

BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from the published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

DATA SOURCES.

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 months or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on the period of data collection.

ABBREVIATIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine

immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration nor are the data represented in the accompanying graph and data table.

HepBB: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HepB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HepB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

Hib3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

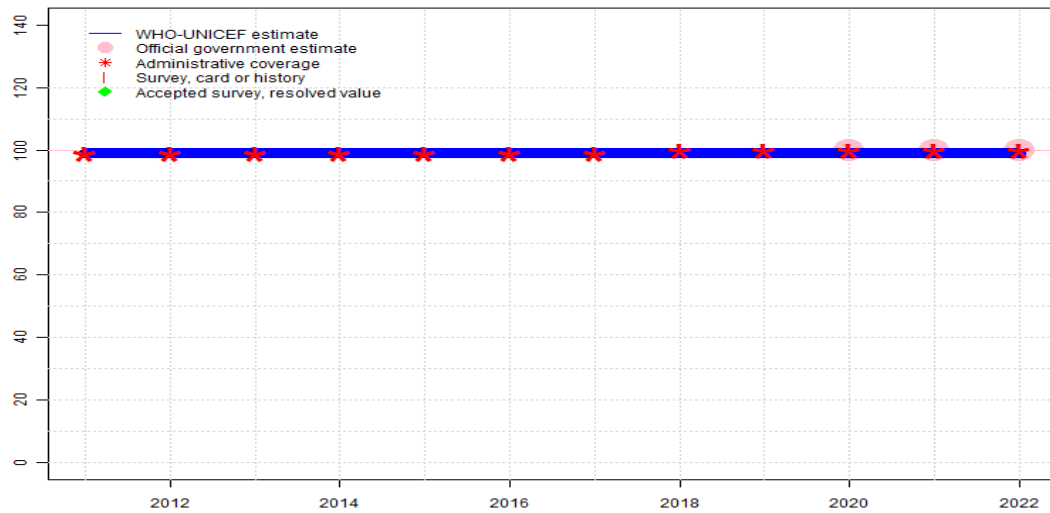
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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China - BCG

CHN - BCG



Description:

- 2022: Estimate informed by reported data. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ D+
- 2018: Estimate informed by reported administrative data. GoC=R+ D+
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. GoC=R+ D+
- 2015: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2014: Estimate informed by reported administrative data. GoC=R+ D+
- 2013: Estimate informed by reported administrative data. GoC=R+ D+
- 2012: Estimate informed by reported administrative data. GoC=R+ D+
- 2011: Estimate informed by reported administrative data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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	100	100	100
Administrative	99	99	99	99	99	99	99	100	100	100	100	100
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

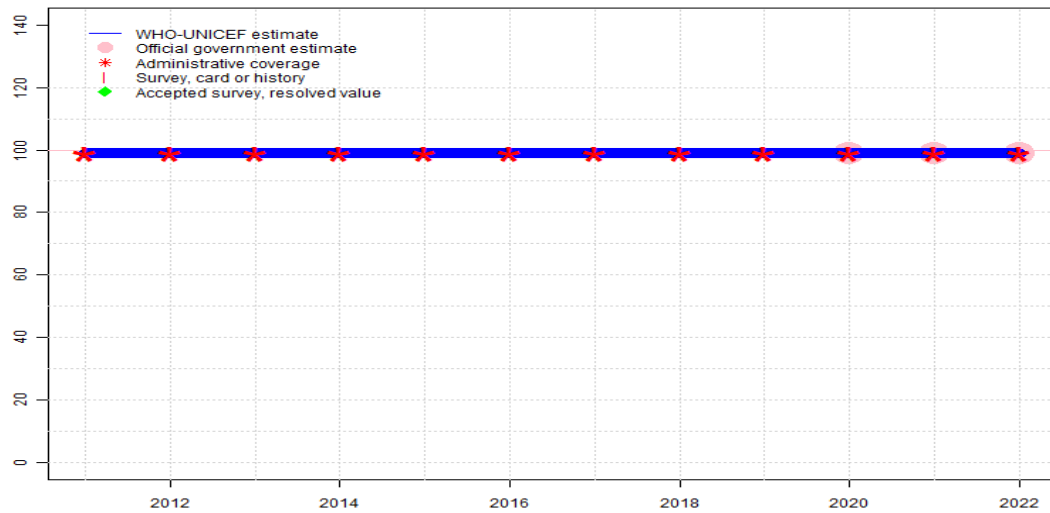
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 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.

