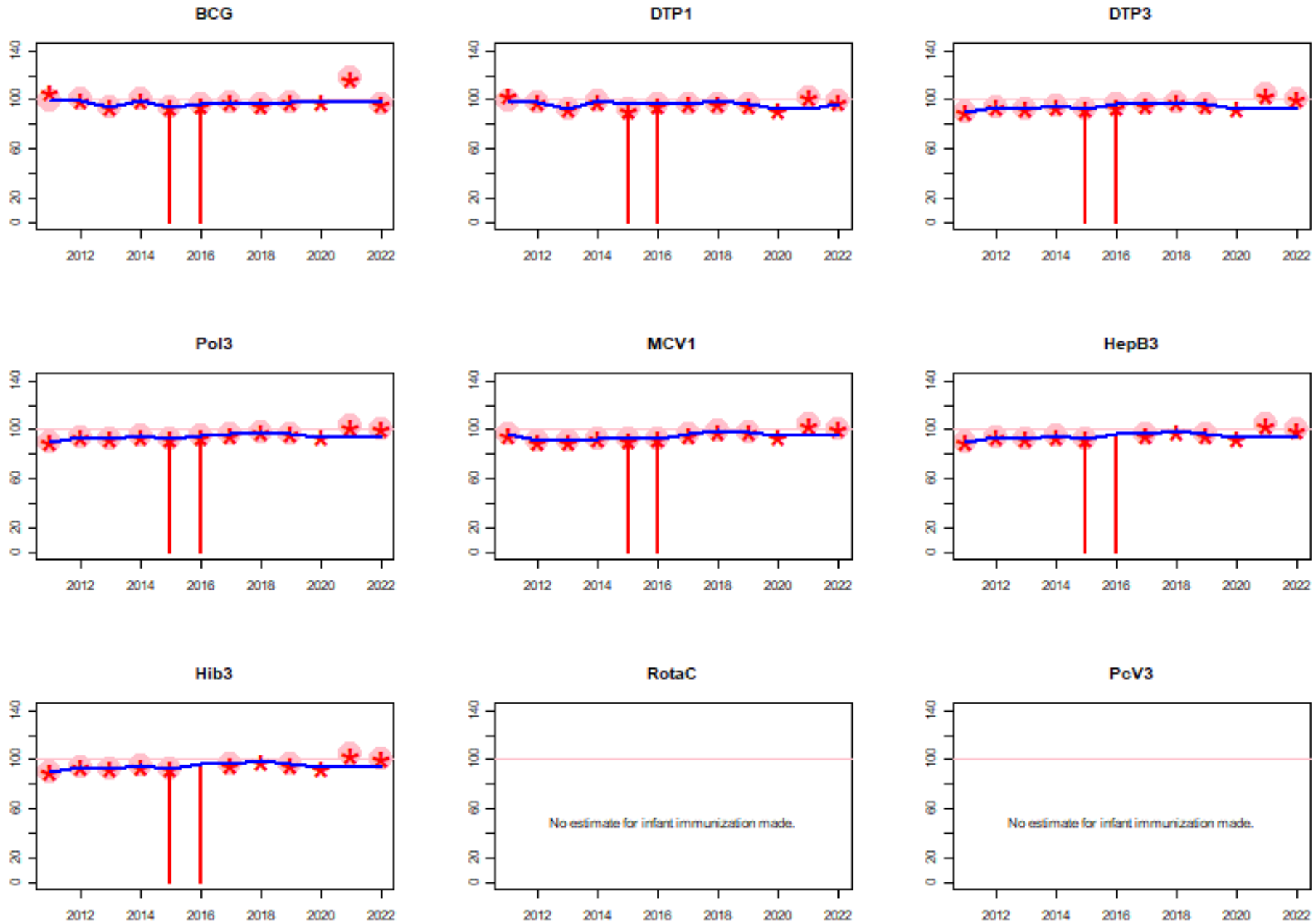# Cabo Verde: WHO and UNICEF estimates of immunization coverage: 2022 revision

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

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

*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.
*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.
*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

DATA SOURCES.

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

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

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

ABBREVIATIONS

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

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

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

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

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

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

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

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

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

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

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

RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.
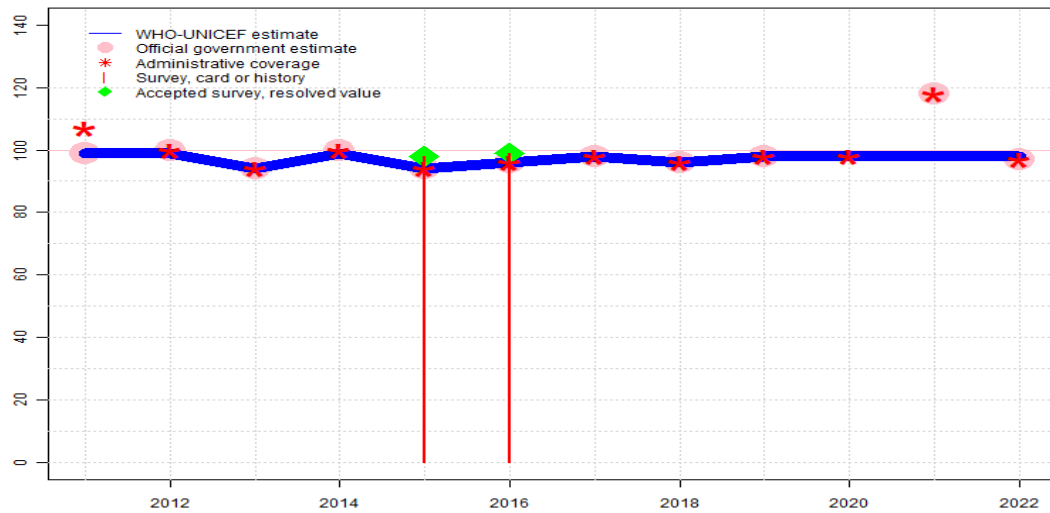
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

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

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.

