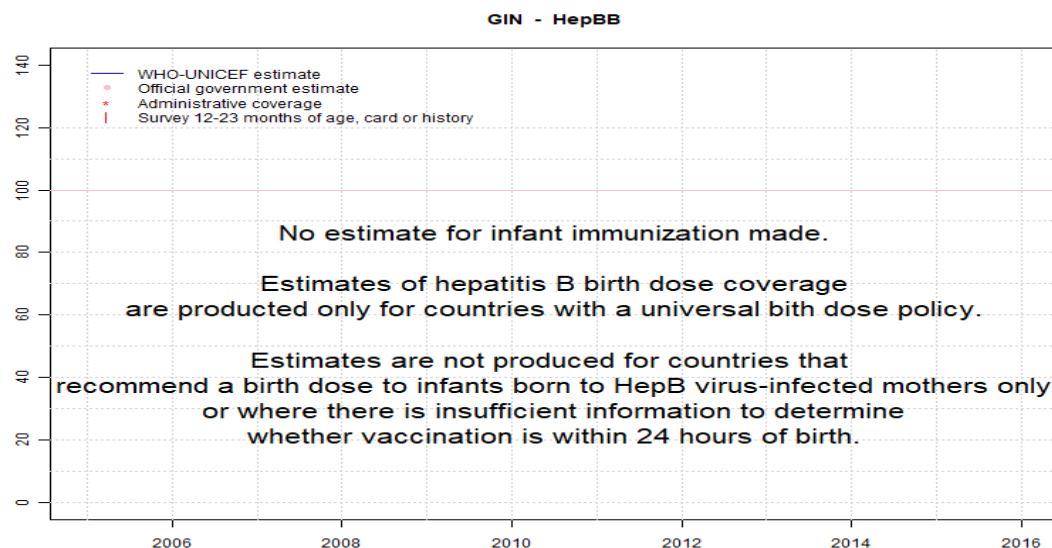
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2015 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.

Guinea - HepBB



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
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

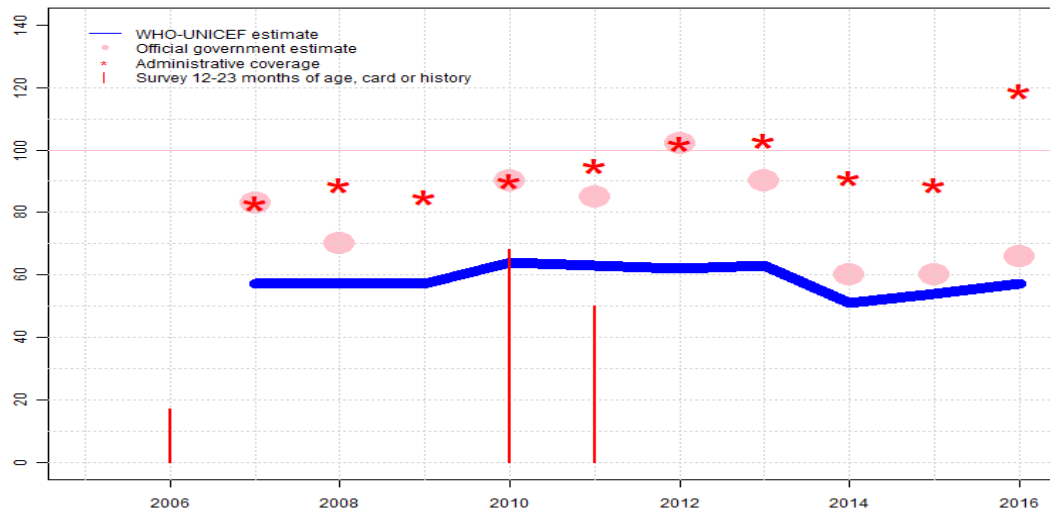
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2015 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.

