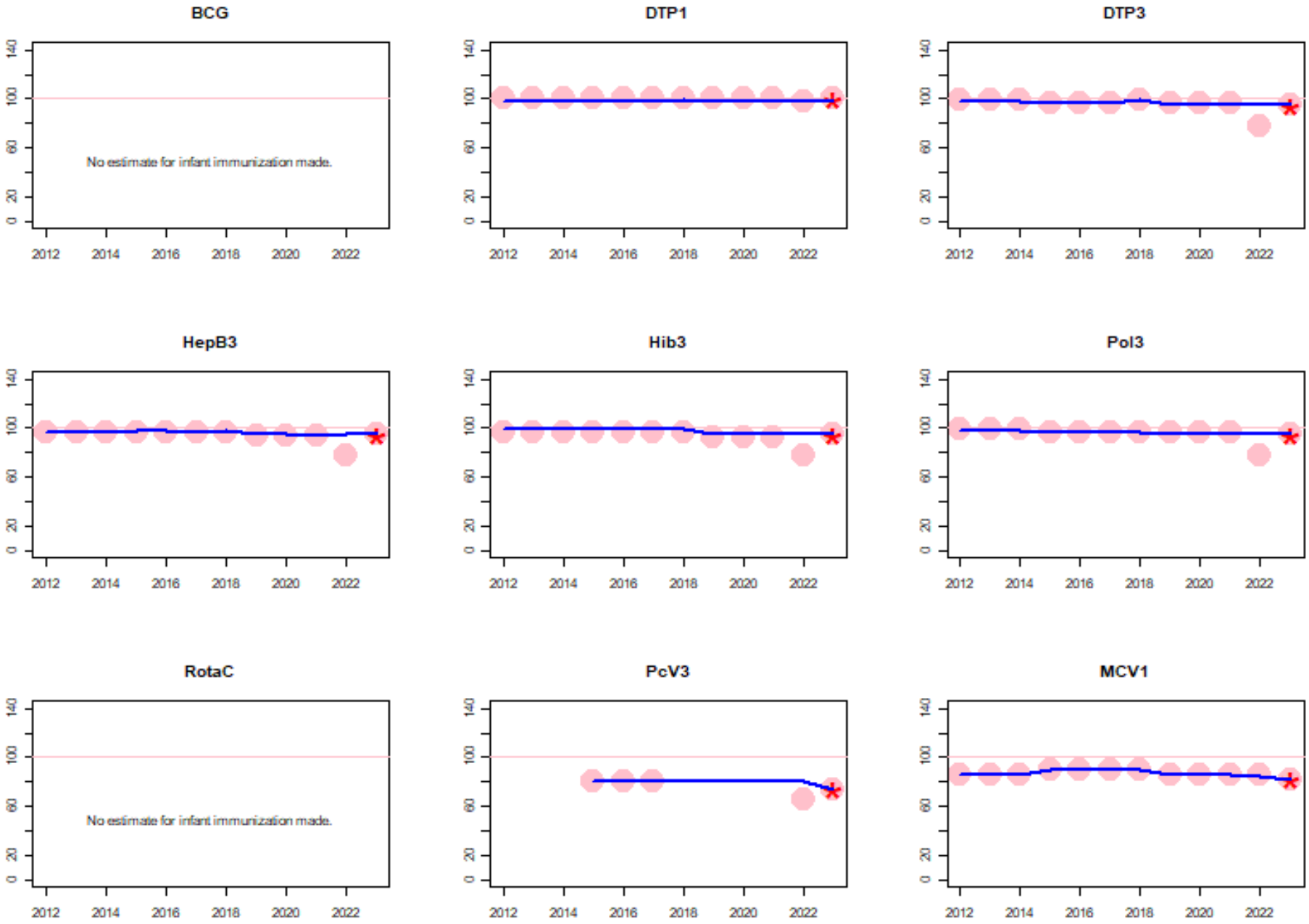

BCG
No estimate for infant immunization made.
DTP1
DTP3
HepB3
Hib3
Pol3
RotaC
No estimate for infant immunization made.
PcV3
MCV1
0
20
60
100
140
2012
2014
2016
2018
2020
2022

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. Co verage 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.

