

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.

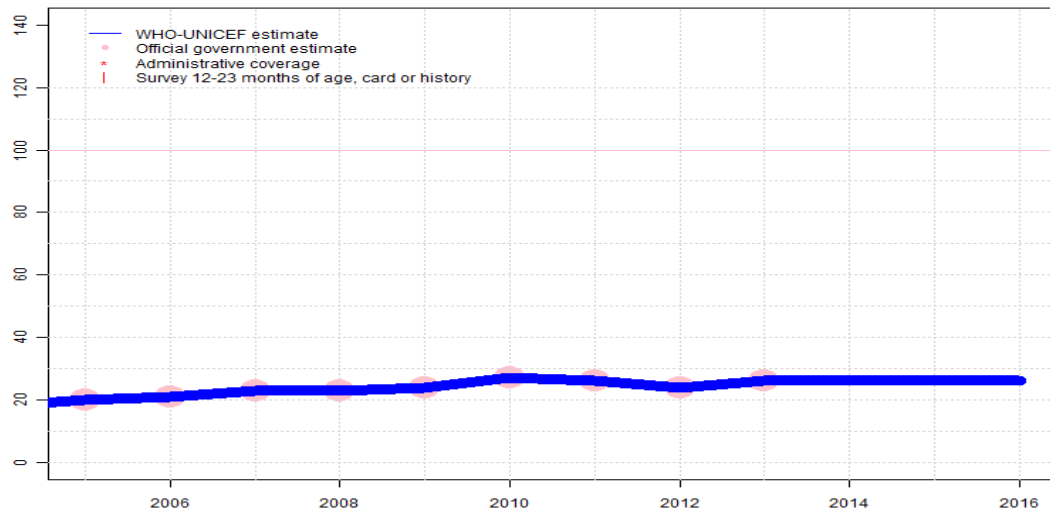
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

Sweden - BCG

SWE - BCG



Description:

- 2016: Estimate based on extrapolation from data reported by national government. Sweden conducts annual child health surveys of children older than two years of age. Survey results have been moved back three years to reflect coverage by birth cohort for vaccines delivered in the first year of life. Universal vaccination against TB ceased to be recommended in 1975. BCG is recommended only for high risk infants. WHO and UNICEF estimates are based on percentage of children vaccinated in the total birth cohort. Coverage is above ninety percent among high risk infants by two years of age. GoC=No accepted empirical data
- 2015: Estimate based on extrapolation from data reported by national government. Estimate of 26 percent changed from previous revision value of 24 percent. GoC=No accepted empirical data
- 2014: Estimate based on extrapolation from data reported by national government. Estimate of 26 percent changed from previous revision value of 24 percent. GoC=No accepted empirical data
- 2013: Estimate based on coverage reported by national government. Estimate of 26 percent changed from previous revision value of 24 percent. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on coverage reported by national government. GoC=R+
- 2010: Estimate based on coverage reported by national government. GoC=R+
- 2009: Estimate based on coverage reported by national government. GoC=R+
- 2008: Estimate based on coverage reported by national government. GoC=R+
- 2007: Estimate based on coverage reported by national government. GoC=R+
- 2006: Estimate based on coverage reported by national government. GoC=R+
- 2005: Estimate based on coverage reported by national government. GoC=R+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	20	21	23	23	24	27	26	24	26	26	26	26
Estimate GoC	••	••	••	••	••	••	••	••	••	•	•	•
Official	20	21	23	23	24	27	26	24	26	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