Guinea - HepB3

GIN - HepB3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	57	57	57	64	63	62	63	51	54	57
Estimate GoC	NA	NA	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	83	70	NA	90	85	102	90	60	60	66
Administrative	NA	NA	83	89	85	90	95	102	103	91	89	119
Survey	NA	17	NA	NA	NA	68	50	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: 2015 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.

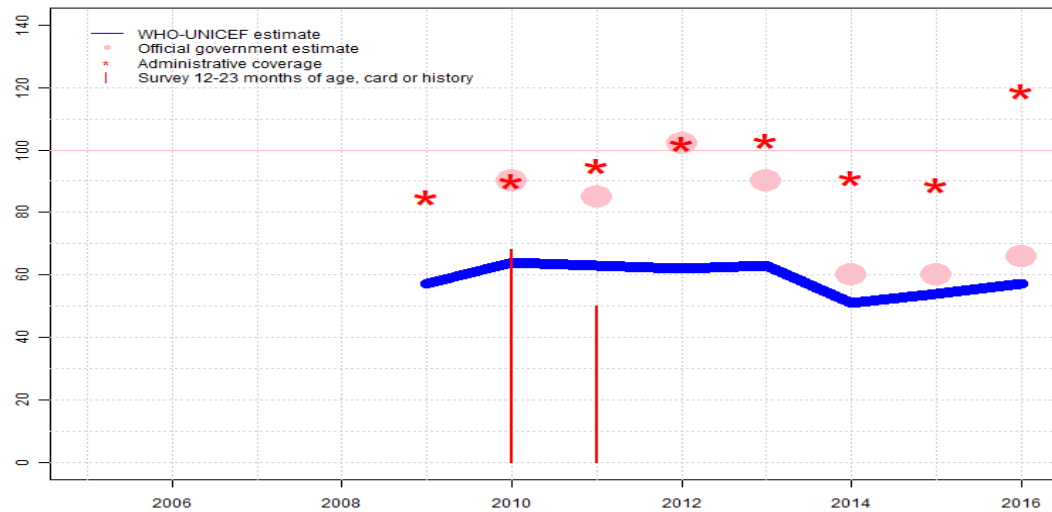
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2014 levels. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. WHO and UNICEF recommend assessment of the routine monitoring system. WHO and UNICEF are aware of an on-going MICS survey and await the results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate of 54 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-
- 2014: Estimate of 51 percent assigned by working group. Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate of 63 percent assigned by working group. Estimate is based on extrapolation from survey. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 50 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 40 percent and 3d dose card only coverage of 33 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Guinea EPI External Review 2011 card or history results of 68 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 47 percent. Estimate challenged by: D-R-
- 2009: Estimate of 57 percent assigned by working group. Estimate is based on DTP3 levels of coverage. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2007 and 2009 levels. Reported data excluded due to decline in reported coverage from 83 percent to 70 percent with increase to 85 percent. Estimate challenged by: D-R-
- 2007: Estimate of 57 percent assigned by working group. Estimate is based on DTP3 levels of coverage. HepB introduced in 2006. Reporting started in 2007. Estimate challenged by: D-R-

Guinea - Hib3

GIN - Hib3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	57	64	63	62	63	51	54	57
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	90	85	102	90	60	60	66
Administrative	NA	NA	NA	NA	85	90	95	102	103	91	89	119
Survey	NA	NA	NA	NA	NA	68	50	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.