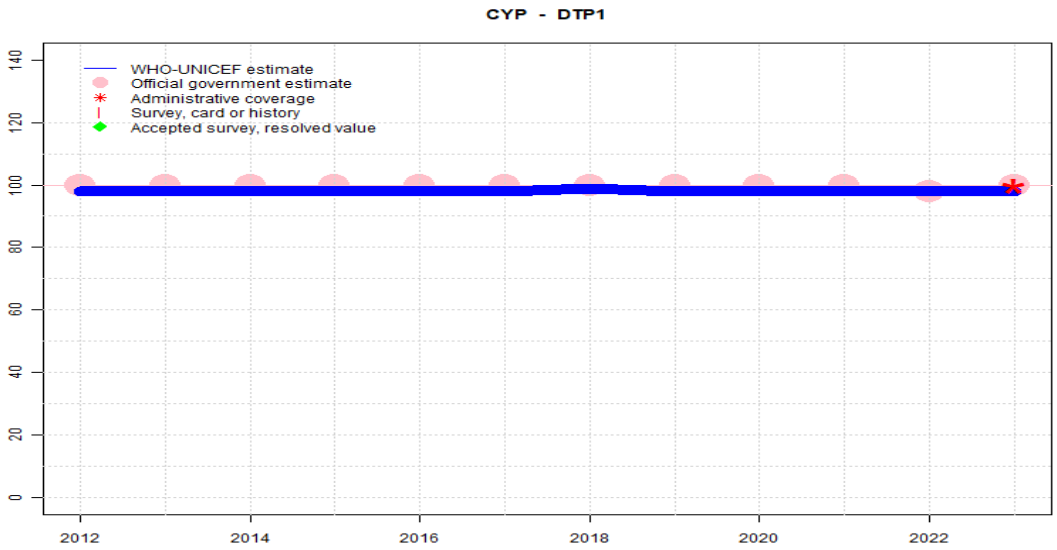
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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.

Cyprus - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	98	98	98	98	98	98	99	98	98	98	98	98
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	100	100	100	100	100	100	100	100	100	100	98	100
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2023: Reported data calibrated to 1997 levels. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-

2022: Estimate is based on reported data. Reported data excluded. The decline in reported coverage for some antigens is unexplained. Estimate challenged by: R-

2021: Reported data calibrated to 1997 levels. Programme reports four months vaccine stockout at national and subnational levels. Estimate challenged by: R-

2020: Reported data calibrated to 1997 levels. Estimate challenged by: R-

2019: Reported data calibrated to 1997 levels. Estimate challenged by: R-

2018: DTP1 coverage estimated based on DTP3 coverage of 99. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate challenged by: R-

2017: Reported data calibrated to 1997 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate challenged by: R-

2016: Reported data calibrated to 1997 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate challenged by: R-

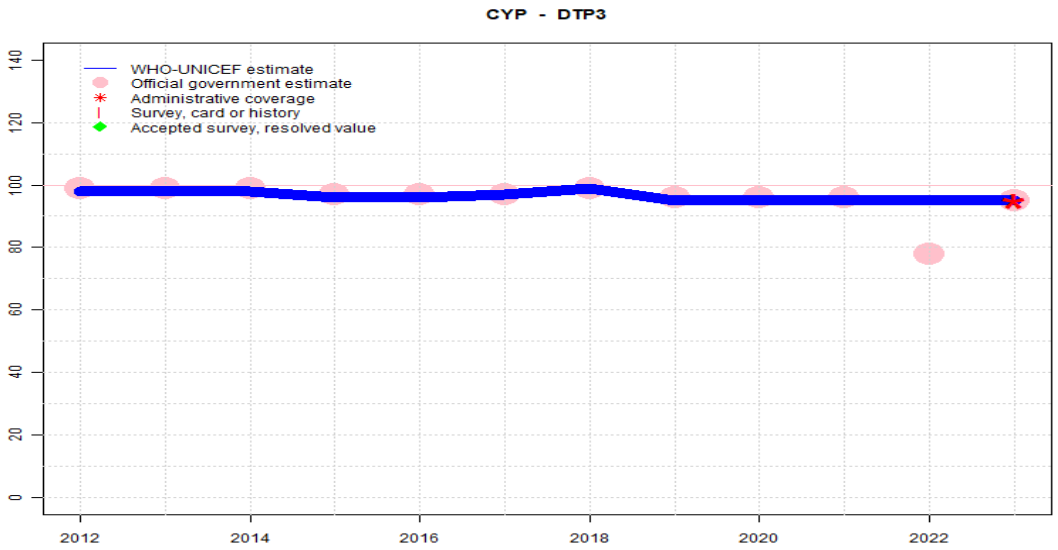
2015: Reported data calibrated to 1997 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate challenged by: R-

2014: Reported data calibrated to 1997 levels. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

2013: Reported data calibrated to 1997 levels. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

2012: Reported data calibrated to 1997 levels. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

