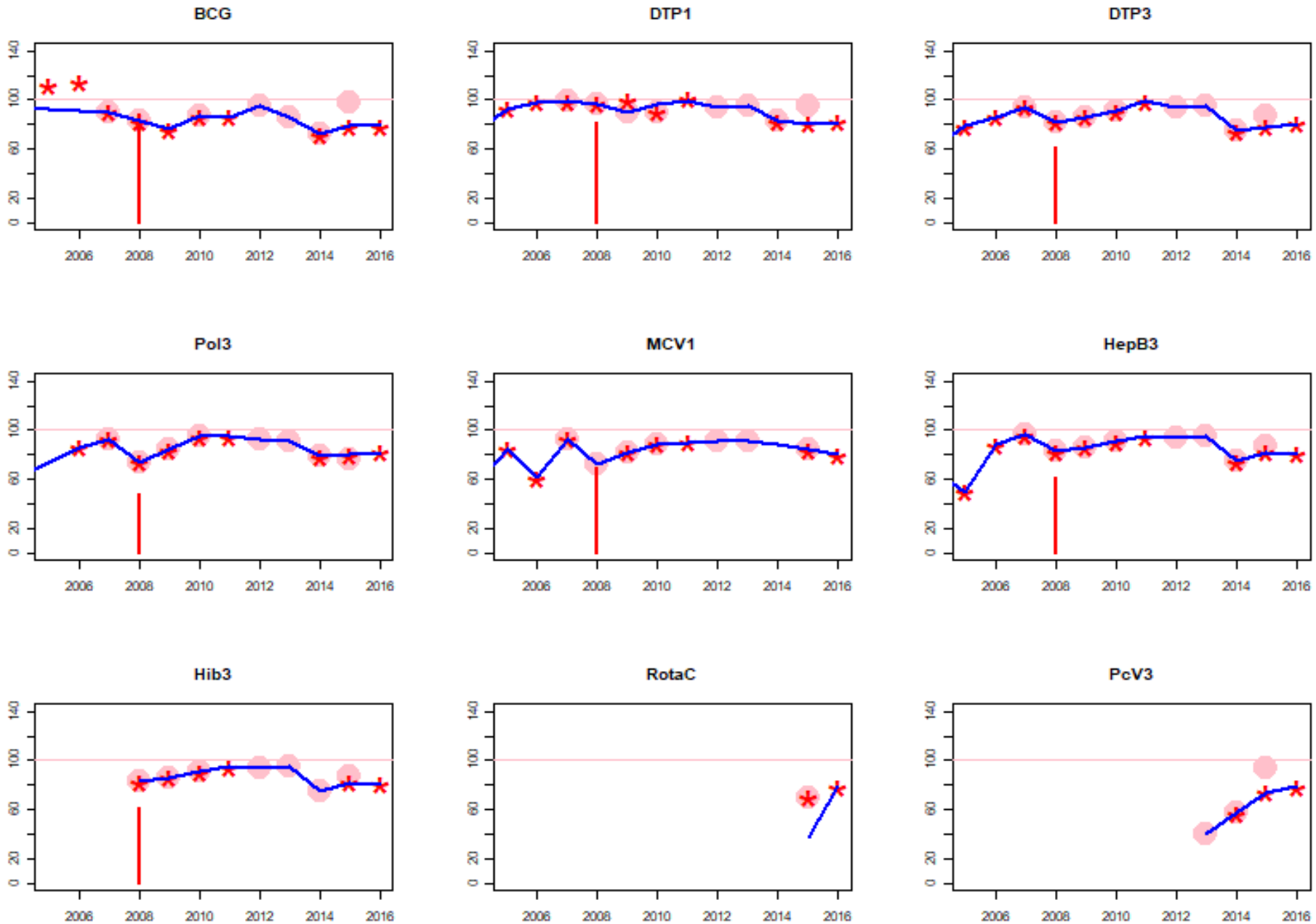


Kiribati: WHO and UNICEF estimates of immunization coverage: 2016 revision



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.

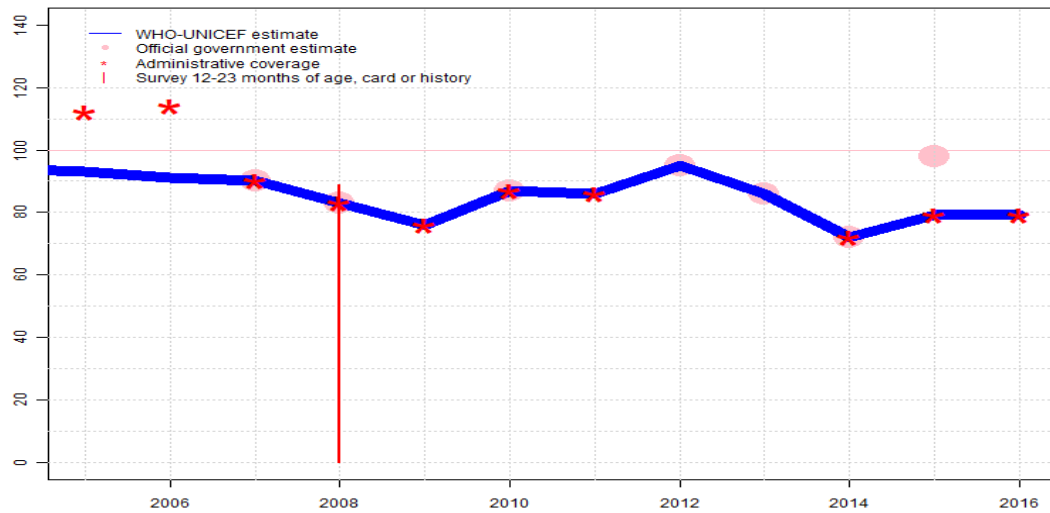
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

