

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.

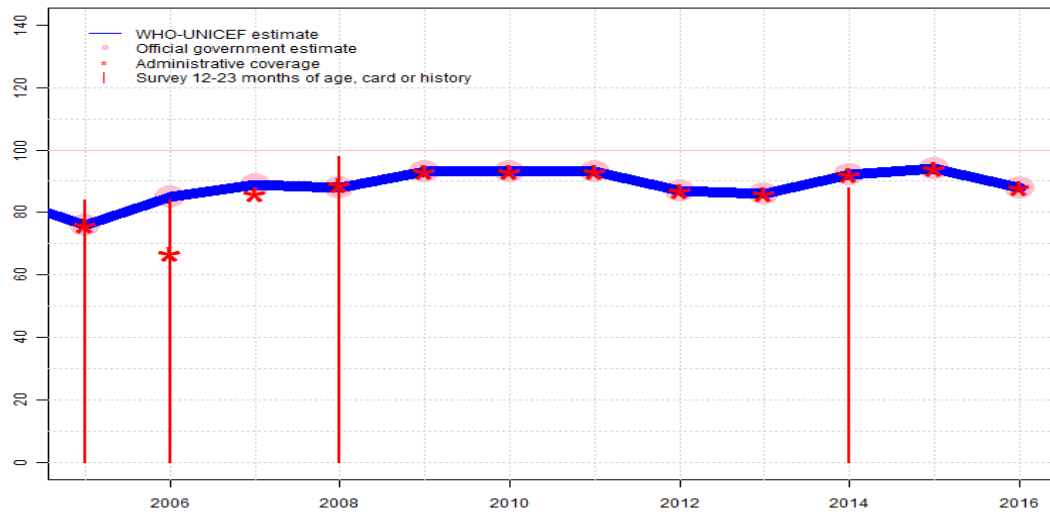
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

MMR - BCG



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	76	85	89	88	93	93	93	87	86	92	94	88
Estimate GoC	•	•••	•	•	•	•	•	•	•	•••	•••	•••
Official	76	85	89	88	93	93	93	87	86	92	94	88
Administrative	76	67	86	89	93	93	93	87	86	92	94	88
Survey	84	84	NA	98	NA	NA	NA	NA	NA	88	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.

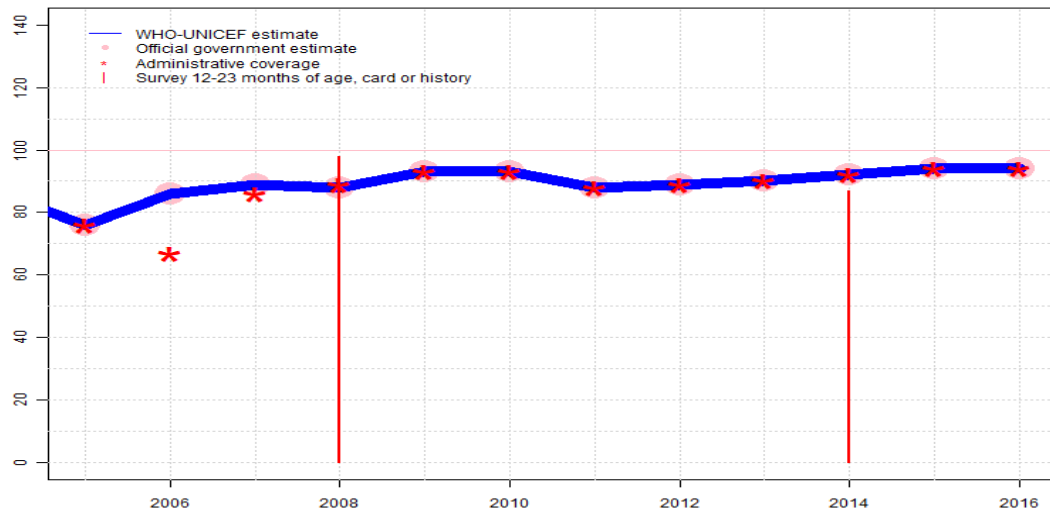
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2015: Estimate based on coverage reported by national government. Estimate of 94 percent changed from previous revision value of 86 percent. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 88 percent based on 1 survey(s). Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. Estimate of 92 percent changed from previous revision value of 86 percent. GoC=R+ S+ D+
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government. Myanmar Multiple Indicator Cluster Survey 2009 - 2010 results ignored by working group. In addition to card and recall, vaccination information was collected from midwives registries and midwives participated in data collection. According to the MICS report, midwives may have a tendency inadvertently to over report coverage. Estimate challenged by: D-
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). GoC=R+ S+ D+
- 2005: Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Estimate challenged by: D-

Myanmar - DTP1

MMR - DTP1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	76	86	89	88	93	93	88	89	90	92	94	94
Estimate GoC	•	••	•	•	•	•	•	•	•	•••	•••	•••
Official	76	86	89	88	93	93	88	89	90	92	94	94
Administrative	76	67	86	89	93	93	88	89	90	92	94	94
Survey	NA	NA	NA	98	NA	NA	NA	NA	NA	87	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.