Cyprus - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	98	98	98	96	96	97	99	95	95	95	95	95
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	99	99	99	97	97	97	99	96	96	96	78	95
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2023: Estimate of 95 percent assigned by working group. Estimate is based on reported coverage. Reported data excluded due to sudden change in coverage from 78 level to 95 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-

2022: Reported data calibrated to 1997 and 2023 levels. Reported data excluded. The decline in reported coverage for some antigens is unexplained.Reported data excluded due to decline in reported coverage from 96 percent to 78 percent with increase to 95 percent. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2021: Reported data calibrated to 1997 and 2023 levels. Programme reports four months vaccine stockout at national and subnational levels. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2020: Reported data calibrated to 1997 and 2023 levels. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2019: Reported data calibrated to 1997 and 2023 levels. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2018: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate challenged by: R-

2017: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate challenged by: R-

2016: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 96 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

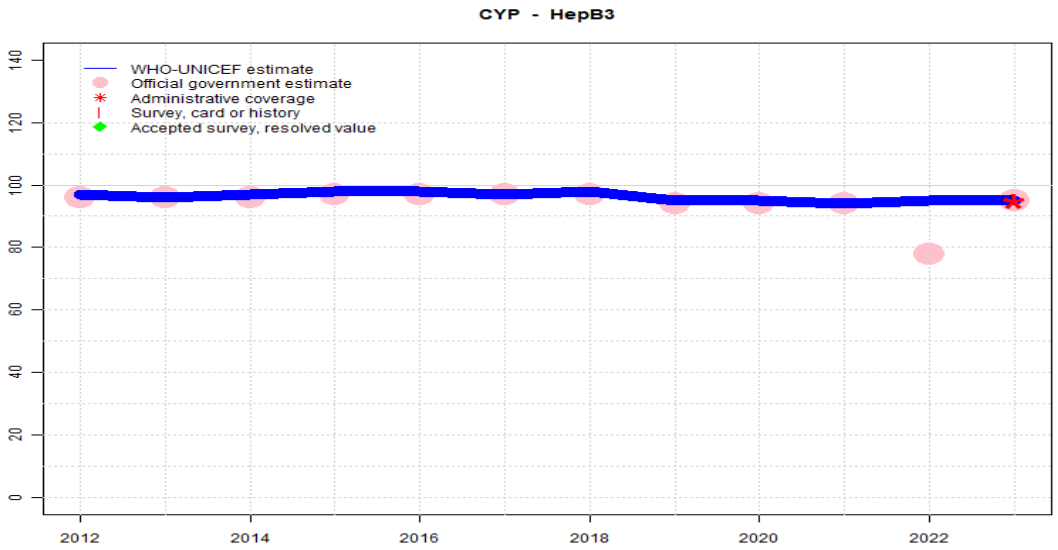
2015: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 96 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

2014: Reported data calibrated to 1997 and 2023 levels. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

2013: Reported data calibrated to 1997 and 2023 levels. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

2012: Reported data calibrated to 1997 and 2023 levels. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

Cyprus - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	97	96	97	98	98	97	98	95	95	94	95	95
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	96	96	96	97	97	97	97	94	94	94	78	95
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2023: Estimate of 95 percent assigned by working group. Estimate is based on reported coverage. Reported data excluded due to sudden change in coverage from 78 level to 95 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-

2022: Reported data calibrated to 1997 and 2023 levels. Reported data excluded. The decline in reported coverage for some antigens is unexplained.Reported data excluded due to decline in reported coverage from 94 percent to 78 percent with increase to 95 percent. Estimate of 95 percent changed from previous revision value of 94 percent. Estimate challenged by: R-

2021: Reported data calibrated to 1997 and 2023 levels. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-

2020: Reported data calibrated to 1997 and 2023 levels. Estimate of 95 percent changed from previous revision value of 94 percent. Estimate challenged by: R-

2019: Reported data calibrated to 1997 and 2023 levels. Estimate of 95 percent changed from previous revision value of 94 percent. Estimate challenged by: R-

2018: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 98 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

2017: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate challenged by: R-

2016: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 98 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