KIR - BCG



Description:

- 2016: Estimate based on reported administrative data. Decline in reported target population for 2016 compared to 2015 is unexplained. Estimate challenged by: D-
- 2015: Estimate based on reported administrative data. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Programme reports two month national level vaccine stock-out. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. Estimate of 79 percent changed from previous revision value of 98 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports a two month stock-out at national level. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. GoC=R+ D+
- 2009: Estimate based on reported administrative data. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. Survey results ignored. Sample size 233 less than 300. Decline in coverage reflects a delay in receipt vaccines supplies and dissemination of vaccines to community-based nurses compounded by confusion related to the introduction of DTP-HepB-Hib vaccine a change in the measles schedule from 9 months to 12 months. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on interpolation between data reported by national government. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: D-
- 2005: Estimate based on interpolation between data reported by national government. Reported data excluded because 112 percent greater than 100 percent. GoC=R+ D+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	93	91	90	83	76	87	86	95	86	72	79	79
Estimate GoC	••	•	••	••	••	••	••	••	••	••	••	•
Official	NA	NA	90	83	NA	87	NA	95	86	72	98	NA
Administrative	112	114	90	83	76	87	86	NA	NA	72	79	79
Survey	NA	NA	NA	89	NA	NA	NA	NA	NA	NA	NA	NA

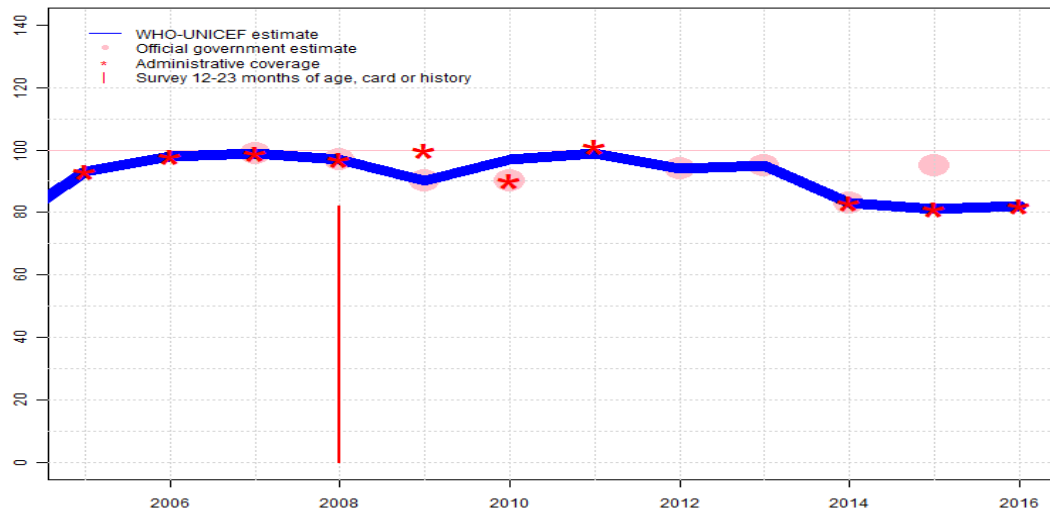
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kiribati - DTP1

KIR - DTP1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	93	98	99	97	90	97	99	94	95	83	81	82
Estimate GoC	••	••	••	••	••	•	•	••	••	••	••	••
Official	NA	NA	99	97	90	90	NA	94	95	83	95	NA
Administrative	93	98	99	97	100	90	101	NA	NA	83	81	82
Survey	NA	NA	NA	82	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.

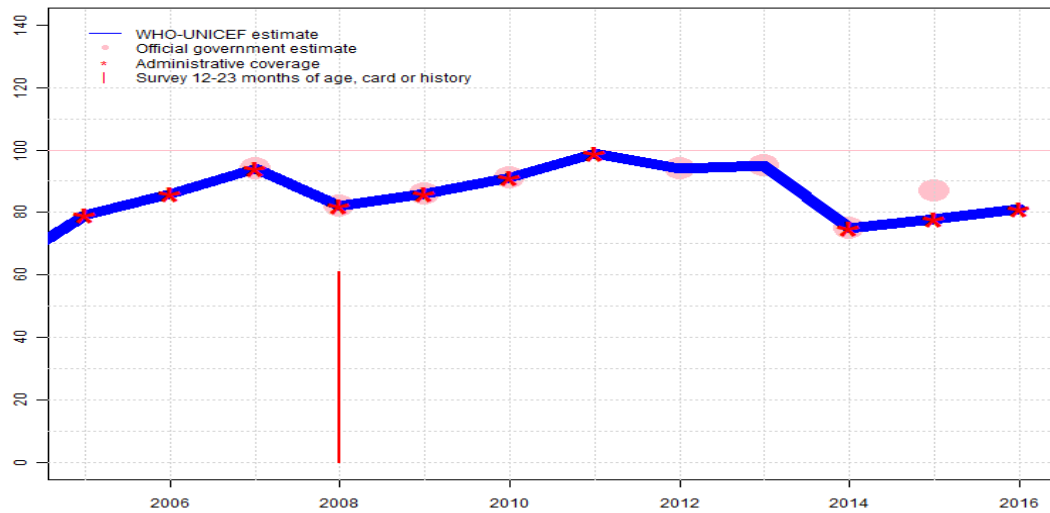
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on reported administrative data. Decline in reported target population for 2016 compared to 2015 is unexplained. GoC=R+ D+
- 2015: Estimate based on reported administrative data. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. Estimate of 81 percent changed from previous revision value of 95 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: DTP1 coverage estimated based on DTP3 coverage of 99. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2010: DTP1 coverage estimated based on DTP3 coverage of 91. Estimate challenged by: R-
- 2009: Estimate based on coverage reported by national government. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. Survey results ignored. Sample size 233 less than 300. Decline in coverage reflects a delay in receipt vaccines supplies and dissemination of vaccines to community-based nurses compounded by confusion related to the introduction of DTP-HepB-Hib vaccine a change in the measles schedule from 9 months to 12 months. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on reported administrative data. GoC=R+ D+
- 2005: Estimate based on reported administrative data. GoC=R+ D+

