

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.

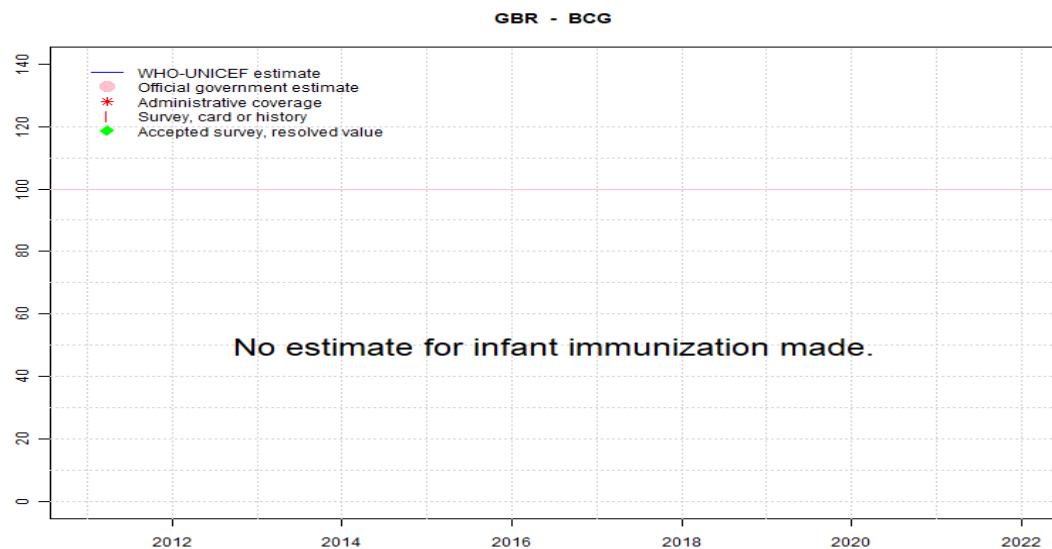
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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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United Kingdom of Great Britain and Northern Ireland - BCG



	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

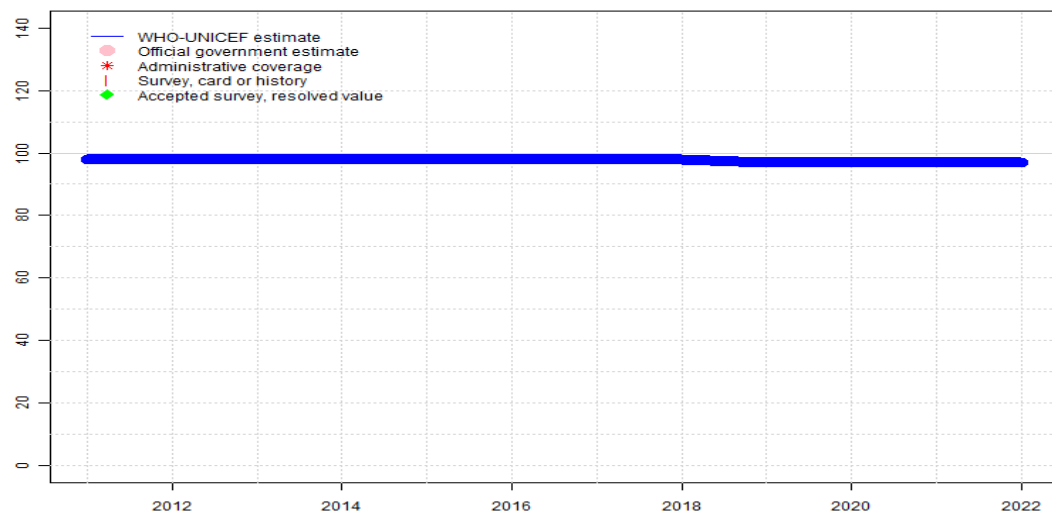
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