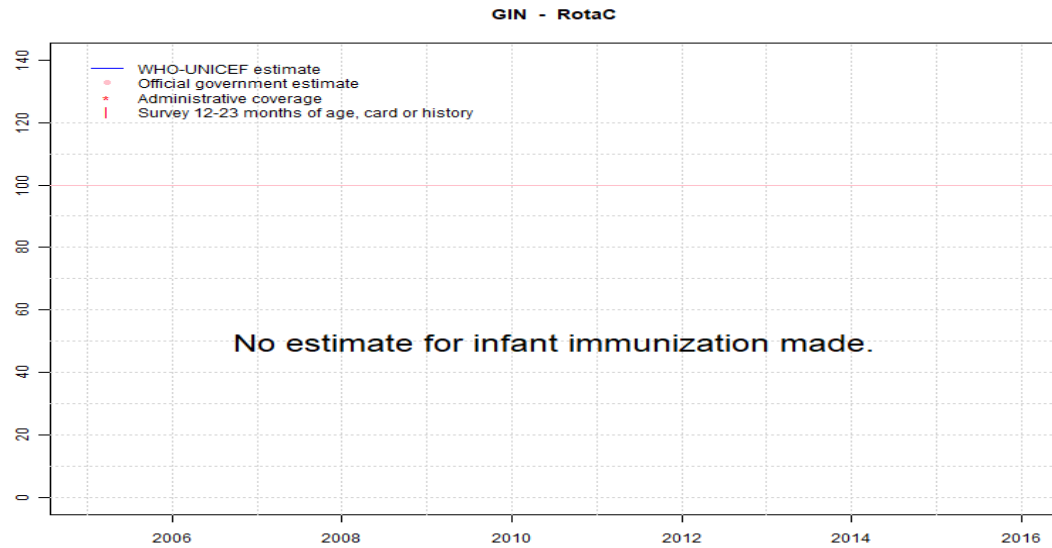
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2016: Reported data calibrated to 2014 levels. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. WHO and UNICEF recommend assessment of the routine monitoring system. WHO and UNICEF are aware of an on-going MICS survey and await the results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate of 54 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-
- 2014: Estimate of 51 percent assigned by working group. Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate of 63 percent assigned by working group. Estimate is based on extrapolation from survey. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 50 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 40 percent and 3d dose card only coverage of 33 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Guinea EPI External Review 2011 card or history results of 68 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 47 percent. Estimate challenged by: D-R-
- 2009: Estimate of 57 percent assigned by working group. Estimate is based on DTP3 levels of coverage. Hib vaccine introduced in 2008. Reporting started in 2009. Vaccine presentation is DTP-HepB-Hib. Estimate challenged by: D-R-

Guinea - RotaC



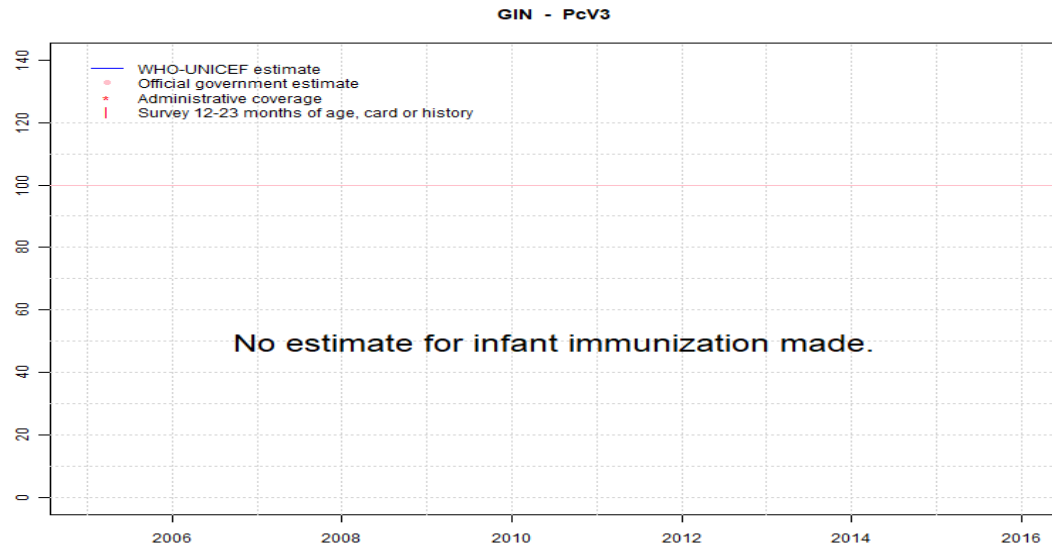
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2015 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.