Kiribati - DTP3

KIR - DTP3



Description:

- 2016: Estimate based on reported administrative data. Decline in reported target population for 2016 compared to 2015 is unexplained. GoC=R+ D+
- 2015: Estimate based on reported administrative data. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. Estimate of 78 percent changed from previous revision value of 87 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. Survey results ignored. Sample size 233 less than 300. Kiribati Demographic and Health Survey 2009 card or history results of 61 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 17 percent and 3d dose card only coverage of 14 percent. Decline in coverage reflects a delay in receipt vaccines supplies and dissemination of vaccines to community-based nurses compounded by confusion related to the introduction of DTP-HepB-Hib vaccine a change in the measles schedule from 9 months to 12 months. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on reported administrative data. GoC=R+ D+
- 2005: Estimate based on reported administrative data. GoC=R+ D+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	79	86	94	82	86	91	99	94	95	75	78	81
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	NA	NA	94	82	86	91	NA	94	95	75	87	NA
Administrative	79	86	94	82	86	91	99	NA	NA	75	78	81
Survey	NA	NA	NA	61	NA	NA	NA	NA	NA	NA	NA	NA

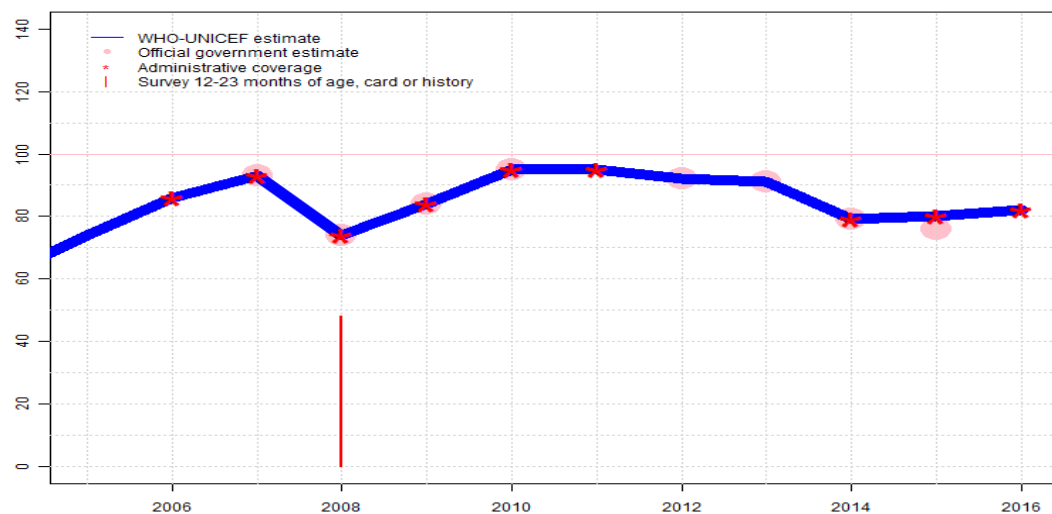
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kiribati - Pol3

KIR - Pol3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	74	86	93	74	84	95	95	92	91	79	80	82
Estimate GoC	•	••	••	••	••	•	••	••	••	••	••	••
Official	NA	NA	93	74	84	95	NA	92	91	79	76	NA
Administrative	NA	86	93	74	84	95	95	NA	NA	79	80	82
Survey	NA	NA	NA	48	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.