Cabo Verde - BCG

CPV - BCG

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

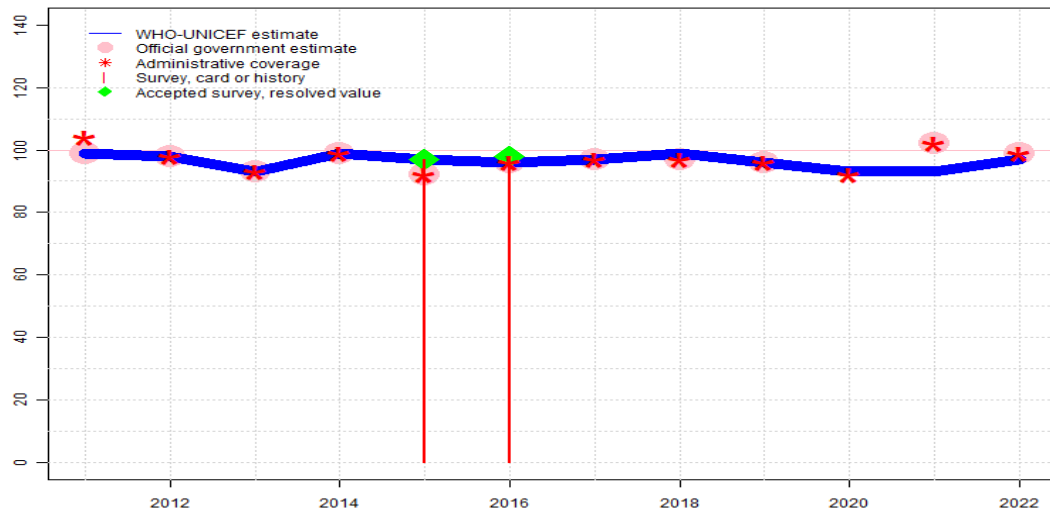|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	94	99	94	96	98	96	98	98	98	98
Estimate GoC	●●●	●●●	●●●	●	●●●	●●●	●●●	●●●	●	●●	●	●
Official	99	100	94	100	94	96	98	96	98	NA	118	97
Administrative	107	100	94	100	94	96	98	96	98	98	118	97
Survey	NA	NA	NA	NA	98	99	NA	NA	NA	NA	NA	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:

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines.Reported data excluded due to sudden change in coverage from 118 level to 97 percent. 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 based on extrapolation from data reported by national government. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate.Reported data excluded because 118 percent greater than 100 percent. Reported data excluded due to an increase from 98 percent to 118 percent with decrease 97 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.

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

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

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

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

2016: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+

2015: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. Estimate challenged by: D-

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

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

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

Cabo Verde - DTP1

CPV - DTP1

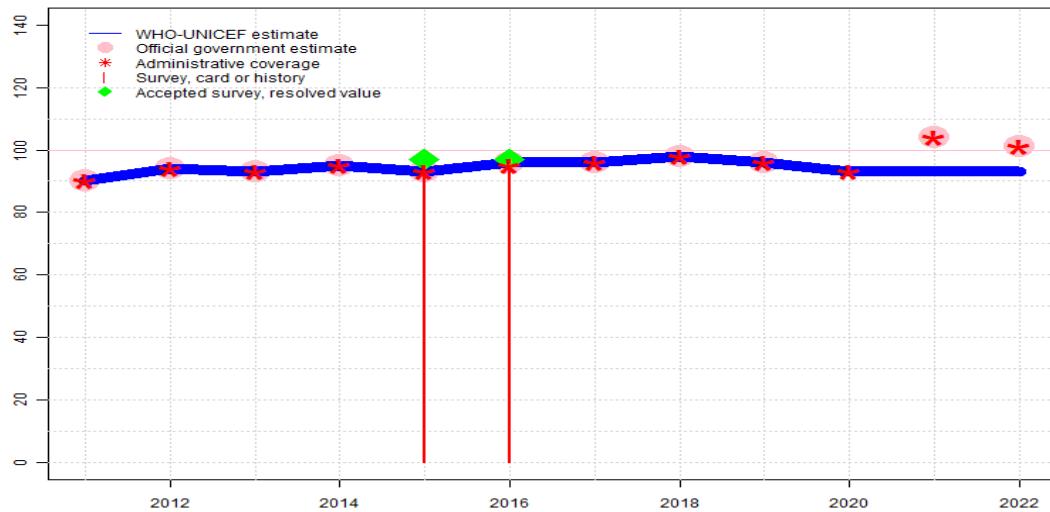|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	98	93	99	97	96	97	99	96	93	93	97
Estimate GoC	●●●	●●●	●●●	●	●	●●●	●●●	●	●	●	●	●
Official	99	98	93	99	92	96	97	97	96	NA	102	99
Administrative	104	98	93	99	92	96	97	97	96	92	102	99
Survey	NA	NA	NA	NA	97	98	NA	NA	NA	NA	NA	NA

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:

2022: DTP1 coverage estimated based on DTP3 coverage of 93. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. 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: Estimate is an extrapolation of the 2020 DTP1 estimate. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate.Reported data excluded because 102 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.

