

**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 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 available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

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. Bull World Health Organ.

\*Burton et al. 2012. PLoS One.

\*Danovaro-Holliday et al. 2021. Gates Open Res.

## 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 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 data collection period.

## 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. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, 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.

**IPV2:** percentage of surviving infants who received a 2nd dose of inactivated polio vaccine. IPV2 coverage estimates produced for OPV using countries.

**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.

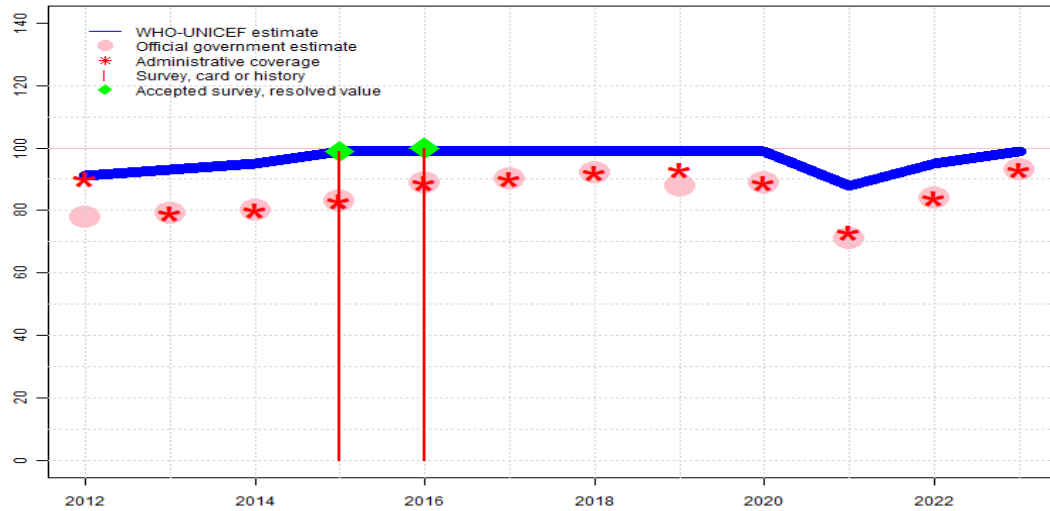
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**MengA:** percentage of children who received one dose of meningococcal A conjugate vaccine. MengA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

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# Costa Rica - BCG

CRI - BCG



## Description:

- 2023: Reported data calibrated to 2016 levels. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2016 levels. Estimate of 95 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2021: Estimate for 2021 based on decline in the reported administrative coverage between 2020 and 2021 applied to the estimated coverage for 2020. Reported data excluded due to decline in reported coverage from 89 percent to 71 percent with increase to 84 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 100 percent based on 1 survey(s). Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2014: Reported data calibrated to 1997 and 2015 levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 1997 and 2015 levels. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 1997 and 2015 levels. Estimate challenged by: R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	91	93	95	99	99	99	99	99	99	88	95	99
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	78	79	80	83	89	90	92	88	89	71	84	93
Administrative	90	79	80	83	89	90	92	93	89	73	84	93
Survey	NA	NA	NA	99	100	NA	NA	NA	NA	NA	NA	NA

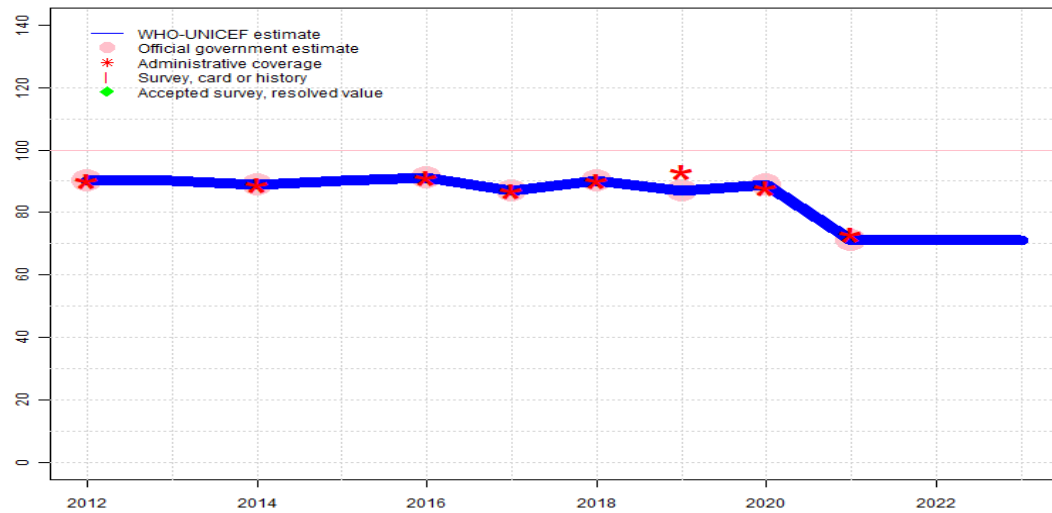
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Costa Rica - HepBB