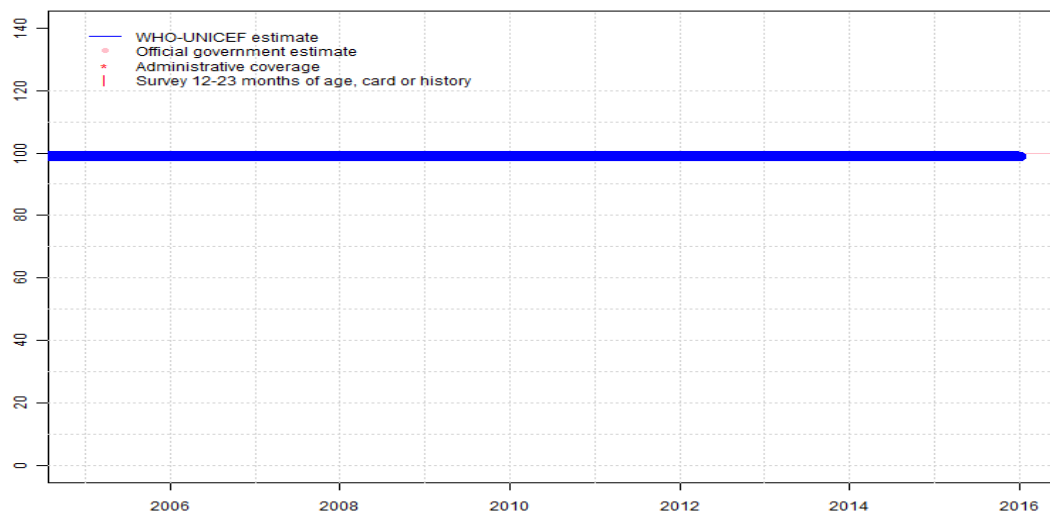
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sweden - DTP1

SWE - DTP1



Description:

- 2016: Estimate based on DTP3 coverage of 98. Sweden conducts annual child health surveys of children older than two years of age. Survey results have been moved back three years to reflect coverage by birth cohort for vaccines delivered in the first year of life. GoC=No accepted empirical data
- 2015: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2014: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2013: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2012: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2011: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2010: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2009: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2008: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2007: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2006: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data
- 2005: Estimate based on DTP3 coverage of 98. GoC=No accepted empirical data

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

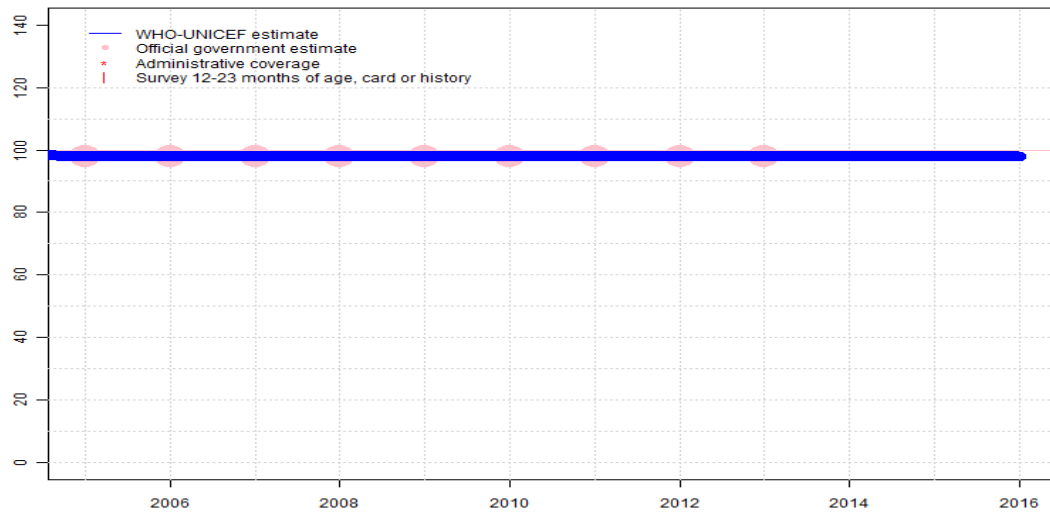
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sweden - DTP3

SWE - DTP3



Description:

- 2016: Estimate based on extrapolation from data reported by national government. Sweden conducts annual child health surveys of children older than two years of age. Survey results have been moved back three years to reflect coverage by birth cohort for vaccines delivered in the first year of life. GoC=No accepted empirical data
- 2015: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2014: Estimate based on extrapolation from data reported by national government. 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 coverage reported by national government. GoC=R+
- 2010: Estimate based on coverage reported by national government. GoC=R+
- 2009: Estimate based on coverage reported by national government. GoC=R+
- 2008: Estimate based on coverage reported by national government. GoC=R+
- 2007: Estimate based on coverage reported by national government. GoC=R+
- 2006: Estimate based on coverage reported by national government. GoC=R+
- 2005: Estimate based on coverage reported by national government. GoC=R+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	98	98	98	98	98	98	98	98	98	98	98	98
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	98	98	98	98	98	98	98	98	98	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