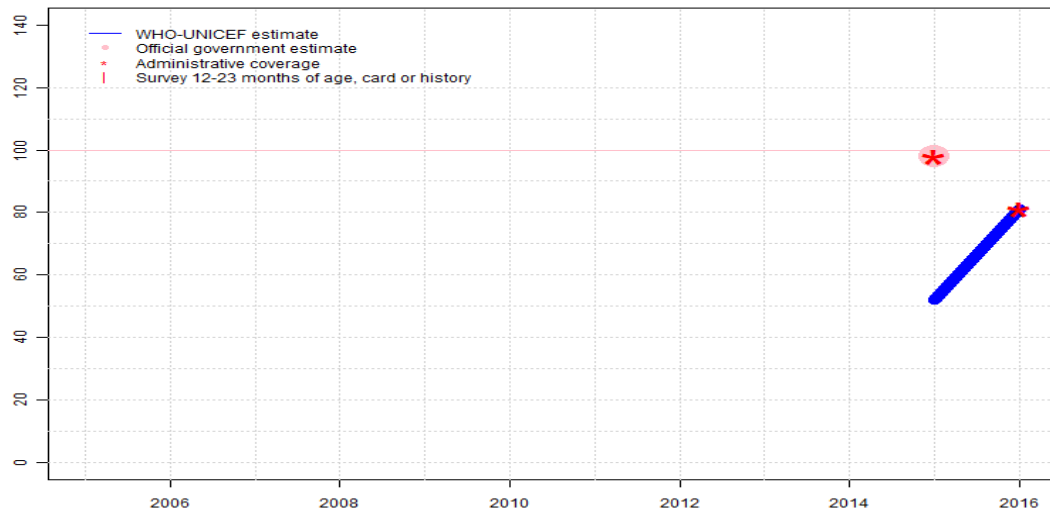
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on reported administrative data. Decline in reported target population for 2016 compared to 2015 is unexplained. GoC=R+ D+
- 2015: Estimate based on reported administrative data. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Programme reports one month national level vaccine stock-out. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. Estimate of 80 percent changed from previous revision value of 76 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. Survey results ignored. Sample size 233 less than 300. Kiribati Demographic and Health Survey 2009 card or history results of 48 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 21 percent and 3d dose card only coverage of 17 percent. Decline in coverage reflects a delay in receipt vaccines supplies and dissemination of vaccines to community-based nurses compounded by confusion related to the introduction of DTP-HepB-Hib vaccine a change in the measles schedule from 9 months to 12 months. Fluctuations attributed to small birth cohort. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on reported administrative data. GoC=R+ D+
- 2005: Estimate based on interpolation between data reported by national government. Estimate challenged by: D-

Kiribati - IPV1

KIR - IPV1



Description:

2016: Estimate based on reported administrative estimate. Decline in reported target population for 2016 compared to 2015 is unexplained. Estimate is based on reported coverage following introduction period. GoC=R+ D+

2015: IPV introduced in June 2015. Programme reports 98 percent coverage in 53 percent of the national target population. Estimate is based on the total annual national target population. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. 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	52	81
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98	81
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

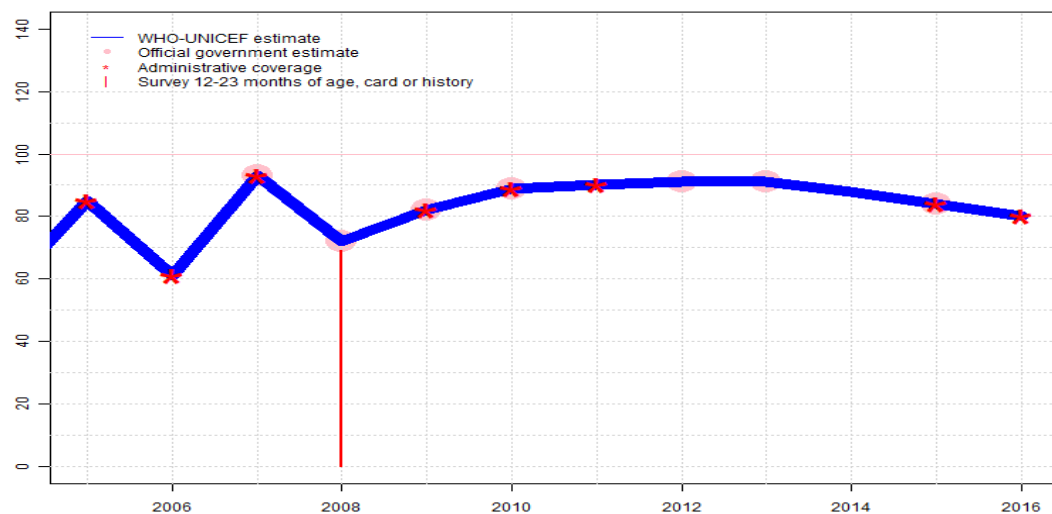
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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.

Kiribati - MCV1

KIR - MCV1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	85	61	93	72	82	89	90	91	91	88	84	80
Estimate GoC	•	••	••	••	••	••	••	••	••	•	••	••
Official	NA	NA	93	72	82	89	NA	91	91	NA	84	NA
Administrative	85	61	93	NA	82	89	90	NA	NA	NA	84	80
Survey	NA	NA	NA	69	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.

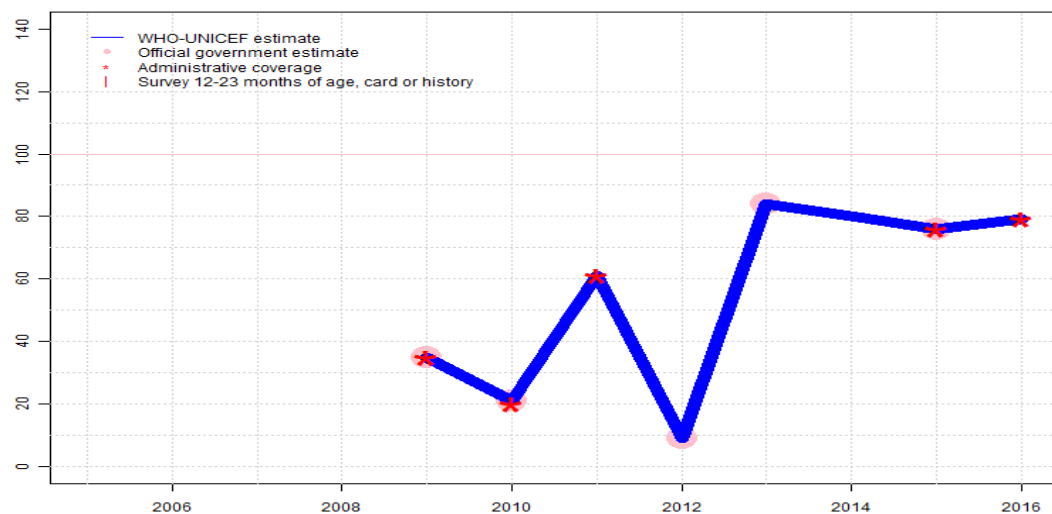
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on reported administrative data. Decline in reported target population for 2016 compared to 2015 is unexplained. GoC=R+ D+
- 2015: Estimate based on reported administrative data. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. GoC=R+ D+
- 2014: Estimate based on interpolation between data reported by national government. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=No accepted empirical data
- 2013: Estimate based on coverage reported by national government. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. Survey results ignored. Sample size 233 less than 300. Fluctuations attributed to small birth cohort. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort. GoC=R+ D+
- 2006: Estimate based on reported administrative data. Fluctuations attributed to small birth cohort. GoC=R+ D+
- 2005: Estimate based on reported administrative data. Fluctuations attributed to small birth cohort. Estimate challenged by: D-