CRI - HepBB



## Description:

- 2023: Estimate informed by extrapolation from reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2022: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. . GoC=R+ D+
- 2020: Estimate informed by reported data. 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 interpolation between reported data. GoC=No accepted empirical data
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2012: Estimate informed by reported data. GoC=R+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	90	89	90	91	87	90	87	89	71	71	71
Estimate GoC	●●	●	●●	●	●●	●●	●●	●●	●●	●●	●	●
Official	90	NA	89	NA	91	87	90	87	89	71	NA	NA
Administrative	90	NA	89	NA	91	87	90	93	88	73	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

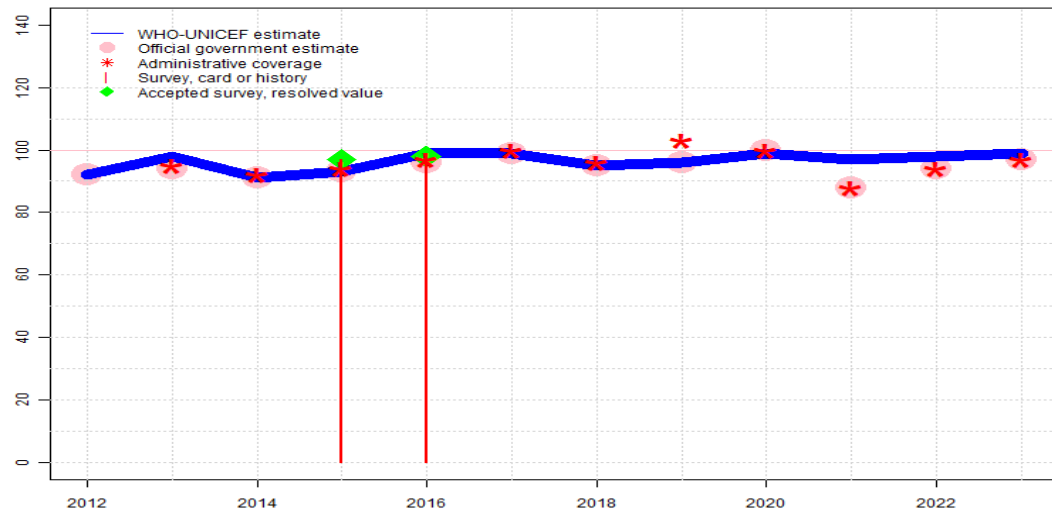
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Costa Rica - DTP1

CRI - DTP1



## Description:

- 2023: DTP1 coverage estimated based on DTP3 coverage of 99. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: R-
- 2022: DTP1 coverage estimated based on DTP3 coverage of 95. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-
- 2021: DTP1 coverage estimated based on DTP3 coverage of 93. Estimate challenged by: R-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: DTP1 coverage estimated based on DTP3 coverage of 97. Estimate challenged by: R-
- 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. GoC=R+ S+ D+
- 2013: DTP1 coverage estimated based on DTP3 coverage of 95. Estimate challenged by: R-
- 2012: Estimate informed by reported data. GoC=R+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	92	98	91	93	99	99	95	96	99	97	98	99
Estimate GoC	●●	●	●●●	●●●	●	●●●	●●●	●●	●●	●	●	●
Official	92	94	91	93	96	99	95	96	100	88	94	97
Administrative	NA	95	92	94	97	100	96	103	100	88	94	97
Survey	NA	NA	NA	97	98	NA	NA	NA	NA	NA	NA	NA

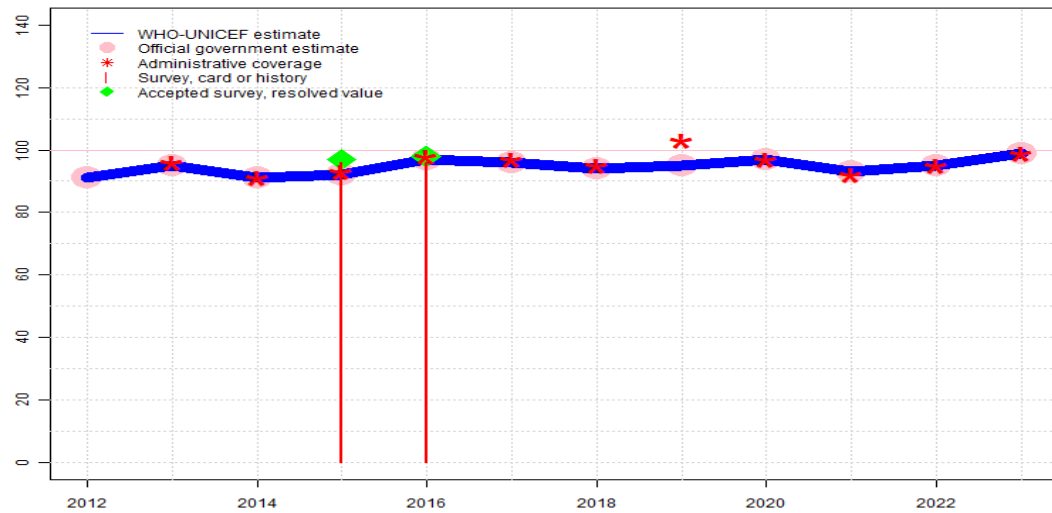
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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# Costa Rica - DTP3