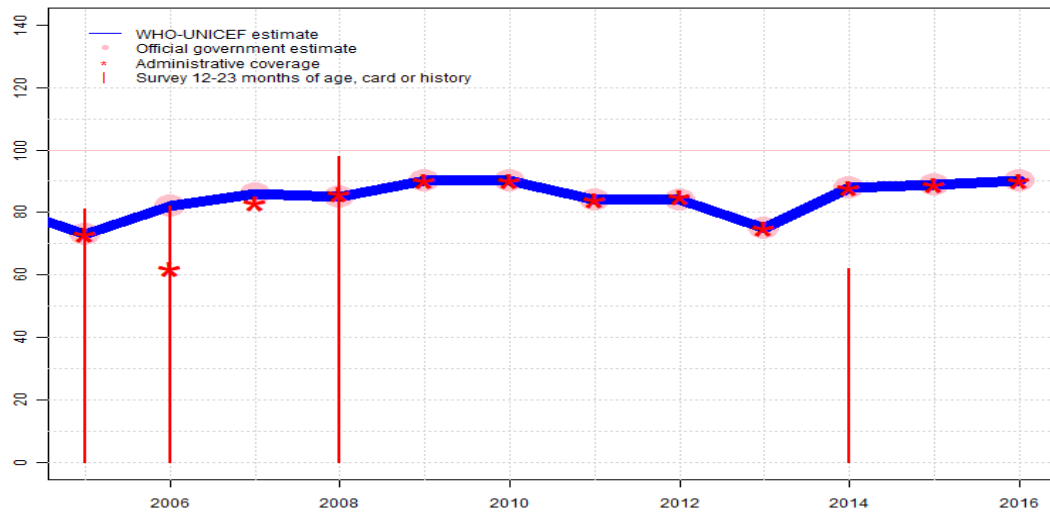
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2015: Estimate based on coverage reported by national government. Estimate of 94 percent changed from previous revision value of 90 percent. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 87 percent based on 1 survey(s). Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. Estimate of 92 percent changed from previous revision value of 90 percent. GoC=R+ S+ D+
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government. Myanmar Multiple Indicator Cluster Survey 2009 - 2010 results ignored by working group. In addition to card and recall, vaccination information was collected from midwives registries and midwives participated in data collection. According to the MICS report, midwives may have a tendency inadvertently to over report coverage. Estimate challenged by: D-
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. GoC=R+ D+
- 2005: Estimate based on coverage reported by national government. Nationally reported decline is consistent with reported decline in DTP3. Estimate challenged by: D-

Myanmar - DTP3

MMR - DTP3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	73	82	86	85	90	90	84	84	75	88	89	90
Estimate GoC	•	•••	•	•	•	•	•	•	•	•••	•••	•
Official	73	82	86	85	90	90	84	84	75	88	89	90
Administrative	73	62	83	86	90	90	84	85	75	88	89	90
Survey	81	82	NA	98	NA	NA	NA	NA	NA	62	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.

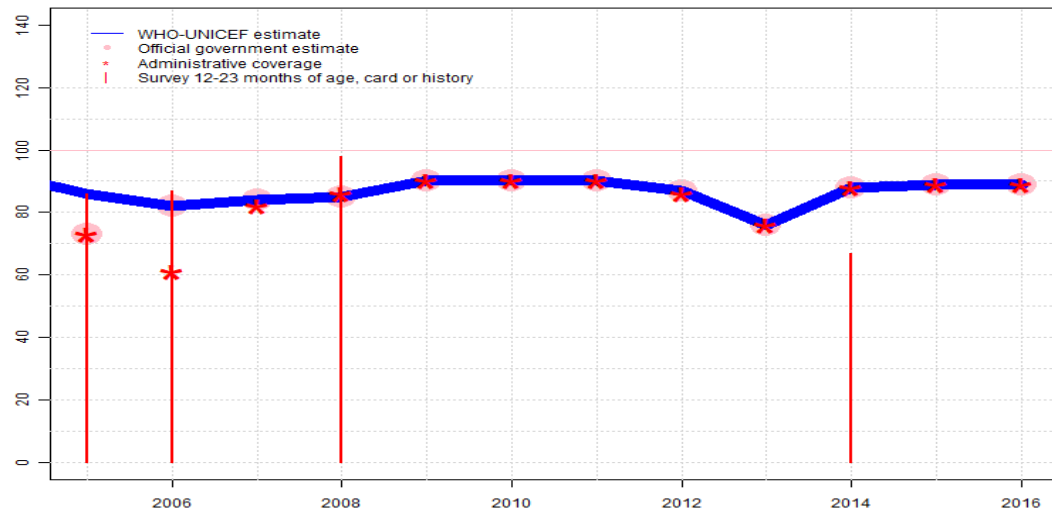
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2015: Estimate based on coverage reported by national government. Estimate of 89 percent changed from previous revision value of 75 percent. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Myanmar Demographic and Health Survey 2015-2016 card or history results of 62 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 45 percent and 3d dose card only coverage of 41 percent. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. Estimate of 88 percent changed from previous revision value of 75 percent. GoC=R+ S+ D+
- 2013: Estimate based on reported administrative data. . Estimates based on administrative coverage. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government. Myanmar Multiple Indicator Cluster Survey 2009 - 2010 results ignored by working group. In addition to card and recall, vaccination information was collected from midwives registries and midwives participated in data collection. According to the MICS report, midwives may have a tendency inadvertently to over report coverage. Estimate challenged by: D-
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 82 percent based on 1 survey(s). GoC=R+ S+ D+
- 2005: Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 1 survey(s). Estimate challenged by: D-

Myanmar - Pol3

MMR - Pol3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	86	82	84	85	90	90	90	87	76	88	89	89
Estimate GoC	•	•••	•	•	•	•	•	•	•	•••	•••	•••
Official	73	82	84	85	90	90	90	87	76	88	89	89
Administrative	73	61	82	86	90	90	90	86	76	88	89	89
Survey	86	87	NA	98	NA	NA	NA	NA	NA	67	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.