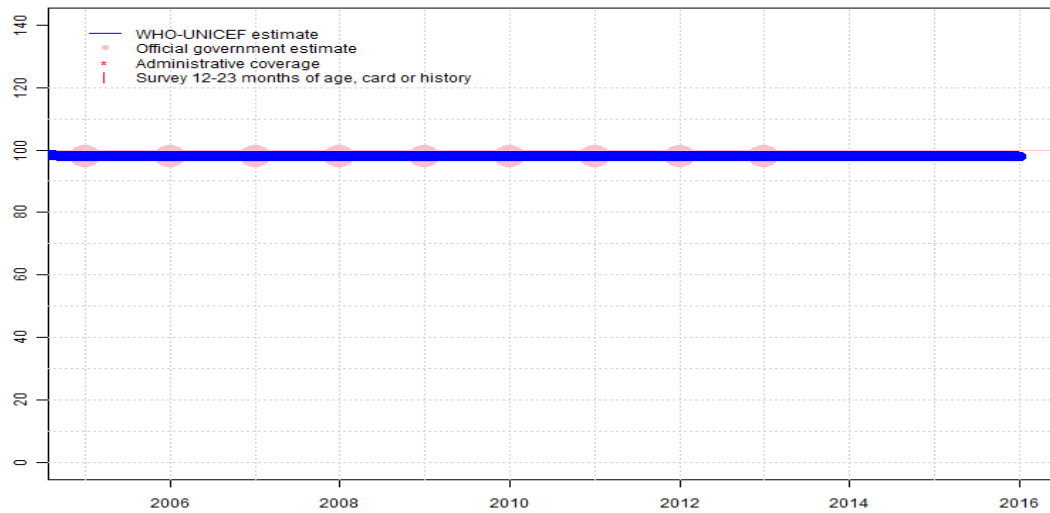
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sweden - Pol3

SWE - Pol3



Description:

- 2016: Estimate based on extrapolation from data reported by national government. Sweden conducts annual child health surveys of children older than two years of age. Survey results have been moved back three years to reflect coverage by birth cohort for vaccines delivered in the first year of life. GoC=No accepted empirical data
- 2015: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2014: Estimate based on extrapolation from data reported by national government. 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 coverage reported by national government. GoC=R+
- 2010: Estimate based on coverage reported by national government. GoC=R+
- 2009: Estimate based on coverage reported by national government. GoC=R+
- 2008: Estimate based on coverage reported by national government. GoC=R+
- 2007: Estimate based on coverage reported by national government. GoC=R+
- 2006: Estimate based on coverage reported by national government. GoC=R+
- 2005: Estimate based on coverage reported by national government. GoC=R+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	98	98	98	98	98	98	98	98	98	98	98	98
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	98	98	98	98	98	98	98	98	98	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

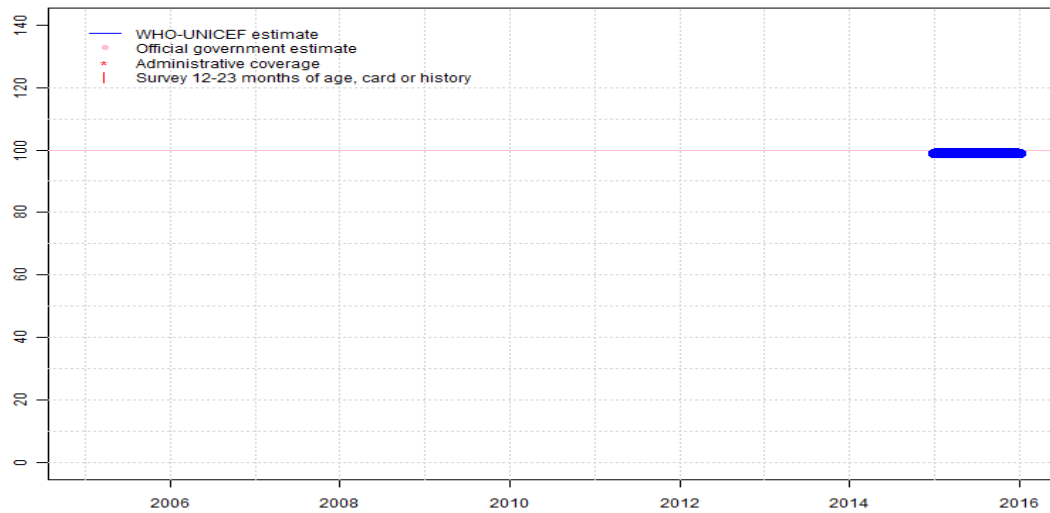
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sweden - IPV1