CRI - DTP3



## Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ 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). Costa Rica Encuesta de Mujeres, Nin ez y Adolescencia 2018 (EMNA) card or history results of 96 percent modified for recall bias to 98 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 90 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 97 percent based on 1 survey(s). Costa Rica Encuesta de Mujeres, Nin ez y Adolescencia 2018 (EMNA) card or history results of 96 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 90 percent and 3rd dose card only coverage of 90 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	91	95	91	92	97	96	94	95	97	93	95	99
Estimate GoC	●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●●
Official	91	95	91	92	97	96	94	95	97	93	95	99
Administrative	NA	96	91	93	98	97	95	103	97	92	95	99
Survey	NA	NA	NA	96	96	NA	NA	NA	NA	NA	NA	NA

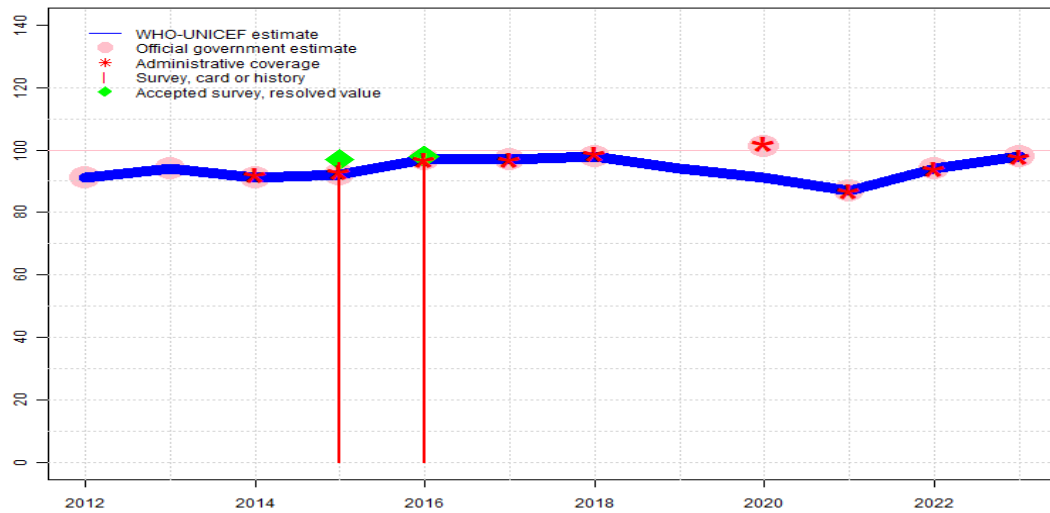
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Costa Rica - HepB3

CRI - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	91	94	91	92	97	97	98	94	91	87	94	98
Estimate GoC	●●	●	●●●	●●●	●●●	●●●	●●●	●	●	●●	●●	●●
Official	91	94	91	92	97	97	98	NA	101	87	94	98
Administrative	NA	191	92	93	97	97	99	NA	102	87	94	98
Survey	NA	NA	NA	96	96	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.

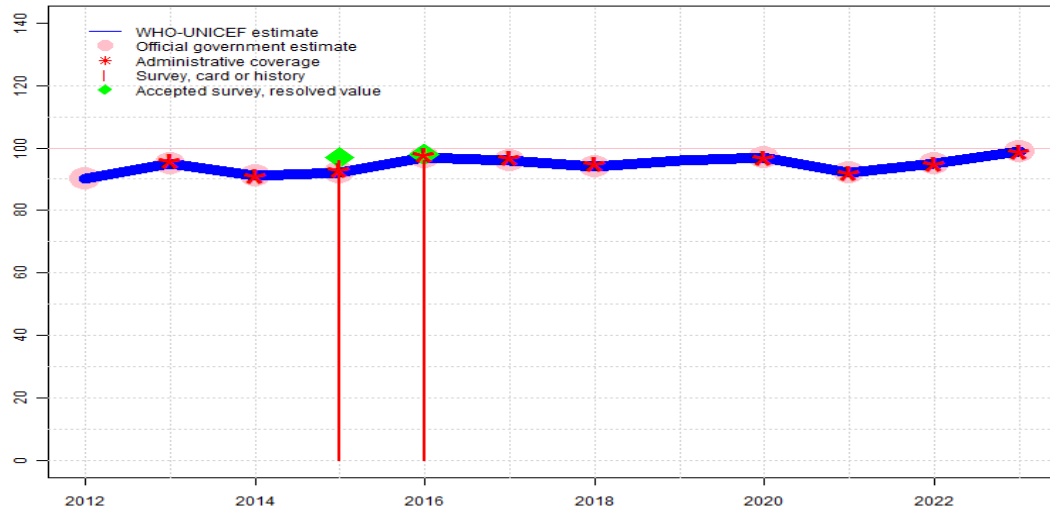
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports two months HepB monovalent vaccine stockout at national level. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-
- 2019: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 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). Costa Rica Encuesta de Mujeres, Niñez y Adolescencia 2018 (EMNA) card or history results of 96 percent modified for recall bias to 98 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 91 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 97 percent based on 1 survey(s). Costa Rica Encuesta de Mujeres, Niñez y Adolescencia 2018 (EMNA) card or history results of 96 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 90 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. GoC=R+