Guinea - PcV3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
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

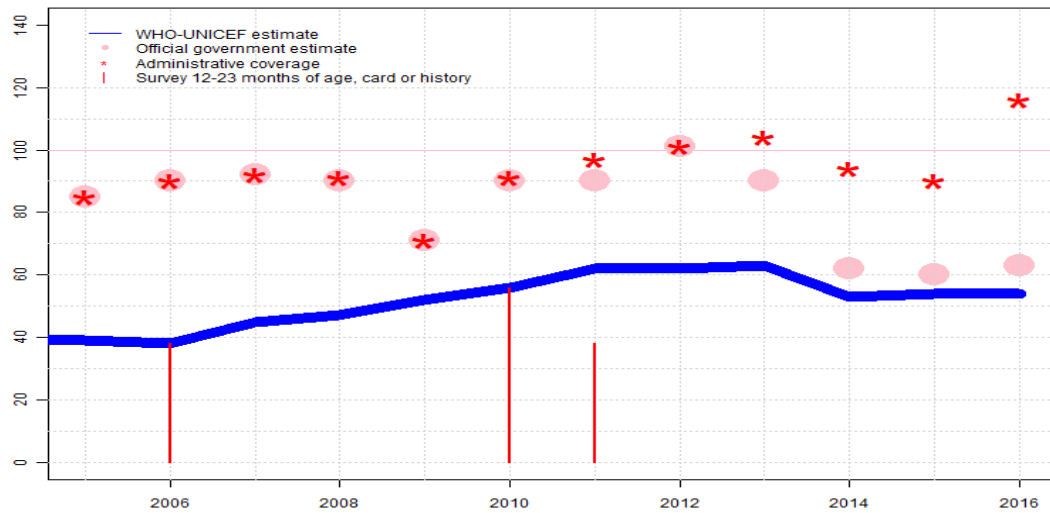
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2015 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.

Guinea - YFV

GIN - YFV



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	39	38	45	47	52	56	62	62	63	53	54	54
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	90	92	90	71	90	90	101	90	62	60	63
Administrative	85	90	92	91	71	91	97	101	104	94	90	116
Survey	NA	38	NA	NA	NA	56	38	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: 2015 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:

- 2016: Reported data calibrated to 2014 levels. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. WHO and UNICEF recommend assessment of the routine monitoring system. WHO and UNICEF are aware of an on-going MICS survey and await the results. Programme reports a vaccine stock out for one-half month at national level. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate of 54 percent changed from previous revision value of 53 percent. Estimate challenged by: D-R-
- 2014: Estimate of 53 percent assigned by working group. Estimate is based on extrapolation from survey adjusted based on difference between reported administrative and official data. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate of 63 percent assigned by working group. Estimate is based on extrapolation from survey. Reported data excluded because 104 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded because 101 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2011: Estimate of 62 percent assigned by working group. Estimate at the level of MCV1. Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results for YFV are inconsistent with those for measles which is recommended around the same time. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 56 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2006 and 2010 levels. Reported data excluded due to decline in reported coverage from 90 percent to 71 percent with increase to 90 percent. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2010 levels. Estimate challenged by: D-R-
- 2006: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 38 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2005: Estimate based on interpolation between 2004 and 2006 levels. Trends between survey and reporting data are inconsistent across antigens. Estimate challenged by: D-R-