SWE - IPV1



Description:

2016: Estimate is based on estimated coverage for DTP1. GoC=No accepted empirical data
 2015: Inactivated polio vaccine administered as part of combination vaccine with DTP containing vaccine. Estimate is based on estimated coverage for DTP1. GoC=No accepted empirical data

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99	99
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

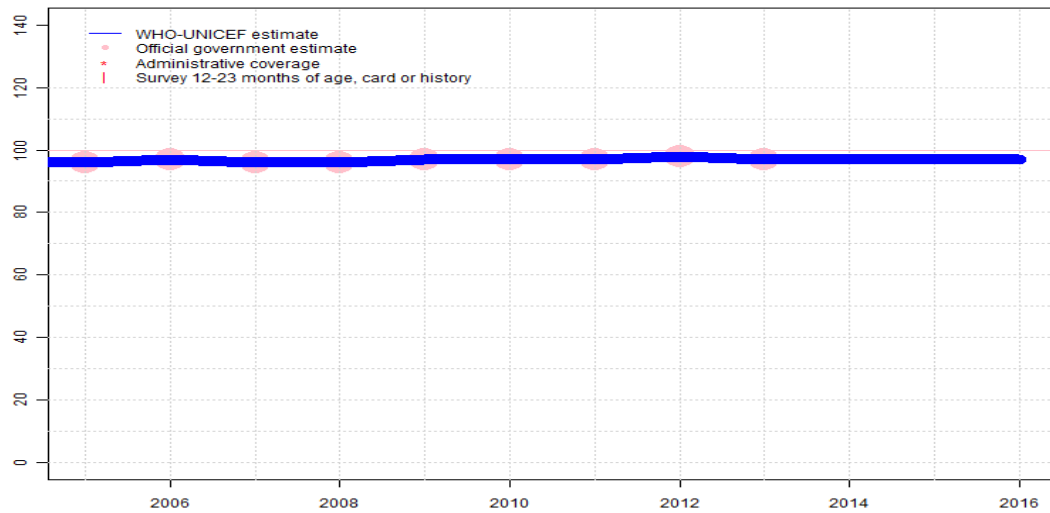
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sweden - MCV1

SWE - MCV1



Description:

- 2016: Estimate based on extrapolation from data reported by national government. Sweden conducts annual child health surveys of children older than two years of age. Survey results have been moved back three years to reflect coverage by birth cohort for vaccines delivered in the first year of life. GoC=No accepted empirical data
- 2015: Estimate based on extrapolation from data reported by national government. Estimate of 97 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2014: Estimate based on extrapolation from data reported by national government. Estimate of 97 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2013: Estimate based on coverage reported by national government. Estimate of 97 percent changed from previous revision value of 98 percent. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on coverage reported by national government. GoC=R+
- 2010: Estimate based on coverage reported by national government. GoC=R+
- 2009: Estimate based on coverage reported by national government. GoC=R+
- 2008: Estimate based on coverage reported by national government. GoC=R+
- 2007: Estimate based on coverage reported by national government. GoC=R+
- 2006: Estimate based on coverage reported by national government. GoC=R+
- 2005: Estimate based on coverage reported by national government. GoC=R+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	96	97	96	96	97	97	97	98	97	97	97	97
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	96	97	96	96	97	97	97	98	97	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

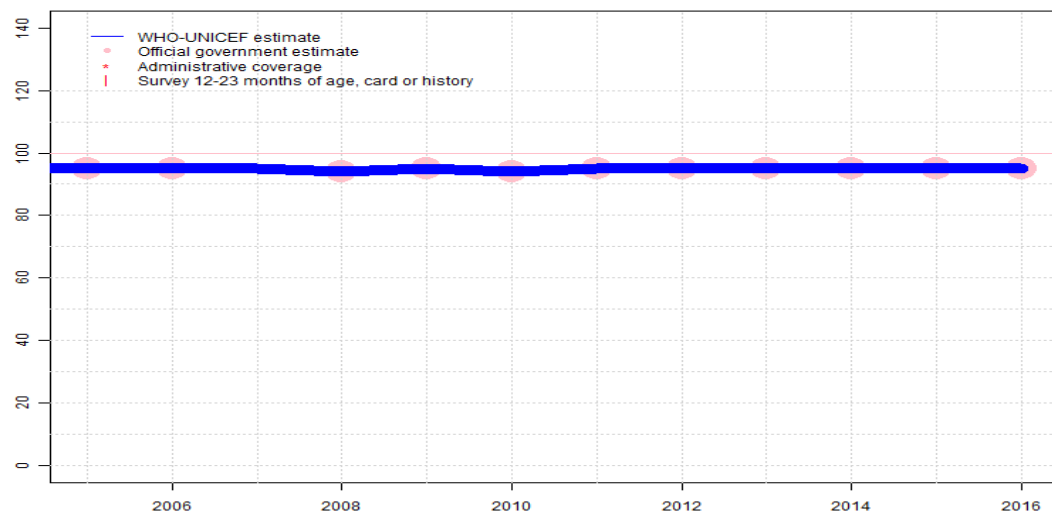
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sweden - MCV2

