OFFICIAL coverage: 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:

*B 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 approaches. 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.

Poli3: 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.

PeV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine.

YSFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YSFV 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.

Mexico: WHO and UNICEF estimates of immunization coverage: 2017 revision

July 7, 2018; page 2

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2019

data received as of July 4, 2018
Mexico - BCG

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: 2017 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:

2017: Estimate based on coverage reported by national government. WHO and UNICEF encourage an independent assessment of the immunization data. GoC=R+ D+

2016: Estimate based on coverage reported by national government. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

2015: Estimate based on interpolation between data reported by national government. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ S+ D+

2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+

2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 94 percent based on 1 survey(s). The method to obtain administrative coverage changed in 2013. Estimate is based on official government estimate. GoC=R+ S+ D+

2012: Estimate based on coverage reported by national government. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

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. Estimated number of children in target populations varies between antigens and across years. Nationally estimated target is approximately 20 percent lower than that estimated by the UN Population Division. 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. Estimate challenged by: D-
The WHO and UNICEF estimates of national immunization coverage (vaccine) 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: 2017 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:

- **2017:** Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 99 level to 81 percent. WHO and UNICEF encourage an independent assessment of the immunization data. Estimate challenged by: D-
- **2016:** Estimate based on coverage reported by national government. Programme reports district level stock-outs of unknown duration for DTaP-Hib-IPV. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.
- **2015:** Estimate based on coverage reported by national government. GoC=R+ S+ D+
- **2014:** Estimate based on interpolation between data reported by national government supported by survey. Survey evidence of 92 percent based on 1 survey(s). GoC=S+
- **2013:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). The method to obtain administrative coverage changed in 2013. Estimate is based on official government estimate. GoC=R+ S+ D+
- **2012:** DTP1 coverage estimated based on DTP3 coverage of 99. GoC=S+
- **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. Estimated number of children in target populations varies between antigens and across years. Nationally estimated target is approximately 20 percent lower than that estimated by the UN Population Division. 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. Estimate challenged by: D-
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: 2017 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:

**2017:** Estimate based on extrapolation from data reported by national government. Report data excluded due to sudden change in coverage from 97 level to 85 percent. WHO and UNICEF encourage an independent assessment of the immunization data. Estimate challenged by: D-

**2016:** Estimate based on coverage reported by national government. Programme reports district level stock-outs of unknown duration for DTaP-Hib-IPV. The increase in reported coverage is exceptionally high at such levels of coverage due in part to a nearly 9 percent increase in the reported number of children vaccinated with three doses of DTP containing vaccine combined with a decrease in the reported target population. The increase in coverage from 2015 to 2016 is not supported by survey results for the 2014 birth cohort nor is it explained by intensification of delivery activity. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

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

**2014:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 card or history results of 72 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 65 percent. GoC=R+ S+ D+

**2013:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 88 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 card or history results of 79 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 73 percent and 3rd dose card only coverage of 69 percent. The method to obtain administrative coverage changed in 2013. Estimate is based on official government estimate. GoC=R+ S+ D+

**2012:** Estimate based on coverage reported by national government. Estimate challenged by: D-S-

**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. Estimated number of children in target populations varies between antigens and across years. Nationally estimated target is approximately 20 percent lower than that estimated by the UN Population Division. 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. Estimate challenged by: D-
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: 2017 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:

- **2017:** Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 96 level to 85 percent. WHO and UNICEF encourage an independent assessment of the immunization data. Estimate challenged by: D-

- **2016:** Estimate based on coverage reported by national government. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

- **2015:** Estimate based on coverage reported by national government. GoC=R+ S+ D+

- **2014:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 card or history results of 72 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 65 percent. GoC=R+ S+ D+

- **2013:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 88 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 card or history results of 79 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 73 percent and 3rd dose card only coverage of 69 percent. The method to obtain administrative coverage changed in 2013. Estimate is based on official government estimate. GoC=R+ S+ D+

- **2012:** Estimate based on coverage reported by national government. Estimate challenged by: D-S-

- **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. Estimated number of children in target populations varies between antigens and across years. Nationally estimated target is approximately 20 percent lower than that estimated by the UN Population Division. 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. Estimate challenged by: D-
Description:

Estimates for a dose of IPV begin in 2015 following the Global Polio Eradication Initiative’s Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one dose of inactivated polio vaccine (IPV) into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2017: Estimate based on extrapolation from data reported by national government. WHO and UNICEF encourage an independent assessment of the immunization data. GoC=No accepted empirical data

2016: Estimate based on coverage reported by national government. Programme reports district level stock-outs of unknown duration for DTaP-Hib-IPV. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

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

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.