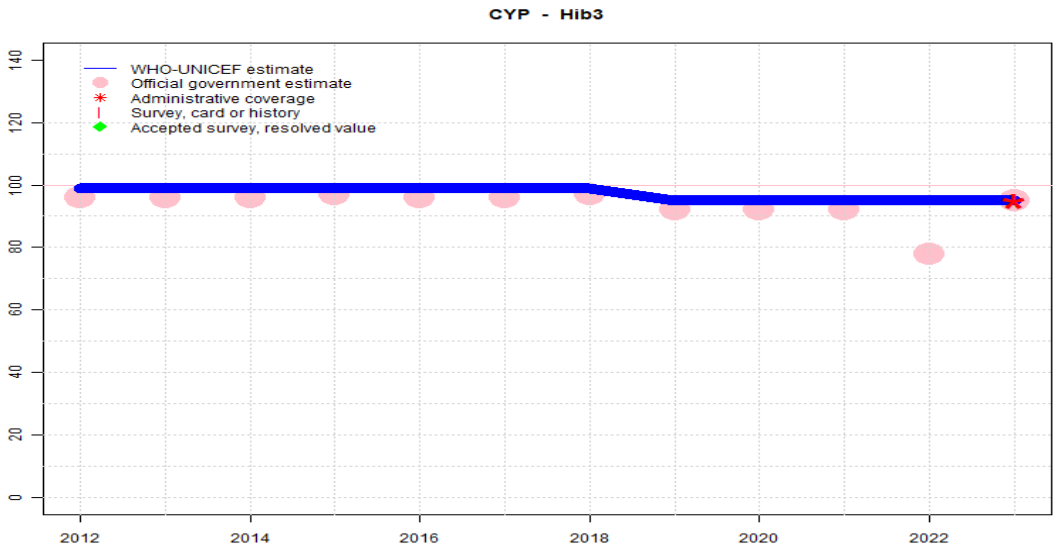
2015: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 98 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

2014: Reported data calibrated to 1997 and 2023 levels. Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2013: Reported data calibrated to 1997 and 2023 levels. Estimate challenged by: R-

2012: Reported data calibrated to 1997 and 2023 levels. Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

Cyprus - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	95	95	95	95	95
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	96	96	96	97	96	96	97	92	92	92	78	95
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2023: Estimate of 95 percent assigned by working group. Estimate is based on reported coverage. Reported data excluded due to sudden change in coverage from 78 level to 95 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-

2022: Reported data calibrated to 2023 levels. Reported data excluded. The decline in reported coverage for some antigens is unexplained.Reported data excluded due to decline in reported coverage from 92 percent to 78 percent with increase to 95 percent. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: R-

2021: Reported data calibrated to 2023 levels. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: R-

2020: Reported data calibrated to 2023 levels. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: R-

2019: Reported data calibrated to 2023 levels. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: R-

2018: Reported data calibrated to 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 99 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

2017: Reported data calibrated to 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 99 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2016: Reported data calibrated to 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 99 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

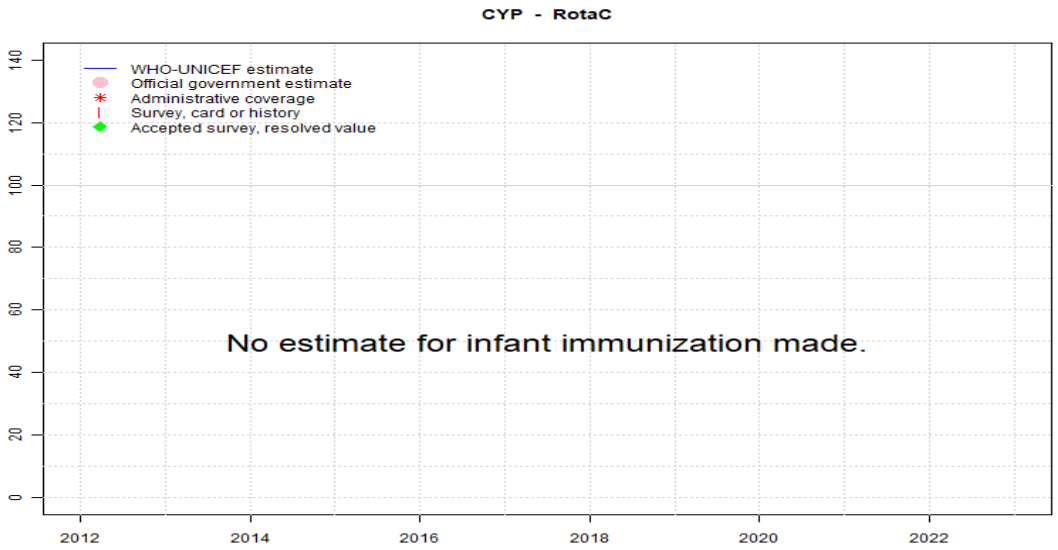
2015: Reported data calibrated to 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 99 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

2014: Reported data calibrated to 2023 levels. Estimate of 99 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2013: Reported data calibrated to 2023 levels. Estimate of 99 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2012: Reported data calibrated to 2023 levels. Estimate of 99 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

Cyprus - RotaC



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
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.