SWE - MCV2



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	95	95	95	94	95	94	95	95	95	95	95	95
Estimate GoC	●●	●●	●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	95	NA	94	95	94	95	95	95	95	95	95
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.

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. Second dose of MCV2 coverage data is collected by annual vaccination coverage surveys from school health care (aged 12-13 years) reflecting vaccination status at grade 6. Children born before 2002 received MCV2 at grade 6; children born since 2002 received MCV2 at 6 to 8 years of age, for whom coverage data have not yet been collected. WHO and UNICEF estimates reflect year of vaccination rather than birth cohort for vaccines administered after the first year of life. GoC=R+

2015: Estimate based on coverage reported by national government. GoC=R+

2014: Estimate based on coverage reported by national government. 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 coverage reported by national government. GoC=R+

2010: Estimate based on coverage reported by national government. GoC=R+

2009: Estimate based on coverage reported by national government. GoC=R+

2008: Estimate based on coverage reported by national government. GoC=R+

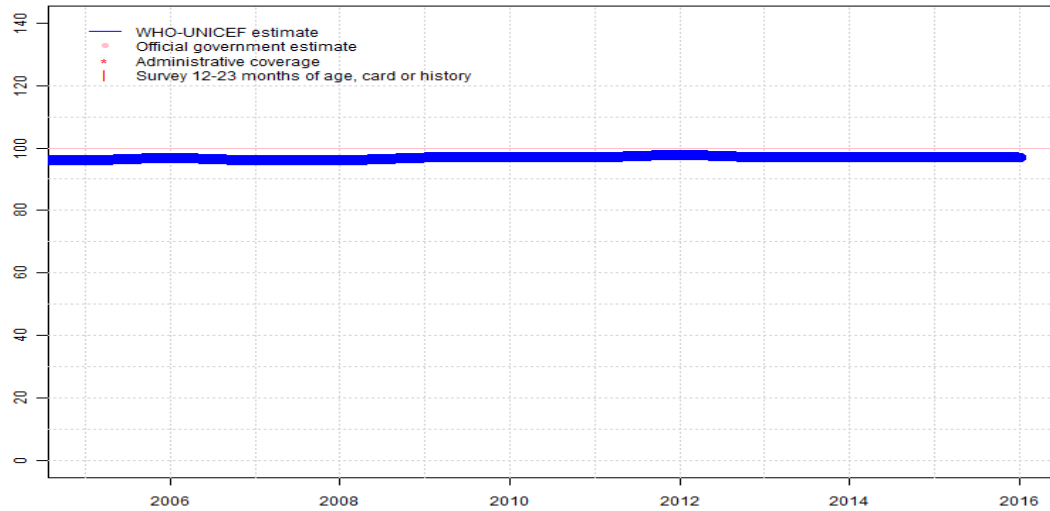
2007: Estimate based on interpolation between reported values. GoC=No accepted empirical data

2006: Estimate based on coverage reported by national government. GoC=R+

2005: Estimate based on coverage reported by national government. GoC=R+

Sweden - RCV1

SWE - 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. GoC=No accepted empirical data
- 2015: Estimate based on estimated MCV1. Estimate of 97 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2014: Estimate based on estimated MCV1. Estimate of 97 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2013: Estimate based on estimated MCV1. Estimate of 97 percent changed from previous revision value of 98 percent. GoC=R+
- 2012: Estimate based on estimated MCV1. GoC=R+
- 2011: Estimate based on estimated MCV1. GoC=R+
- 2010: Estimate based on estimated MCV1. GoC=R+
- 2009: Estimate based on estimated MCV1. GoC=R+
- 2008: Estimate based on estimated MCV1. GoC=R+
- 2007: Estimate based on estimated MCV1. GoC=R+
- 2006: Estimate based on estimated MCV1. GoC=R+
- 2005: Estimate based on estimated MCV1. GoC=R+

