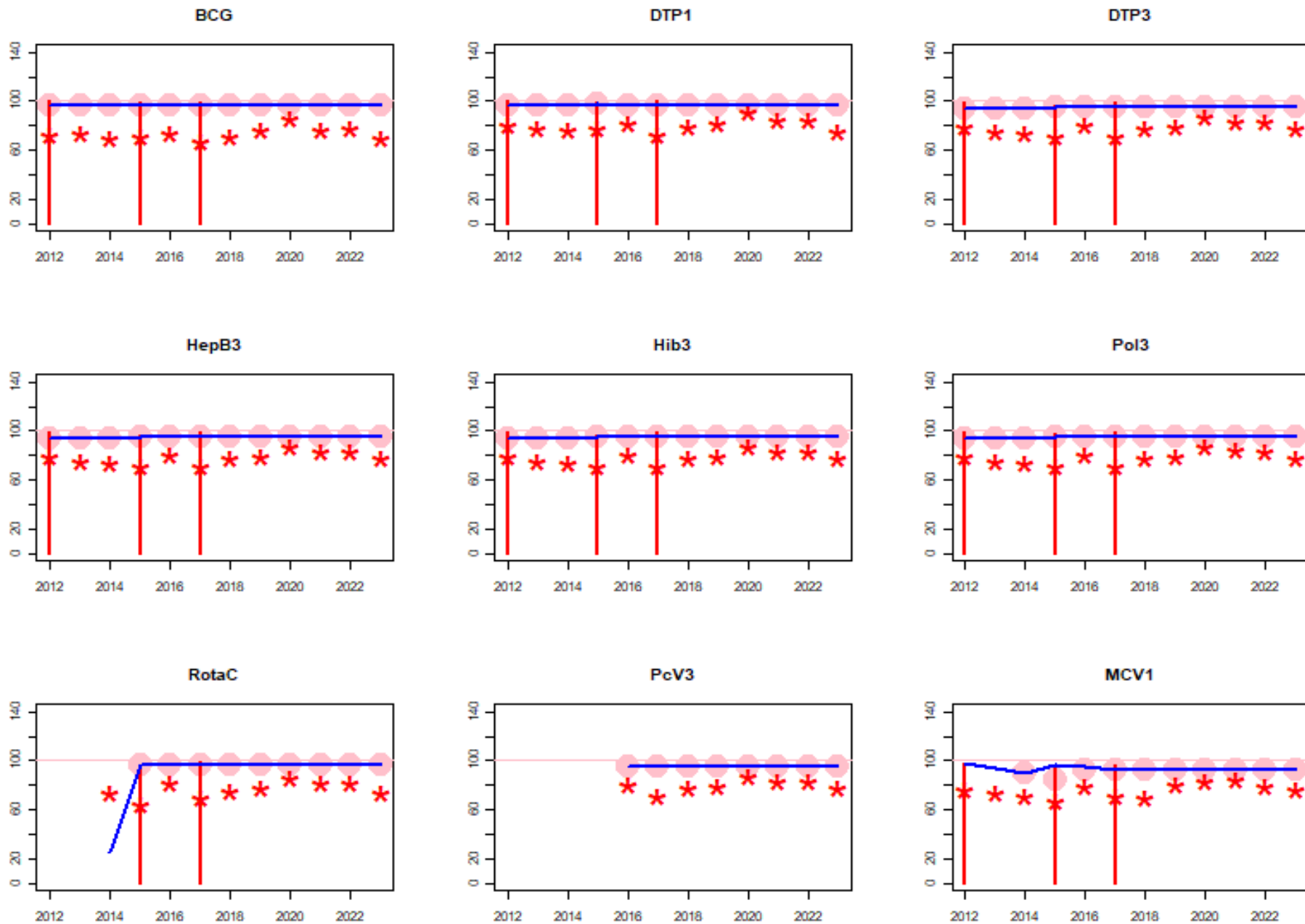


Eritrea: WHO and UNICEF estimates of immunization coverage: 2023 revision



BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from 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.

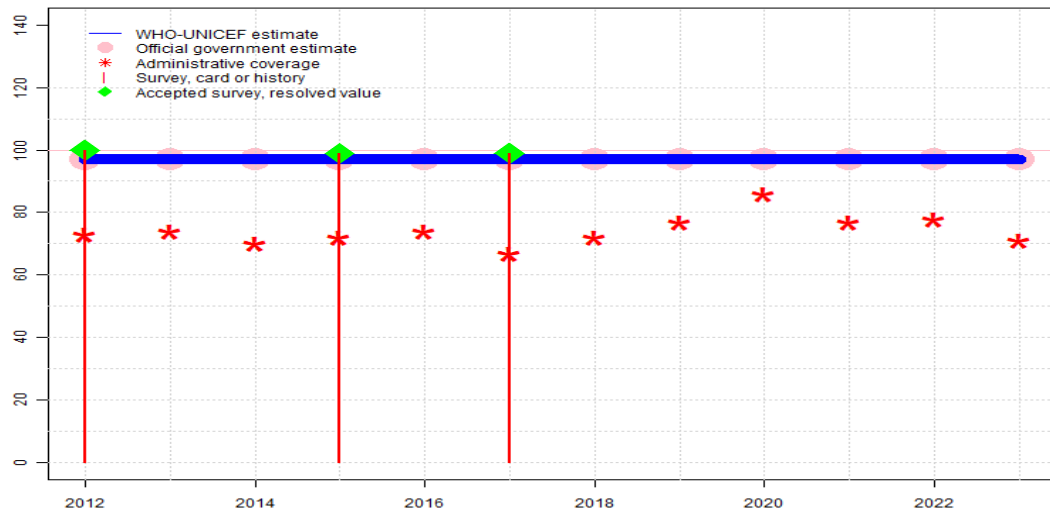
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

Eritrea - BCG

ERI - BCG



Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 100 percent based on 1 survey(s). Estimate challenged by: D-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	97	97	97	97	97	97	97	97	97	97	97	97
Estimate GoC	●	●●●	●	●●●	●●●	●	●●●	●	●	●	●●	●
Official	97	97	97	97	97	97	97	97	97	97	97	97
Administrative	73	74	70	72	74	67	72	77	86	77	78	71
Survey	100	NA	NA	99	NA	99	NA	NA	NA	NA	NA	NA