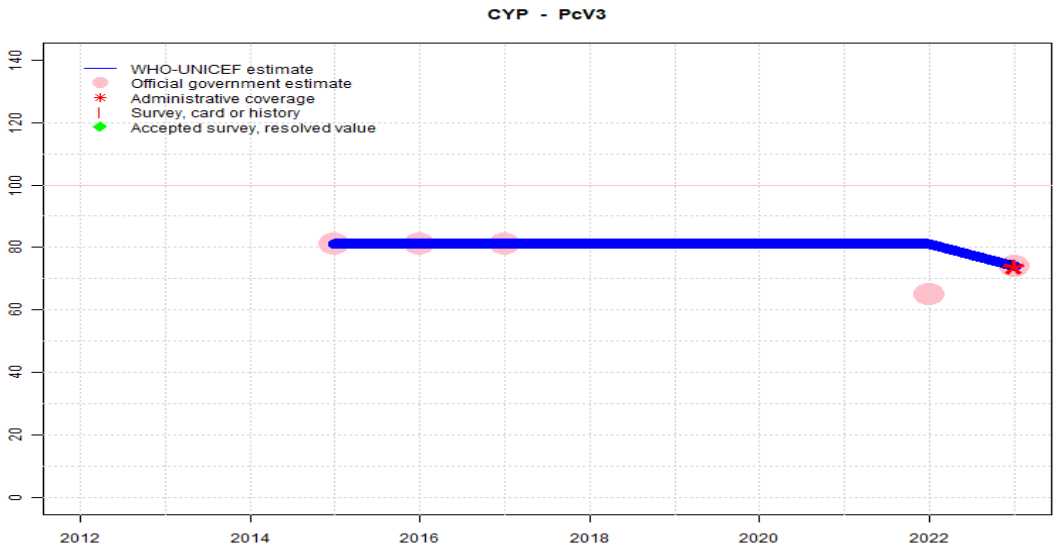
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

Cyprus - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	81	81	81	81	81	81	81	81	74
Estimate GoC	NA	NA	NA	●●	●●	●●	●	●	●	●	●	●
Official	NA	NA	NA	81	81	81	NA	NA	NA	NA	65	74
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	74
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:

2023: Estimate is based on reported coverage. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-

2022: Estimate of 81 percent assigned by working group. Estimate is based on last reported data point. Reported data excluded. The decline in reported coverage for some antigens is unexplained. Estimate challenged by: R-

2021: Estimate informed by interpolation between 2017 and 2022 levels. Estimate is based on last reported data point. GoC=No accepted empirical data

2020: Estimate informed by interpolation between 2017 and 2022 levels. Estimate is based on last reported data point. GoC=No accepted empirical data

2019: Estimate informed by interpolation between 2017 and 2022 levels. Estimate is based on last reported data point. Cyprus maintains a 2+1 schedule for pneumococcal conjugate vaccine with recommended vaccination at 2, 4 and 12-15 months. Reported official coverage for PcV2 is 95 percent. Estimated third dose coverage is likely an underestimate. GoC=No accepted empirical data

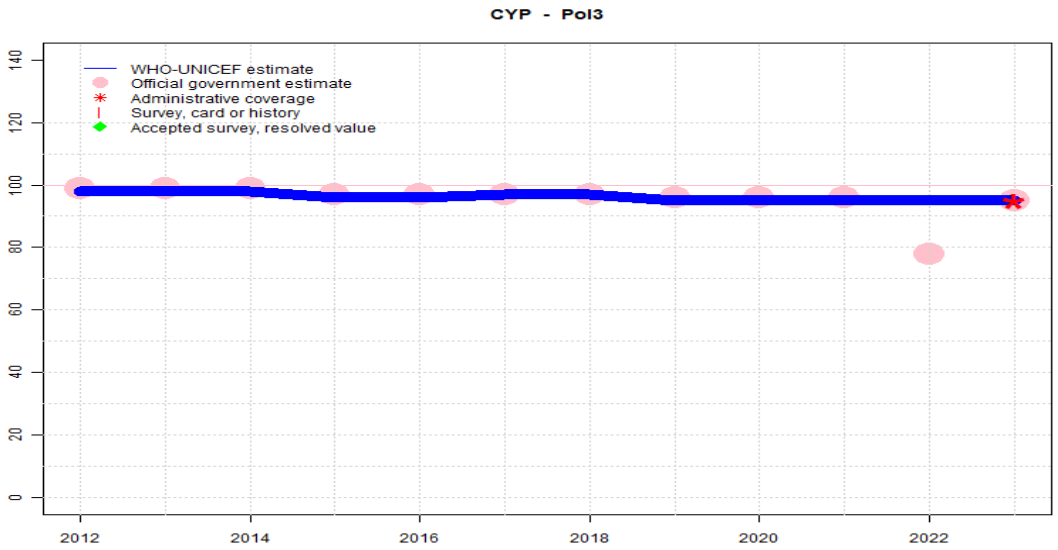
2018: Estimate informed by interpolation between 2017 and 2022 levels. Estimate is based on last reported data point. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=No accepted empirical data