China - DTP1

CHN - DTP1



Description:

2022: Reported data calibrated to 2005 levels. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-R-

2021: Reported data calibrated to 2005 levels. Estimate challenged by: R-

2020: Reported data calibrated to 2005 levels. Estimate challenged by: R-

2019: Reported data calibrated to 2005 levels. Estimate challenged by: R-

2018: Reported data calibrated to 2005 levels. Estimate challenged by: R-

2017: Reported data calibrated to 2005 levels. Estimate challenged by: R-

2016: Reported data calibrated to 2005 levels. Estimate challenged by: D-R-

2015: Reported data calibrated to 2005 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2005 levels. Estimate challenged by: R-

2013: Reported data calibrated to 2005 levels. Estimate challenged by: R-

2012: Reported data calibrated to 2005 levels. Estimate challenged by: R-

2011: Reported data calibrated to 2005 levels. Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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	99	99	99
Administrative	99	99	99	99	99	99	99	99	99	99	99	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

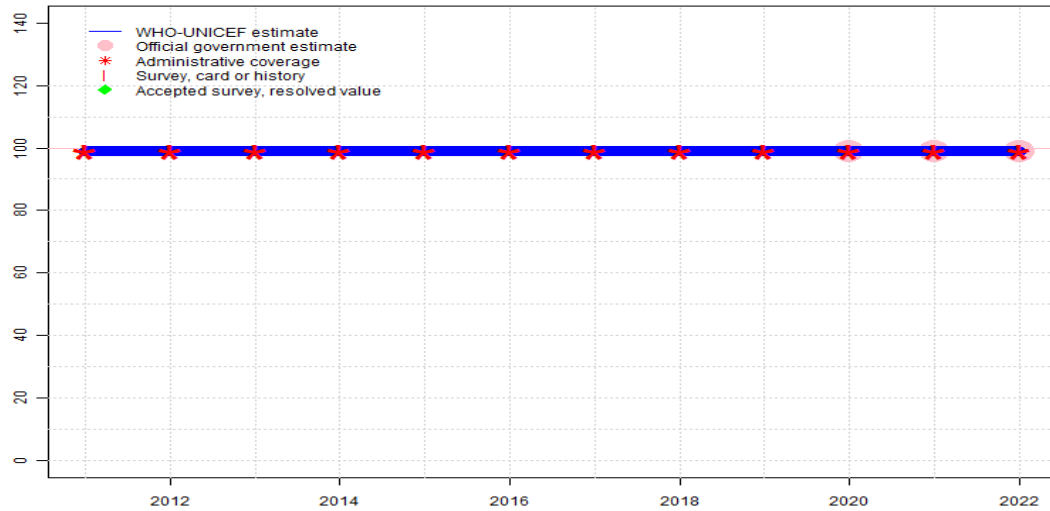
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 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.
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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China - DTP3

CHN - DTP3



Description:

2022: Estimate informed by reported data. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. GoC=R+ D+

2018: Estimate informed by reported administrative data. GoC=R+ D+

2017: Estimate informed by reported administrative data. GoC=R+ D+

2016: Estimate informed by reported administrative data. GoC=R+ D+

2015: Estimate informed by reported administrative data. GoC=R+ D+

2014: Estimate informed by reported administrative data. GoC=R+ D+

2013: Estimate informed by reported administrative data. GoC=R+ D+

2012: Estimate informed by reported administrative data. GoC=R+ D+

2011: Estimate informed by reported administrative data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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	99	99	99
Administrative	99	99	99	99	99	99	99	99	99	99	99	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