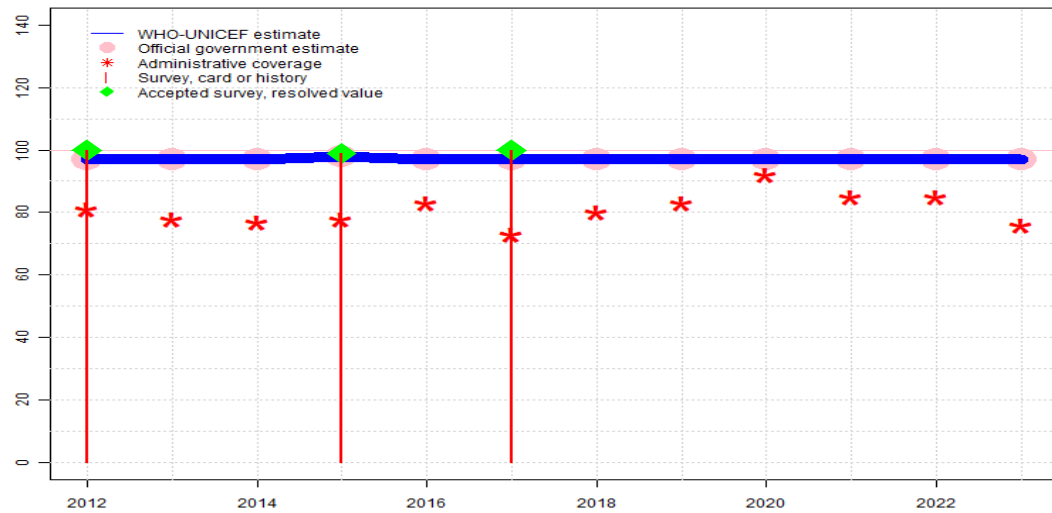
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Eritrea - DTP1

ERI - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	97	97	97	98	97	97	97	97	97	97	97	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●	●●●	●●●	●	●	●●	●
Official	97	97	97	98	97	97	97	97	97	97	97	97
Administrative	81	78	77	78	83	73	80	83	92	85	85	76
Survey	100	NA	NA	99	NA	100	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.

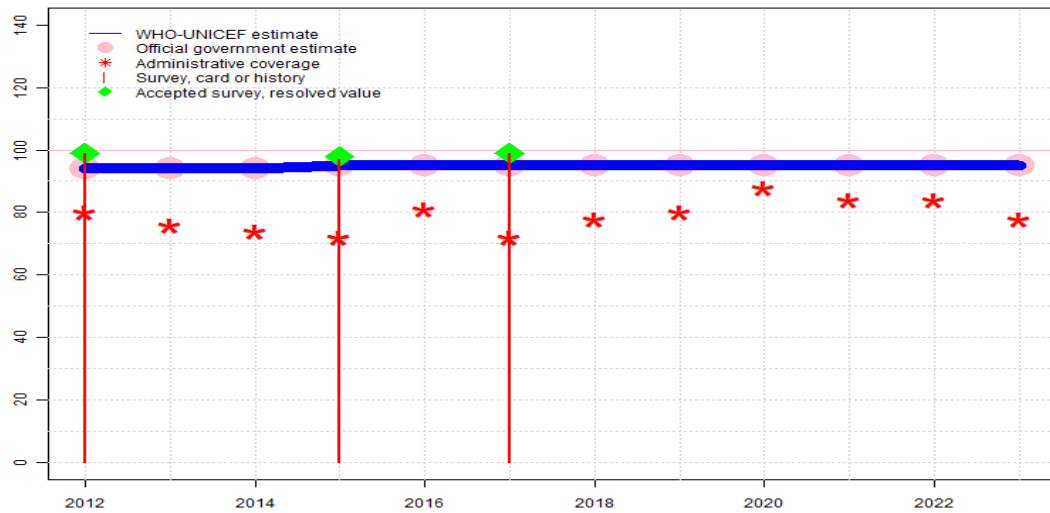
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 100 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 99 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 supported by survey. Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+

Eritrea - DTP3

ERI - DTP3



Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Eritrea National EPI Coverage Survey 2017 card or history results of 97 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 96 percent and 3rd dose card only coverage of 95 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 supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	94	94	95	95	95	95	95	95	95	95	95
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●	●●●	●	●	●	●●	●
Official	94	94	94	95	95	95	95	95	95	95	95	95
Administrative	80	76	74	72	81	72	78	80	88	84	84	78
Survey	99	NA	NA	97	NA	99	NA	NA	NA	NA	NA	NA

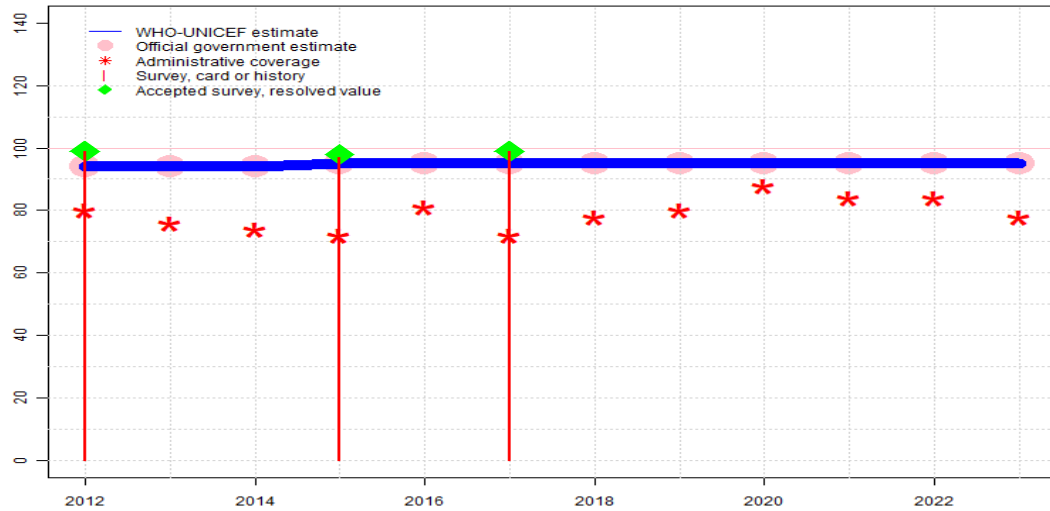
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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Eritrea - HepB3