United Kingdom of Great Britain and Northern Ireland - DTP1

GBR - DTP1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	98	98	98	98	98	98	98	97	97	97	97
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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- 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 DTP3 coverage of 92. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=No accepted empirical data

2021: Estimate based on DTP3 coverage of 93. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=No accepted empirical data

2020: Estimate based on DTP3 coverage of 93. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. GoC=No accepted empirical data

2019: Estimate based on DTP3 coverage of 93. GoC=No accepted empirical data

2018: Estimate based on DTP3 coverage of 94. GoC=No accepted empirical data

2017: Estimate based on DTP3 coverage of 94. GoC=No accepted empirical data

2016: Estimate based on DTP3 coverage of 94. GoC=No accepted empirical data

2015: Estimate based on DTP3 coverage of 95. GoC=No accepted empirical data

2014: Estimate based on DTP3 coverage of 95. GoC=No accepted empirical data

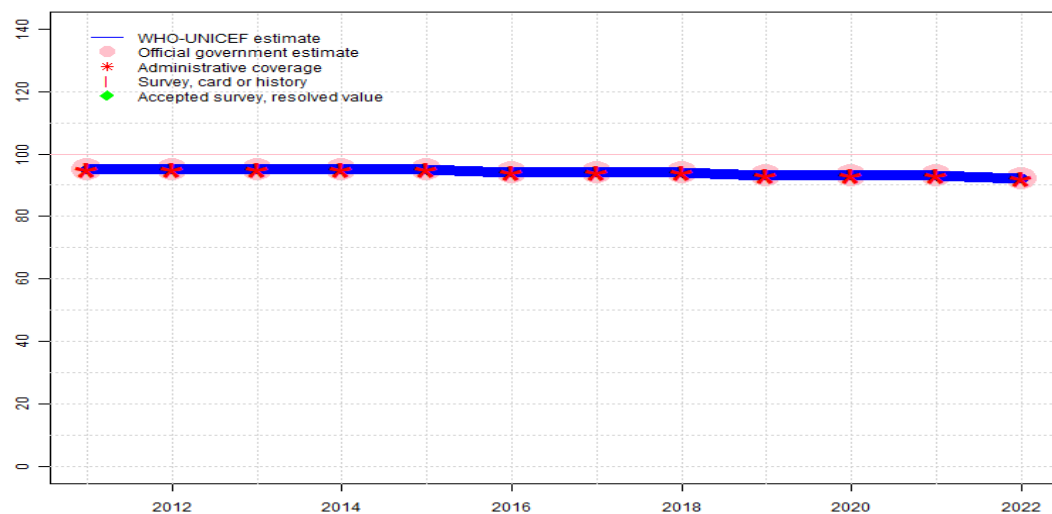
2013: Estimate based on DTP3 coverage of 95. GoC=No accepted empirical data

2012: Estimate based on DTP3 coverage of 95. GoC=No accepted empirical data

2011: Estimate based on DTP3 coverage of 95. GoC=No accepted empirical data

United Kingdom of Great Britain and Northern Ireland - DTP3

GBR - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	95	95	95	95	94	94	94	93	93	93	92
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	95	95	95	95	94	94	94	93	93	93	92
Administrative	95	95	95	95	95	94	94	94	93	93	93	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
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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.

Description:

2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

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

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

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

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

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

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

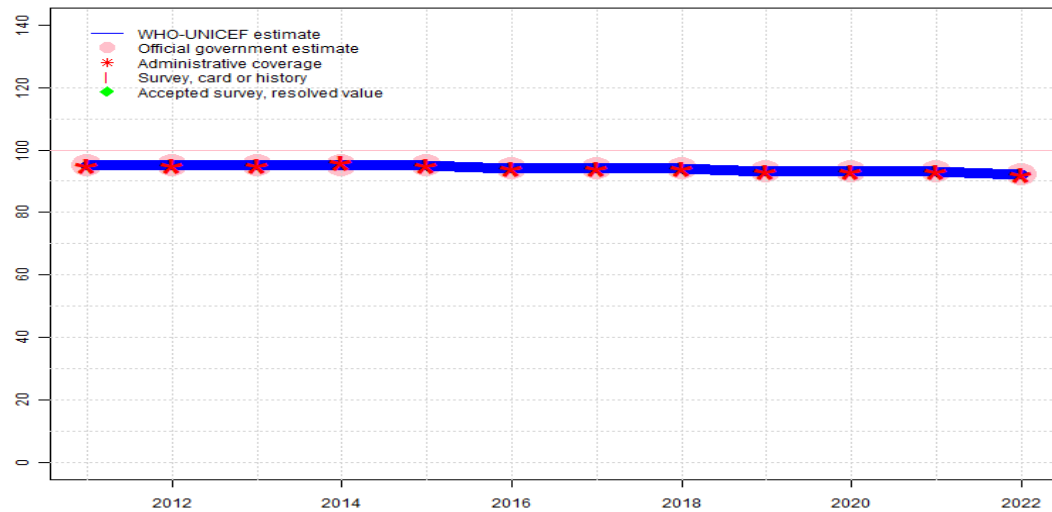
2013: Estimate informed by reported data. GoC=R+ D+

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

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

United Kingdom of Great Britain and Northern Ireland - Pol3

GBR - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	95	95	95	95	94	94	94	93	93	93	92
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	95	95	95	95	94	94	94	93	93	93	92
Administrative	95	95	95	96	95	94	94	94	93	93	93	92
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

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

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

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

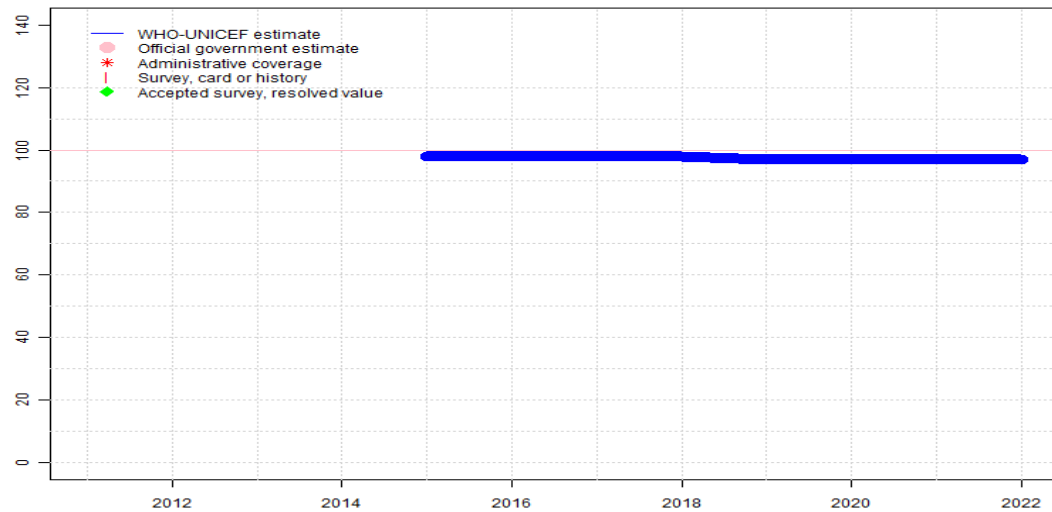
2013: Estimate informed by reported data. GoC=R+ D+

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

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

United Kingdom of Great Britain and Northern Ireland - IPV1

GBR - IPV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	98	98	98	98	97	97	97	97
Estimate GoC	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

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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 estimated DTP1 coverage. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=No accepted empirical data

2021: Estimate based on estimated DTP1 coverage. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=No accepted empirical data

2020: Estimate based on estimated DTP1 coverage. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. GoC=No accepted empirical data