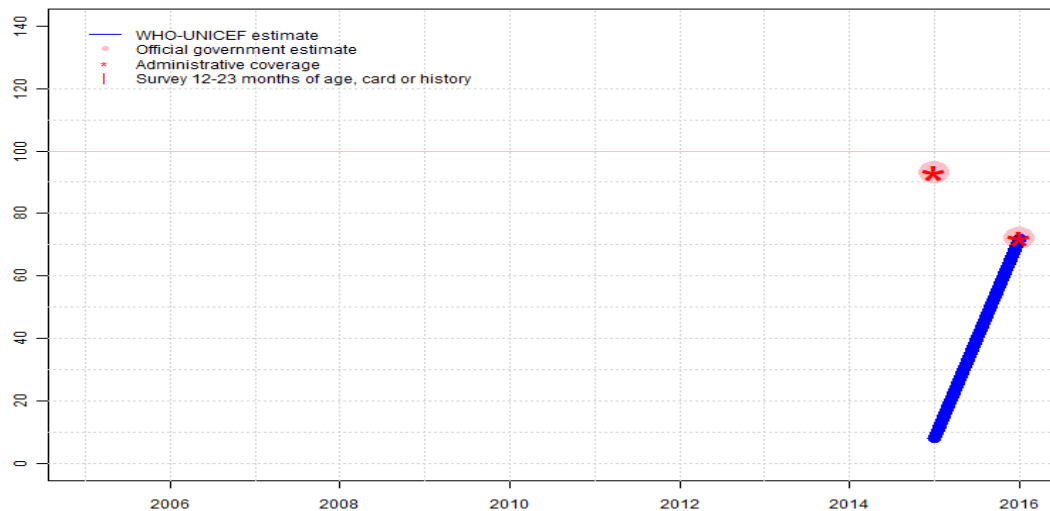
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2015: Estimate based on coverage reported by national government. Estimate of 89 percent changed from previous revision value of 76 percent. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 82 percent based on 1 survey(s). Myanmar Demographic and Health Survey 2015-2016 card or history results of 67 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 45 percent and 3d dose card only coverage of 41 percent. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. Estimate of 88 percent changed from previous revision value of 76 percent. GoC=R+ S+ D+
- 2013: Estimate based on coverage reported by national government. . Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government. Myanmar Multiple Indicator Cluster Survey 2009 - 2010 results ignored by working group. In addition to card and recall, vaccination information was collected from midwives registries and midwives participated in data collection. According to the MICS report, midwives may have a tendency inadvertently to over report coverage. Estimate challenged by: D-
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+
- 2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 86 percent based on 1 survey(s). Estimate challenged by: R-

Myanmar - IPV1

MMR - IPV1



Description:

2016: Estimate based on coverage reported by national government. Programme reports a national level vaccine stock-out of unspecified duration. Estimate is based on reported data following introduction. GoC=R+ D+

2015: Programme reports 93 percent coverage in 8 percent of the national target population. Estimate based on coverage achieved in total national annual birth cohort. IPV introduced during December 2015. 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	72
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	93	72
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	93	72
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

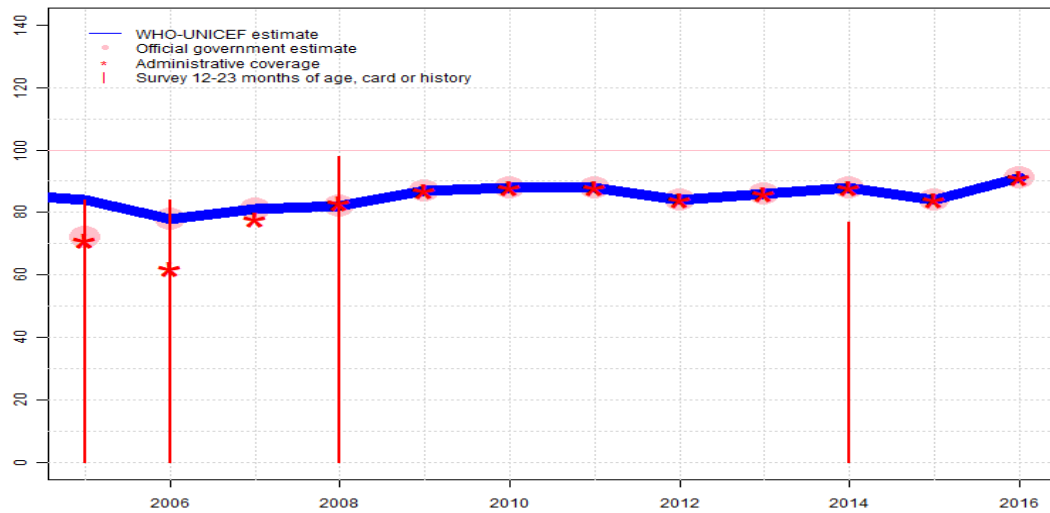
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Myanmar - MCV1

MMR - MCV1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	84	78	81	82	87	88	88	84	86	88	84	91
Estimate GoC	•	•••	•	•	•	•	•	•	•	•	•••	•
Official	72	78	81	82	87	88	88	84	86	88	84	91
Administrative	71	62	78	83	87	88	88	84	86	88	84	91
Survey	84	84	NA	98	NA	NA	NA	NA	NA	77	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.

