

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

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

\*Burton et al. 2009. Bull World Health Organ.

\*Burton et al. 2012. PLoS One.

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

## DATA SOURCES.

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

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

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

## ABBREVIATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

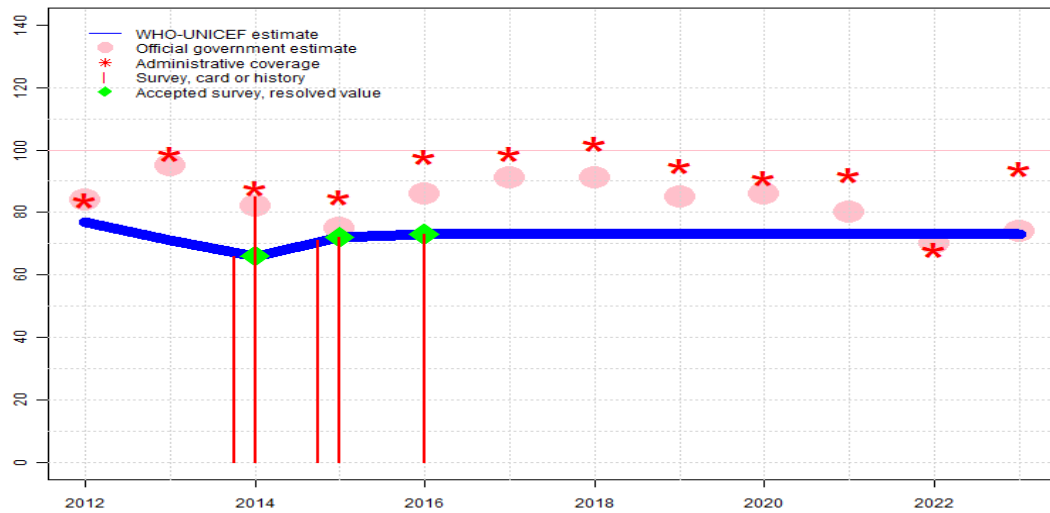
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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# Guinea - BCG

GIN - BCG



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	77	71	66	72	73	73	73	73	73	73	73	73
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	95	82	75	86	91	91	85	86	80	70	74
Administrative	84	99	88	85	98	99	102	95	91	92	68	94
Survey	NA	NA	*	*	73	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 73 percent assigned by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey.. Estimate challenged by: D-R-
- 2016: Estimate of 73 percent assigned by working group. Estimate based on survey coverage. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-
- 2015: Estimate of 72 percent assigned by working group. Estimate based on survey coverage.

# Guinea - BCG

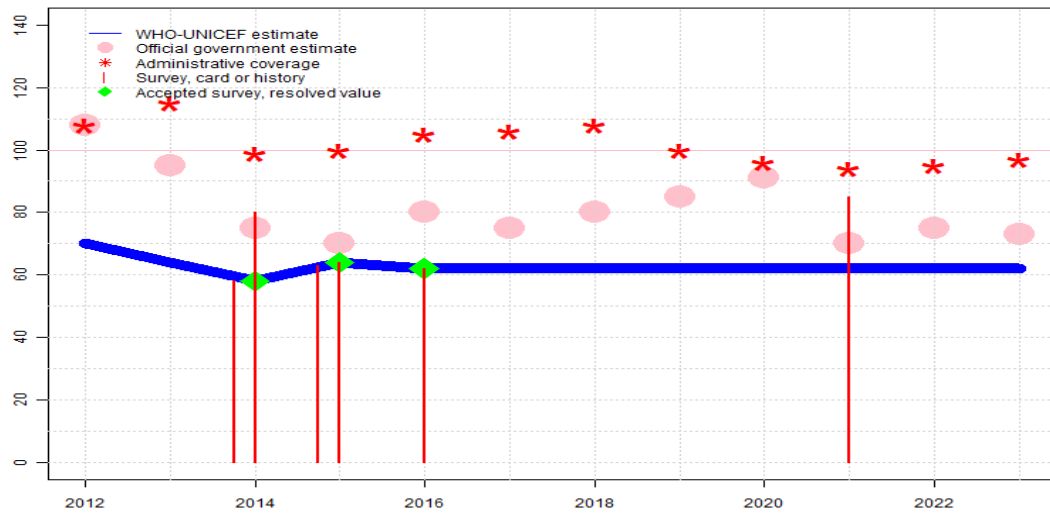
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Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Programme reports two months national level stockout. Estimate challenged by: D-R-

- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 66 percent based on 1 survey(s). Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded due to an increase from 84 percent to 99 percent with decrease 82 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Decline in coverage may be attributable to 4 months vaccine shortage in all districts. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