Guinea - survey details

2011 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82	12-23 m	1296	44
BCG	Card	43	12-23 m	570	44
BCG	Card or History	82	12-23 m	1296	44
BCG	History	39	12-23 m	726	44
DTP1	C or H <12 months	75	12-23 m	1296	44
DTP1	Card	40	12-23 m	570	44
DTP1	Card or History	76	12-23 m	1296	44
DTP1	History	36	12-23 m	726	44
DTP3	C or H <12 months	47	12-23 m	1296	44
DTP3	Card	33	12-23 m	570	44
DTP3	Card or History	50	12-23 m	1296	44
DTP3	History	17	12-23 m	726	44
HepB1	C or H <12 months	75	12-23 m	1296	44
HepB1	Card	40	12-23 m	570	44
HepB1	Card or History	76	12-23 m	1296	44
HepB1	History	36	12-23 m	726	44
HepB3	C or H <12 months	47	12-23 m	1296	44
HepB3	Card	33	12-23 m	570	44
HepB3	Card or History	50	12-23 m	1296	44
HepB3	History	17	12-23 m	726	44
Hib1	C or H <12 months	75	12-23 m	1296	44
Hib1	Card	40	12-23 m	570	44
Hib1	Card or History	76	12-23 m	1296	44
Hib1	History	36	12-23 m	726	44
Hib3	C or H <12 months	47	12-23 m	1296	44
Hib3	Card	33	12-23 m	570	44
Hib3	Card or History	50	12-23 m	1296	44
Hib3	History	17	12-23 m	726	44
MCV1	C or H <12 months	50	12-23 m	1296	44
MCV1	Card	32	12-23 m	570	44
MCV1	Card or History	62	12-23 m	1296	44
MCV1	History	30	12-23 m	726	44
Pol1	C or H <12 months	84	12-23 m	1296	44
Pol1	Card	42	12-23 m	570	44
Pol1	Card or History	84	12-23 m	1296	44

Pol1	History	42	12-23 m	726	44
Pol3	C or H <12 months	49	12-23 m	1296	44
Pol3	Card	36	12-23 m	570	44
Pol3	Card or History	51	12-23 m	1296	44
Pol3	History	15	12-23 m	726	44
YFV	C or H <12 months	31	12-23 m	1296	44
YFV	Card	11	12-23 m	570	44
YFV	Card or History	38	12-23 m	1296	44
YFV	History	26	12-23 m	726	44

2010 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82	24-35 m	1192	44
DTP1	C or H <12 months	74	24-35 m	1192	44
DTP3	C or H <12 months	48	24-35 m	1192	44
HepB1	C or H <12 months	74	24-35 m	1192	44
HepB3	C or H <12 months	48	24-35 m	1192	44
Hib1	C or H <12 months	74	24-35 m	1192	44
Hib3	C or H <12 months	48	24-35 m	1192	44
MCV1	C or H <12 months	54	24-35 m	1192	44
Pol1	C or H <12 months	86	24-35 m	1192	44
Pol3	C or H <12 months	50	24-35 m	1192	44
YFV	C or H <12 months	29	24-35 m	1192	44

2010 Revue externe du programme élargi de vaccination de la Guinée, 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	91	12-23 m	8418	75
BCG	Card or History	96	12-23 m	8418	75
DTP1	Card	63	12-23 m	8418	75
DTP1	Card or History	86	12-23 m	8418	75
DTP3	Card	47	12-23 m	8418	75
DTP3	Card or History	68	12-23 m	8418	75
HepB1	Card	63	12-23 m	8418	75
HepB1	Card or History	86	12-23 m	8418	75

Guinea - survey details

HepB3	Card	47	12-23 m	8418	75
HepB3	Card or History	68	12-23 m	8418	75
Hib1	Card	63	12-23 m	8418	75
Hib1	Card or History	86	12-23 m	8418	75
Hib3	Card	47	12-23 m	8418	75
Hib3	Card or History	68	12-23 m	8418	75
MCV1	Card	40	12-23 m	8418	75
MCV1	Card or History	58	12-23 m	8418	75
Pol1	Card	63	12-23 m	8418	75
Pol1	Card or History	85	12-23 m	8418	75
Pol3	Card	46	12-23 m	8418	75
Pol3	Card or History	67	12-23 m	8418	75
YFV	Card	39	12-23 m	8418	75
YFV	Card or History	56	12-23 m	8418	75