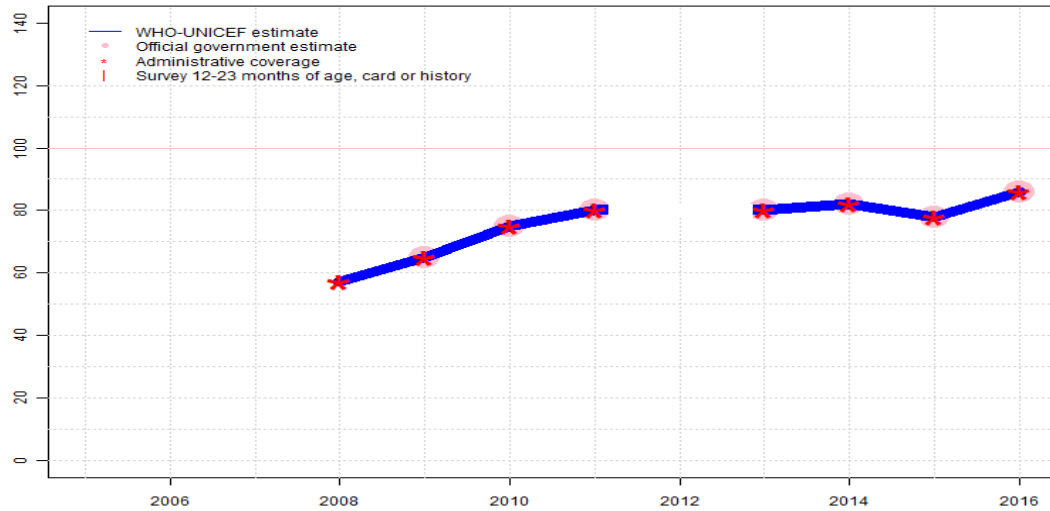
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2015: Estimate based on coverage reported by national government. Estimate of 84 percent changed from previous revision value of 86 percent. GoC=R+ S+ D+
- 2014: Estimate is based on the reported data consistent with other vaccines. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. Estimate of 88 percent changed from previous revision value of 86 percent. Estimate challenged by: S-
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government. Myanmar Multiple Indicator Cluster Survey 2009 - 2010 results ignored by working group. In addition to card and recall, vaccination information was collected from midwives registries and midwives participated in data collection. According to the MICS report, midwives may have a tendency inadvertently to over report coverage. Estimate challenged by: D-
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). GoC=R+ S+ D+
- 2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 84 percent based on 1 survey(s). Estimate challenged by: R-

Myanmar - MCV2

MMR - MCV2



Description:

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

- 2016: Estimate based on coverage reported by national government. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Estimate of 78 percent changed from previous revision value of 80 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. Estimate of 82 percent changed from previous revision value of 80 percent. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. Between 2008 and 2012, the second dose of measles was externally funded. Vaccine doses administered were doses left over from campaigns. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on reported administrative estimate. Estimate challenged by: D-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	57	65	75	80	NA	80	82	78	86
Estimate GoC	NA	NA	NA	•	•	•	•	NA	•	••	••	••
Official	NA	NA	NA	NA	65	75	80	NA	80	82	78	86
Administrative	NA	NA	NA	57	65	75	80	NA	80	82	78	86
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

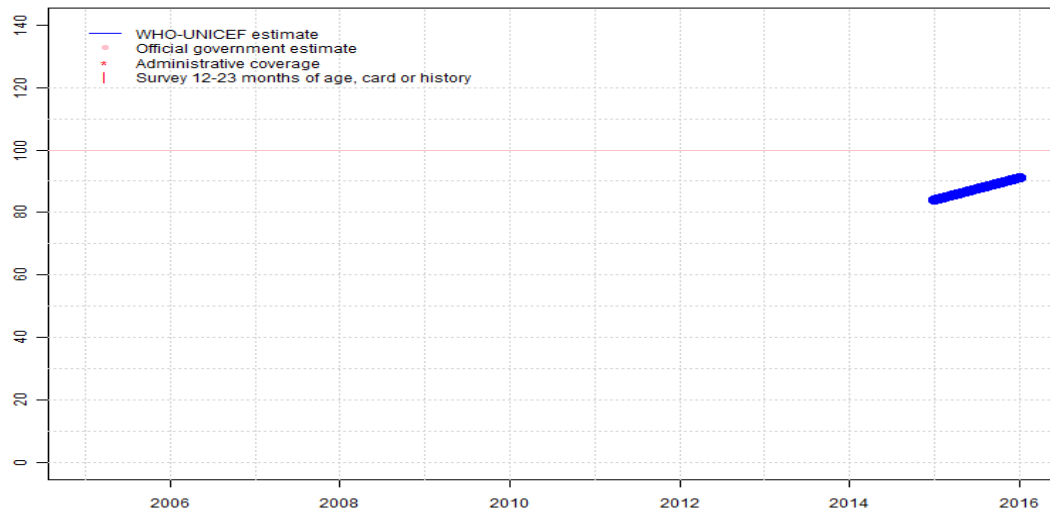
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Myanmar - RCV1