2020: Estimate exceptionally based on DTP3 and assumes no drop-out. Estimate challenged by: R-

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

2018: DTP1 coverage estimated based on DTP3 coverage of 98. Estimate challenged by: R-

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

2016: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

2015: DTP1 coverage estimated based on DTP3 coverage of 93. Estimate challenged by: R-

2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. Estimate challenged by: D-

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

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

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

Cabo Verde - DTP3

CPV - DTP3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

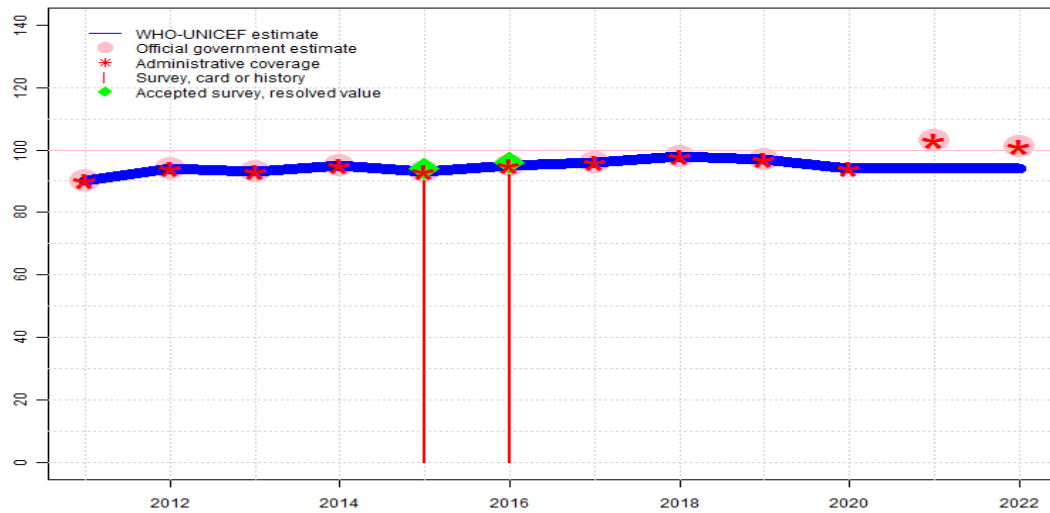|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	94	93	95	93	96	96	98	96	93	93	93
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●	●●	●	●●
Official	90	94	93	95	93	96	96	98	96	NA	104	101
Administrative	90	94	93	95	93	95	96	98	96	93	104	101
Survey	NA	NA	NA	NA	94	95	NA	NA	NA	NA	NA	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:

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines.Reported data excluded because 101 percent greater than 100 percent. 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 extrapolation from data reported by national government. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate.Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.

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

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

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

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

2016: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 card or history results of 95 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 91 percent. GoC=R+ S+ D+

2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 card or history results of 94 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 88 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+

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

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

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

CPV - Pol3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	94	93	95	93	95	96	98	97	94	94	94
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●	●●	●	●●
Official	90	94	93	95	93	95	96	98	97	NA	103	101
Administrative	90	94	93	95	93	95	96	98	97	94	103	101
Survey	NA	NA	NA	NA	90	92	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.
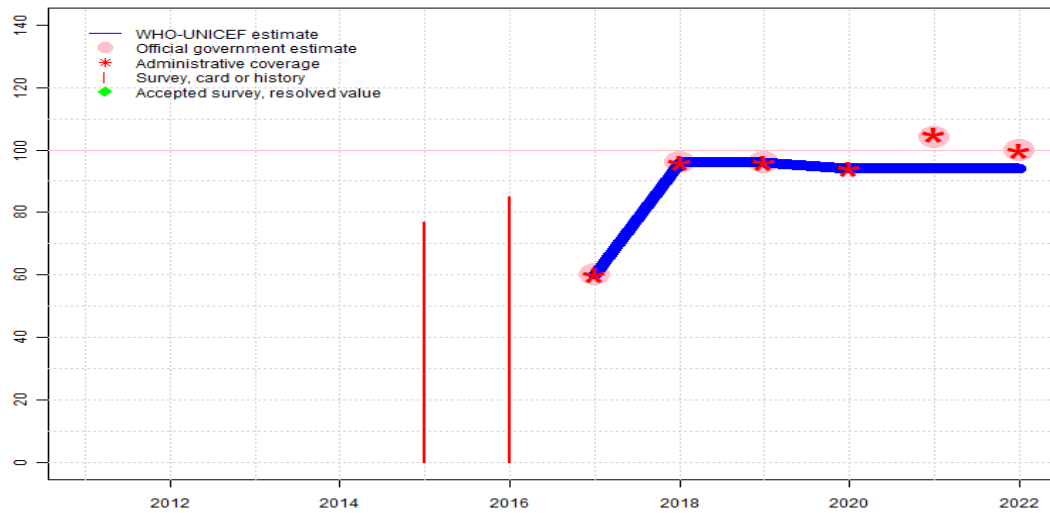
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines.Reported data excluded because 101 percent greater than 100 percent. 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 extrapolation from data reported by national government. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate.Reported data excluded because 103 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.

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

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

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

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

2016: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 card or history results of 92 percent modifed for recall bias to 96 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 90 percent. GoC=R+ S+ D+

2015: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 card or history results of 90 percent modifed for recall bias to 94 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 86 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+

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

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

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

CPV - IPV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

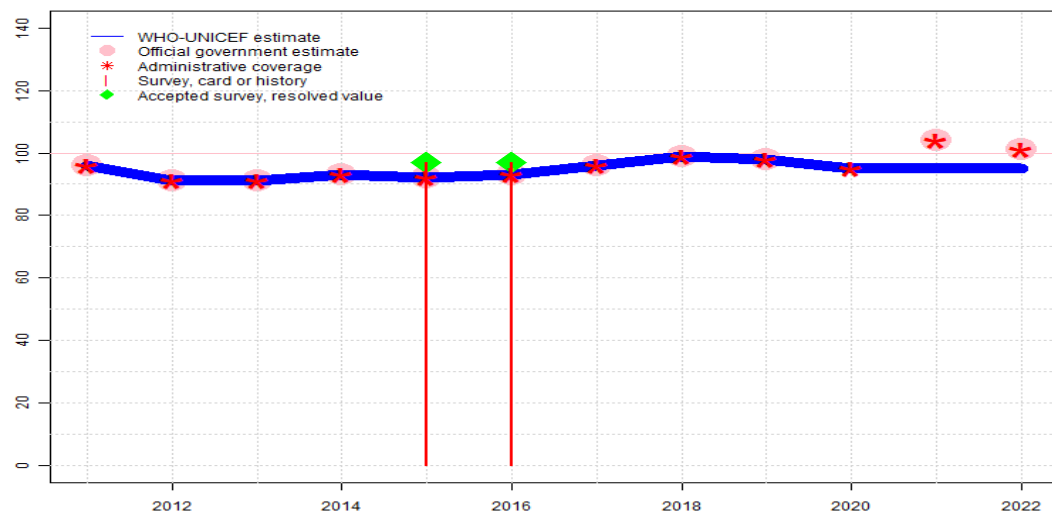|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	60	96	96	94	94	94
Estimate GoC	NA	NA	NA	NA	NA	NA	●●	●●	●	●●	●	●
Official	NA	NA	NA	NA	NA	NA	60	96	96	NA	104	100
Administrative	NA	NA	NA	NA	NA	NA	60	96	96	94	105	100
Survey	NA	NA	NA	NA	77	85	NA	NA	NA	NA	NA	NA