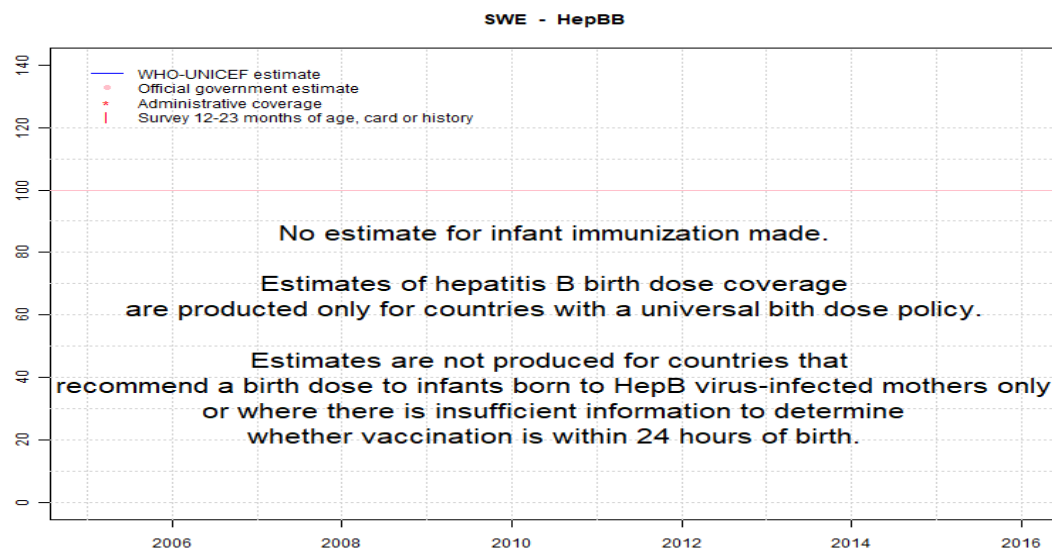
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	96	97	96	96	97	97	97	98	97	97	97	97
Estimate GoC	••	••	••	••	••	••	••	••	••	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Sweden - 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

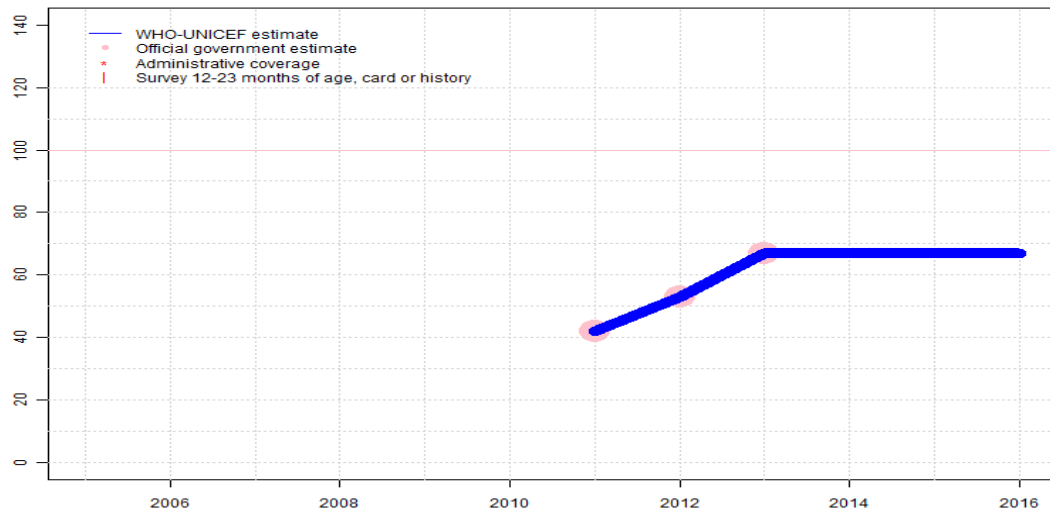
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sweden - HepB3

SWE - HepB3



Description:

- 2016: Estimate based on extrapolation from data reported by national government. Although HepB vaccine is not included in the national immunization programme, since 2016 all counties offer free HepB vaccination to all infants. Coverage for HepB3 among children born in 2016 is expected to be around coverage levels for DTP3 to be confirmed in future annual child health surveys. GoC=No accepted empirical data
- 2015: Estimate based on extrapolation from data reported by national government. Estimate of 67 percent changed from previous revision value of 53 percent. GoC=No accepted empirical data
- 2014: Estimate based on extrapolation from data reported by national government. Estimate of 67 percent changed from previous revision value of 53 percent. GoC=No accepted empirical data
- 2013: Estimate based on coverage reported by national government. . Estimate of 67 percent changed from previous revision value of 53 percent. GoC=R+
- 2012: Estimate based on coverage reported by national government. GoC=R+
- 2011: Estimate based on coverage reported by national government. Hepatitis B vaccine administered as part of a hexavalent DTP-HepB-Hib-IPV to risk groups of children. Monovalent HepB vaccine given to children of HBsAg+ mothers. GoC=R+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	42	53	67	67	67	67
Estimate GoC	NA	NA	NA	NA	NA	NA	••	••	••	•	•	•
Official	NA	NA	NA	NA	NA	NA	42	53	67	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

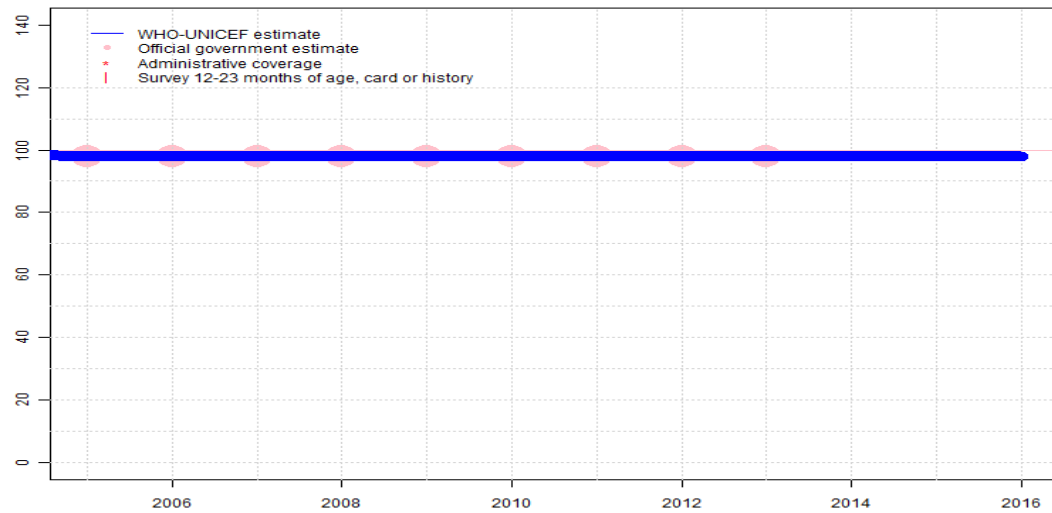
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sweden - Hib3

SWE - Hib3



Description:

- 2016: Estimate based on extrapolation from data reported by national government. Sweden conducts annual child health surveys of children older than two years of age. Survey results have been moved back three years to reflect coverage by birth cohort for vaccines delivered in the first year of life. GoC=No accepted empirical data
- 2015: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2014: Estimate based on extrapolation from data reported by national government. 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 coverage reported by national government. GoC=R+
- 2010: Estimate based on coverage reported by national government. GoC=R+
- 2009: Estimate based on coverage reported by national government. GoC=R+
- 2008: Estimate based on coverage reported by national government. GoC=R+
- 2007: Estimate based on coverage reported by national government. GoC=R+
- 2006: Estimate based on coverage reported by national government. GoC=R+
- 2005: Estimate based on coverage reported by national government. GoC=R+