2017: Estimate is based on last reported data point. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

2016: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

2015: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Pneumococcal conjugate vaccine introduced in 2007. Reporting started in 2015. GoC=R+

Cyprus - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	98	98	98	96	96	97	97	95	95	95	95	95
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	99	99	99	97	97	97	97	96	96	96	78	95
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2023: Estimate of 95 percent assigned by working group. Estimate is based on reported coverage. Reported data excluded due to sudden change in coverage from 78 level to 95 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-

2022: Reported data calibrated to 1997 and 2023 levels. Reported data excluded. The decline in reported coverage for some antigens is unexplained.Reported data excluded due to decline in reported coverage from 96 percent to 78 percent with increase to 95 percent. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2021: Reported data calibrated to 1997 and 2023 levels. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2020: Reported data calibrated to 1997 and 2023 levels. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2019: Reported data calibrated to 1997 and 2023 levels. Estimate of 95 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2018: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate challenged by: R-

2017: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate challenged by: R-

2016: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 96 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

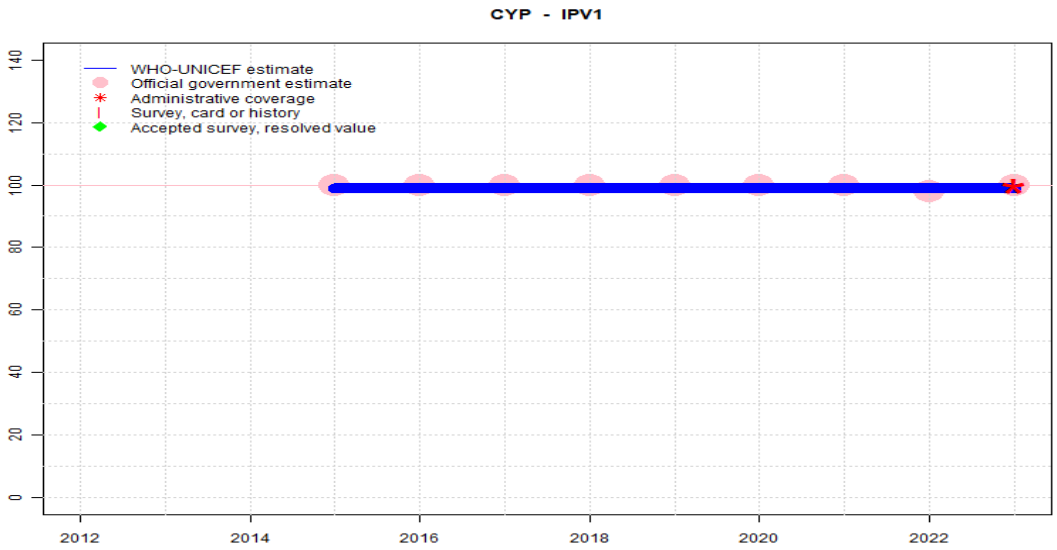
2015: Reported data calibrated to 1997 and 2023 levels. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. Estimate of 96 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

2014: Reported data calibrated to 1997 and 2023 levels. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

2013: Reported data calibrated to 1997 and 2023 levels. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

2012: Reported data calibrated to 1997 and 2023 levels. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

Cyprus - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	99	99	99	99	99	99	99	99	99
Estimate GoC	NA	NA	NA	••	••	••	••	••	••	••	••	•
Official	NA	NA	NA	100	100	100	100	100	100	100	98	100
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

• There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

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

2022: Estimate informed by interpolation between reported data. Reported data excluded. The decline in reported coverage for some antigens is unexplained. GoC=R+