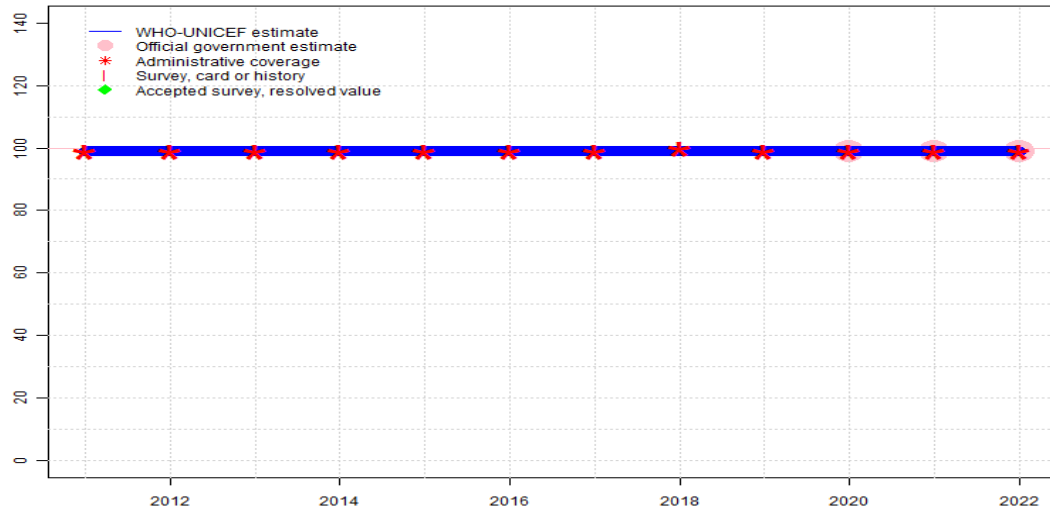
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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China - Pol3

CHN - Pol3



Description:

- 2022: Estimate informed by reported data. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ D+
- 2018: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. Programme reports district-level stockouts. Estimate challenged by: D-
- 2015: Estimate informed by reported administrative data. GoC=R+ D+
- 2014: Estimate informed by reported administrative data. GoC=R+ D+
- 2013: Estimate informed by reported administrative data. GoC=R+ D+
- 2012: Estimate informed by reported administrative data. GoC=R+ D+
- 2011: Estimate informed by reported administrative data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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	99	99	99
Administrative	99	99	99	99	99	99	99	100	99	99	99	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

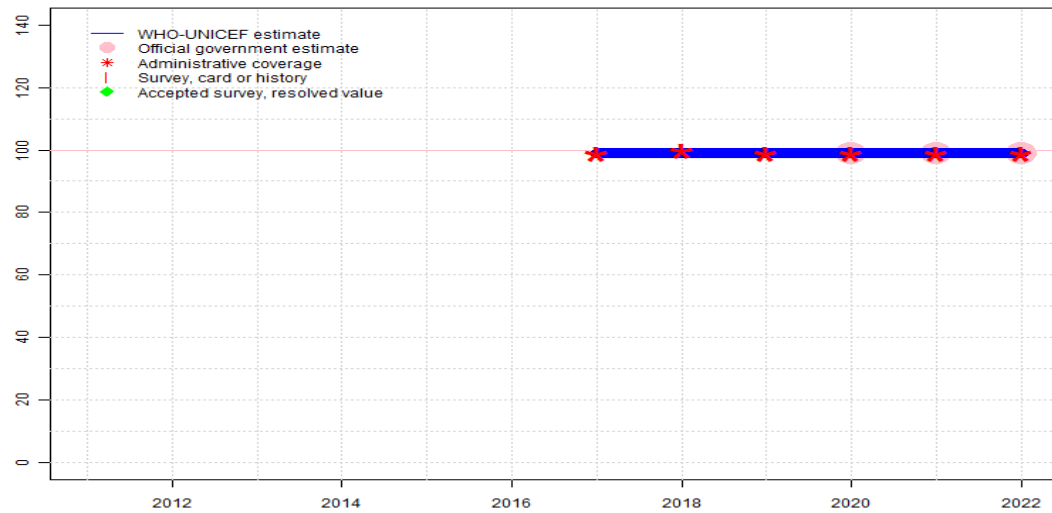
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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China - IPV1

CHN - IPV1



Description:

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of 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).