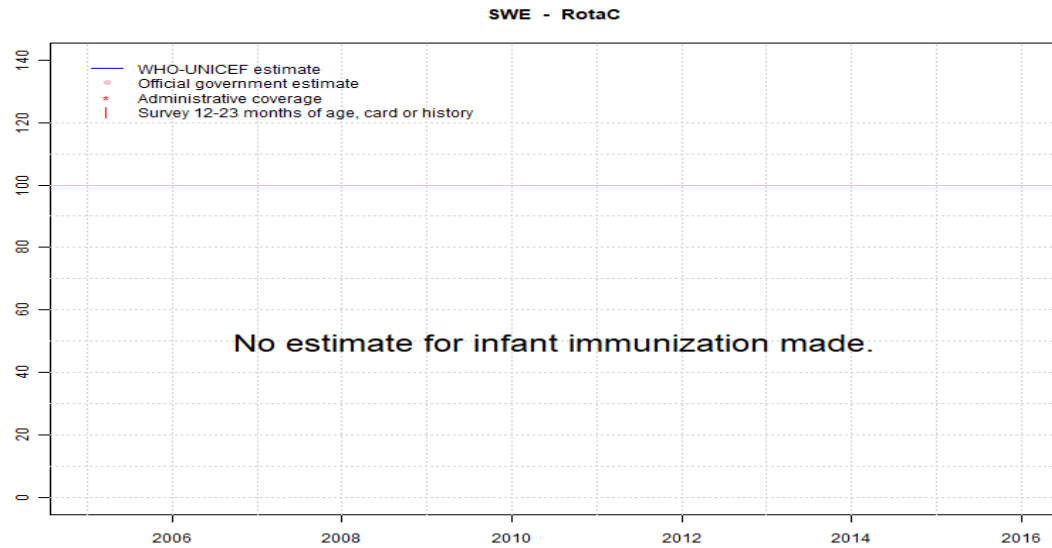
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	98	98	98	98	98	98	98	98	98	98	98	98
Estimate GoC	••	••	••	••	••	••	••	••	••	•	•	•
Official	98	98	98	98	98	98	98	98	98	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Sweden - 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

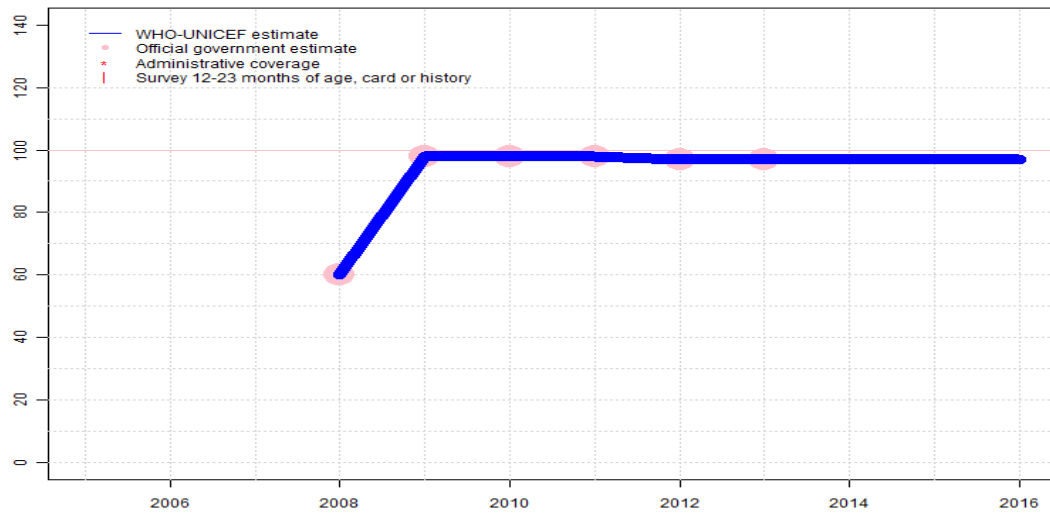
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Sweden - PcV3

SWE - PcV3



Description:

- 2016: Estimate based on extrapolation from data reported by national government. Sweden conducts annual child health surveys of children older than two years of age. Survey results have been moved back three years to reflect coverage by birth cohort for vaccines delivered in the first year of life. GoC=No accepted empirical data
- 2015: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2014: Estimate based on extrapolation from data reported by national government. 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 coverage reported by national government. GoC=R+
- 2010: Estimate based on coverage reported by national government. GoC=R+
- 2009: Estimate based on coverage reported by national government. GoC=R+
- 2008: Estimate based on coverage reported by national government. Pneumococcal conjugate vaccine introduced in part of the country in 2007 and universally in 2009. Reporting started in 2008. GoC=R+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	60	98	98	98	97	97	97	97	97
Estimate GoC	NA	NA	NA	••	••	••	••	••	•	•	•	•
Official	NA	NA	NA	60	98	98	98	97	97	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.

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