Kiribati - MCV2

KIR - MCV2



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	35	21	61	9	84	80	76	79
Estimate GoC	NA	NA	NA	NA	••	••	•	••	••	•	••	••
Official	NA	NA	NA	NA	35	21	NA	9	84	NA	76	NA
Administrative	NA	NA	NA	NA	35	20	61	NA	NA	NA	76	79
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.

Description:

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

2016: Estimate based on reported administrative estimate. Decline in reported target population for 2016 compared to 2015 is unexplained. GoC=R+ D+

2015: Estimate based on reported administrative estimate. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. GoC=R+ D+

2014: Estimate based on interpolation between reported values. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=No accepted empirical data

2013: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort. GoC=R+

2012: Estimate based on coverage reported by national government. Decline from 2011 to 2012 is unexplained. Fluctuations attributed to small birth cohort. GoC=R+

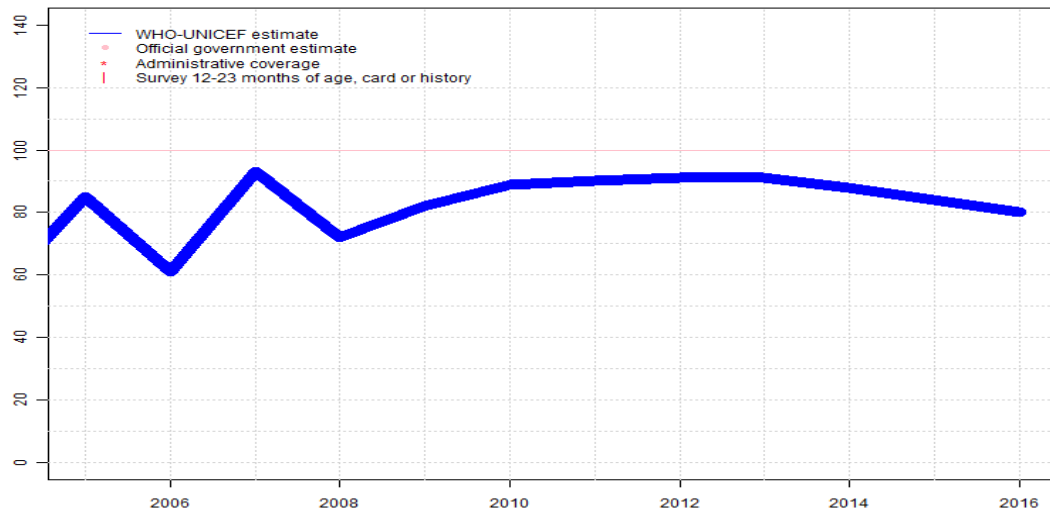
2011: Estimate based on reported administrative estimate. Fluctuations attributed to small birth cohort. Estimate challenged by: D-

2010: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort. GoC=R+ D+

2009: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort. GoC=R+ D+

Kiribati - RCV1

KIR - 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.

2016: Estimate based on estimated MCV1. Decline in reported target population for 2016 compared to 2015 is unexplained. GoC=R+ D+

2015: Estimate based on estimated MCV1. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. GoC=R+ D+

2014: Estimate based on estimated MCV1. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=No accepted empirical data

2013: Estimate based on estimated MCV1. GoC=R+

2012: Estimate based on estimated MCV1. GoC=R+

2011: Estimate based on estimated MCV1. GoC=R+ D+

2010: Estimate based on estimated MCV1. GoC=R+ D+

2009: Estimate based on estimated MCV1. GoC=R+ D+

2008: Estimate based on estimated MCV1. GoC=R+ D+

2007: Estimate based on estimated MCV1. GoC=R+ D+

2006: Estimate based on estimated MCV1. GoC=R+ D+

2005: Estimate based on estimated MCV1. Estimate challenged by: D-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	85	61	93	72	82	89	90	91	91	88	84	80
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