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

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

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

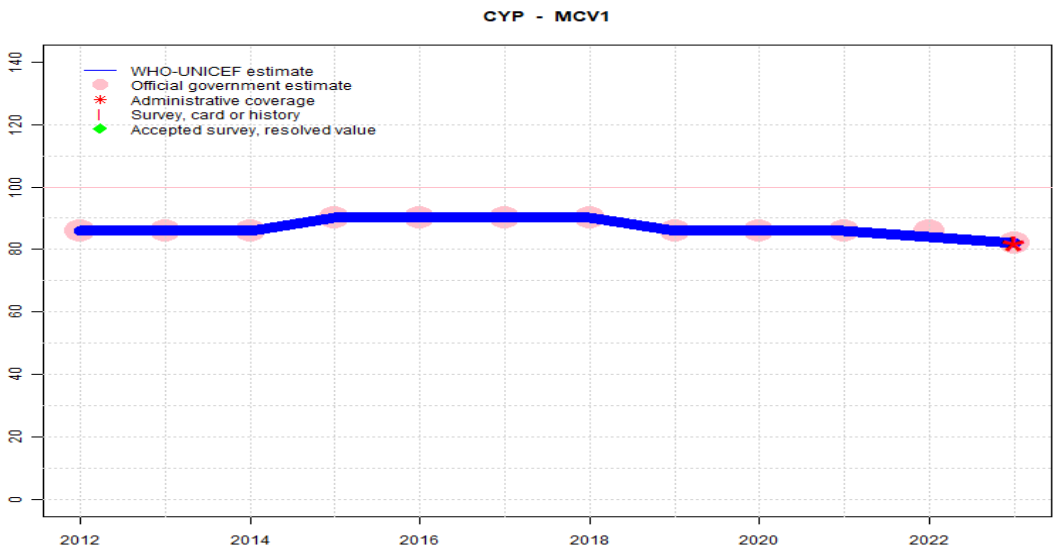
2018: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

2017: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

2016: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

2015: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

Cyprus - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	86	86	86	90	90	90	90	86	86	86	84	82
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	•
Official	86	86	86	90	90	90	90	86	86	86	86	82
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	82
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:

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

2022: Estimate informed by interpolation between reported data. Reported data excluded. The decline in reported coverage for some antigens is unexplained. Estimate of 84 percent changed from previous revision value of 86 percent. GoC=R+

2021: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+

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

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

2018: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

2017: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

2016: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

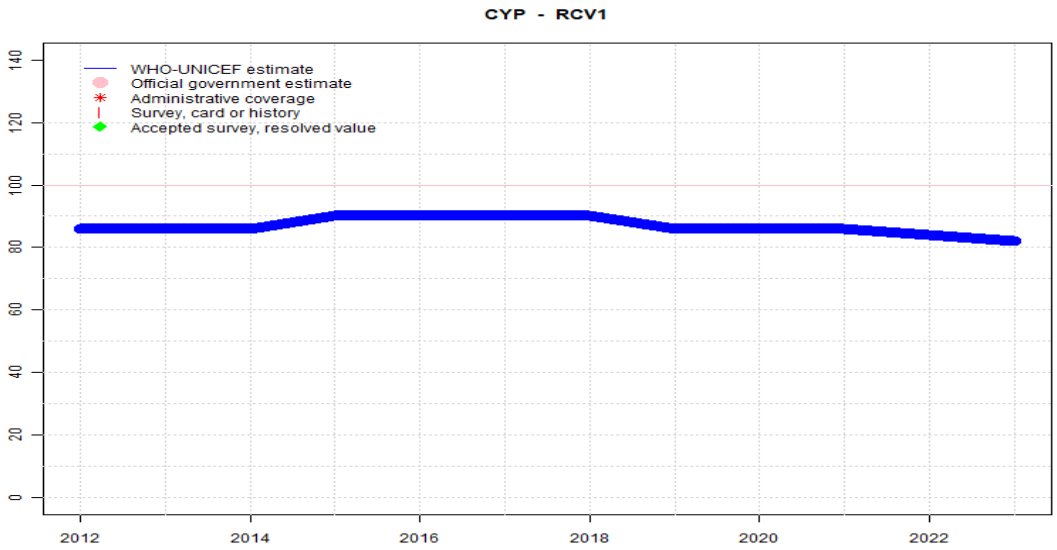
2015: Estimate informed by reported data. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+

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

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

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

Cyprus - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	86	86	86	90	90	90	90	86	86	86	84	82
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.