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:

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 extrapolation from reported data. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. 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 extrapolation from reported data. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate.Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.

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

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

2018: Estimate informed by reported data. Increase following vaccine introduction GoC=R+ D+

2017: Estimate informed by reported data. Inactivated polio vaccine introduced in July 2017. GoC=R+ D+

CPV - MCV1

Description:

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines.Reported data excluded because 101 percent greater than 100 percent. 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 based on extrapolation from data reported by national government. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate.Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.

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

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

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

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

2016: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+

2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. GoC=R+ S+ D+

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

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

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

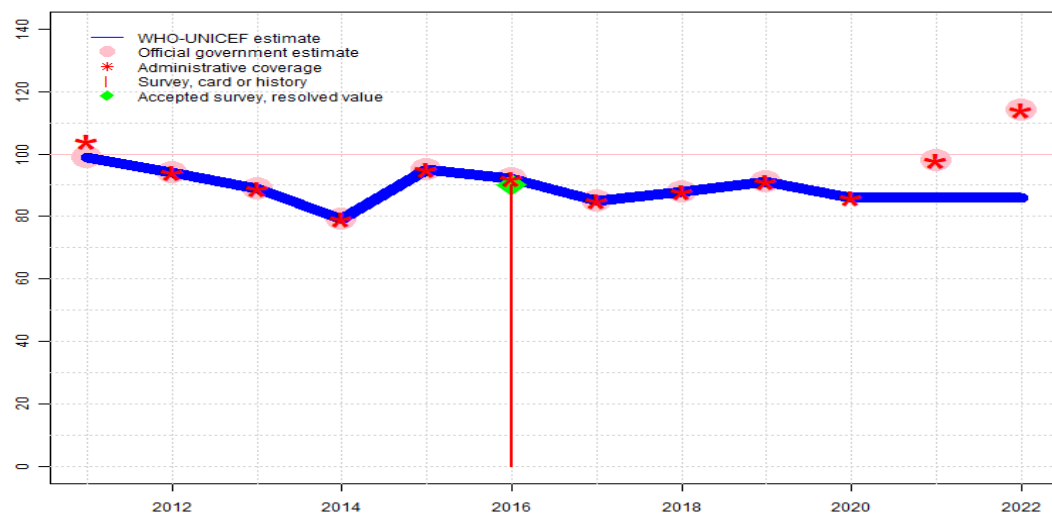|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	91	91	93	92	93	96	99	98	95	95	95
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●●●	●●●	●	●●	●	●
Official	96	91	91	93	92	93	96	99	98	NA	104	101
Administrative	96	91	91	93	92	93	96	99	98	95	104	101
Survey	NA	NA	NA	NA	97	97	NA	NA	NA	NA	NA	NA

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.

Cabo Verde - MCV2

CPV - MCV2

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	94	89	79	95	92	85	88	91	86	86	86
Estimate GoC	●●	●●	●●	●	●●●	●●	●●●	●●●	●	●●	●	●●
Official	99	94	89	79	95	92	85	88	91	NA	98	114
Administrative	104	94	89	79	95	92	85	88	91	86	98	114
Survey	NA	NA	NA	NA	NA	90	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:

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

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded because 114 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 98 level to 114 percent. 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 extrapolation from data reported by national government. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate. GoC=Assigned by working group. GoC of one based on no reported data accepted.

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

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

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

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

2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). GoC=R+ S+

2015: Estimate informed by reported data. Programme reports intensification activities among children aged 15-24 months which may explain the exceptional year-to-year increase between 2014 and 2015. GoC=R+ S+ D+

2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. Estimate challenged by: S-

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

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

2011: Estimate informed by reported data. Second dose of measles containing vaccine introduced during 2010. Reporting started in 2011. GoC=R+ D+

Cabo Verde - RCV1

CPV - RCV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

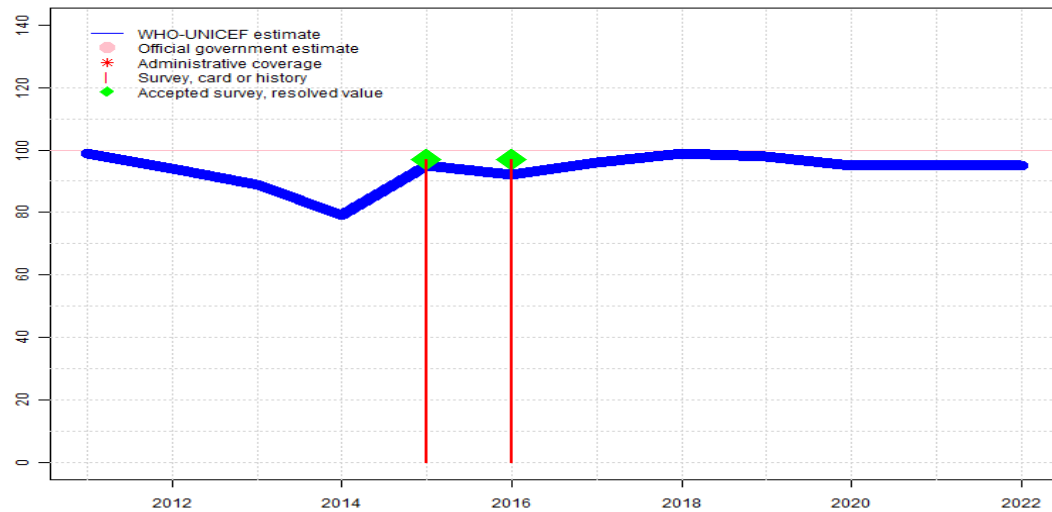|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	94	89	79	95	92	96	99	98	95	95	95
Estimate GoC	●●	●●	●●	●	●●●	●●	●●●	●●●	●	●●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	97	97	NA	NA	NA	NA	NA	NA