- [R+] Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2017 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.

- [R+], [S+], or [D+] and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

- [R-], [D-], or [S-]; challenges the estimate.

- [R-], [D-], or [S-]; challenges 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.
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: 2017 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.
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: 2017 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.

#### 2017:
Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 98 level to 62 percent. WHO and UNICEF encourage an independent assessment of the immunization data. Estimate challenged by: D-

#### 2016:
Estimate based on coverage reported by national government. Programme reports district level stock-outs of unknown duration for measles containing vaccine. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

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

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

#### 2013:
Estimate based on coverage reported by national government. The method to obtain administrative coverage changed in 2013. Observed greater decline in reported coverage for second dose of measles containing vaccine compared to other vaccines is unexplained. Estimate is based on official government estimate. GoC=R+ 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. GoC=R+ D+

#### 2009:
Estimate based on coverage reported by national government. Estimate challenged by: D-

#### 2008:
Estimate based on coverage reported by national government. Estimated number of children in target populations varies between antigens and across years. Nationally estimated target is approximately 20 percent lower than that estimated by the UN Population Division. GoC=R+ D+

#### 2007:
Estimate based on coverage reported by national government. Estimate challenged by: D-

#### 2006:
Estimate based on interpolation between reported values. Reported data excluded due to decline in reported coverage from 97 percent to 55 percent with increase to 85 percent. Estimate challenged by: D-

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GoC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Official</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- NA: Not Available
- D+: Data from UN Population Division
- R+: Data from national government
- S+: Survey data within 2 years
- D-: Data challenges from UN Population Division
- R-: Data challenges from national government
- S-: Survey challenges from UN Population Division
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 accompanying graph and data table.

2017: Estimate based on estimated MCV1. WHO and UNICEF encourage an independent assessment of the immunization data. Estimate challenged by: D-

2016: Estimate based on estimated MCV1. Programme reports district level stock-outs of unknown duration for rubella containing vaccine. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

2015: Estimate based on estimated MCV1. Estimate challenged by: S-

2014: Estimate based on estimated MCV1. Estimate challenged by: S-

2013: Estimate based on estimated MCV1. The method to obtain administrative coverage changed in 2013. Estimate is based on official government estimate. GoC=R+ S+ D+

2012: Estimate based on estimated MCV1. Estimate challenged by: D-S-

2011: Estimate based on estimated MCV1. Estimate challenged by: D-S-

2010: Estimate based on estimated MCV1. Estimate challenged by: D-

2009: Estimate based on estimated MCV1. Estimate challenged by: D-

2008: Estimate based on estimated MCV1. Estimated number of children in target populations varies between antigens and across years. Nationally estimated target is approximately 20 percent lower than that estimated by the UN Population Division. Estimate challenged by: D-

2007: Estimate based on estimated MCV1. Estimate challenged by: D-

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

The WHO and UNICEF estimates of national immunization coverage (vaccine) 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: 2017 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.
The WHO and UNICEF estimates of national immunization coverage (vaccine) 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: 2017 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.

### Mexico - HepBB

#### Description:

2017: Estimate based on extrapolation from data reported by national government. WHO and UNICEF encourage an independent assessment of the immunization data. Country reports HepB vaccine stockout from September to November 2017. GoC=No accepted empirical data

2016: Estimate based on extrapolation from data reported by national government. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

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

2014: Estimate based on interpolation between data reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). GoC=S+

2013: Estimate based on reported data. The method to obtain administrative coverage changed in 2013. Estimate is based on official government estimate. Estimate challenged by: S-

2012: Estimate based on interpolation between data reported by national government. GoC=S+

2011: Estimate based on reported data. Estimate challenged by: D-

2010: Estimate based on reported data. Estimate challenged by: D-

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimate</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>84</td>
<td>98</td>
<td>90</td>
<td>82</td>
<td>90</td>
<td>98</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>Estimate GoC</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>•</td>
<td>• •</td>
<td>• • •</td>
<td>• • •</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Official</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>84</td>
<td>98</td>
<td>NA</td>
<td>82</td>
<td>NA</td>
<td>98</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Administrative</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>83</td>
<td>98</td>
<td>NA</td>
<td>82</td>
<td>NA</td>
<td>98</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Survey</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>93</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

The WHO and UNICEF estimates of national immunization coverage (vaccine) 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: 2017 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.
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.