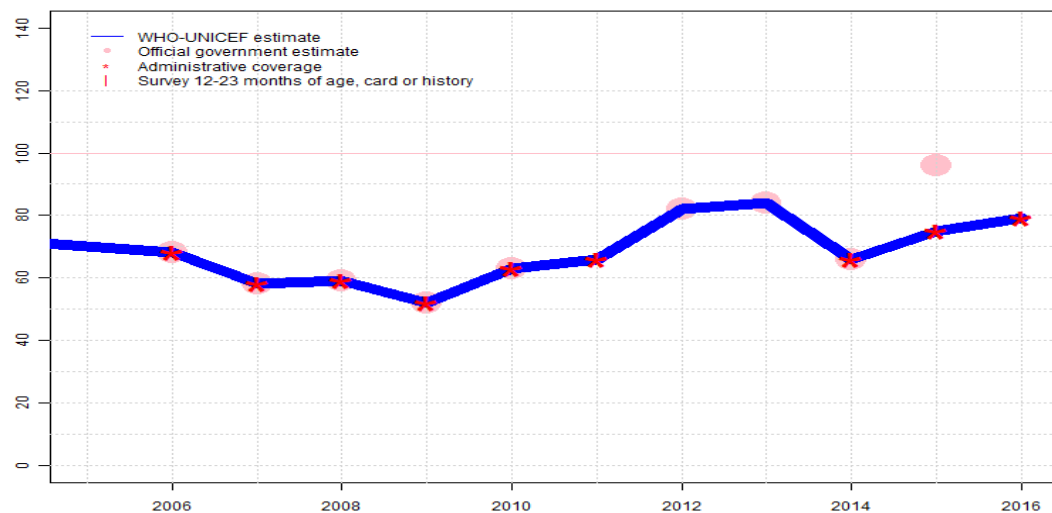
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kiribati - HepBB

KIR - HepBB



Description:

- 2016: Estimate based on reported administrative estimate. Decline in reported target population for 2016 compared to 2015 is unexplained. Estimate challenged by: D-
- 2015: Estimate based on reported administrative estimate. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. Estimate of 75 percent changed from previous revision value of 96 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on reported administrative estimate. GoC=R+ D+
- 2010: Estimate based on coverage reported by national government. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on coverage reported by national government. GoC=R+ D+
- 2005: Estimate based on interpolation between reported values. GoC=No accepted empirical data

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	70	68	58	59	52	63	66	82	84	66	75	79
Estimate GoC	•	••	••	••	••	••	••	••	••	••	••	•
Official	NA	68	58	59	52	63	NA	82	84	66	96	NA
Administrative	NA	68	58	59	52	63	66	NA	NA	66	75	79
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

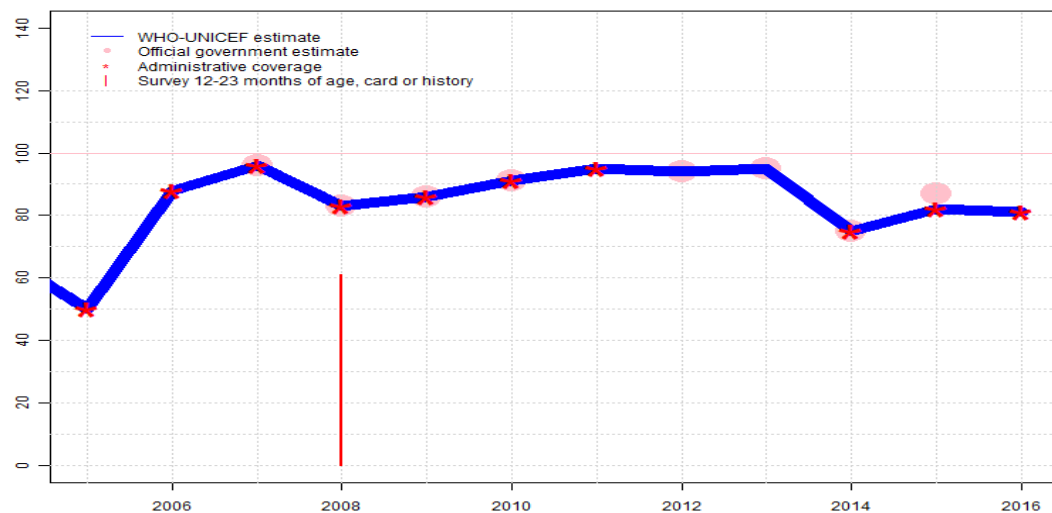
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kiribati - HepB3

KIR - HepB3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	50	88	96	83	86	91	95	94	95	75	82	81
Estimate GoC	•	••	••	••	••	••	•	••	••	••	••	••
Official	NA	NA	96	83	86	91	NA	94	95	75	87	NA
Administrative	50	88	96	83	86	91	95	NA	NA	75	82	81
Survey	NA	NA	NA	61	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.