2019: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data

2018: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data

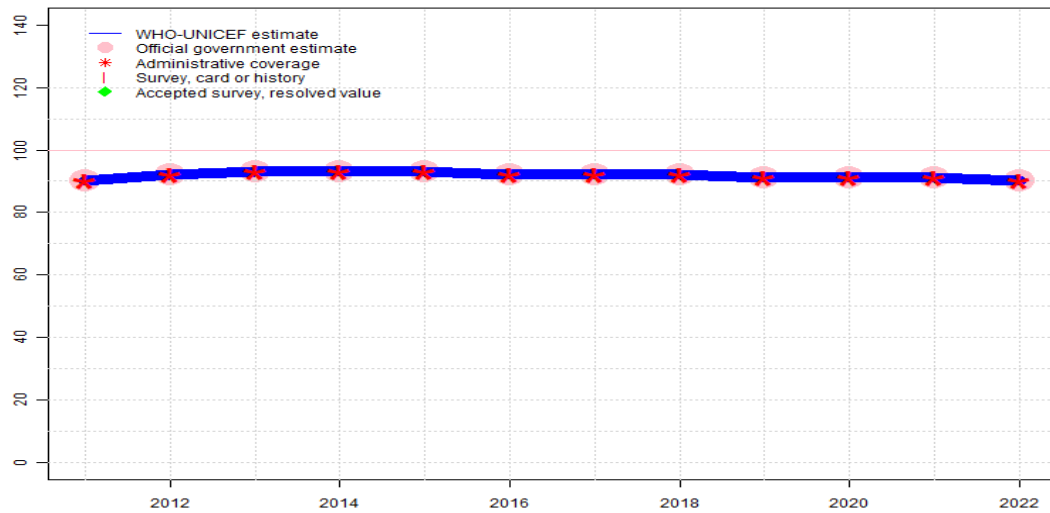
2017: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data

2016: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data

2015: Estimate based on estimated DTP1 coverage. GoC=No accepted empirical data

United Kingdom of Great Britain and Northern Ireland - MCV1

GBR - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	92	93	93	93	92	92	92	91	91	91	90
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●●	●●
Official	90	92	93	93	93	92	92	92	91	91	91	90
Administrative	90	92	93	93	93	92	92	92	91	91	91	90
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. Estimate challenged by: D-

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

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

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

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

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

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

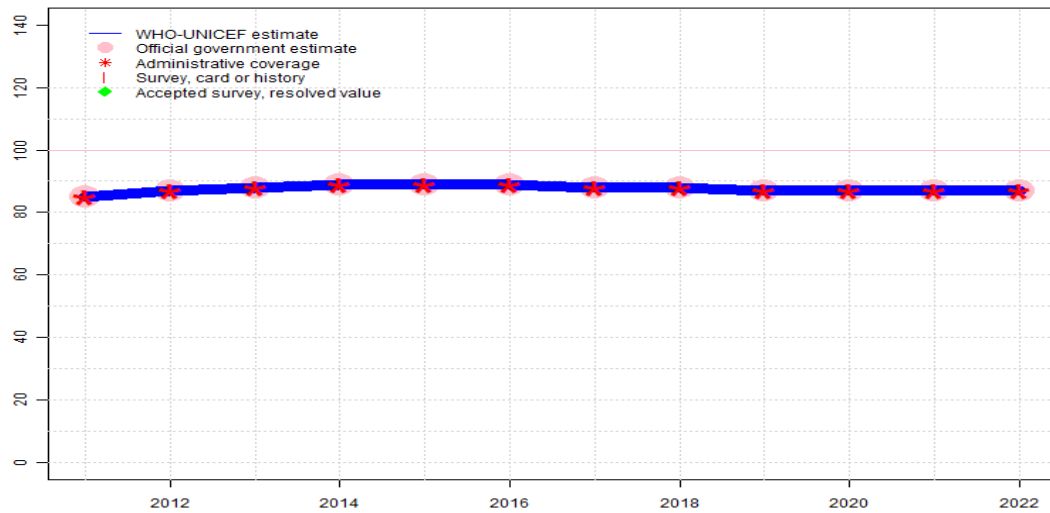
2013: Estimate informed by reported data. GoC=R+ D+