# Costa Rica - Hib3

CRI - Hib3



## Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 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). Costa Rica Encuesta de Mujeres, Nin ez y Adolescencia 2018 (EMNA) card or history results of 96 percent modified for recall bias to 98 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 90 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 97 percent based on 1 survey(s). Costa Rica Encuesta de Mujeres, Nin ez y Adolescencia 2018 (EMNA) card or history results of 96 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 90 percent and 3rd dose card only coverage of 90 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	95	91	92	97	96	94	96	97	92	95	99
Estimate GoC	●●	●●●	●●●	●●●	●●●	●●●	●●●	●	●●	●●	●●	●●
Official	90	95	91	92	97	96	94	NA	97	92	95	99
Administrative	NA	96	91	93	98	97	95	NA	97	92	95	99
Survey	NA	NA	NA	96	96	NA	NA	NA	NA	NA	NA	NA

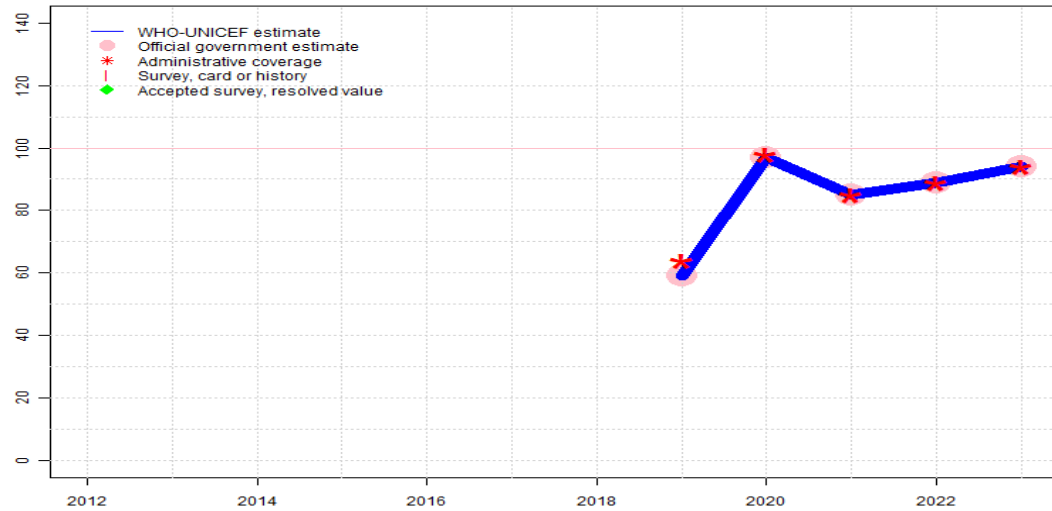
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Costa Rica - RotaC

CRI - RotaC



## Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Substantial year-to-year increase in coverage is accepted during the introduction period. GoC=R+ D+
- 2019: Estimate informed by reported data. Rotavirus vaccine introduced during February 2019. GoC=R+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	59	97	85	89	94
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	●●	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	59	97	85	89	94
Administrative	NA	NA	NA	NA	NA	NA	NA	64	98	85	89	94
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

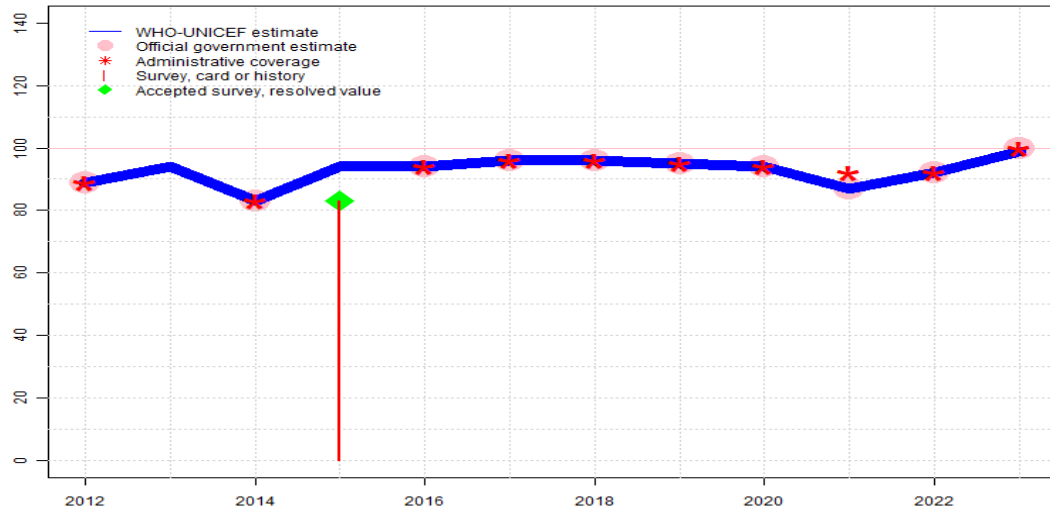
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Costa Rica - PcV3

CRI - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	89	94	83	94	94	96	96	95	94	87	92	99
Estimate GoC	●●	●	●●●	●●●	●●●	●●●	●●	●●	●	●●	●●	●●
Official	89	NA	83	NA	94	96	96	95	94	87	92	100
Administrative	89	NA	83	NA	94	96	96	95	94	92	92	100
Survey	NA	NA	NA	83	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.