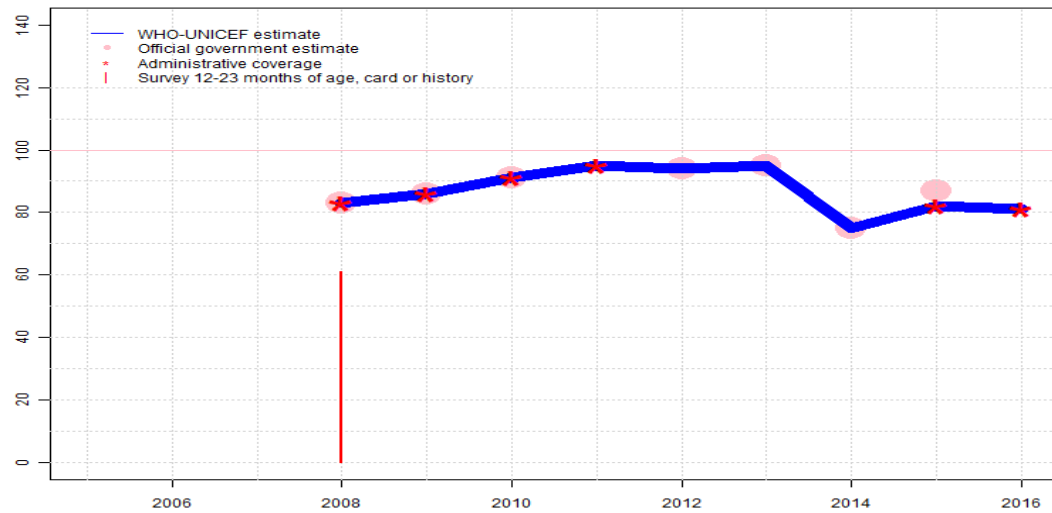
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on reported administrative data. Decline in reported target population for 2016 compared to 2015 is unexplained. GoC=R+ D+
- 2015: Estimate based on reported administrative data. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. Estimate of 82 percent changed from previous revision value of 87 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on reported administrative data. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. Survey results ignored. Sample size 233 less than 300. Kiribati Demographic and Health Survey 2009 card or history results of 61 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 17 percent and 3d dose card only coverage of 14 percent. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on reported administrative data. GoC=R+ D+
- 2005: Estimate based on reported administrative data. Fluctuations attributed to small birth cohort. Estimate challenged by: D-

Kiribati - Hib3

KIR - Hib3



Description:

- 2016: Estimate based on reported administrative estimate. Decline in reported target population for 2016 compared to 2015 is unexplained. GoC=R+ D+
- 2015: Estimate based on reported administrative estimate. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. Estimate of 82 percent changed from previous revision value of 87 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=R+
- 2013: Estimate based on coverage reported by national government. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on reported administrative estimate. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. GoC=R+ D+
- 2009: Estimate based on coverage reported by national government. GoC=R+ D+
- 2008: Estimate based on coverage reported by national government. Survey results ignored. Sample size 233 less than 300. Kiribati Demographic and Health Survey 2009 card or history results of 61 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 17 percent and 3d dose card only coverage of 14 percent. Hib vaccine introduced in 2008 Vaccine presentation is DTP-HepB-Hib. GoC=R+ D+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	83	86	91	95	94	95	75	82	81
Estimate GoC	NA	NA	NA	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	NA	NA	NA	83	86	91	NA	94	95	75	87	NA
Administrative	NA	NA	NA	83	86	91	95	NA	NA	NA	82	81
Survey	NA	NA	NA	61	NA	NA	NA	NA	NA	NA	NA	NA

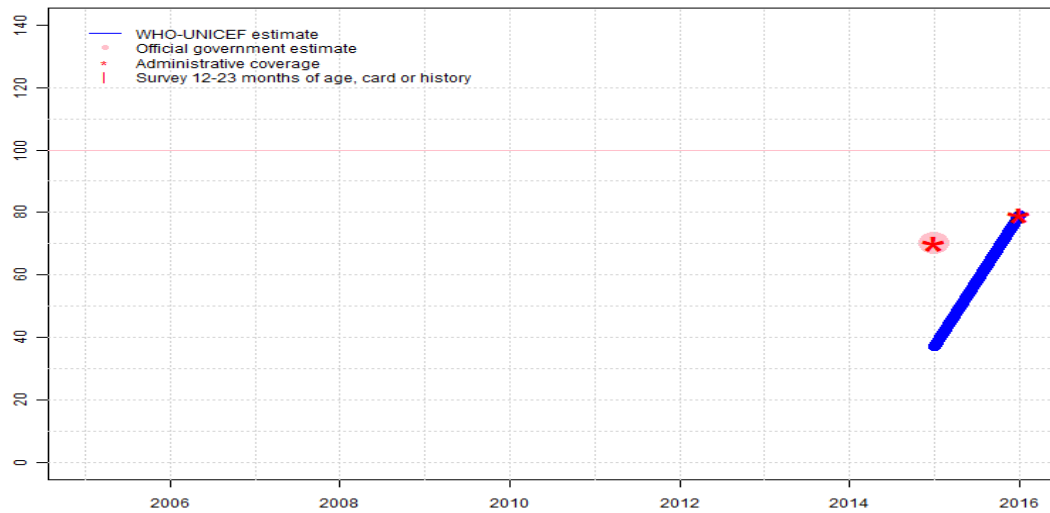
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kiribati - RotaC

KIR - RotaC



Description:

- 2016: Estimate based on reported administrative estimate. Decline in reported target population for 2016 compared to 2015 is unexplained. Estimate is based on reported coverage following introduction period. GoC=R+ D+
- 2015: Rotavirus vaccine introduced in August 2015. Programme reports 71 percent coverage in 53 percent of the national target population. Estimate is based on the total annual national target population. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. 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	37	79
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	70	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	70	79
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