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. 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 based on estimated MCV1. GoC=Assigned by working group. GoC of one based
on no reported data accepted.

2020: Estimate based on estimated MCV1. GoC=R+ D+

2019: Estimate based on estimated MCV1. Estimate challenged by: D-

2018: Estimate based on estimated MCV1. GoC=R+ S+ D+

2017: Estimate based on estimated MCV1. GoC=R+ S+ D+

2016: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate
based on MCV2 estimate Presentation changed from MR to MMR and recommended
schedule is 9 and 15 months. GoC=R+ S+

2015: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate
based on MCV2 estimate Presentation changed from MR to MMR and recommended
schedule is 15 months. GoC=R+ S+ D+

2014: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate
based on MCV2 estimate Survey results (based on documented evidence by home-based
records) support reported coverage levels. Estimate challenged by: S-

2013: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate
based on MCV2 estimate GoC=R+ D+
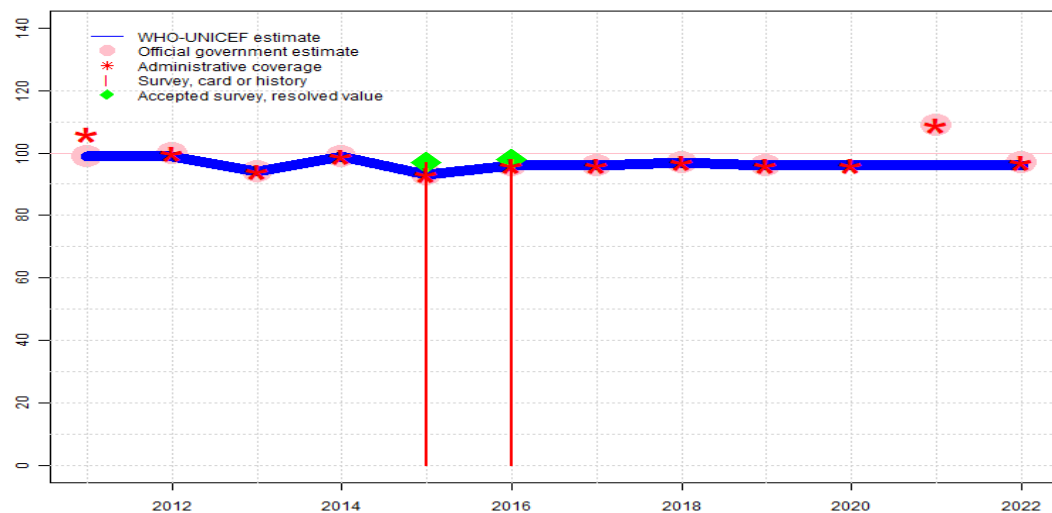
2012: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate
based on MCV2 estimate GoC=R+

2011: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate
based on MCV2 estimate Rubella containing vaccine introduced during 2010. Reporting
started in 2011. GoC=R+ D+

CPV - HepBB

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	94	99	93	96	96	97	96	96	96	96
Estimate GoC	●●	●●	●●	●	●●●	●●●	●●●	●●●	●	●●	●	●
Official	99	100	94	99	93	96	96	97	96	NA	109	97
Administrative	106	100	94	99	93	96	96	97	96	96	109	97
Survey	NA	NA	NA	NA	97	98	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:

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines.Reported data excluded due to sudden change in coverage from 109 level to 97 percent. 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 based on extrapolation from data reported by national government. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate.Reported data excluded because 109 percent greater than 100 percent. Reported data excluded due to an increase from 96 percent to 109 percent with decrease 97 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.

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

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

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

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

2016: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. Estimate challenged by: D-

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

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

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

CPV - HepB3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

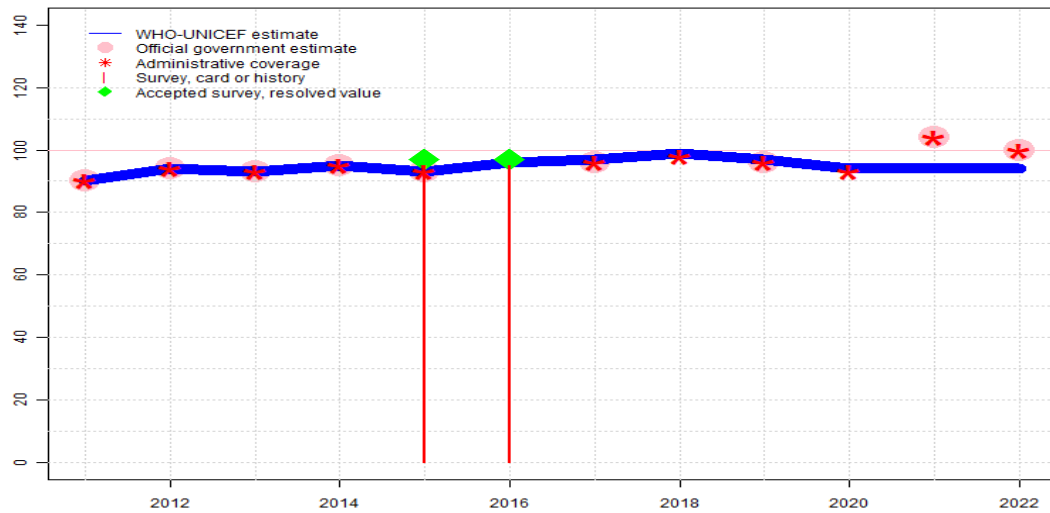|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	94	93	95	93	96	97	99	97	94	94	94
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●	●	●
Official	90	94	93	95	93	NA	96	NA	96	NA	104	100
Administrative	90	94	93	95	93	NA	96	98	96	93	104	100
Survey	NA	NA	NA	NA	94	95	NA	NA	NA	NA	NA	NA