MMR - 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. Estimate challenged by: S-

2015: Estimate based on estimated MCV1. Rubella vaccine introduced during 2015. Estimate of 84 percent changed from previous revision value of 86 percent. GoC=R+ S+ D+

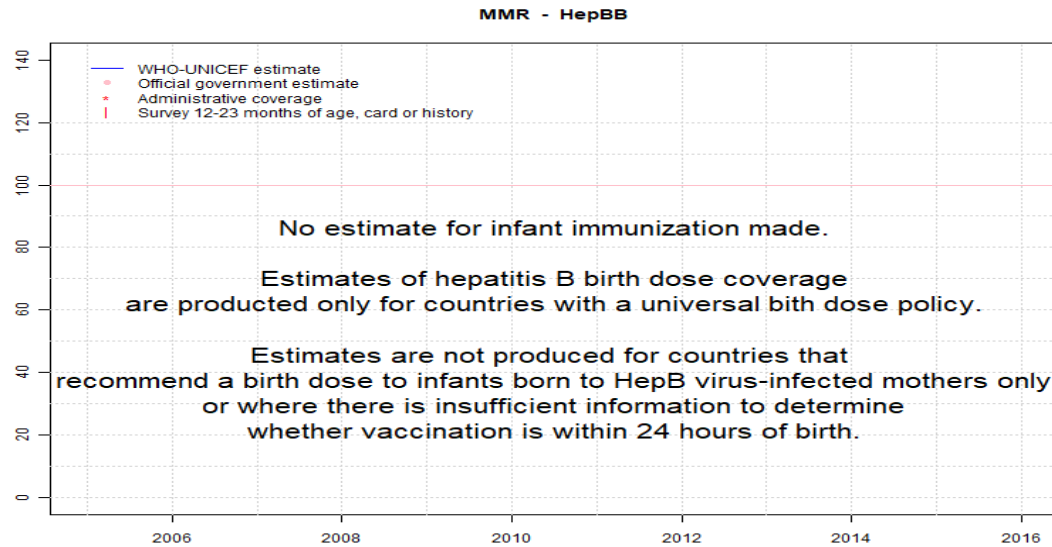
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	84	91
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●●●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Myanmar - 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

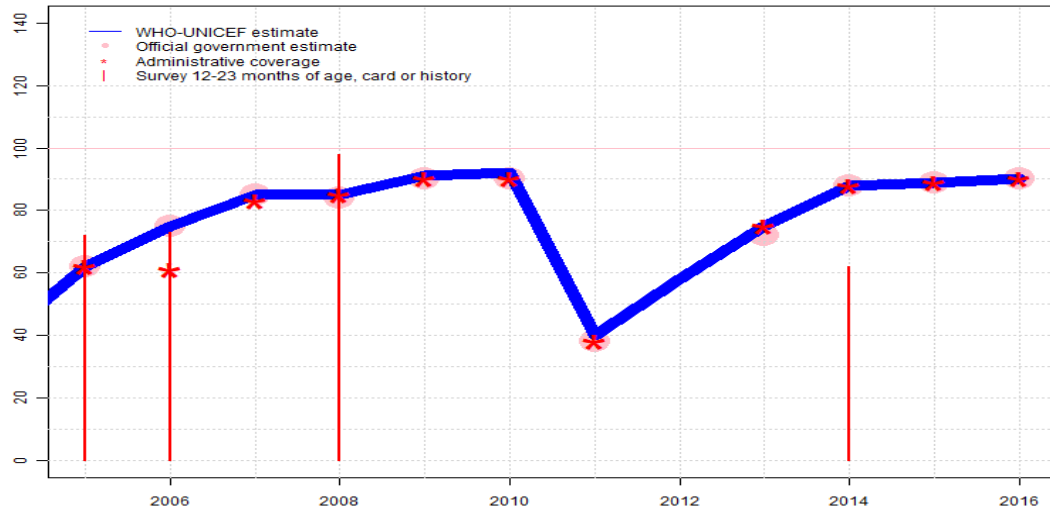
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Myanmar - HepB3

MMR - HepB3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	62	75	85	85	91	92	40	58	75	88	89	90
Estimate GoC	•	•••	•	•	•	•	•	•	•	•••	•••	•
Official	62	75	85	84	90	90	38	NA	72	88	89	90
Administrative	62	61	83	85	90	90	38	NA	75	88	89	90
Survey	72	73	NA	98	NA	NA	NA	NA	NA	62	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.