July 7, 2018; page 12 WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2019 data received as of July 4, 2018
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: 2017 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:

**2017:** Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 97 level to 85 percent. WHO and UNICEF encourage an independent assessment of the immunization data. Estimate challenged by: D-

**2016:** Estimate based on coverage reported by national government. Programme reports district level stock-outs of unknown duration for DTaP-Hib-IPV. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

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

**2014:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 card or history results of 72 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 65 percent. GoC=R+ S+ D+

**2013:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 88 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 card or history results of 79 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 73 percent and 3rd dose card only coverage of 69 percent. The method to obtain administrative coverage changed in 2013. Estimate is based on official government estimate. GoC=R+ S+ D+

**2012:** Estimate based on reported data. Estimate challenged by: D-S-

**2011:** Estimate based on reported data. Estimate challenged by: D-

**2010:** Estimate based on reported data. GoC=R+

**2009:** Estimate based on reported data. Estimate challenged by: D-

**2008:** Estimate based on reported data. Estimated number of children in target populations varies between antigens and across years. Nationally estimated target is approximately 20 percent lower than that estimated by the UN Population Division. Estimate challenged by: D-

**2007:** Estimate based on reported data. Estimate challenged by: D-

**2006:** Estimate based on reported data. Estimate challenged by: D-

---

**July 7, 2018; page 13**

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2019

Data received as of July 4, 2018
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: 2017 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:

- 2017: Estimate based on coverage reported by national government. WHO and UNICEF encourage an independent assessment of the immunization data. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. Programme reports district level stock-outs of unknown duration for rotavirus vaccine. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results adjusted for recall bias (not shown here) support reported coverage levels. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results adjusted for recall bias (not shown here) support reported coverage levels. The method to obtain administrative coverage changed in 2013. Estimate is based on official government estimate. GoC=R+ 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: Rapid increase from to routine levels of other vaccines following introduction. Estimate challenged by: D-
- 2008: Estimate of 47 percent assigned by working group. Partial introduction, 100 percent coverage achieved in 47 percent of the country. Estimated number of children in target populations varies between antigens and across years. Nationally estimated target is approximately 20 percent lower than that estimated by the UN Population Division. Rotavirus vaccine introduced in 2007, reporting started in 2008. GoC=D+
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: 2017 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:

2017: Estimate based on coverage reported by national government. WHO and UNICEF encourage an independent assessment of the immunization data. GoC=R+ D+

2016: Estimate based on coverage reported by national government. GoC=Assigned by working group. Programme notes challenges in reported coverage data. There are also concerns regarding the year to year increases for some vaccines at such high levels of coverage.

2015: Estimate based on interpolation between data reported by national government. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: S-

2014: Estimate based on coverage reported by national government. Mexico Multiple Indicator Cluster Survey 2015-2016 results ignored by working group. Survey results for children 12-23 months likely underestimate coverage based on recommended age of administration. Mexico Multiple Indicator Cluster Survey 2015-2016 card or history results of 57 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 51 percent. Estimate challenged by: S-

2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 1 survey(s). Mexico Multiple Indicator Cluster Survey 2015-2016 card or history results of 72 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 64 percent. The method to obtain administrative coverage changed in 2013. Estimate is based on official government estimate. GoC=R+S+ D+

2012: Estimate based on reported data. Estimate challenged by: D-S-

2011: Estimate based on reported data. Estimate challenged by: S-

2010: Estimate based on reported data. Estimate challenged by: D-

2009: Estimate based on reported data. Pneumococcal conjugate vaccine partially introduced in 2008. Estimate challenged by: D-

2008: Estimate based on reported data. Estimated number of children in target populations varies between antigens and across years. Nationally estimated target is approximately 20 percent lower than that estimated by the UN Population Division. GoC=R+ D+

July 7, 2018; page 15 WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2019 data received as of July 4, 2018
### 2014 Mexico: Encuesta Nacional de Ninos, Ninas y Mujeres 2015