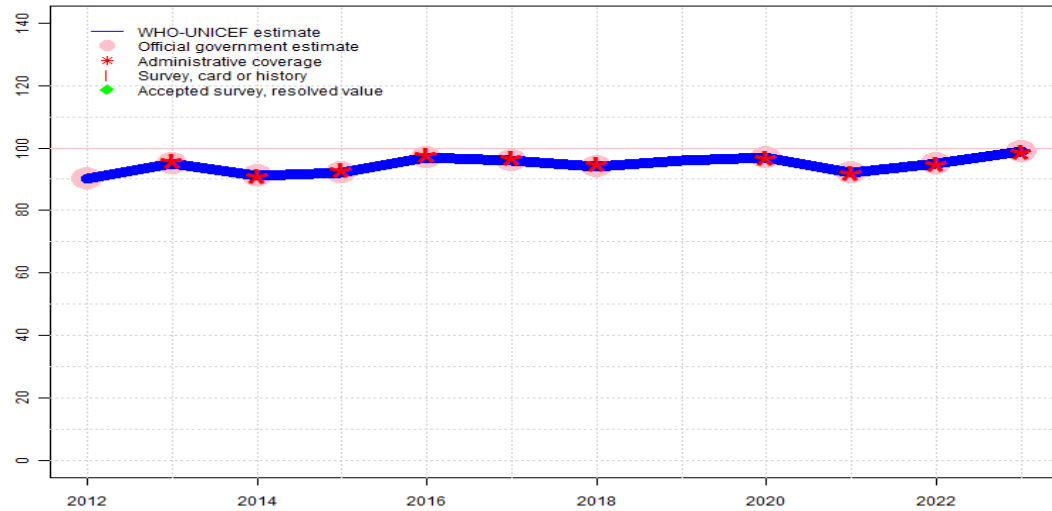
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=Assigned by working group. Survey supports reported data in 2015 given vaccine schedule transition.
- 2016: Estimate informed by reported data. GoC=Assigned by working group. Survey supports reported data in 2015 given vaccine schedule transition.
- 2015: The WHO and UNICEF estimate informed by the reported second dose of PcV. Survey supports reported during a period of schedule transition. GoC=Assigned by working group. Survey supports reported data in 2015 given vaccine schedule transition.
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Presentation changed from a 3+1 (2,4,6 months and 15 months of age) dose, 7 valent presentation to a 2+1 (2,4 months and 15 months of age) dose, 13 valent presentation in 2012. The WHO and UNICEF estimate is based on the reported second dose of PcV. Estimate challenged by: S-
- 2012: Estimate informed by reported data. GoC=R+ D+

# Costa Rica - Pol3

CRI - Pol3



## Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2018: Estimate informed by reported data. Programme reports three months vaccine stockout. 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+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	95	91	92	97	96	94	96	97	92	95	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●●
Official	90	95	91	92	97	96	94	NA	97	92	95	99
Administrative	NA	96	91	93	98	97	95	NA	97	92	95	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

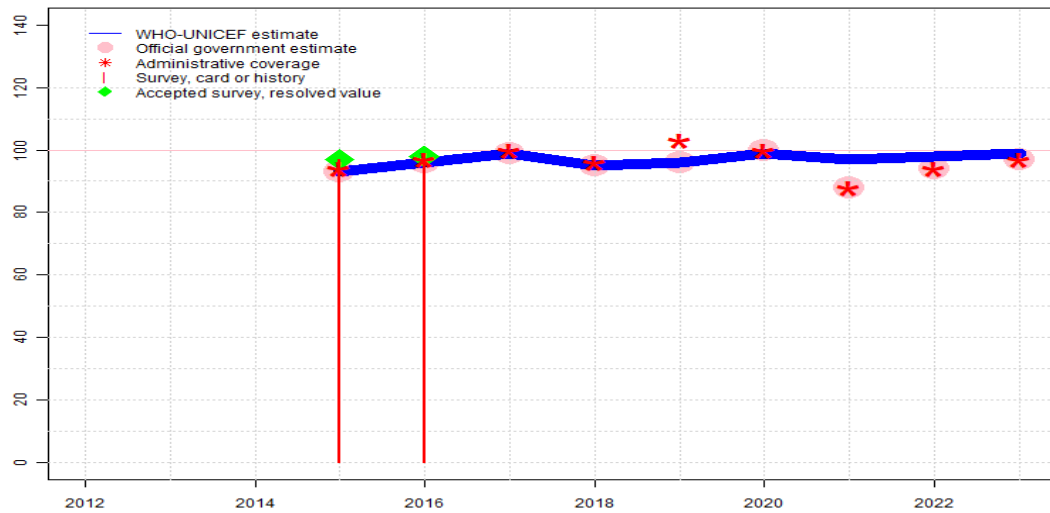
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- 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.

# Costa Rica - IPV1

CRI - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	93	96	99	95	96	99	88	94	97
Estimate GoC	NA	NA	NA	●●●	●●●	●●●	●	●●	●●	●	●	●
Official	NA	NA	NA	93	96	99	95	96	100	88	94	97
Administrative	NA	NA	NA	94	97	100	96	103	100	88	94	97
Survey	NA	NA	NA	97	98	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:

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).