DTP3	C or H <12 months	45	48-59 m	1252	44
HepB1	C or H <12 months	76	48-59 m	1252	44
HepB3	C or H <12 months	45	48-59 m	1252	44
Hib1	C or H <12 months	76	48-59 m	1252	44
Hib3	C or H <12 months	45	48-59 m	1252	44
MCV1	C or H <12 months	52	48-59 m	1252	44
Pol1	C or H <12 months	86	48-59 m	1252	44
Pol3	C or H <12 months	45	48-59 m	1252	44
YFV	C or H <12 months	31	48-59 m	1252	44

2006 Republique de Guinée, Enquête nationale sur l'état nutritionnel et le suivi des principaux indicateurs de survie de l'enfant, Rapport provisoire 2008

2009 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	84	36-47 m	1253	44
DTP1	C or H <12 months	76	36-47 m	1253	44
DTP3	C or H <12 months	44	36-47 m	1253	44
HepB1	C or H <12 months	76	36-47 m	1253	44
HepB3	C or H <12 months	44	36-47 m	1253	44
Hib1	C or H <12 months	76	36-47 m	1253	44
Hib3	C or H <12 months	44	36-47 m	1253	44
MCV1	C or H <12 months	53	36-47 m	1253	44
Pol1	C or H <12 months	87	36-47 m	1253	44
Pol3	C or H <12 months	47	36-47 m	1253	44
YFV	C or H <12 months	39	36-47 m	1253	44

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	81	12-23 m	2474	52
BCG	Card	50	12-23 m	2474	52
BCG	Card or History	81	12-23 m	2474	52
BCG	History	31	12-23 m	2474	52
DTP1	C or H <12 months	66	12-23 m	2474	52
DTP1	Card	47	12-23 m	2474	52
DTP1	Card or History	75	12-23 m	2474	52
DTP1	History	28	12-23 m	2474	52
DTP3	C or H <12 months	43	12-23 m	2474	52
DTP3	Card	36	12-23 m	2474	52
DTP3	Card or History	51	12-23 m	2474	52
DTP3	History	14	12-23 m	2474	52
HepB1	C or H <12 months	20	12-23 m	2474	52
HepB1	Card	20	12-23 m	2474	52
HepB1	Card or History	32	12-23 m	2474	52
HepB1	History	12	12-23 m	2474	52
HepB3	C or H <12 months	11	12-23 m	2474	52
HepB3	Card	11	12-23 m	2474	52
HepB3	Card or History	17	12-23 m	2474	52
HepB3	History	6	12-23 m	2474	52
MCV1	C or H <12 months	37	12-23 m	2474	52
MCV1	Card	32	12-23 m	2474	52
MCV1	Card or History	51	12-23 m	2474	52

2008 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82	48-59 m	1252	44
DTP1	C or H <12 months	76	48-59 m	1252	44

Guinea - survey details

MCV1	History	19	12-23 m	2474	52
Pol1	C or H <12 months	60	12-23 m	2474	52
Pol1	Card	47	12-23 m	2474	52
Pol1	Card or History	67	12-23 m	2474	52
Pol1	History	20	12-23 m	2474	52
Pol3	C or H <12 months	36	12-23 m	2474	52
Pol3	Card	37	12-23 m	2474	52
Pol3	Card or History	43	12-23 m	2474	52
Pol3	History	6	12-23 m	2474	52
YFV	C or H <12 months	24	12-23 m	2474	52
YFV	Card	24	12-23 m	2474	52
YFV	Card or History	38	12-23 m	2474	52
YFV	History	14	12-23 m	2474	52