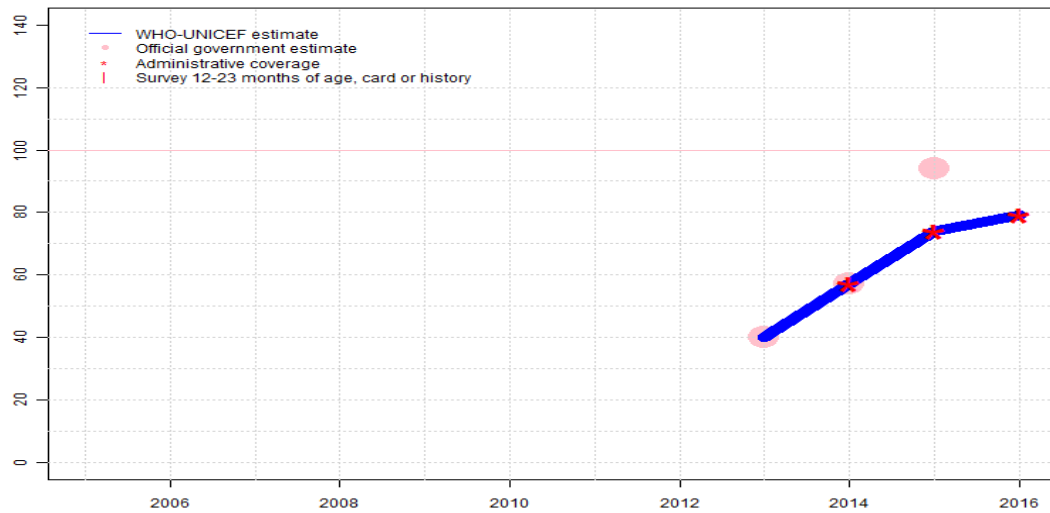
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kiribati - PcV3

KIR - PcV3



Description:

- 2016: Estimate based on reported administrative estimate. Decline in reported target population for 2016 compared to 2015 is unexplained. Programme reports vaccinating fewer children during 2016 compared to 2015. GoC=R+ D+
- 2015: Estimate based on reported administrative estimate. Programme notes their official estimates are based on actual deliveries as the administrative coverage is based on projections from the 2010 census. Programme reports one month national level vaccine stock-out. Adjustment of official estimate from administrative coverage is based on the number of actual deliveries rather than a projection from the 2010 census. However, the one-time use of actual deliveries as the target population rather than the projections from the census creates a slight discontinuity that is reflective of a data correction rather than a change in programme performance. Estimate of 74 percent changed from previous revision value of 94 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Programme reports a three month stock-out at national level. Fluctuations attributed to small birth cohort and incomplete subnational reporting. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Pneumococcal conjugate vaccine introduced during 2013. Programme reports a four month stock-out at the national level. GoC=R+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	40	57	74	79
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	••	••	••	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	40	57	94	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	57	74	79
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.

Kiribati - survey details

2008 Kiribati Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	88	12-23 m	233	22
BCG	Card	20	12-23 m	52	22
BCG	Card or History	89	12-23 m	233	22
BCG	History	69	12-23 m	181	22
DTP1	C or H <12 months	80	12-23 m	233	22
DTP1	Card	17	12-23 m	52	22
DTP1	Card or History	82	12-23 m	233	22
DTP1	History	66	12-23 m	181	22
DTP3	C or H <12 months	58	12-23 m	233	22
DTP3	Card	14	12-23 m	52	22
DTP3	Card or History	61	12-23 m	233	22
DTP3	History	48	12-23 m	181	22
HepB1	C or H <12 months	80	12-23 m	233	22
HepB1	Card	17	12-23 m	52	22
HepB1	Card or History	82	12-23 m	233	22
HepB1	History	66	12-23 m	181	22
HepB3	C or H <12 months	58	12-23 m	233	22
HepB3	Card	14	12-23 m	52	22
HepB3	Card or History	61	12-23 m	233	22
HepB3	History	48	12-23 m	181	22
Hib1	C or H <12 months	80	12-23 m	233	22
Hib1	Card	17	12-23 m	52	22
Hib1	Card or History	82	12-23 m	233	22
Hib1	History	66	12-23 m	181	22
Hib3	C or H <12 months	58	12-23 m	233	22
Hib3	Card	14	12-23 m	52	22
Hib3	Card or History	61	12-23 m	233	22
Hib3	History	48	12-23 m	181	22
MCV1	C or H <12 months	11	12-23 m	233	22
MCV1	Card	9	12-23 m	52	22
MCV1	Card or History	69	12-23 m	233	22
MCV1	History	60	12-23 m	181	22
Pol1	C or H <12 months	80	12-23 m	233	22
Pol1	Card	21	12-23 m	52	22
Pol1	Card or History	82	12-23 m	233	22
Pol1	History	61	12-23 m	181	22
Pol3	C or H <12 months	43	12-23 m	233	22

Pol3	Card	17	12-23 m	52	22
Pol3	Card or History	48	12-23 m	233	22
Pol3	History	32	12-23 m	181	22

2007 Kiribati Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	84	24-35 m	202	22
DTP1	C or H <12 months	82	24-35 m	202	22
DTP3	C or H <12 months	50	24-35 m	202	22
MCV1	C or H <12 months	7	24-35 m	202	22
Pol1	C or H <12 months	79	24-35 m	202	22
Pol3	C or H <12 months	37	24-35 m	202	22

2006 Kiribati Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82	36-47 m	200	22
DTP1	C or H <12 months	84	36-47 m	200	22
DTP3	C or H <12 months	42	36-47 m	200	22
MCV1	C or H <12 months	12	36-47 m	200	22
Pol1	C or H <12 months	80	36-47 m	200	22
Pol3	C or H <12 months	43	36-47 m	200	22

2005 Kiribati Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	72	48-59 m	181	22
DTP1	C or H <12 months	66	48-59 m	181	22
DTP3	C or H <12 months	32	48-59 m	181	22
MCV1	C or H <12 months	15	48-59 m	181	22
Pol1	C or H <12 months	60	48-59 m	181	22
Pol3	C or H <12 months	23	48-59 m	181	22

Kiribati - survey details

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