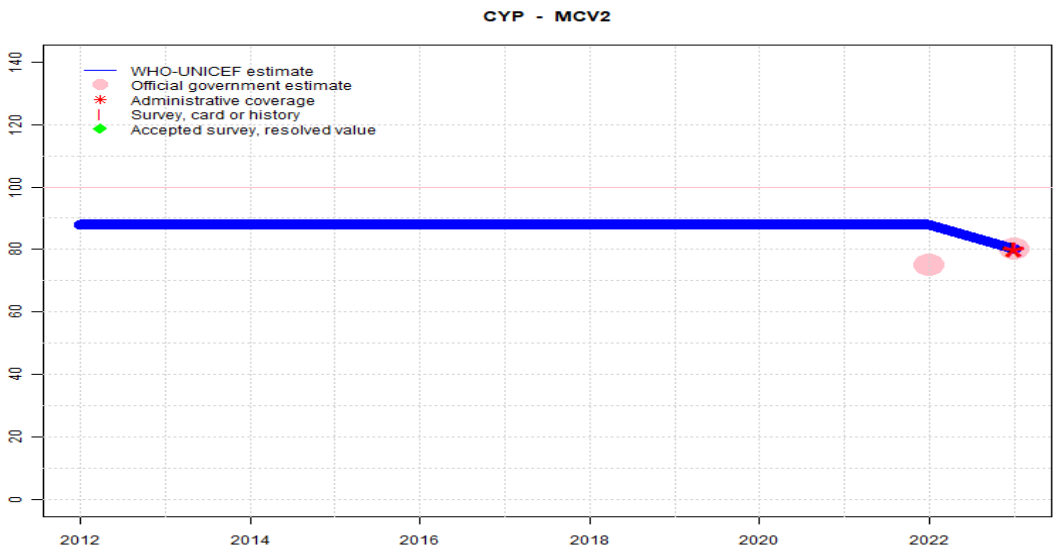
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

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.

2023: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
2022: Estimate based on estimated MCV1. Estimate of 84 percent changed from previous revision value of 86 percent. GoC=R+
2021: Estimate based on estimated MCV1. GoC=R+
2020: Estimate based on estimated MCV1. GoC=R+
2019: Estimate based on estimated MCV1. GoC=R+
2018: Estimate based on estimated MCV1. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+
2017: Estimate based on estimated MCV1. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+
2016: Estimate based on estimated MCV1. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+
2015: Estimate based on estimated MCV1. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=R+
2014: Estimate based on estimated MCV1. GoC=R+
2013: Estimate based on estimated MCV1. GoC=R+
2012: Estimate based on estimated MCV1. GoC=R+

Cyprus - MCV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	88	88	88	88	88	88	88	88	88	88	88	80
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	75	80
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	80
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.

2023: Estimate is based on reported coverage. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-

2022: Estimate of 88 percent assigned by working group. Estimate is based on last reported data point. Reported data excluded. The decline in reported coverage for some antigens is unexplained.Reported data excluded. . Estimate challenged by: R-

2021: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. Programme reports one month vaccine stockout at national and subnational levels. GoC=No accepted empirical data

2020: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. GoC=No accepted empirical data

2019: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. GoC=No accepted empirical data

2018: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=No accepted empirical data

2017: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=No accepted empirical data

2016: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=No accepted empirical data

2015: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. Reported coverage levels are based on the Cyprus 2015 Childrens Immunization Survey. GoC=No accepted empirical data

2014: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. GoC=No accepted empirical data

2013: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. GoC=No accepted empirical data

2012: Estimate informed by interpolation between 2010 and 2022 levels. Estimate is based on last reported data point. GoC=No accepted empirical data

Cyprus - 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.

2017 Cyprus 2019 Child Immunization Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card or History	99.7	17-24 m	610	-
DTP3	Card or History	95.9	17-24 m	610	-
HepB1	Card or History	98.7	17-24 m	610	-
HepB3	Card or History	93.8	17-24 m	610	-
Hib1	Card or History	99.5	17-24 m	610	-
Hib3	Card or History	91.6	17-24 m	610	-
MCV1	Card or History	86.7	17-24 m	610	-
PcV1	Card or History	98.5	17-24 m	610	-

2013 Cyprus 2015 Childrens Immunization Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card or History	99.8	17-24 m	417	-
DTP3	Card or History	98.8	17-24 m	417	-
HepB1	Card or History	99.3	17-24 m	417	-
HepB3	Card or History	96.2	17-24 m	417	-
Hib3	Card or History	51.9	17-24 m	417	-
MCV1	Card or History	86.2	17-24 m	417	-
PcV3	Card or History	58.6	17-24 m	417	-
Pol1	Card or History	99.8	17-24 m	417	-
Pol3	Card or History	98.8	17-24 m	417	-

2007 Cyprus 2009 Childrens Immunization Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card or History	100	17-24 m	419	-
DTP3	Card or History	98.6	17-24 m	419	-
HepB1	Card or History	99.5	17-24 m	419	-
HepB3	Card or History	96.4	17-24 m	419	-
Hib3	Card or History	91.7	17-24 m	419	-
MCV1	Card or History	86.9	17-24 m	419	-
PcV3	Card or History	31	17-24 m	419	-
Pol1	Card or History	99.8	17-24 m	419	-
Pol3	Card or History	98.6	17-24 m	419	-

Cyprus - survey details

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