# Guinea - DTP1

GIN - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	70	64	58	64	62	62	62	62	62	62	62	62
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	108	95	75	70	80	75	80	85	91	70	75	73
Administrative	108	115	99	100	105	106	108	100	96	94	95	97
Survey	NA	NA	*	*	62	NA	NA	NA	NA	85	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 62 percent assigned by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey.. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Programme reports increases of 30 percent

# Guinea - DTP1

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or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 2 survey(s). Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-

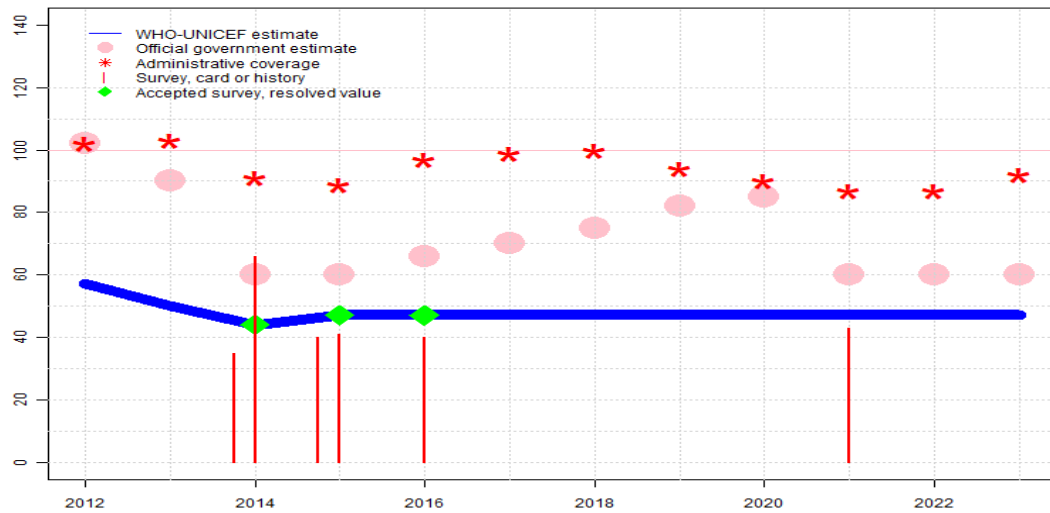
2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 58 percent based on 1 survey(s). Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 115 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 108 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

# Guinea - DTP3

GIN - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	57	50	44	47	47	47	47	47	47	47	47	47
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	102	90	60	60	66	70	75	82	85	60	60	60
Administrative	102	103	91	89	97	99	100	94	90	87	87	92
Survey	NA	NA	*	*	40	NA	NA	NA	NA	43	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 47 percent assigned by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee card or history results of 43 percent modified for recall bias to 58 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 31 percent and 3rd dose card only coverage of 21 percent. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior

# Guinea - DTP3

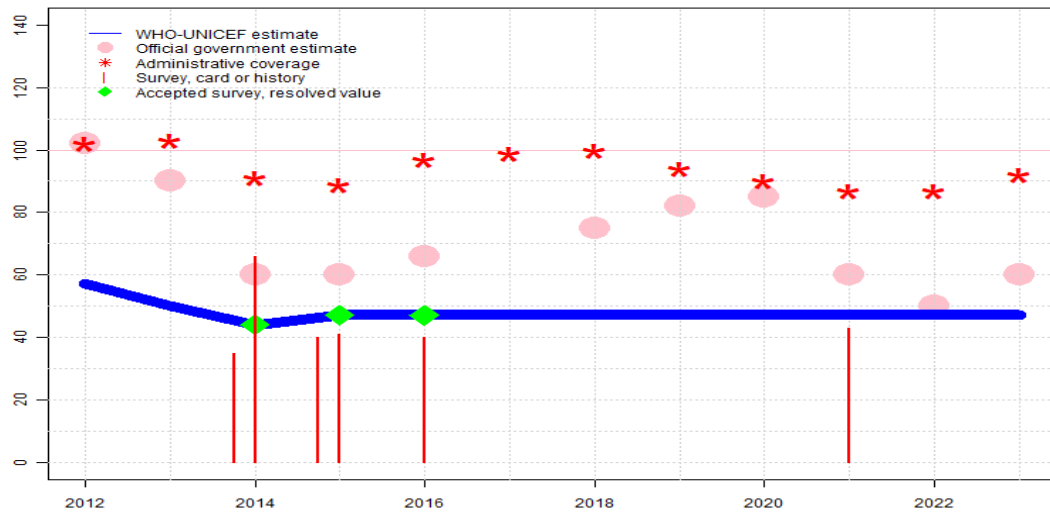
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year estimate. Government official estimates are based on a 2017 vaccination coverage survey.. Estimate challenged by: D-R-