2022: Estimate informed by reported data. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. GoC=R+ D+

2018: Estimate informed by reported administrative data. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Vaccine introduced in December 2014 and reporting starting in 2017. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	99	99	99	99	99	99
Estimate GoC	NA	NA	NA	NA	NA	NA	••	•	••	•	••	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	99	99	99
Administrative	NA	NA	NA	NA	NA	NA	99	100	99	99	99	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

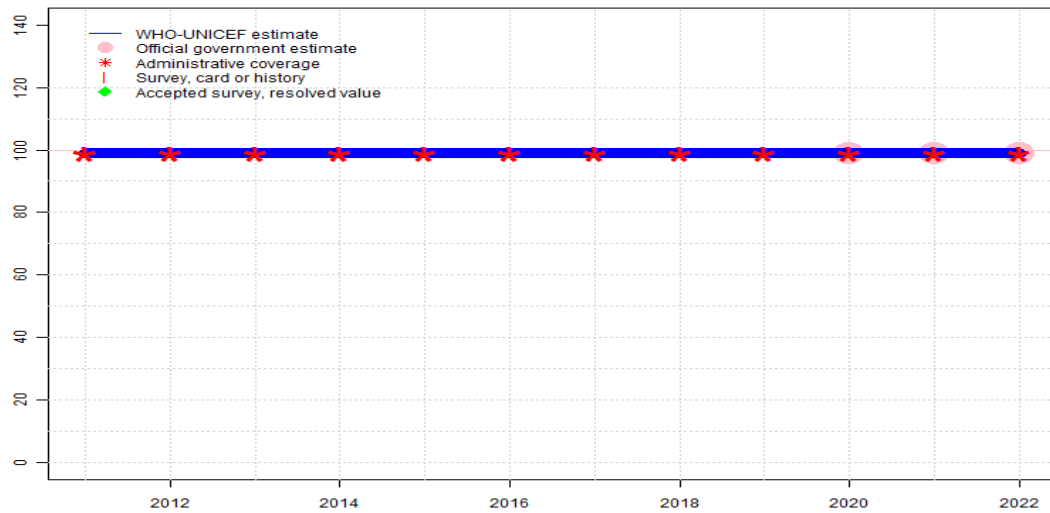
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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China - MCV1

CHN - MCV1



Description:

2022: Estimate informed by reported data. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. GoC=R+ D+

2018: Estimate informed by reported administrative data. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. GoC=R+ D+

2015: Estimate informed by reported administrative data. Estimate challenged by: D-

2014: Estimate informed by reported administrative data. GoC=R+ D+

2013: Estimate informed by reported administrative data. Estimate challenged by: D-

2012: Estimate informed by reported administrative data. GoC=R+ D+

2011: Estimate informed by reported administrative data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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	99	99	99
Administrative	99	99	99	99	99	99	99	99	99	99	99	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

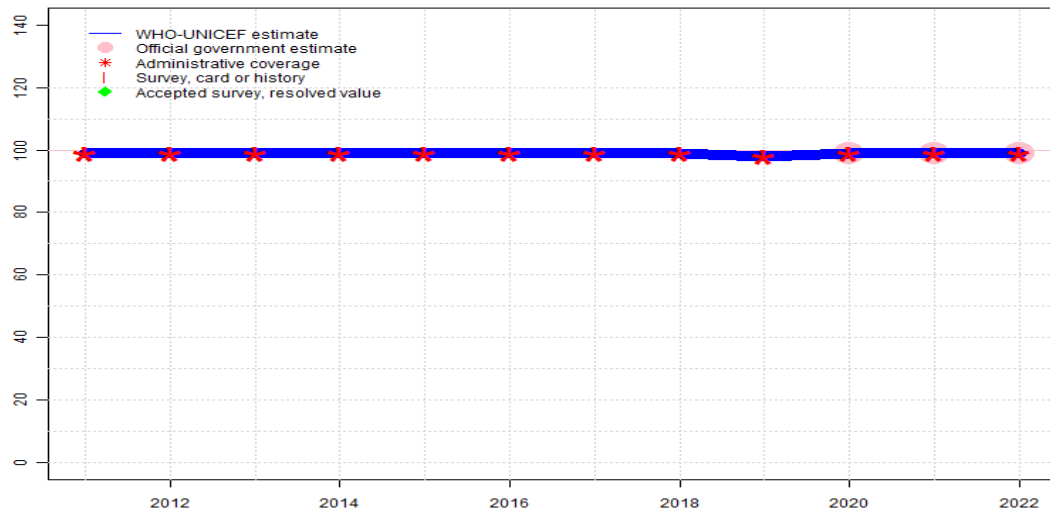
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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China - MCV2