ERI - HepB3



Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Eritrea National EPI Coverage Survey 2017 card or history results of 97 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 96 percent and 3rd dose card only coverage of 95 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 supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	94	94	95	95	95	95	95	95	95	95	95
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●	●●●	●	●	●	●●	●
Official	94	94	94	95	95	95	95	95	95	95	95	95
Administrative	80	76	74	72	81	72	78	80	88	84	84	78
Survey	99	NA	NA	97	NA	99	NA	NA	NA	NA	NA	NA

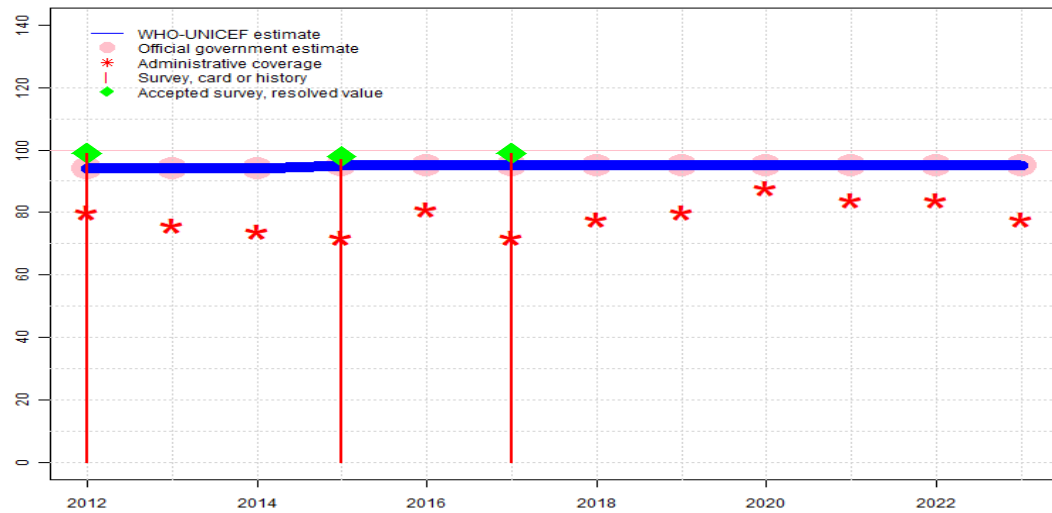
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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Eritrea - Hib3

ERI - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	94	94	95	95	95	95	95	95	95	95	95
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●	●●●	●	●	●	●●	●
Official	94	94	94	95	95	95	95	95	95	95	95	95
Administrative	80	76	74	72	81	72	78	80	88	84	84	78
Survey	99	NA	NA	97	NA	99	NA	NA	NA	NA	NA	NA

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

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

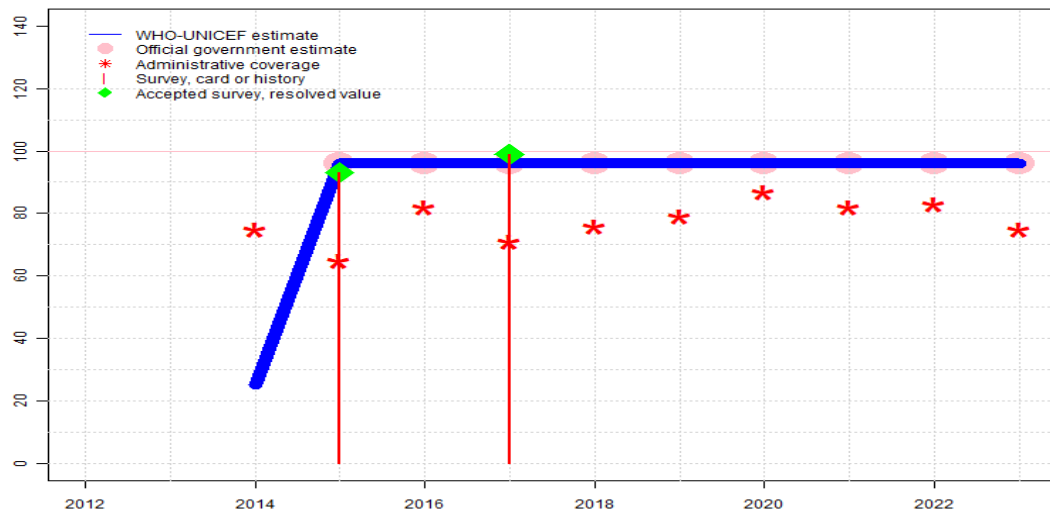
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

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- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Eritrea National EPI Coverage Survey 2017 card or history results of 97 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 96 percent and 3rd dose card only coverage of 95 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 supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+

Eritrea - RotaC

ERI - RotaC



Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Programme reports one month national level stockout. Estimate challenged by: D-
- 2014: Rotavirus vaccine introduced during July 2014. National programme achieved 75 percent coverage in one-third of the national target population. WHO and UNICEF estimate reflects annualized coverage in the national target population. Estimate challenged by: R-S-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	25	96	96	96	96	96	96	96	96	96
Estimate GoC	NA	NA	•	•	•••	•	•••	•	•	•	••	•
Official	NA	NA	NA	96	96	96	96	96	96	96	96	96
Administrative	NA	NA	75	65	82	71	76	79	87	82	83	75
Survey	NA	NA	NA	93	NA	99	NA	NA	NA	NA	NA	NA