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

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

United Kingdom of Great Britain and Northern Ireland - MCV2

GBR - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	85	87	88	89	89	89	88	88	87	87	87	87
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●	●	●	●	●
Official	85	87	88	89	89	89	88	88	87	87	87	87
Administrative	85	87	88	89	89	89	88	88	87	87	87	87
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:

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

2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. Estimate challenged by: D-

2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. Estimate challenged by: D-

2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. Estimate challenged by: D-

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

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

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

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

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

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

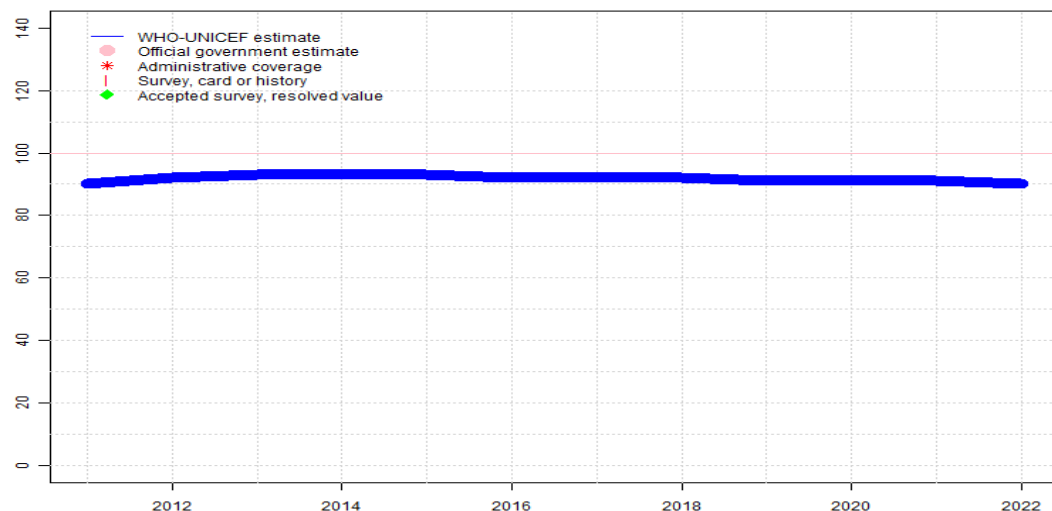
2013: Estimate informed by reported data. GoC=R+ D+

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

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

United Kingdom of Great Britain and Northern Ireland - RCV1

GBR - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	92	93	93	93	92	92	92	91	91	91	90
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. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2021: Estimate based on estimated MCV1. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2020: Estimate based on estimated MCV1. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. Estimate challenged by: D-