2023: Estimate informed by estimated DTP1 coverage level. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: R-

2022: Estimate informed by estimated DTP1 coverage level (vaccine presentation is DTP-Hib-IPV) . Estimate challenged by: R-

2021: Estimate informed by estimated DTP1 coverage level. Estimate challenged by: R-

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

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

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

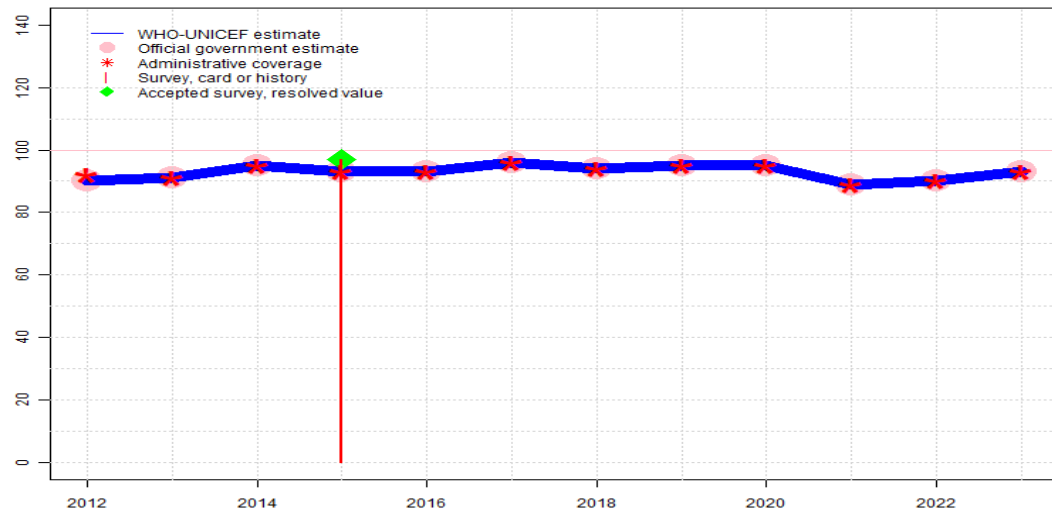
2017: Estimate informed by reported data. GoC=R+ S+ D+

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

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

# Costa Rica - MCV1

CRI - MCV1



## Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. 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. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	91	95	93	93	96	94	95	95	89	90	93
Estimate GoC	●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●	●●	●●	●●
Official	90	91	95	93	93	96	94	95	95	89	90	93
Administrative	92	91	95	93	93	96	94	95	95	89	90	93
Survey	NA	NA	NA	97	NA	NA	NA	NA	NA	NA	NA	NA

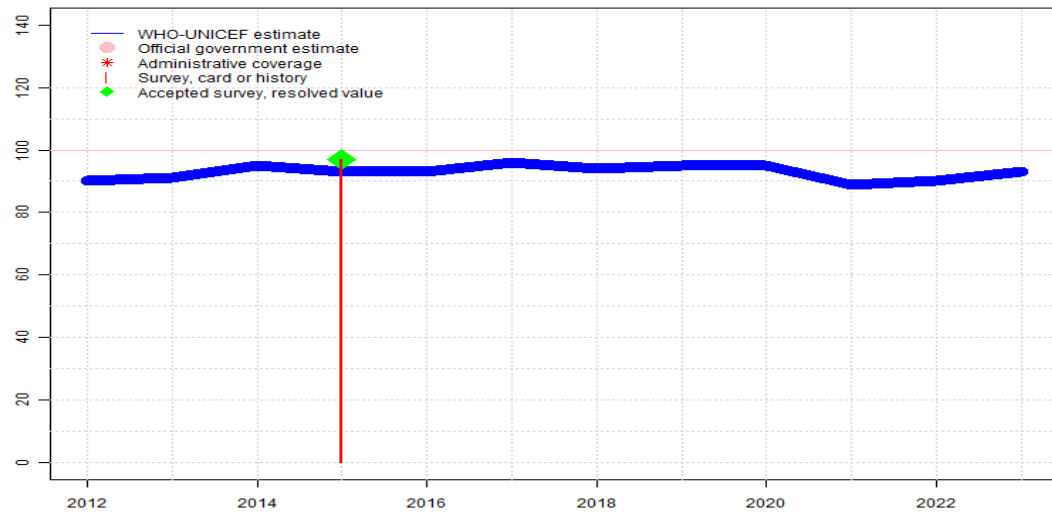
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Costa Rica - RCV1

CRI - RCV1



## Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

2023: Estimate based on estimated MCV1. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+

2022: Estimate based on estimated MCV1. GoC=R+ D+

2021: Estimate based on estimated MCV1. GoC=R+ D+

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

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

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

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

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

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

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

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

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

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	91	95	93	93	96	94	95	95	89	90	93
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	97	NA	NA	NA	NA	NA	NA	NA	NA