CHN - MCV2



Description:

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

2022: Estimate informed by reported data. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. GoC=R+ D+

2016: Estimate informed by reported administrative data. GoC=R+ D+

2015: Estimate informed by reported administrative data. Estimate challenged by: D-

2014: Estimate informed by reported administrative data. GoC=R+ D+

2013: Estimate informed by reported administrative data. Estimate challenged by: D-

2012: Estimate informed by reported administrative data. GoC=R+ D+

2011: Estimate informed by reported administrative data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	99	99	99	99	99	99	98	99	99	99
Estimate GoC	••	••	•	••	•	••	••	•	•	•	•	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	99	99	99
Administrative	99	99	99	99	99	99	99	99	98	99	99	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

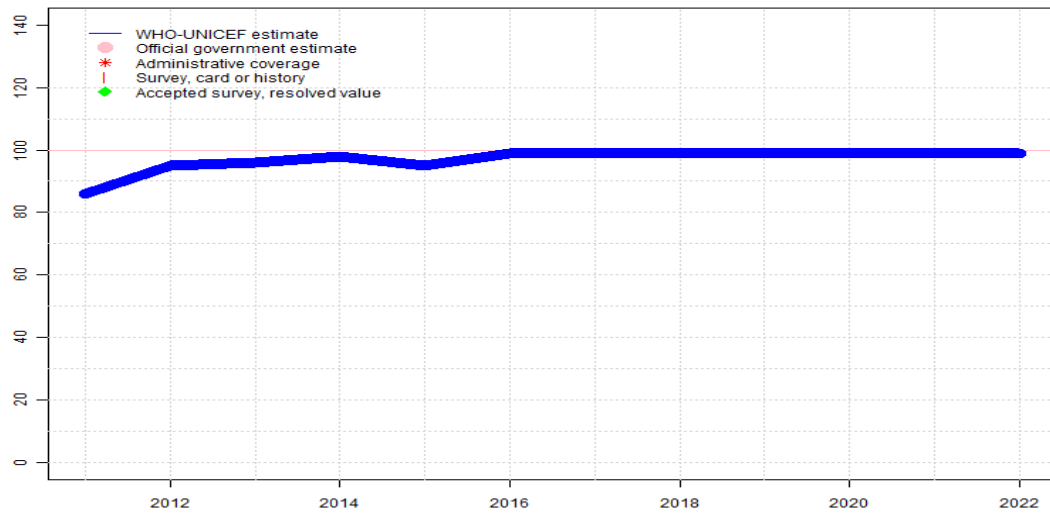
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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China - RCV1

CHN - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	86	95	96	98	95	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: 2022 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:

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.

2022: Estimate based on estimated MCV1. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate based on estimated MCV1. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. Estimate challenged by: D-

2019: Estimate based on estimated MCV1. GoC=R+ D+

2018: Estimate based on estimated MCV1. Estimate challenged by: D-

2017: Estimate based on estimated MCV1. Estimate challenged by: D-

2016: Estimate based on estimated MCV1. GoC=R+ D+

2015: Programme reports 99 percent coverage in 95 percent of the national target population. Estimate is based on total annual national target population. Estimate challenged by: D-

2014: Programme reports 99 percent coverage in 98 percent of the national target population. Estimate is based on total annual national target population. GoC=R+ D+