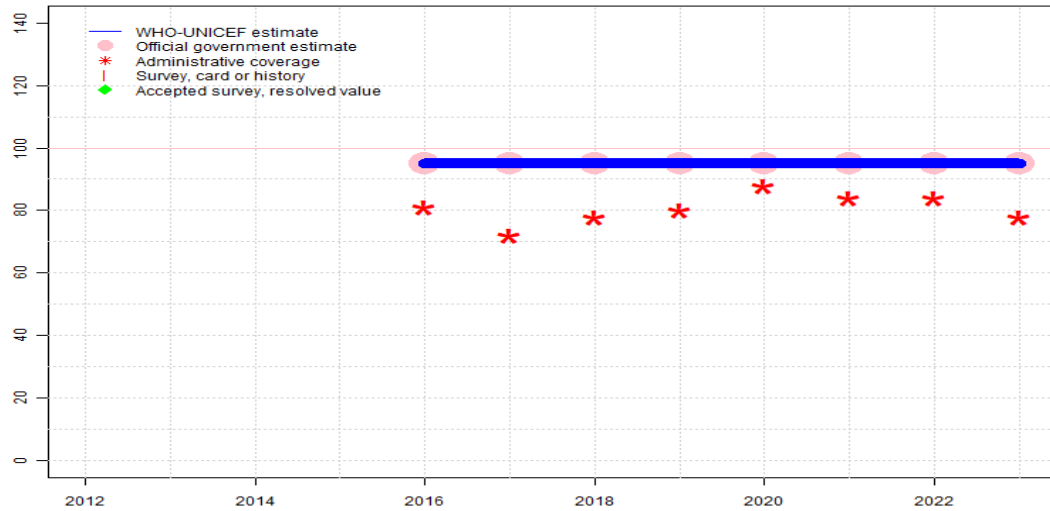
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- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Eritrea - PcV3

ERI - PcV3



Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Introduction in August 2015. Reporting started for 2016. GoC=R+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	95	95	95	95	95	95	95	95
Estimate GoC	NA	NA	NA	NA	●●	●	●●	●	●	●	●●	●
Official	NA	NA	NA	NA	95	95	95	95	95	95	95	95
Administrative	NA	NA	NA	NA	81	72	78	80	88	84	84	78
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

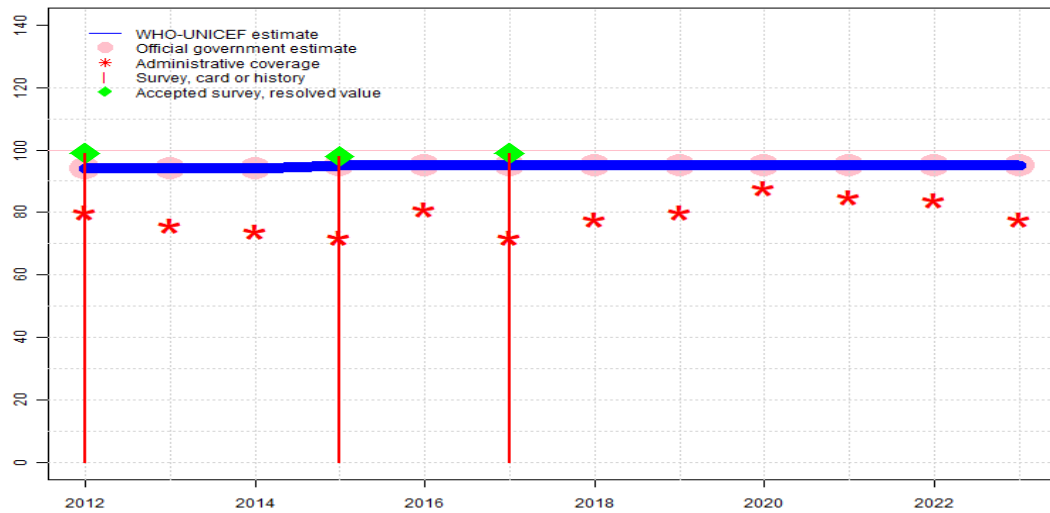
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Eritrea - Pol3

ERI - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	94	94	95	95	95	95	95	95	95	95	95
Estimate GoC	●	●●●	●●●	●●●	●●●	●	●●●	●	●	●	●●	●
Official	94	94	94	95	95	95	95	95	95	95	95	95
Administrative	80	76	74	72	81	72	78	80	88	85	84	78
Survey	99	NA	NA	98	NA	99	NA	NA	NA	NA	NA	NA

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

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

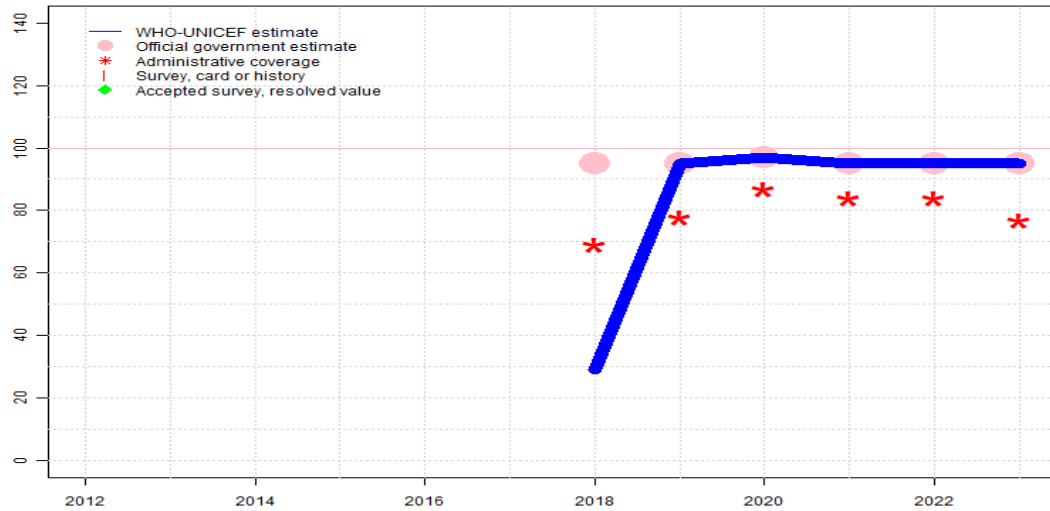
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Estimate challenged by: D-

Eritrea - IPV1

ERI - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	29	95	97	95	95	95
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	•	•	••	•
Official	NA	NA	NA	NA	NA	NA	95	95	97	95	95	95
Administrative	NA	NA	NA	NA	NA	NA	69	78	87	84	84	77
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 independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.