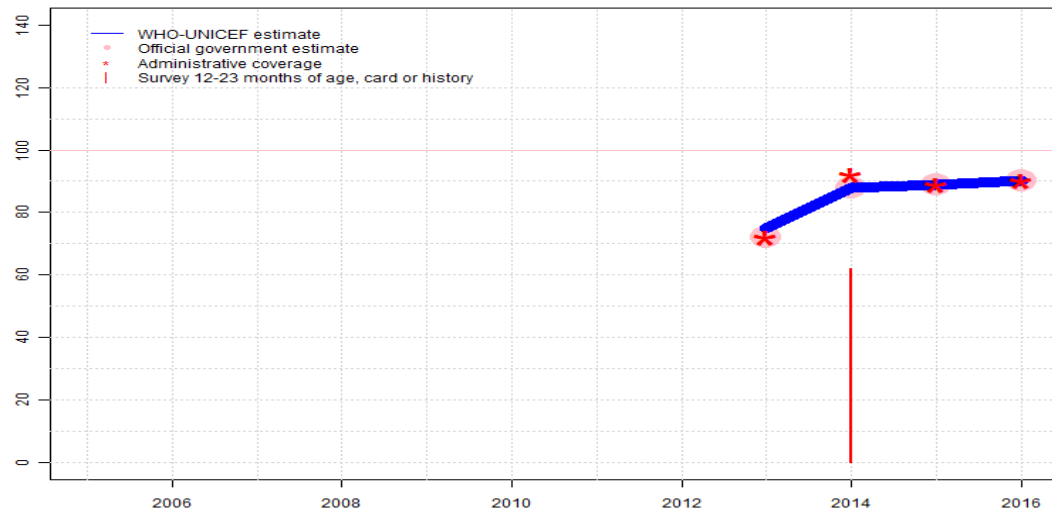
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. Programme reports a national level vaccine stock-out of unspecified duration. Estimate challenged by: S-
- 2015: Estimate based on coverage reported by national government. Estimate of 89 percent changed from previous revision value of 75 percent. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Myanmar Demographic and Health Survey 2015-2016 card or history results of 62 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 45 percent and 3d dose card only coverage of 41 percent. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. Estimate of 88 percent changed from previous revision value of 75 percent. GoC=R+ S+ D+
- 2013: Estimate of 75 percent assigned by working group. Estimate is based on coverage for third dose of DTP containing vaccine. Vaccine presentation changed from monovalent HepB to DTP-HepB-Hib combination vaccine in November 2012. Stock out from HepB containing vaccines was reported at national level. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2006 and 2013 levels. Stock out in all 330 districts. Estimate challenged by: D-S-
- 2011: Reported data calibrated to 2006 and 2013 levels. Decline in coverage is attributed to vaccine stockout. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2006 and 2013 levels. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2006 and 2013 levels. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2006 and 2013 levels. Myanmar Multiple Indicator Cluster Survey 2009 - 2010 results ignored by working group. In addition to card and recall, vaccination information was collected from midwives registries and midwives participated in data collection. According to the MICS report, midwives may have a tendency inadvertently to over report coverage. Estimate challenged by: D-R-S-
- 2007: Reported data calibrated to 2006 and 2013 levels. Estimate challenged by: D-R-S-
- 2006: Estimate based on coverage reported by national government supported by survey. Survey evidence of 73 percent based on 1 survey(s). GoC=R+ S+ D+
- 2005: Estimate based on coverage reported by national government supported by survey. Survey evidence of 72 percent based on 1 survey(s). Estimate challenged by: D-S-

Myanmar - Hib3

MMR - Hib3



Description:

- 2016: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2015: Estimate based on coverage reported by national government. Estimate of 89 percent changed from previous revision value of 75 percent. GoC=R+ S+ D+
- 2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Myanmar Demographic and Health Survey 2015-2016 card or history results of 62 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 45 percent and 3d dose card only coverage of 41 percent. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. Estimate of 88 percent changed from previous revision value of 75 percent. GoC=R+ S+ D+
- 2013: Estimate of 75 percent assigned by working group. Estimate is based on coverage for third dose of DTP containing vaccine. Hib vaccine introduced in November 2012. Reporting started in 2013. Estimate challenged by: D-R-

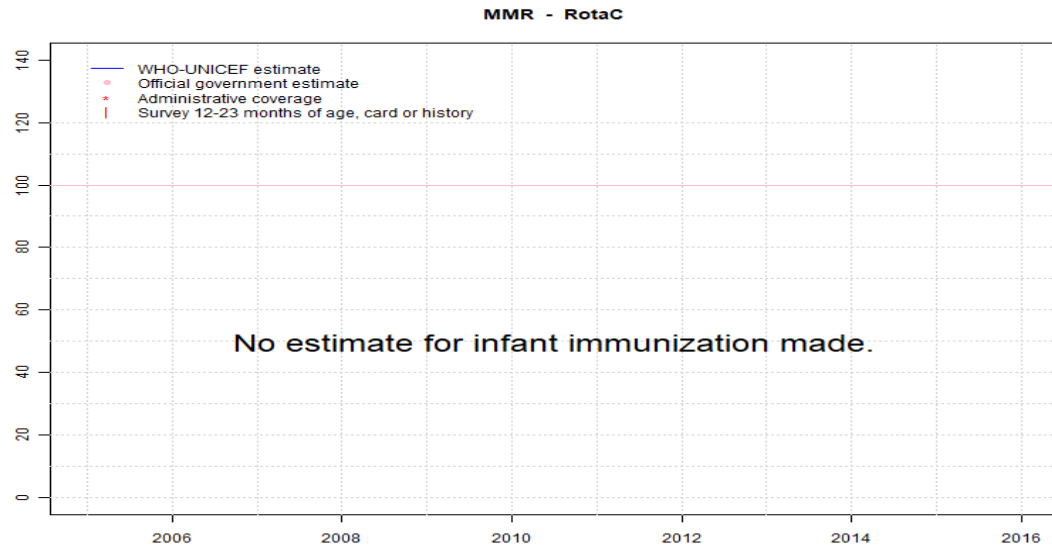
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	75	88	89	90
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	•	•••	•••	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	72	88	89	90
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	72	92	89	90
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	62	NA	NA

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.