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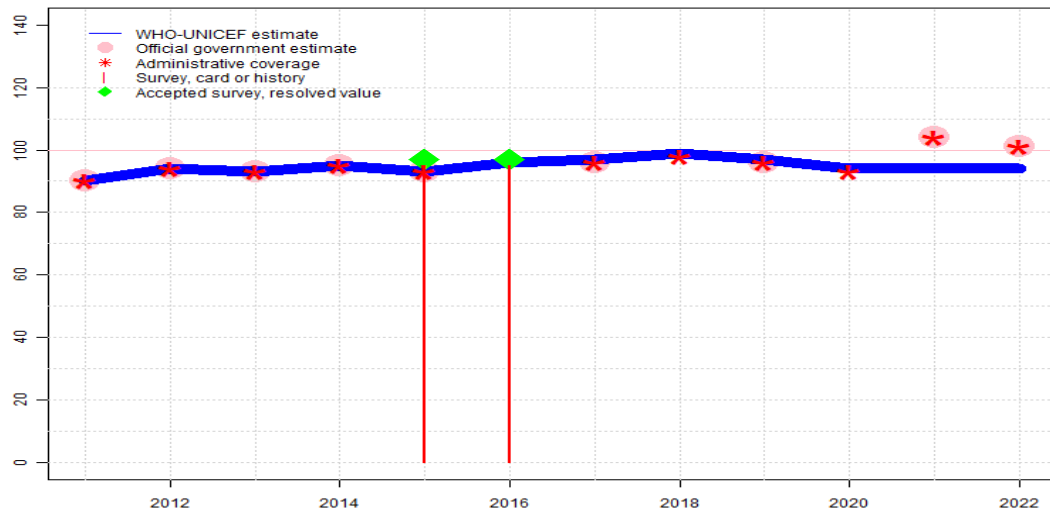
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2022: Reported data calibrated to 2016 levels. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines. 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 2016 levels. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate.Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.

2020: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2017: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2016: Estimate of 96 percent assigned by working group. Estimate is based on estimated DTP3 coverage. Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 card or history results of 95 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 91 percent. GoC=S+

2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 card or history results of 94 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 88 percent. Estimate of 93 percent changed from previous revision value of 94 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. Estimate of 95 percent changed from previous revision value of 96 percent. GoC=R+ S+ D+

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

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

2011: Estimate is based on estimated DTP3 coverage. GoC=R+ S+ D+

CPV - Hib3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	94	93	95	93	96	97	99	97	94	94	94
Estimate GoC	●●		●●	●●●	●●●	●●●	●●	●	●	●	●	●	●
Official	90	94	93	95	93	NA	96	NA	96	NA	104	101
Administrative	90	94	93	95	93	NA	96	98	96	93	104	101
Survey	NA	NA	NA	NA	94	95	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.
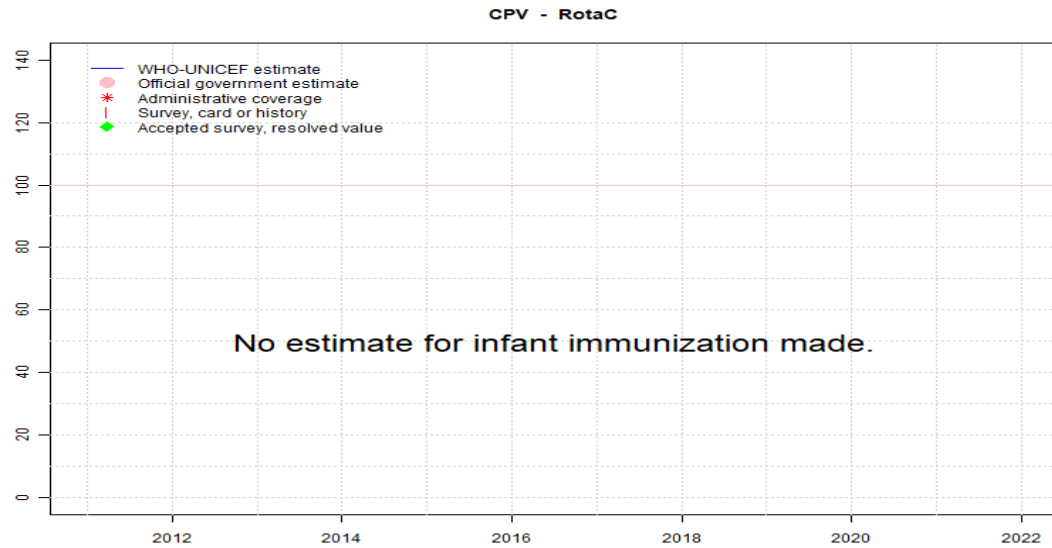
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

2022: Reported data calibrated to 2016 levels. Reported data excluded. Estimate informed by prior year estimate. Reported data suggests increasing in coverage while trends in reported doses administered indicate declines.Reported data excluded because 101 percent greater than 100 percent. 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: R-

2021: Reported data calibrated to 2016 levels. Reported data excluded. Programme report issues with data quality. Denominator declines of about 20 percent between 2020 and 2021. Current target population figures derived from the 2021 census. WHO and UNICEF recommend a critical review of the reported numerator and denominator time-series data. Estimated coverage is likely an overestimate.Reported data excluded because 104 percent greater than 100 percent. GoC=Assigned by working group. GoC of one based on no reported data accepted.