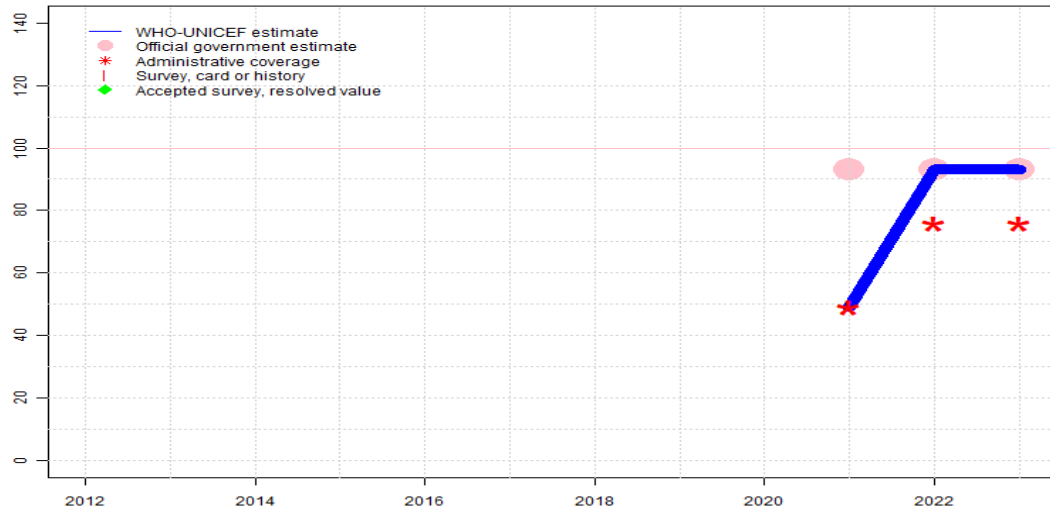
2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.

2019: Estimate informed by reported data. Estimate is based on reported data following introduction. Estimate challenged by: D-

2018: Inactivated polio vaccine introduced during August 2018. Programme reports 69 percent coverage achieved in 42 percent of the national target population. Estimate reflects annualized coverage in the national target population. Estimate challenged by: R-

Eritrea - IPV2

ERI - IPV2



Description:

Estimates for a second dose of inactivated polio vaccine (IPV) begin in 2021 following a Strategic Advisory Group of Experts on Immunization (SAGE) recommendation in October 2020 that a second IPV dose increases protection against all polioviruses, including protection against paralysis caused by vaccine derived polio virus (type 2) (VDPV2). The addition of IPV2 is the next step towards complete OPV withdrawal. IPV2 coverage estimates produced for OPV using countries.

2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-

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

2021: Estimate informed by reported administrative data. Second dose of inactivated polio vaccine introduced during 2021. Reported administrative coverage suggests mid-year introduction. Estimate exceptionally based on administrative coverage. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	49	93	93
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	93	93	93
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	49	76	76
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

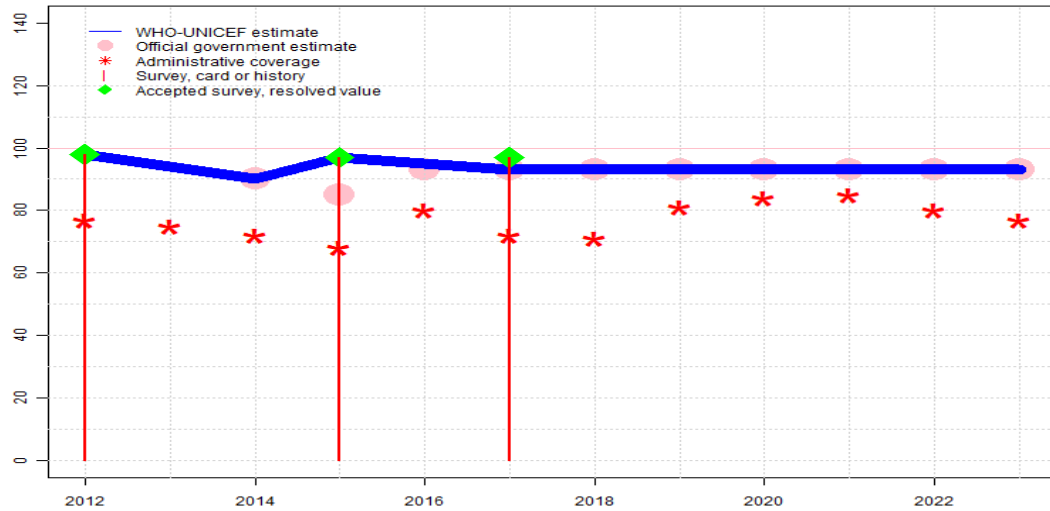
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Eritrea - MCV1

ERI - MCV1



Description:

- 2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by interpolation between 2015 and 2017 levels. . Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2014: Estimate based on reported. Vaccine to vaccine consistency. GoC=R+ S+ D+
- 2013: Reported data calibrated to 2012 and 2014 levels. Reported data excluded. . Estimate challenged by: R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 98 percent based on 1 survey(s). Estimate challenged by: D-R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	98	94	90	97	95	93	93	93	93	93	93	93
Estimate GoC	•	•	•••	•	•	•••	•••	•••	•	•	••	•
Official	NA	NA	90	85	93	93	93	93	93	93	93	93
Administrative	77	75	72	68	80	72	71	81	84	85	80	77
Survey	98	NA	NA	97	NA	97	NA	NA	NA	NA	NA	NA