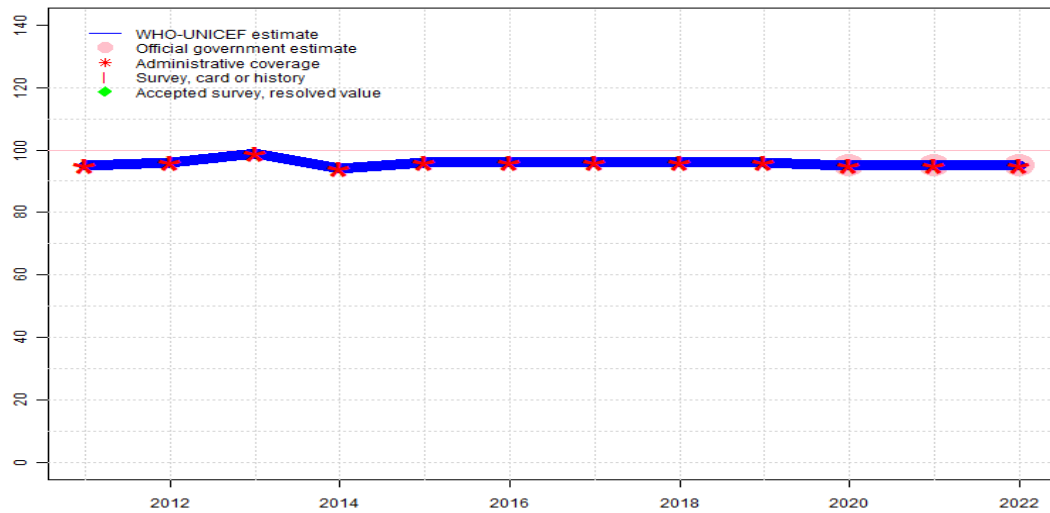
2013: Estimate is based on reported data. Estimate challenged by: D-

2012: Programme reports 99 percent coverage in 95 percent of the national target population. Estimate is based on total annual national target population GoC=R+ D+

2011: Programme reports 99 percent coverage in 87 percent of the national target population. Estimate is based on total annual national target population. GoC=R+ D+

China - HepBB

CHN - HepBB



Description:

2022: Estimate informed by reported data. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported administrative data. GoC=R+ D+

2018: Estimate informed by reported administrative data. GoC=R+ D+

2017: Estimate informed by reported administrative data. GoC=R+ D+

2016: Estimate informed by reported administrative data. GoC=R+ D+

2015: Estimate informed by reported administrative data. GoC=R+ D+

2014: Estimate informed by reported administrative data. GoC=R+ D+

2013: Estimate informed by reported administrative data. GoC=R+ D+

2012: Estimate informed by reported administrative data. GoC=R+ D+

2011: Estimate informed by reported administrative data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	96	99	94	96	96	96	96	96	95	95	95
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	95	95	95
Administrative	95	96	99	94	96	96	96	96	96	95	95	95
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

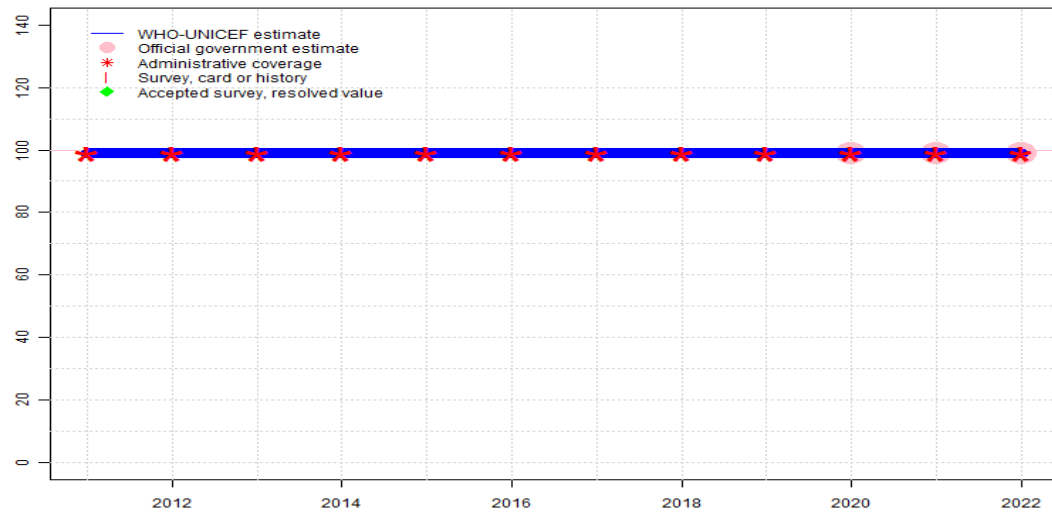
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 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.