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

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

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

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

2015: Estimate based on estimated MCV1. GoC=R+ D+

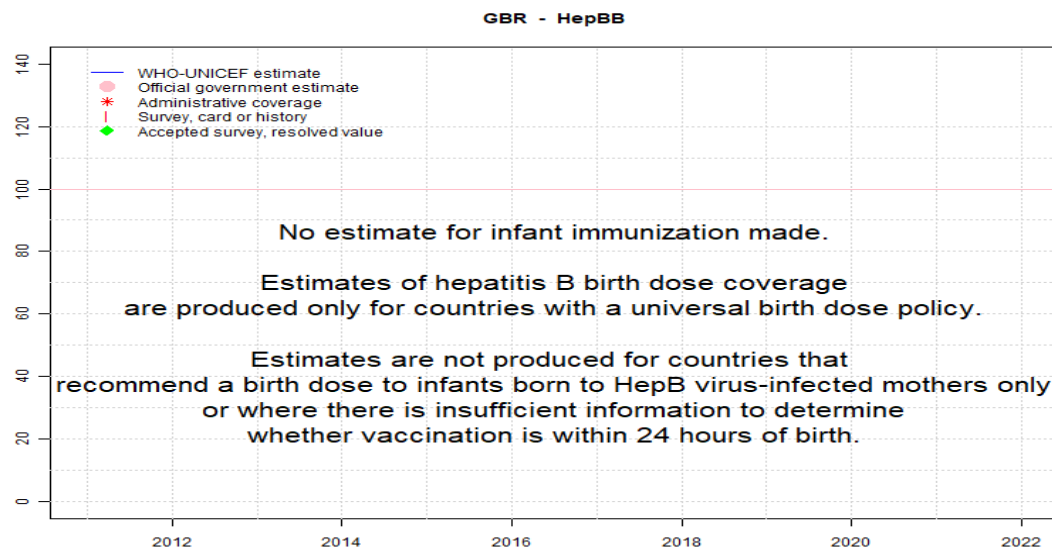
2014: Estimate based on estimated MCV1. GoC=R+ D+

2013: Estimate based on estimated MCV1. GoC=R+ D+

2012: Estimate based on estimated MCV1. GoC=R+ D+

2011: Estimate based on estimated MCV1. GoC=R+ D+

United Kingdom of Great Britain and Northern Ireland - HepBB



	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

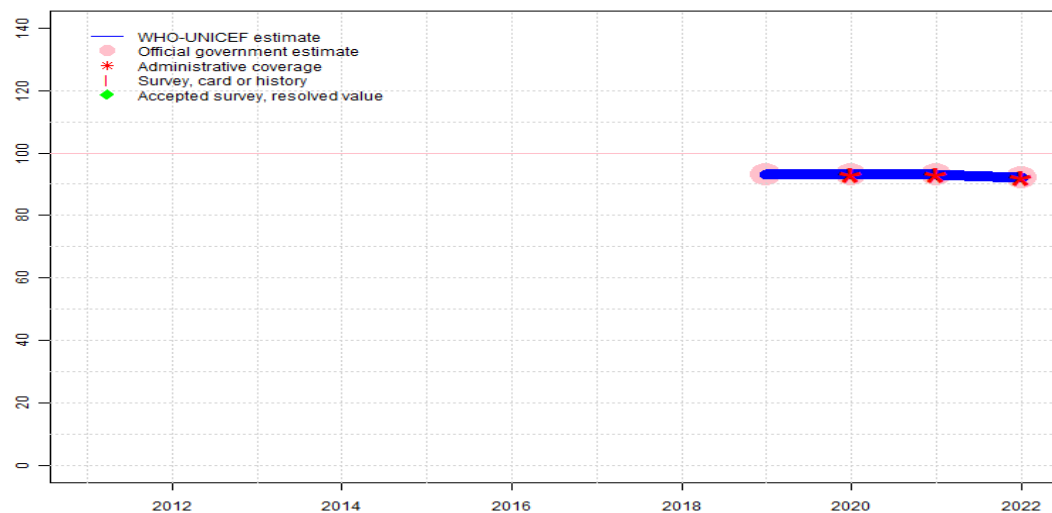
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

United Kingdom of Great Britain and Northern Ireland - HepB3

GBR - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	93	93	93	92
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	93	93	93	92
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	93	93	92
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:

2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

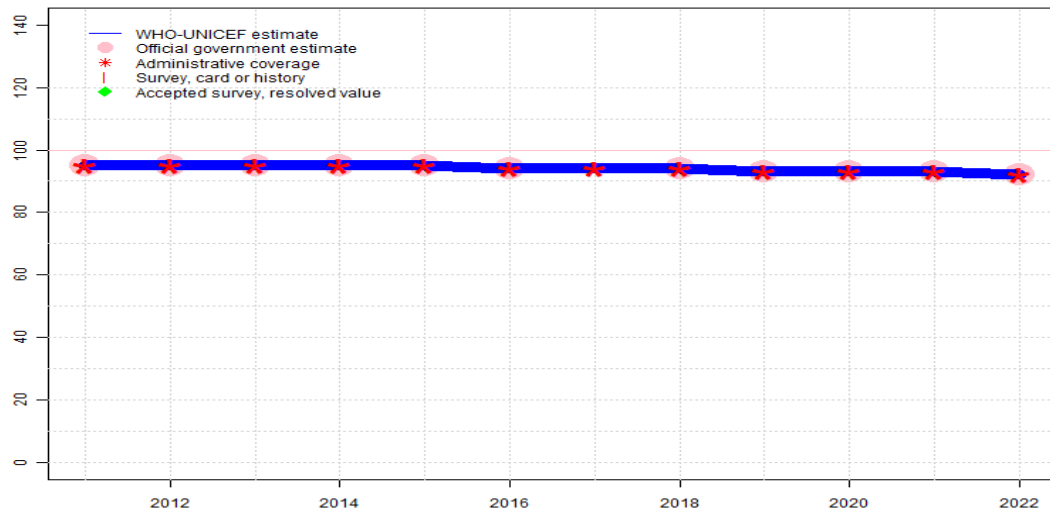
2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. GoC=R+ D+

2019: Estimate informed by reported data. Hepatitis B universal vaccination as an hexavalent vaccine DTaP-HepB-IPV-Hib started in 2017 and reporting started in 2019. GoC=R+

United Kingdom of Great Britain and Northern Ireland - Hib3

GBR - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	95	95	95	95	94	94	94	93	93	93	92
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	95	95	95	95	95	94	NA	94	93	93	93	92
Administrative	95	95	95	95	95	94	94	94	93	93	93	92
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:

2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. GoC=R+ D+

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

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

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

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

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

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

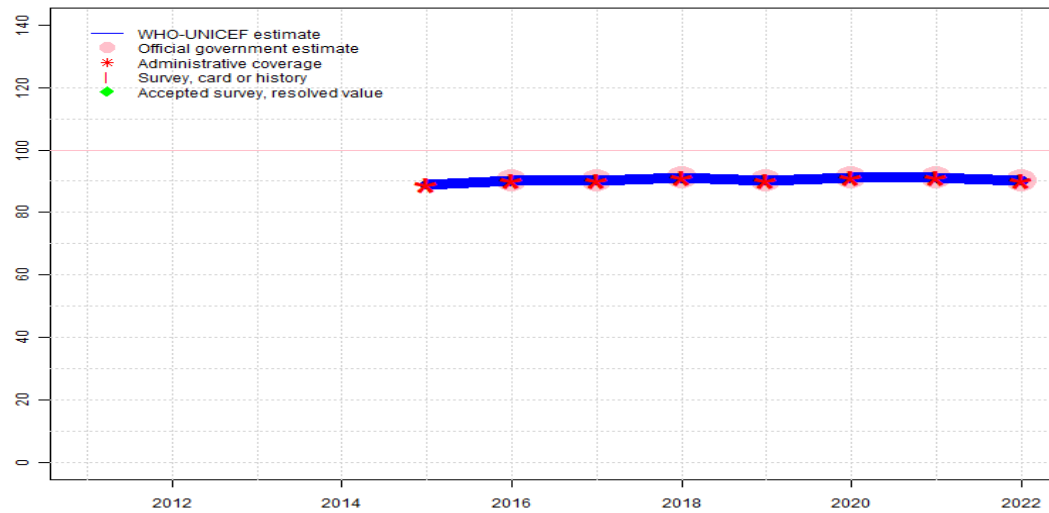
2013: Estimate informed by reported data. GoC=R+ D+