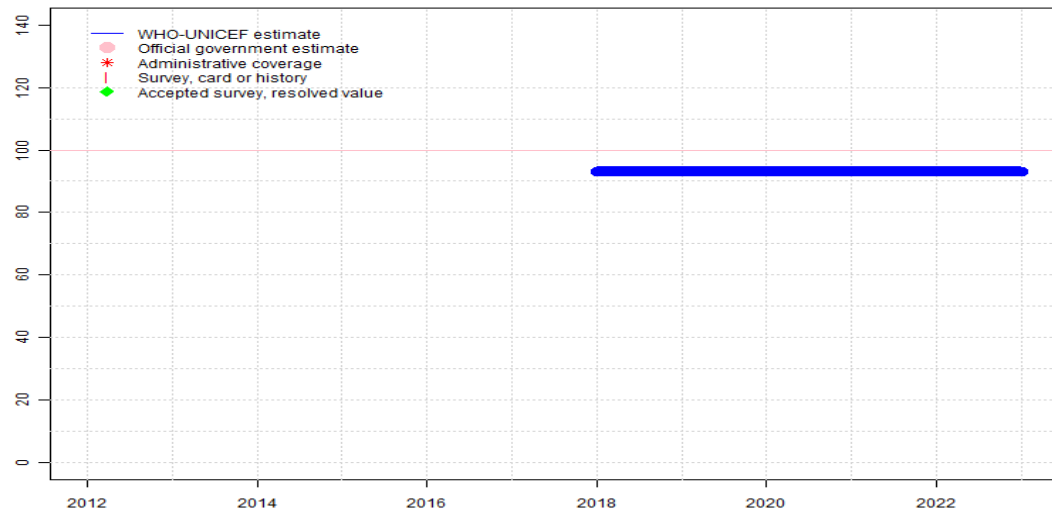
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Eritrea - RCV1

ERI - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	93	93	93	93	93	93
Estimate GoC	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.

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 are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-

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

2021: Estimate based on estimated MCV1. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.

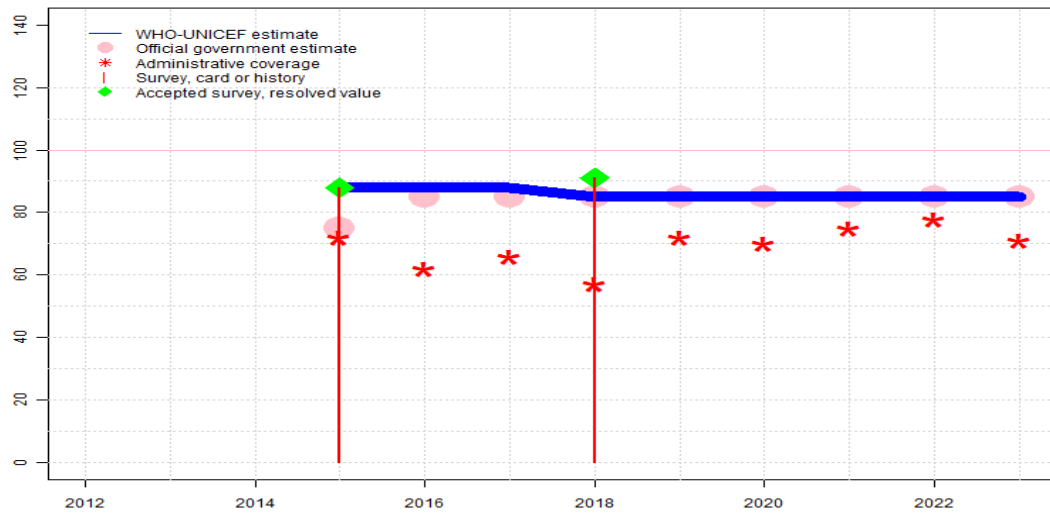
2020: Estimate based on estimated MCV1. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.

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

2018: Estimate based on estimated MCV1. Rubella containing vaccine introduced in 2018 as MR and recommended for administration at age 9 and 18 months. GoC=R+ S+ D+

Eritrea - MCV2

ERI - MCV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	88	88	88	85	85	85	85	85	85
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	••	••
Official	NA	NA	NA	75	85	85	85	85	85	85	85	85
Administrative	NA	NA	NA	72	62	66	57	72	70	75	78	71
Survey	NA	NA	NA	88	NA	NA	91	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 based on extrapolation from data reported by national government. Reported data excluded. Unexplained increase in official coverage. Fewer children were vaccinated in 2023 than in 2022. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. GoC=R+ D+

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.

2020: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.

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

2018: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Estimate challenged by: D-

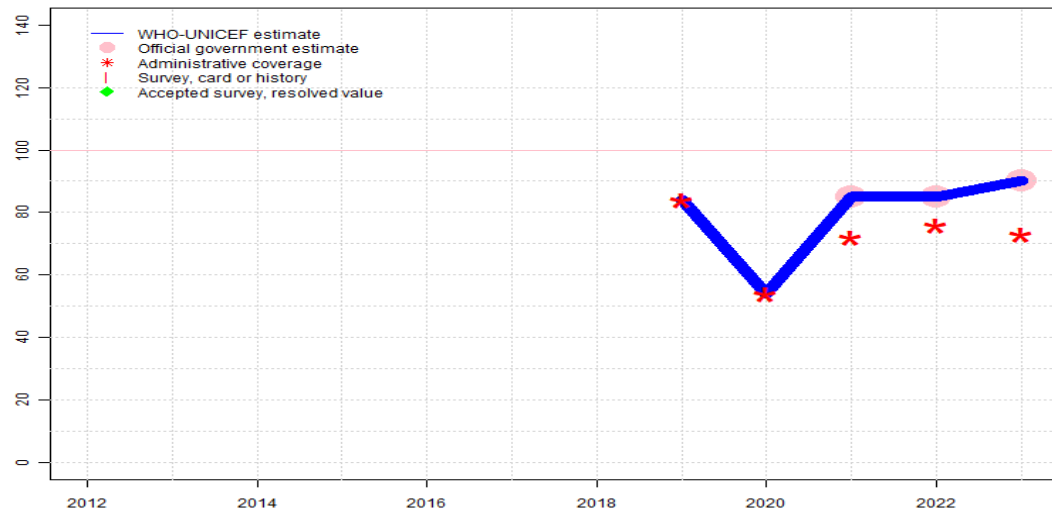
2017: Estimate of 88 percent assigned by working group. Set at the level of survey results. Estimate challenged by: D-R-

2016: Estimate of 88 percent assigned by working group. Set at the level of survey results. Estimate challenged by: D-R-

2015: Estimate of 88 percent assigned by working group. Set at the level of survey results. GoC=Assigned by working group. Second dose of MCV introduced in July 2012. Reporting began in 2015.

Eritrea - MengA

ERI - MengA



Description:

Estimates for one dose of meningococcal A conjugate (MengA) vaccine begin with the year that the vaccine was first delivered through routine immunization services and data were reported among countries in the meningitis belt of sub-Saharan Africa.