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG C or H &lt;12 months</td>
<td>92.6</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>BCG Card</td>
<td>74.4</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>BCG Card or History</td>
<td>92.7</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP1 C or H &lt;12 months</td>
<td>91.4</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP1 Card</td>
<td>73.6</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP1 Card or History</td>
<td>91.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP3 C or H &lt;12 months</td>
<td>69.1</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP3 Card</td>
<td>64.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP3 Card or History</td>
<td>71.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB1 C or H &lt;12 months</td>
<td>92.6</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB1 Card</td>
<td>74</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB1 Card or History</td>
<td>92.8</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB3 C or H &lt;12 months</td>
<td>76.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB3 Card</td>
<td>67.8</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB3 Card or History</td>
<td>82.2</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepBB C or H &lt;12 months</td>
<td>92.6</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepBB Card</td>
<td>74</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepBB Card or History</td>
<td>92.8</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib1 C or H &lt;12 months</td>
<td>91.4</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib1 Card</td>
<td>73.6</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib1 Card or History</td>
<td>91.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib3 C or H &lt;12 months</td>
<td>69.1</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib3 Card</td>
<td>64.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib3 Card or History</td>
<td>71.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>MCV1 Card</td>
<td>49.5</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>MCV1 Card or History</td>
<td>64</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV1 C or H &lt;12 months</td>
<td>90.5</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV1 Card</td>
<td>74</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV1 Card or History</td>
<td>91.6</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV3 Card</td>
<td>51.4</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV3 Card or History</td>
<td>56.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Pol1 C or H &lt;12 months</td>
<td>91.4</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Pol1 Card</td>
<td>73.6</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Pol1 Card or History</td>
<td>91.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Pol3 C or H &lt;12 months</td>
<td>69.1</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Pol3 Card</td>
<td>64.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Pol3 Card or History</td>
<td>71.9</td>
<td>12-23 m</td>
<td>1440</td>
<td>75</td>
<td></td>
</tr>
</tbody>
</table>

### 2013 Mexico: Encuesta Nacional de Ninos, Ninas y Mujeres 2015

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG C or H &lt;12 months</td>
<td>93.1</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>BCG Card</td>
<td>72.2</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>BCG Card or History</td>
<td>93.6</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP1 C or H &lt;12 months</td>
<td>91.5</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP1 Card</td>
<td>72.6</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP1 Card or History</td>
<td>93.3</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP3 C or H &lt;12 months</td>
<td>69.2</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP3 Card</td>
<td>68.7</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>DTP3 Card or History</td>
<td>79.1</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB1 C or H &lt;12 months</td>
<td>92</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB1 Card</td>
<td>72.6</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB1 Card or History</td>
<td>93.1</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB3 C or H &lt;12 months</td>
<td>76</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB3 Card</td>
<td>68.7</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HepB3 Card or History</td>
<td>85.1</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib1 C or H &lt;12 months</td>
<td>91.5</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib1 Card</td>
<td>72.6</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib1 Card or History</td>
<td>93.3</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib3 C or H &lt;12 months</td>
<td>69.2</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib3 Card</td>
<td>68.7</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Hib3 Card or History</td>
<td>79.1</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>MCV1 C or H &lt;12 months</td>
<td>81.9</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>MCV1 Card</td>
<td>64.3</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>MCV1 Card or History</td>
<td>83.1</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV1 C or H &lt;12 months</td>
<td>89.9</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV1 Card</td>
<td>72.3</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV1 Card or History</td>
<td>91</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV3 C or H &lt;12 months</td>
<td>70.6</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV3 Card</td>
<td>63.9</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>PCV3 Card or History</td>
<td>72.3</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Pol1 C or H &lt;12 months</td>
<td>91.5</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Pol1 Card</td>
<td>72.6</td>
<td>24-35 m</td>
<td>1799</td>
<td>75</td>
<td></td>
</tr>
</tbody>
</table>

July 7, 2018; page 16

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2019
data received as of July 4, 2018
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Card</td>
<td>96.8</td>
<td>12-35 m</td>
<td>2801</td>
<td>64</td>
</tr>
<tr>
<td>DTP3</td>
<td>Card</td>
<td>92.9</td>
<td>12-35 m</td>
<td>-</td>
<td>85</td>
</tr>
<tr>
<td>HepB3</td>
<td>Card</td>
<td>92.9</td>
<td>12-35 m</td>
<td>-</td>
<td>85</td>
</tr>
<tr>
<td>Hb3</td>
<td>Card</td>
<td>92.9</td>
<td>12-35 m</td>
<td>-</td>
<td>85</td>
</tr>
<tr>
<td>Pol3</td>
<td>Card</td>
<td>96.1</td>
<td>12-35 m</td>
<td>-</td>
<td>85</td>
</tr>
<tr>
<td>RotaC</td>
<td>Card</td>
<td>96.3</td>
<td>12-35 m</td>
<td>-</td>
<td>85</td>
</tr>
</tbody>
</table>

Further information and estimates for previous years are available at:
http://www.data.unicef.org/child-health/immunization