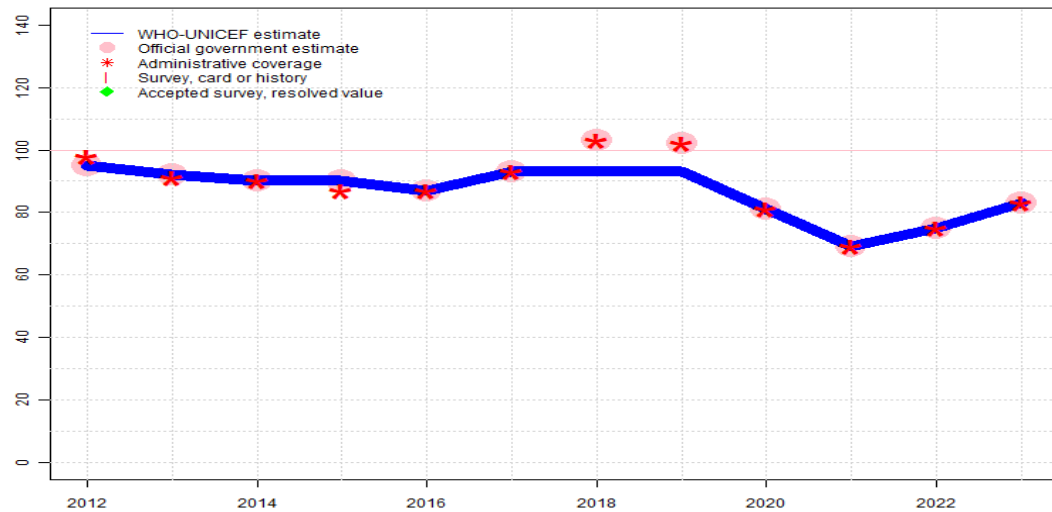
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Costa Rica - MCV2

CRI - MCV2



## Description:

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

2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate based exceptionally on the reported coverage for MCV2 given a change in the recommended age from 7 years to 4 years in 2021. Estimate challenged by: D-

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

2019: . Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-R-

2018: . Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-R-

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+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	95	92	90	90	87	93	93	93	81	69	75	83
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●	●	●	●	●
Official	95	92	90	90	87	93	103	102	81	69	75	83
Administrative	98	91	90	87	87	93	103	102	81	69	75	83
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.

# Costa Rica - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 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 12-23 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.

Hib3	C or H <12 months	94.5	12-23 m	80782	92
Hib3	Card	89.7	12-23 m	80782	92
Hib3	Card or History	96.1	12-23 m	80782	92
Hib3	History	6.3	12-23 m	80782	92
IPV1	C or H <12 months	97.6	12-23 m	80782	92
IPV1	Card	90	12-23 m	80782	92
IPV1	Card or History	97.6	12-23 m	80782	92
IPV1	History	7.6	12-23 m	80782	92
PcV1	C or H <12 months	96.2	12-23 m	80782	92
PcV1	Card	90.1	12-23 m	80782	92
PcV1	Card or History	96.2	12-23 m	80782	92
PcV1	History	6.1	12-23 m	80782	92

## 2016 Costa Rica Encuesta de Mujeres, Niños y Adolescencia 2018 (EMNA)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	99.6	12-23 m	80782	92
BCG	Card	91.8	12-23 m	80782	92
BCG	Card or History	99.6	12-23 m	80782	92
BCG	History	7.8	12-23 m	80782	92
DTP1	C or H <12 months	97.6	12-23 m	80782	92
DTP1	Card	90	12-23 m	80782	92
DTP1	Card or History	97.6	12-23 m	80782	92
DTP1	History	7.6	12-23 m	80782	92
DTP3	C or H <12 months	94.5	12-23 m	80782	92
DTP3	Card	89.7	12-23 m	80782	92
DTP3	Card or History	96.1	12-23 m	80782	92
DTP3	History	6.3	12-23 m	80782	92
HepB1	C or H <12 months	98.5	12-23 m	80782	92
HepB1	Card	91.2	12-23 m	80782	92
HepB1	Card or History	98.6	12-23 m	80782	92
HepB1	History	7.4	12-23 m	80782	92
HepB3	C or H <12 months	94.8	12-23 m	80782	92
HepB3	Card	89.9	12-23 m	80782	92
HepB3	Card or History	96	12-23 m	80782	92
HepB3	History	6.2	12-23 m	80782	92
Hib1	C or H <12 months	97.6	12-23 m	80782	92
Hib1	Card	90	12-23 m	80782	92
Hib1	Card or History	97.6	12-23 m	80782	92
Hib1	History	7.6	12-23 m	80782	92