2023: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF are aware of an ongoing Vaccination Coverage Survey and await final results. WHO and UNICEF recommend continued assessment and improvement in routine monitoring system. Estimate challenged by: D-

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.

2020: Estimate informed by reported administrative data. Estimate exceptionally based on administrative coverage. GoC=Assigned by working group. GoC assigned to ensure consistency across antigens with an awareness of challenges in the underlying reported data.

2019: Estimate informed by reported administrative data. Meningitis A vaccine introduced during 2019. Estimate challenged by: D-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	84	54	85	85	90
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	•	•	••	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	85	85	90
Administrative	NA	NA	NA	NA	NA	NA	NA	84	54	72	76	73
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.

Eritrea - 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.

2018 Eritrea National EPI Coverage Survey Report, 2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
MCV2	Card	86.3	24-35 m	739	98
MCV2	Card or History	90.7	24-35 m	739	98

2017 Eritrea National EPI Coverage Survey Report, 2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	99.4	24-35 m	739	98
BCG	Card	97.1	24-35 m	739	98
BCG	Card or History	99.4	24-35 m	739	98
DTP1	C or H <12 months	99.6	24-35 m	739	98
DTP1	Card	97.5	24-35 m	739	98
DTP1	Card or History	99.8	24-35 m	739	98
DTP3	C or H <12 months	97.5	24-35 m	739	98
DTP3	Card	97	24-35 m	739	98
DTP3	Card or History	98.8	24-35 m	739	98
HepB1	C or H <12 months	99.6	24-35 m	739	98
HepB1	Card	97.5	24-35 m	739	98
HepB1	Card or History	99.8	24-35 m	739	98
HepB3	C or H <12 months	97.5	24-35 m	739	98
HepB3	Card	97	24-35 m	739	98
HepB3	Card or History	98.8	24-35 m	739	98
Hib1	C or H <12 months	99.6	24-35 m	739	98

Hib1	Card	97.5	24-35 m	739	98
Hib1	Card or History	99.8	24-35 m	739	98
Hib3	C or H <12 months	97.5	24-35 m	739	98
Hib3	Card	97	24-35 m	739	98
Hib3	Card or History	98.8	24-35 m	739	98
MCV1	C or H <12 months	96.9	24-35 m	739	98
MCV1	Card	93.8	24-35 m	739	98
MCV1	Card or History	96.9	24-35 m	739	98
Pol1	C or H <12 months	99.7	24-35 m	739	98
Pol1	Card	97.5	24-35 m	739	98
Pol1	Card or History	99.9	24-35 m	739	98
Pol3	C or H <12 months	97.5	24-35 m	739	98
Pol3	Card	97	24-35 m	739	98
Pol3	Card or History	98.9	24-35 m	739	98
RotaC	C or H <12 months	97.9	24-35 m	739	98
RotaC	Card	96.4	24-35 m	739	98
RotaC	Card or History	98.8	24-35 m	739	98

2015 Eritrea National EPI Coverage Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.9	24-35 m	1020	97
BCG	Card	96	24-35 m	1020	97
BCG	Card or History	98.9	24-35 m	1020	97
DTP1	C or H <12 months	98.4	24-35 m	1020	97
DTP1	Card	96	24-35 m	1020	97
DTP1	Card or History	98.7	24-35 m	1020	97
DTP3	C or H <12 months	95.7	24-35 m	1020	97
DTP3	Card	94.7	24-35 m	1020	97
DTP3	Card or History	97.3	24-35 m	1020	97
HepB1	C or H <12 months	98.4	24-35 m	1020	97
HepB1	Card	96	24-35 m	1020	97
HepB1	Card or History	98.7	24-35 m	1020	97
HepB3	C or H <12 months	95.7	24-35 m	1020	97
HepB3	Card	94.7	24-35 m	1020	97
HepB3	Card or History	97.3	24-35 m	1020	97
Hib1	C or H <12 months	98.4	24-35 m	1020	97
Hib1	Card	96	24-35 m	1020	97
Hib1	Card or History	98.7	24-35 m	1020	97

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Hib3	C or H <12 months	95.7	24-35 m	1020	97
Hib3	Card	94.7	24-35 m	1020	97
Hib3	Card or History	97.3	24-35 m	1020	97
MCV1	C or H <12 months	96.8	24-35 m	1020	97
MCV1	Card	92.5	24-35 m	1020	97
MCV1	Card or History	96.8	24-35 m	1020	97
MCV2	Card	81.5	24-35 m	1020	97
MCV2	Card or History	87.6	24-35 m	1020	97
Pol1	C or H <12 months	99.2	24-35 m	1020	97
Pol1	Card	96.3	24-35 m	1020	97
Pol1	Card or History	99.2	24-35 m	1020	97
Pol3	C or H <12 months	97.1	24-35 m	1020	97
Pol3	Card	95.1	24-35 m	1020	97
Pol3	Card or History	97.9	24-35 m	1020	97
RotaC	C or H <12 months	91.5	24-35 m	555	97
RotaC	Card	89.4	24-35 m	555	97
RotaC	Card or History	92.8	24-35 m	555	97

2012 National EPI Coverage Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	93.7	12-23 m	-	94
BCG	Card or History	99.5	12-23 m	1762	94
DTP1	Card	93.9	12-23 m	-	94
DTP1	Card or History	100	12-23 m	1762	94
DTP3	Card	93	12-23 m	-	94
DTP3	Card or History	99.1	12-23 m	1762	94
HepB1	Card	93.9	12-23 m	-	94
HepB1	Card or History	100	12-23 m	1762	94
HepB3	Card	93	12-23 m	-	94
HepB3	Card or History	99.1	12-23 m	1762	94
Hib1	Card	93.9	12-23 m	-	94
Hib1	Card or History	100	12-23 m	1762	94
Hib3	Card	93	12-23 m	-	94
Hib3	Card or History	99.1	12-23 m	1762	94
MCV1	Card	90.9	12-23 m	-	94
MCV1	Card or History	97.9	12-23 m	1762	94
Pol1	Card	93.9	12-23 m	-	94
Pol1	Card or History	100	12-23 m	1762	94