2004 Enquête Démographique et de Santé, Guinée, 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	79	12-23 m	1118	54
BCG	Card	52	12-23 m	1118	54
BCG	Card or History	79	12-23 m	1118	54
BCG	History	27	12-23 m	1118	54
DTP1	C or H <12 months	77	12-23 m	1118	54
DTP1	Card	51	12-23 m	1118	54
DTP1	Card or History	77	12-23 m	1118	54
DTP1	History	26	12-23 m	1118	54
DTP3	C or H <12 months	49	12-23 m	1118	54
DTP3	Card	40	12-23 m	1118	54
DTP3	Card or History	51	12-23 m	1118	54
DTP3	History	11	12-23 m	1118	54
MCV1	C or H <12 months	43	12-23 m	1118	54
MCV1	Card	34	12-23 m	1118	54
MCV1	Card or History	50	12-23 m	1118	54
MCV1	History	16	12-23 m	1118	54
Pol1	C or H <12 months	83	12-23 m	1118	54
Pol1	Card	52	12-23 m	1118	54
Pol1	Card or History	83	12-23 m	1118	54
Pol1	History	31	12-23 m	1118	54
Pol3	C or H <12 months	48	12-23 m	1118	54
Pol3	Card	41	12-23 m	1118	54

Pol3	Card or History	50	12-23 m	1118	54
Pol3	History	9	12-23 m	1118	54
YFV	C or H <12 months	33	12-23 m	1118	54
YFV	Card	27	12-23 m	1118	54
YFV	Card or History	39	12-23 m	1118	54
YFV	History	12	12-23 m	1118	54

2002 Guinea MICS 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	88	12-23 m	-	53
DTP1	Card or History	80	12-23 m	-	53
DTP3	Card or History	55	12-23 m	-	53
MCV1	Card or History	66	12-23 m	-	53
Pol1	Card or History	76	12-23 m	-	53
Pol3	Card or History	42	12-23 m	-	53

1999 Revue du Programme Elargi de Vaccination, Guinea 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	82	12-23 m	707	-
DTP1	Card or History	57	12-23 m	707	-
DTP3	Card or History	43	12-23 m	707	-
MCV1	Card or History	40	12-23 m	707	-
Pol1	Card or History	56	12-23 m	707	-
Pol3	Card or History	43	12-23 m	707	-

1998 Enquête Démographique et de Santé Guinée 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	76	12-23 m	921	46
BCG	Card	46	12-23 m	921	46
BCG	Card or History	76	12-23 m	921	46
BCG	History	30	12-23 m	921	46
DTP1	C or H <12 months	71	12-23 m	921	46
DTP1	Card	44	12-23 m	921	46
DTP1	Card or History	72	12-23 m	921	46

Guinea - survey details

DTP1	History	28	12-23 m	921	46
DTP3	C or H <12 months	43	12-23 m	921	46
DTP3	Card	35	12-23 m	921	46
DTP3	Card or History	46	12-23 m	921	46
DTP3	History	11	12-23 m	921	46
MCV1	C or H <12 months	44	12-23 m	921	46
MCV1	Card	32	12-23 m	921	46
MCV1	Card or History	52	12-23 m	921	46
MCV1	History	20	12-23 m	921	46
Pol1	C or H <12 months	74	12-23 m	921	46
Pol1	Card	45	12-23 m	921	46
Pol1	Card or History	75	12-23 m	921	46
Pol1	History	30	12-23 m	921	46
Pol3	C or H <12 months	40	12-23 m	921	46
Pol3	Card	35	12-23 m	921	46
Pol3	Card or History	43	12-23 m	921	46
Pol3	History	8	12-23 m	921	46

YFV	C or H <12 months	7	12-23 m	921	46
YFV	Card	4	12-23 m	921	46
YFV	Card or History	8	12-23 m	921	46
YFV	History	4	12-23 m	921	46

1997 Enquête Démographique et de Santé Guinée 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	74	24-35 m	985	46
DTP1	C or H <12 months	67	24-35 m	985	46
DTP3	C or H <12 months	39	24-35 m	985	46
MCV1	C or H <12 months	39	24-35 m	985	46
Pol1	C or H <12 months	68	24-35 m	985	46
Pol3	C or H <12 months	33	24-35 m	985	46

Further information and estimates for previous years are available at:

<http://www.data.unicef.org/child-health/immunization>

http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html