- 2016: Estimate of 47 percent assigned by working group. . Guinée Enquête Démographique et de Santé 2018 card or history results of 40 percent modified for recall bias to 47 percent based on 1st dose card or history coverage of 62 percent, 1st dose card only coverage of 46 percent and 3rd dose card only coverage of 35 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 card or history results of 40 percent modified for recall bias to 45 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 30 percent. Guinée Enquête Démographique et de Santé 2018 card or history results of 41 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 64 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 32 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 44 percent based on 1 survey(s). Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 card or history results of 35 percent modified for recall bias to 44 percent based on 1st dose card or history coverage of 58 percent, 1st dose card only coverage of 32 percent and 3rd dose card only coverage of 24 percent. Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 card or history results of 66 percent modified for recall bias to 55 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 16 percent and 3rd dose card only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

# Guinea - HepB3

GIN - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	57	50	44	47	47	47	47	47	47	47	47	47
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	102	90	60	60	66	NA	75	82	85	60	50	60
Administrative	102	103	91	89	97	99	100	94	90	87	87	92
Survey	NA	NA	*	*	40	NA	NA	NA	NA	43	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 47 percent assigned by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee card or history results of 43 percent modified for recall bias to 58 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 31 percent and 3rd dose card only coverage of 21 percent. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by estimated DTP3. Government official estimates are based on a 2017

# Guinea - HepB3

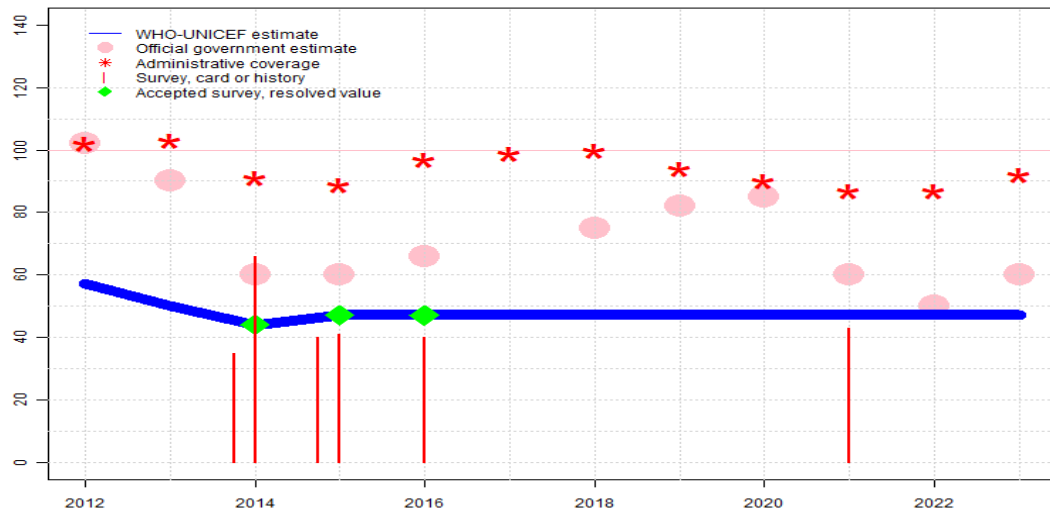
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vaccination coverage survey.. GoC=Assigned by working group. No accepted empirical data.

- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 1 survey(s). Guinée Enquête Démographique et de Santé 2018 card or history results of 40 percent modified for recall bias to 47 percent based on 1st dose card or history coverage of 62 percent, 1st dose card only coverage of 46 percent and 3rd dose card only coverage of 35 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 card or history results of 40 percent modified for recall bias to 45 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 30 percent. Guinée Enquête Démographique et de Santé 2018 card or history results of 41 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 64 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 32 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 44 percent based on 1 survey(s). Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 card or history results of 35 percent modified for recall bias to 44 percent based on 1st dose card or history coverage of 58 percent, 1st dose card only coverage of 32 percent and 3rd dose card only coverage of 24 percent. Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 card or history results of 66 percent modified for recall bias to 55 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 16 percent and 3rd dose card only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

# Guinea - Hib3

GIN - Hib3



## Description:

- 2023: Estimate of 47 percent assigned by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee card or history results of 43 percent modified for recall bias to 58 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 31 percent and 3rd dose card only coverage of 21 percent. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by estimated DTP3. Government official estimates are based on a 2017

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	57	50	44	47	47	47	47	47	47	47	47	47
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	102	90	60	60	66	NA	75	82	85	60	50	60
Administrative	102	103	91	89	97	99	100	94	90	87	87	92
Survey	NA	NA	*	*	40	NA	NA	NA	NA	43	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.