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

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

United Kingdom of Great Britain and Northern Ireland - RotaC

GBR - RotaC



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	89	90	90	91	90	91	91	90
Estimate GoC	NA	NA	NA	NA	●●	●●	●●	●●	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	90	90	91	90	91	91	90
Administrative	NA	NA	NA	NA	89	90	90	91	90	91	91	90
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:

2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. GoC=R+ D+

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

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

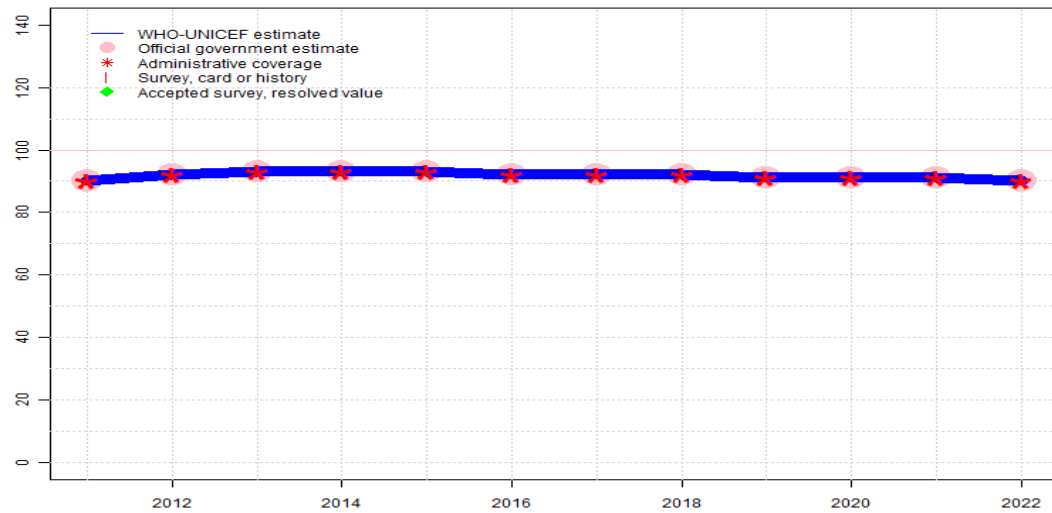
2017: Estimate informed by reported data. GoC=R+ D+

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

2015: Estimate informed by reported administrative data. Rotavirus vaccine introduced during 2013 and reporting began during 2015. Coverage for rotavirus vaccine was collected for children with a 1st birthday in the evaluation quarter 1 July to 30 September 2015 only. GoC=R+

United Kingdom of Great Britain and Northern Ireland - PcV3

GBR - PcV3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	92	93	93	93	92	92	92	91	91	91	90
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●●	●●
Official	90	92	93	93	93	92	92	92	91	91	91	90
Administrative	90	92	93	93	93	92	92	92	91	91	91	90
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:

2022: Estimate informed by reported data. The data reported for 2022 reflects the fiscal year 2021-2022, ending in March 2022. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2021: Estimate informed by reported data. The data reported for 2021 reflects the fiscal year 2020-2021, ending in March 2021. A decline in the reported number of doses for most vaccines compared to the previous fiscal year is not reflected in the reported coverage. The United Kingdom utilizes a child health information system to estimate vaccination coverage for the routine childhood immunization coverage. The system has been described in Amirthalingam and colleagues (2012) publication available online at: <http://www.eurosurveillance.org>. Studies show that population-based coverage data generated from computerised child health information systems (CHISs) under-estimate the numerator due to not all information being shared between systems. GoC=R+ D+

2020: Estimate informed by reported data. The data reported for 2020 reflects the fiscal year 2019-2020, ending in March 2020. Thus, the data do not reflect disruptions resulting from COVID-19. Reports published by Public Health England suggest declines for several weeks in 2020 compared to 2019. This was being updated periodically <https://www.gov.uk/government/publications/covid-19-impact-on-vaccination-programmes>. Estimate challenged by: D-

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

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

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

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

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

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

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

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

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

Further information and estimates for previous years are available at:

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

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