Myanmar - 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

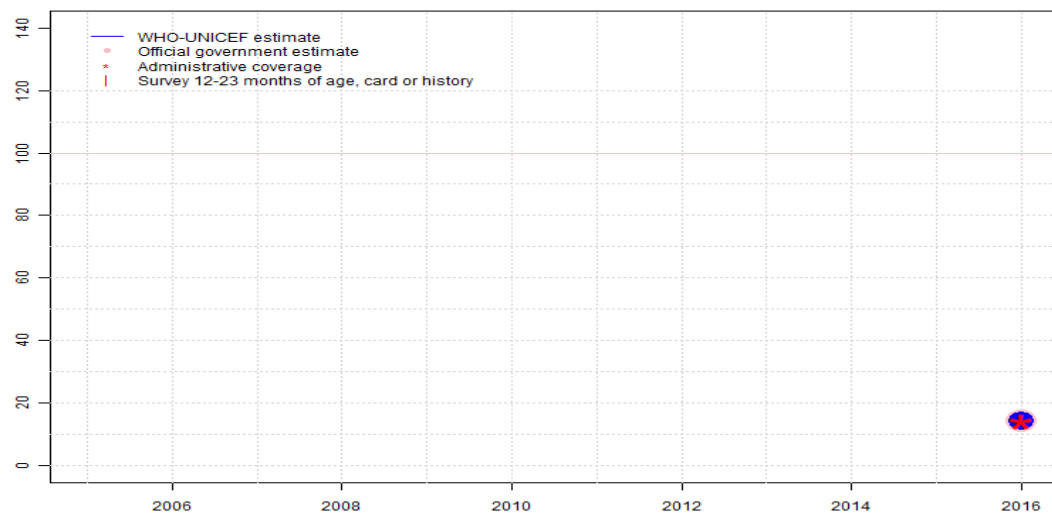
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Myanmar - PcV3

MMR - PcV3



Description:

2016: Estimate based on coverage reported by national government. Pneumococcal conjugate vaccine introduced during 2016. Reporting began in 2016. GoC=R+ D+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14
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.

Myanmar - survey details

2014 Myanmar Demographic and Health Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	45	12-23 m	383	45
BCG	Card <12 months	87	12-23 m	852	45
BCG	Card or History	88	12-23 m	852	45
DTP1	Card	45	12-23 m	383	45
DTP1	Card <12 months	86	12-23 m	852	45
DTP1	Card or History	87	12-23 m	852	45
DTP3	Card	41	12-23 m	383	45
DTP3	Card <12 months	60	12-23 m	852	45
DTP3	Card or History	62	12-23 m	852	45
HepB1	Card	45	12-23 m	383	45
HepB1	Card <12 months	86	12-23 m	852	45
HepB1	Card or History	87	12-23 m	852	45
HepB3	Card	41	12-23 m	383	45
HepB3	Card <12 months	60	12-23 m	852	45
HepB3	Card or History	62	12-23 m	852	45
Hib1	Card	45	12-23 m	383	45
Hib1	Card <12 months	86	12-23 m	852	45
Hib1	Card or History	87	12-23 m	852	45
Hib3	Card	41	12-23 m	383	45
Hib3	Card <12 months	60	12-23 m	852	45
Hib3	Card or History	62	12-23 m	852	45
MCV1	Card	39	12-23 m	383	45
MCV1	Card <12 months	61	12-23 m	852	45
MCV1	Card or History	77	12-23 m	852	45
Pol1	Card	45	12-23 m	383	45
Pol1	Card <12 months	89	12-23 m	852	45
Pol1	Card or History	90	12-23 m	852	45
Pol3	Card	41	12-23 m	383	45
Pol3	Card <12 months	65	12-23 m	852	45
Pol3	Card or History	67	12-23 m	852	45

2013 Myanmar Demographic and Health Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card <12 months	88	24-35 m	782	45

DTP1	Card <12 months	86	24-35 m	782	45
DTP3	Card <12 months	64	24-35 m	782	45
HepB1	Card <12 months	86	24-35 m	782	45
HepB3	Card <12 months	64	24-35 m	782	45
Hib1	Card <12 months	86	24-35 m	782	45
Hib3	Card <12 months	64	24-35 m	782	45
MCV1	Card <12 months	74	24-35 m	782	45
Pol1	Card <12 months	90	24-35 m	782	45
Pol3	Card <12 months	68	24-35 m	782	45