China - HepB3

CHN - HepB3



Description:

2022: Estimate informed by reported data. Since 2019, reported births have declined by 5.5 million, reflecting a 38 percent decrease from 2019 to 2022. Declines in target population have been mirrored by a decline in the reported number of vaccine doses administered over the same period. WHO and UNICEF are aware of recent provincial level surveys and efforts to improve data quality. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. GoC=R+ D+

2018: Estimate informed by reported administrative data. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. GoC=R+ D+

2015: Estimate informed by reported administrative data. GoC=R+ D+

2014: Estimate informed by reported administrative data. GoC=R+ D+

2013: Estimate informed by reported administrative data. GoC=R+ D+

2012: Estimate informed by reported administrative data. GoC=R+ D+

2011: Estimate informed by reported administrative data. GoC=R+ D+

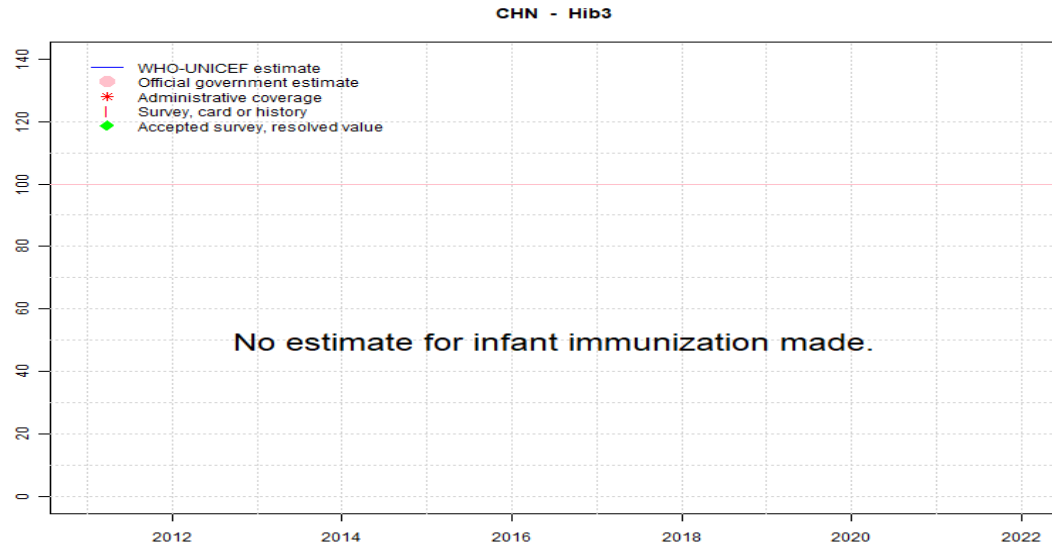
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●	●●	●	●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	99	99	99
Administrative	99	99	99	99	99	99	99	99	99	99	99	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

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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.