## 2015 Costa Rica Encuesta de Mujeres, Niños y Adolescencia 2018 (EMNA)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.8	24-35 m	75418	-
BCG	Card	91.9	24-35 m	75418	-
BCG	Card or History	99.1	24-35 m	75418	-
BCG	History	7.2	24-35 m	75418	-
DTP1	C or H <12 months	96.9	24-35 m	75418	-
DTP1	Card	90.3	24-35 m	75418	-
DTP1	Card or History	97.1	24-35 m	75418	-
DTP1	History	6.8	24-35 m	75418	-
DTP3	C or H <12 months	95.2	24-35 m	75418	-
DTP3	Card	90.3	24-35 m	75418	-
DTP3	Card or History	95.8	24-35 m	75418	-
DTP3	History	5.5	24-35 m	75418	-
HepB1	C or H <12 months	98.4	24-35 m	75418	-
HepB1	Card	91.6	24-35 m	75418	-
HepB1	Card or History	98.6	24-35 m	75418	-
HepB1	History	7	24-35 m	75418	-
HepB3	C or H <12 months	95.7	24-35 m	75418	-
HepB3	Card	90.4	24-35 m	75418	-
HepB3	Card or History	95.8	24-35 m	75418	-
HepB3	History	5.4	24-35 m	75418	-
Hib1	C or H <12 months	96.9	24-35 m	75418	-
Hib1	Card	90.3	24-35 m	75418	-
Hib1	Card or History	97.1	24-35 m	75418	-

# Costa Rica - survey details

Hib1	History	6.8	24-35 m	75418	-	HepB1	Card	95.7	18-29 m	-	94
Hib3	C or H <12 months	95.2	24-35 m	75418	-	HepB1	Card or History	98.4	18-29 m	437	94
Hib3	Card	90.3	24-35 m	75418	-	HepB1	History	2.6	18-29 m	-	94
Hib3	Card or History	95.8	24-35 m	75418	-	HepB3	C or H <12 months	88.6	18-29 m	437	94
Hib3	History	5.5	24-35 m	75418	-	HepB3	Card	90.8	18-29 m	-	94
IPV1	C or H <12 months	96.9	24-35 m	75418	-	HepB3	Card or History	92.7	18-29 m	437	94
IPV1	Card	90.3	24-35 m	75418	-	HepB3	History	1.9	18-29 m	-	94
IPV1	Card or History	97.1	24-35 m	75418	-	HepBB	C or H <12 months	97.4	18-29 m	437	94
IPV1	History	6.8	24-35 m	75418	-	HepBB	Card	94	18-29 m	-	94
MCV1	C or H <12 months	95.8	24-35 m	75418	-	HepBB	Card or History	97.4	18-29 m	437	94
MCV1	Card	90.2	24-35 m	75418	-	HepBB	History	3.4	18-29 m	-	94
MCV1	Card or History	96.6	24-35 m	75418	-	Hib1	C or H <12 months	96.1	18-29 m	437	94
MCV1	History	6.3	24-35 m	75418	-	Hib1	Card	93.6	18-29 m	-	94
PcV1	C or H <12 months	97.9	24-35 m	75418	-	Hib1	Card or History	97.3	18-29 m	437	94
PcV1	Card	91.9	24-35 m	75418	-	Hib1	History	3.7	18-29 m	-	94
PcV1	Card or History	98.2	24-35 m	75418	-	Hib3	C or H <12 months	88.2	18-29 m	437	94
PcV1	History	6.3	24-35 m	75418	-	Hib3	Card	90.6	18-29 m	-	94
PcV3	C or H <12 months	81.3	24-35 m	75418	-	Hib3	Card or History	92.3	18-29 m	437	94
PcV3	Card	77.6	24-35 m	75418	-	Hib3	History	1.7	18-29 m	-	94
PcV3	Card or History	82.7	24-35 m	75418	-	MCV1	C or H <18 months	92.6	18-29 m	437	94
PcV3	History	5.1	24-35 m	75418	-	MCV1	Card	91.8	18-29 m	-	94

## 2010 Costa Rica Encuesta de Indicadores Múltiples por Conglomerados 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen						
BCG	C or H <12 months	99.5	18-29 m	437	94	PcV1	C or H <12 months	94.2	18-29 m	437	94
BCG	Card	93.3	18-29 m	-	94	PcV1	Card	90.7	18-29 m	-	94
BCG	Card or History	99.9	18-29 m	437	94	PcV1	Card or History	95.6	18-29 m	437	94
BCG	History	6.6	18-29 m	-	94	PcV1	History	5	18-29 m	-	94
DTP1	C or H <12 months	95.8	18-29 m	437	94	PcV3	C or H <12 months	89.4	18-29 m	437	94
DTP1	Card	92.5	18-29 m	-	94	PcV3	Card	91	18-29 m	-	94
DTP1	Card or History	98.8	18-29 m	437	94	PcV3	Card or History	92.6	18-29 m	437	94
DTP1	History	6.3	18-29 m	-	94	PcV3	History	1.6	18-29 m	-	94
DTP3	C or H <12 months	92.2	18-29 m	437	94	Pol1	C or H <12 months	99.2	18-29 m	437	94
DTP3	Card	92.3	18-29 m	-	94	Pol1	Card	94	18-29 m	-	94
DTP3	Card or History	94.2	18-29 m	437	94	Pol1	Card or History	99.6	18-29 m	437	94
DTP3	History	1.9	18-29 m	-	94	Pol1	History	5.6	18-29 m	-	94
HepB1	C or H <12 months	96.7	18-29 m	437	94	Pol3	C or H <12 months	92.7	18-29 m	437	94
						Pol3	Card	90.9	18-29 m	-	94
						Pol3	Card or History	95.2	18-29 m	437	94
						Pol3	History	4.3	18-29 m	-	94

# Costa Rica - survey details

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Further information and estimates for previous years are available at:

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

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