2020: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2017: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2016: Estimate of 96 percent assigned by working group. Estimate is based on estimated DTP3 coverage. Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 card or history results of 95 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 91 percent. GoC=S+

2015: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Demographic and Reproductive Health Survey, IDSR-III, Cape Verde 2018 card or history results of 94 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 88 percent. Estimate of 93 percent changed from previous revision value of 94 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data. Survey results (based on documented evidence by home-based records) support reported coverage levels. Estimate of 95 percent changed from previous revision value of 96 percent. GoC=R+ S+ D+

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

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

2011: Estimate is based on estimated DTP3 coverage. Hib vaccine was introduced in 2010. Reporting started in 2011. The presentation is DTP- HepB-Hib. GoC=R+ D+

	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.

●●● 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.

Cabo Verde - PcV3

CPV - PcV3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

No estimate for infant immunization made.

	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.

●●● 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.

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.

2016 Inquérito Demográfico e de Saúde Reprodutiva, IDSR-III, Cabo Verde 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.1	12-23 m	372	92
BCG	Card	92.4	12-23 m	343	92
BCG	Card or History	98.9	12-23 m	372	92
BCG	History	6.6	12-23 m	28	92
DTP1	C or H <12 months	98.3	12-23 m	372	92
DTP1	Card	92.4	12-23 m	343	92
DTP1	Card or History	98.3	12-23 m	372	92
DTP1	History	5.9	12-23 m	28	92
DTP3	C or H <12 months	91.6	12-23 m	372	92
DTP3	Card	90.9	12-23 m	343	92
DTP3	Card or History	95	12-23 m	372	92
DTP3	History	4.1	12-23 m	28	92
HepB1	C or H <12 months	98.3	12-23 m	372	92
HepB1	Card	92.4	12-23 m	343	92
HepB1	Card or History	98.3	12-23 m	372	92
HepB1	History	5.9	12-23 m	28	92
HepB3	C or H <12 months	91.6	12-23 m	372	92
HepB3	Card	90.9	12-23 m	343	92
HepB3	Card or History	95	12-23 m	372	92
HepB3	History	4.1	12-23 m	28	92
HepBB	C or H <12 months	97.8	12-23 m	372	92
HepBB	Card	91.7	12-23 m	343	92
HepBB	Card or History	98	12-23 m	372	92
HepBB	History	6.2	12-23 m	28	92
Hib1	C or H <12 months	98.3	12-23 m	372	92
Hib1	Card	92.4	12-23 m	343	92
Hib1	Card or History	98.3	12-23 m	372	92
Hib1	History	5.9	12-23 m	28	92
Hib3	C or H <12 months	91.6	12-23 m	372	92
Hib3	Card	90.9	12-23 m	343	92
Hib3	Card or History	95	12-23 m	372	92
Hib3	History	4.1	12-23 m	28	92
IPV1	C or H <12 months	84.3	12-23 m	372	92
IPV1	Card	79.1	12-23 m	343	92
IPV1	Card or History	85.1	12-23 m	372	92
IPV1	History	6	12-23 m	28	92
MCV1	C or H <12 months	93.7	12-23 m	372	92
MCV1	Card	90.6	12-23 m	343	92
MCV1	Card or History	96.9	12-23 m	372	92
MCV1	History	6.3	12-23 m	28	92
MCV2	C or H <12 months	88.1	24-35 m	429	92
MCV2	Card	84.2	24-35 m	376	92
MCV2	Card or History	89.7	24-35 m	429	92
MCV2	History	5.5	24-35 m	53	92
Pol1	C or H <12 months	98.2	12-23 m	372	92
Pol1	Card	92.4	12-23 m	343	92
Pol1	Card or History	98.2	12-23 m	372	92
Pol1	History	5.8	12-23 m	28	92
Pol3	C or H <12 months	88.7	12-23 m	372	92
Pol3	Card	90	12-23 m	343	92
Pol3	Card or History	92.1	12-23 m	372	92
Pol3	History	2.2	12-23 m	28	92

2015 Inquérito Demográfico e de Saúde Reprodutiva, IDSR-III, Cabo Verde 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97.7	24-35 m	429	92
BCG	Card	87.6	24-35 m	376	92
BCG	Card or History	97.8	24-35 m	429	92
BCG	History	10.3	24-35 m	53	92
DTP1	C or H <12 months	96.5	24-35 m	429	92

DTP1	Card	87.6	24-35 m	376	92
DTP1	Card or History	97	24-35 m	429	92
DTP1	History	9.4	24-35 m	53	92
DTP3	C or H <12 months	89.7	24-35 m	429	92
DTP3	Card	87.6	24-35 m	376	92
DTP3	Card or History	94.1	24-35 m	429	92
DTP3	History	6.5	24-35 m	53	92
HepB1	C or H <12 months	96.5	24-35 m	429	92
HepB1	Card	87.6	24-35 m	376	92
HepB1	Card or History	97	24-35 m	429	92
HepB1	History	9.4	24-35 m	53	92
HepB3	C or H <12 months	89.7	24-35 m	429	92
HepB3	Card	87.6	24-35 m	376	92
HepB3	Card or History	94.1	24-35 m	429	92
HepB3	History	6.5	24-35 m	53	92
HepBB	C or H <12 months	96.7	24-35 m	429	92
HepBB	Card	87	24-35 m	376	92
HepBB	Card or History	96.9	24-35 m	429	92
HepBB	History	9.9	24-35 m	53	92
Hib1	C or H <12 months	96.5	24-35 m	429	92
Hib1	Card	87.6	24-35 m	376	92
Hib1	Card or History	97	24-35 m	429	92
Hib1	History	9.4	24-35 m	53	92
Hib3	C or H <12 months	89.7	24-35 m	429	92
Hib3	Card	87.6	24-35 m	376	92
Hib3	Card or History	94.1	24-35 m	429	92
Hib3	History	6.5	24-35 m	53	92
IPV1	C or H <12 months	66.4	24-35 m	429	92
IPV1	Card	68.5	24-35 m	376	92
IPV1	Card or History	77.3	24-35 m	429	92
IPV1	History	8.8	24-35 m	53	92
MCV1	C or H <12 months	91	24-35 m	429	92
MCV1	Card	86.6	24-35 m	376	92
MCV1	Card or History	96.7	24-35 m	429	92
MCV1	History	10.1	24-35 m	53	92
Pol1	C or H <12 months	95.5	24-35 m	429	92
Pol1	Card	87.6	24-35 m	376	92
Pol1	Card or History	95.5	24-35 m	429	92
Pol1	History	8	24-35 m	53	92
Pol3	C or H <12 months	83.6	24-35 m	429	92
Pol3	Card	86.2	24-35 m	376	92
Pol3	Card or History	89.8	24-35 m	429	92
Pol3	History	3.6	24-35 m	53	92