China - Hib3

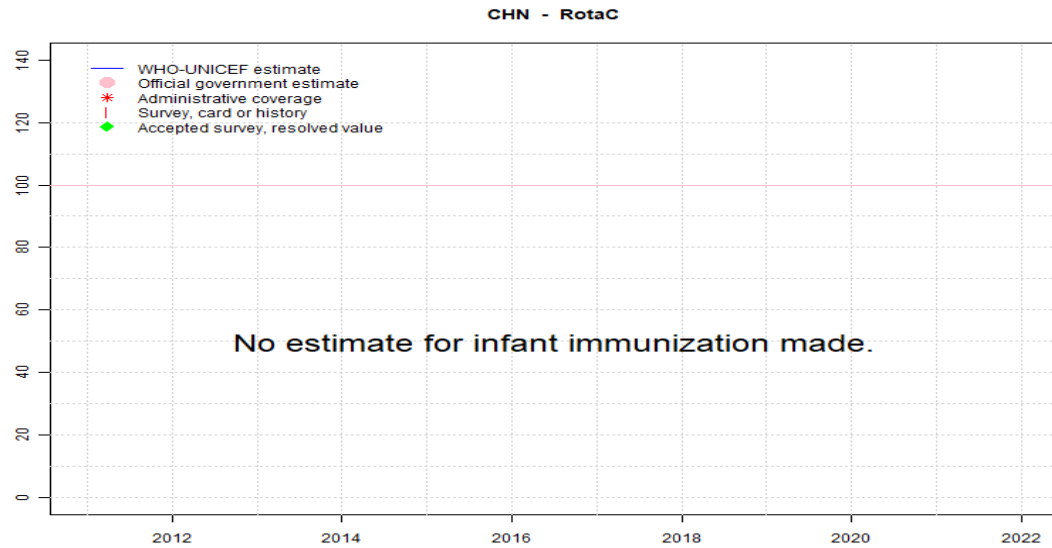


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

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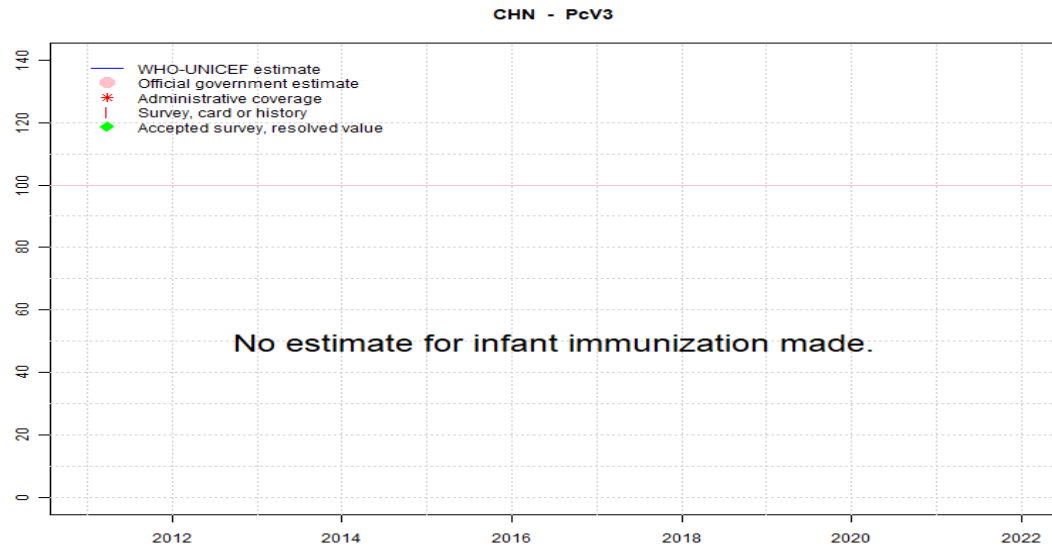


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

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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.



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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.

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China - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12 to 23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated 1 or 2 years prior to the survey field work.

2007 Analysis Report of National Health Services Survey in China, 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	98.8	12-23 m	9762	-
DTP3	Card or History	90.7	12-23 m	9762	-
HepB3	Card or History	93.3	12-23 m	9762	-

MCV1	Card or History	92.1	12-23 m	9762	-
Pol3	Card or History	92.4	12-23 m	9762	-

2003 The National EPI Evaluation Report 2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	97.6	12-23 m	155954	96
BCG	Card <12 months	97.9	12-23 m	155954	96
DTP3	Card	93	12-23 m	155954	96
DTP3	Card <12 months	93.3	12-23 m	155954	96
HepB3	Card	85.4	12-23 m	171188	96
HepB3	Card <12 months	89.8	12-23 m	171188	96
MCV1	Card	92.7	12-23 m	155954	96
MCV1	Card <12 months	93.1	12-23 m	155954	96
Pol3	Card	93.8	12-23 m	155954	96
Pol3	Card <12 months	94.2	12-23 m	155954	96

China - survey details

Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>