Pol3	Card	93	12-23 m	-	94
Pol3	Card or History	99.2	12-23 m	1762	94

2008 Eritrea Population and Health Survey 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.2	12-23 m	1323	85
BCG	Card	82.7	12-23 m	1127	85
BCG	Card or History	94.8	12-23 m	1323	85
BCG	History	12	12-23 m	196	85
DTP1	C or H <12 months	97	12-23 m	1323	85
DTP1	Card	85.2	12-23 m	1127	85
DTP1	Card or History	97.4	12-23 m	1323	85
DTP1	History	12.2	12-23 m	196	85
DTP3	C or H <12 months	90.8	12-23 m	1323	85
DTP3	Card	82.7	12-23 m	1127	85
DTP3	Card or History	92.8	12-23 m	1323	85
DTP3	History	10.1	12-23 m	196	85
HepB1	C or H <12 months	97	12-23 m	1323	85
HepB1	Card	85.2	12-23 m	1127	85
HepB1	Card or History	97.4	12-23 m	1323	85
HepB1	History	12.2	12-23 m	196	85
HepB3	C or H <12 months	90.8	12-23 m	1323	85
HepB3	Card	82.7	12-23 m	1127	85
HepB3	Card or History	92.8	12-23 m	1323	85
HepB3	History	10.1	12-23 m	196	85
Hib1	C or H <12 months	97	12-23 m	1323	85
Hib1	Card	85.2	12-23 m	1127	85
Hib1	Card or History	97.4	12-23 m	1323	85
Hib1	History	12.2	12-23 m	196	85
Hib3	C or H <12 months	90.8	12-23 m	1323	85
Hib3	Card	82.7	12-23 m	1127	85
Hib3	Card or History	92.8	12-23 m	1323	85
Hib3	History	10.1	12-23 m	196	85
MCV1	C or H <12 months	83.7	12-23 m	1323	85
MCV1	Card	79.7	12-23 m	1127	85
MCV1	Card or History	91.4	12-23 m	1323	85
MCV1	History	11.8	12-23 m	196	85
Pol1	C or H <12 months	97.7	12-23 m	1323	85

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Pol1	Card	85.1	12-23 m	1127	85
Pol1	Card or History	98.1	12-23 m	1323	85
Pol1	History	13	12-23 m	196	85
Pol3	C or H <12 months	88.6	12-23 m	1323	85
Pol3	Card	82.4	12-23 m	1127	85
Pol3	Card or History	90.5	12-23 m	1323	85
Pol3	History	8	12-23 m	196	85

2007 Eritrea EPI Coverage Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	84	23-34 m	1775	86
BCG	Card or History	99	23-34 m	1775	86
DTP1	Card	85	23-34 m	1775	86
DTP1	Card or History	100	23-34 m	1775	86
DTP3	Card	83	23-34 m	1775	86
DTP3	Card or History	98	23-34 m	1775	86
HepB1	Card	85	23-34 m	1775	86
HepB1	Card or History	100	23-34 m	1775	86
HepB3	Card	83	23-34 m	1775	86
HepB3	Card or History	98	23-34 m	1775	86
MCV1	Card	75	23-34 m	1775	86
MCV1	Card or History	96	23-34 m	1775	86
Pol1	Card	84	23-34 m	1775	86
Pol1	Card or History	99	23-34 m	1775	86
Pol3	Card	83	23-34 m	1775	86
Pol3	Card or History	98	23-34 m	1775	86

2005 Eritrea Routine Immunization Coverage Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	87.3	12-23 m	630	88
BCG	Card or History	98.9	12-23 m	630	88
DTP1	Card	88.1	12-23 m	630	88
DTP1	Card or History	99.2	12-23 m	630	88
DTP3	Card	85.4	12-23 m	630	88
DTP3	Card or History	96.8	12-23 m	630	88

HepB1	Card	88.1	12-23 m	630	88
HepB1	Card or History	99.2	12-23 m	630	88
HepB3	Card	85.4	12-23 m	630	88
HepB3	Card or History	96.8	12-23 m	630	88
MCV1	Card	81.9	12-23 m	630	88
MCV1	Card or History	94.9	12-23 m	630	88
Pol1	Card	88.1	12-23 m	630	88
Pol1	Card or History	99.4	12-23 m	630	88
Pol3	Card	85.2	12-23 m	630	88
Pol3	Card or History	96.5	12-23 m	630	88

2001 Eritrea Demographic and Health Survey 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	89.3	12-23 m	959	77
BCG	Card	76.3	12-23 m	959	77
BCG	Card or History	91.4	12-23 m	959	77
BCG	History	15	12-23 m	959	77
DTP1	C or H <12 months	88.2	12-23 m	959	77
DTP1	Card	76.3	12-23 m	959	77
DTP1	Card or History	90.6	12-23 m	959	77
DTP1	History	14.3	12-23 m	959	77
DTP3	C or H <12 months	79.1	12-23 m	959	77
DTP3	Card	72.1	12-23 m	959	77
DTP3	Card or History	82.8	12-23 m	959	77
DTP3	History	10.7	12-23 m	959	77
MCV1	C or H <12 months	75.5	12-23 m	959	77
MCV1	Card	70.8	12-23 m	959	77
MCV1	Card or History	84.2	12-23 m	959	77
MCV1	History	13.3	12-23 m	959	77
Pol1	C or H <12 months	91.4	12-23 m	959	77
Pol1	Card	76.3	12-23 m	959	77
Pol1	Card or History	93.9	12-23 m	959	77
Pol1	History	17.6	12-23 m	959	77
Pol3	C or H <12 months	79.3	12-23 m	959	77
Pol3	Card	72.5	12-23 m	959	77
Pol3	Card or History	83.3	12-23 m	959	77
Pol3	History	10.8	12-23 m	959	77

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1999 Eritrea EPI Coverage Survey Report 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	98.1	12-23 m	647	92
DTP1	Card or History	97.4	12-23 m	647	92

DTP3	Card or History	92.8	12-23 m	647	92
MCV1	Card or History	88.2	12-23 m	647	92
Pol1	Card or History	97.4	12-23 m	647	92
Pol3	Card or History	92.8	12-23 m	647	92

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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>