2014 Rapport Final de la Revue du PEV Cabo Verde

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	93.1	12-23 m	1696	99
DTP1	Card	92.9	12-23 m	1696	99
DTP3	Card	92.2	12-23 m	1696	99
HepB1	Card	92.9	12-23 m	1696	99
HepB3	Card	92.2	12-23 m	1696	99
HepBB	Card	67.8	12-23 m	1696	99
Hib1	Card	92.9	12-23 m	1696	99
Hib3	Card	92.2	12-23 m	1696	99
MCV1	Card	90.4	12-23 m	1696	99

2010 Enquête de couverture vaccinale, Cap-Vert 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	99.9	12-23 m	1598	98
DTP1	Card or History	99.9	12-23 m	1598	98
DTP3	Card or History	99.6	12-23 m	1598	98
HepB1	Card or History	99.7	12-23 m	1598	98
HepB3	Card or History	98.1	12-23 m	1598	98
MCV1	Card or History	96.8	12-23 m	1598	98
Pol1	Card or History	99.9	12-23 m	1598	98
Pol3	Card or History	99.6	12-23 m	1598	98

2009 Enquête de couverture vaccinale de la 3ème dose de trois vaccins (contre la diphtérie, la coqueluche et le tétanos - DTC3) et la rougeole - Cap-Vert 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	Card	97.6	12-23 m	4458	100
MCV1	Card	94	12-23 m	4458	100

2008 Enquête de couverture vaccinale de la 3ème dose de trois vaccins (contre la diphtérie, la coqueluche et le tétanos - DTC3) et la rougeole - Le Cap-Vert 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	Card or History	98	12-23 m	1696	98
MCV1	Card or History	96.2	12-23 m	1696	98

2008 Inquérito nacional de cobertura vacinal. Cabo Verde, 2009.

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	97.8	12-23 m	1684	98
BCG	Card or History	99.9	12-23 m	1684	98
BCG	Scar	79.1	12-23 m	1684	98
DTP1	Card	97.9	12-23 m	1684	98
DTP1	Card or History	99.9	12-23 m	1684	98
DTP3	Card	97.3	12-23 m	1684	98
DTP3	Card or History	99.3	12-23 m	1684	98
HepB1	Card	97.6	12-23 m	1684	98
HepB1	Card or History	99.4	12-23 m	1684	98
HepB3	Card	96.9	12-23 m	1684	98
HepB3	Card or History	98.8	12-23 m	1684	98
MCV1	Card	94.4	12-23 m	1684	98
MCV1	Card or History	96.5	12-23 m	1684	98
Pol1	Card	97.6	12-23 m	1684	98
Pol1	Card or History	99.7	12-23 m	1684	98
Pol3	Card	97.2	12-23 m	1684	98
Pol3	Card or History	99.2	12-23 m	1684	98

2004 República de Cabo Verde, Inquérito de avaliação da cobertura vacinal 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	98.6	12-23 m	1160	97
DTP1	Card	96.3	12-23 m	1160	97
DTP3	Card	93.4	12-23 m	1160	97
HepB1	Card	93.5	12-23 m	1160	97
HepB3	Card	91	12-23 m	1160	97
MCV1	Card	90.7	12-23 m	1160	97
Pol1	Card	96.3	12-23 m	1160	97
Pol3	Card	93.7	12-23 m	1160	97

2004 Segundo Inquérito Demográfico e de Saúde Reprodutiva, Cabo Verde, IDSR-II, 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	96.5	12-23 m	436	81
DTP1	Card or History	94	12-23 m	436	81
DTP3	Card or History	84.4	12-23 m	436	81
HepB1	Card or History	75.3	12-23 m	436	81
HepB3	Card or History	70.7	12-23 m	436	81
MCV1	Card or History	88.7	12-23 m	436	81
Pol1	Card or History	94	12-23 m	436	81
Pol3	Card or History	81.6	12-23 m	436	81

2001 Capo Verde, Inquérito Nacional de Cobertura Vacinal, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	99.1	12-23 m	-	100
DTP3	Card or History	85.3	12-23 m	-	100
MCV1	Card or History	75.4	12-23 m	-	100
Pol3	Card or History	85.3	12-23 m	-	100

1999 Capo Verde, Inquérito Nacional de Cobertura Vacinal, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	92.3	12-23 m	208	94
DTP1	Card or History	92.8	12-23 m	208	94
DTP3	Card or History	86.5	12-23 m	208	94
MCV1	Card or History	79.8	12-23 m	208	94
Pol1	Card or History	92.8	12-23 m	208	94
Pol3	Card or History	86.5	12-23 m	208	94

Further information and estimates for previous years are available at:
https://data.unicef.org/topic/child-health/immunization/
https://immunizationdata.who.int/listing.html