2008 Myanmar Multiple Indicator Cluster Survey 2009 - 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97	12-23 m	3207	96
BCG	Card	96	12-23 m	3207	96
BCG	Card or History	98	12-23 m	3207	96
BCG	History	2	12-23 m	3207	96
DTP1	C or H <12 months	97	12-23 m	3207	96
DTP1	Card	96	12-23 m	3207	96
DTP1	Card or History	98	12-23 m	3207	96
DTP1	History	2	12-23 m	3207	96
DTP3	C or H <12 months	96	12-23 m	3207	96
DTP3	Card	96	12-23 m	3207	96
DTP3	Card or History	98	12-23 m	3207	96
DTP3	History	2	12-23 m	3207	96
HepB1	C or H <12 months	97	12-23 m	3207	96
HepB1	Card	96	12-23 m	3207	96
HepB1	Card or History	98	12-23 m	3207	96
HepB1	History	2	12-23 m	3207	96
HepB3	C or H <12 months	96	12-23 m	3207	96
HepB3	Card	96	12-23 m	3207	96
HepB3	Card or History	98	12-23 m	3207	96
HepB3	History	2	12-23 m	3207	96
MCV1	C or H <12 months	91	12-23 m	3207	96
MCV1	Card	93	12-23 m	3207	96
MCV1	Card or History	98	12-23 m	3207	96
MCV1	History	5	12-23 m	3207	96
Pol1	C or H <12 months	98	12-23 m	3207	96
Pol1	Card	96	12-23 m	3207	96

Myanmar - survey details

Pol1	Card or History	99	12-23 m	3207	96
Pol1	History	3	12-23 m	3207	96
Pol3	C or H <12 months	96	12-23 m	3207	96
Pol3	Card	95	12-23 m	3207	96
Pol3	Card or History	98	12-23 m	3207	96
Pol3	History	2	12-23 m	3207	96

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	83	48-59 m	984	26
DTP3	Card or History	81	48-59 m	984	26
HepB3	Card or History	71	48-59 m	984	26
MCV1	Card or History	83	48-59 m	984	26
Pol3	Card or History	83	48-59 m	984	26

2006 Myanmar 2007 Fertility and Reproductive Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	84	12-23 m	767	26
DTP3	Card or History	82	12-23 m	767	26
HepB3	Card or History	73	12-23 m	767	26
MCV1	Card or History	84	12-23 m	767	26
Pol3	Card or History	87	12-23 m	767	26

2002 Myanmar Multiple Indicator Cluster Survey (2003)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	40	12-23 m	2480	52
BCG	Card <12 months	98	12-23 m	2480	52
BCG	Card or history	93	12-23 m	2480	52
BCG	History	53	12-23 m	2480	52
DTP1	Card	40	12-23 m	2480	52
DTP1	Card <12 months	98	12-23 m	2480	52
DTP1	Card or history	91	12-23 m	2480	52
DTP1	History	51	12-23 m	2480	52
DTP3	Card	38	12-23 m	2480	52
DTP3	Card <12 months	97	12-23 m	2480	52
DTP3	Card or history	83	12-23 m	2480	52
DTP3	History	45	12-23 m	2480	52
MCV1	Card	37	12-23 m	2480	52
MCV1	Card <12 months	94	12-23 m	2480	52
MCV1	Card or history	83	12-23 m	2480	52
MCV1	History	46	12-23 m	2480	52
Pol1	Card	40	12-23 m	2480	52
Pol1	Card <12 months	98	12-23 m	2480	52
Pol1	Card or history	94	12-23 m	2480	52
Pol1	History	54	12-23 m	2480	52
Pol3	Card	38	12-23 m	2480	52
Pol3	Card <12 months	97	12-23 m	2480	52
Pol3	Card or history	90	12-23 m	2480	52
Pol3	History	52	12-23 m	2480	52

2005 Myanmar 2007 Fertility and Reproductive Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	84	24-35 m	905	26
DTP3	Card or History	81	24-35 m	905	26
HepB3	Card or History	72	24-35 m	905	26
MCV1	Card or History	84	24-35 m	905	26
Pol3	Card or History	86	24-35 m	905	26

2004 Myanmar 2007 Fertility and Reproductive Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	83	36-47 m	940	26
DTP3	Card or History	80	36-47 m	940	26
HepB3	Card or History	69	36-47 m	940	26
MCV1	Card or History	83	36-47 m	940	26
Pol3	Card or History	86	36-47 m	940	26

2003 Myanmar 2007 Fertility and Reproductive Health Survey

1999 Myanmar Multiple Indicator Cluster Survey 2000

Myanmar - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen						
BCG	Card	51	12-23 m	2831	52	MCV1	Card	47	12-23 m	2831	52
BCG	Card or History	93	12-23 m	2831	52	MCV1	Card or History	87	12-23 m	2831	52
BCG	History	42	12-23 m	2831	52	MCV1	History	40	12-23 m	2831	52
DTP1	Card	51	12-23 m	2831	52	Pol1	Card	51	12-23 m	2831	52
DTP1	Card or History	92	12-23 m	2831	52	Pol1	Card or History	96	12-23 m	2831	52
DTP1	History	41	12-23 m	2831	52	Pol1	History	45	12-23 m	2831	52
DTP3	Card	47	12-23 m	2831	52	Pol3	Card	47	12-23 m	2831	52
DTP3	Card or History	83	12-23 m	2831	52	Pol3	Card or History	90	12-23 m	2831	52
DTP3	History	36	12-23 m	2831	52	Pol3	History	43	12-23 m	2831	52

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