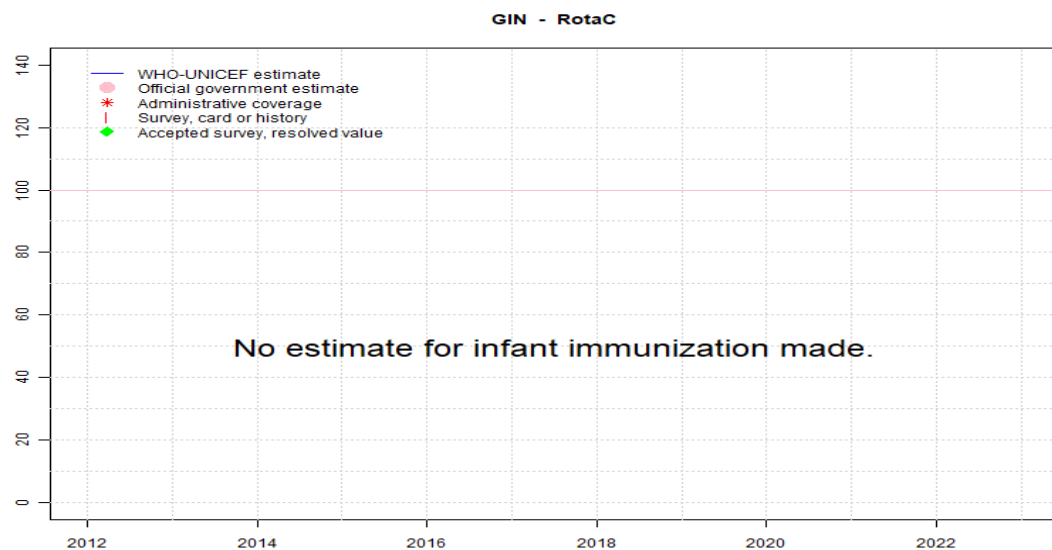
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

# Guinea - Hib3

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- vaccination coverage survey.. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 1 survey(s). Guinée Enquête Démographique et de Santé 2018 card or history results of 40 percent modified for recall bias to 47 percent based on 1st dose card or history coverage of 62 percent, 1st dose card only coverage of 46 percent and 3rd dose card only coverage of 35 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 card or history results of 40 percent modified for recall bias to 45 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 30 percent. Guinée Enquête Démographique et de Santé 2018 card or history results of 41 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 64 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 32 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 44 percent based on 1 survey(s). Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 card or history results of 35 percent modified for recall bias to 44 percent based on 1st dose card or history coverage of 58 percent, 1st dose card only coverage of 32 percent and 3rd dose card only coverage of 24 percent. Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 card or history results of 66 percent modified for recall bias to 55 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 16 percent and 3rd dose card only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

# Guinea - RotaC



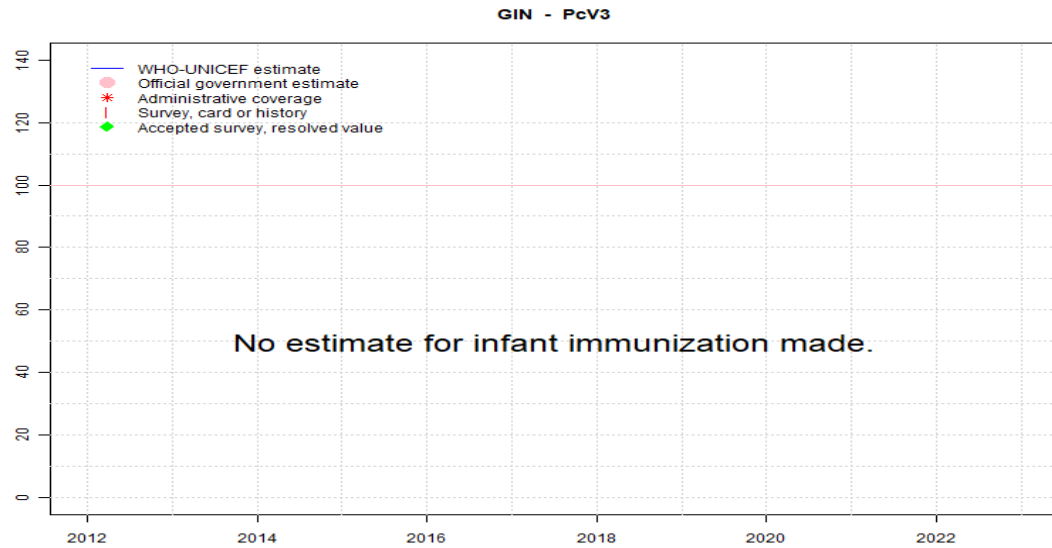
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

# Guinea - PcV3



	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

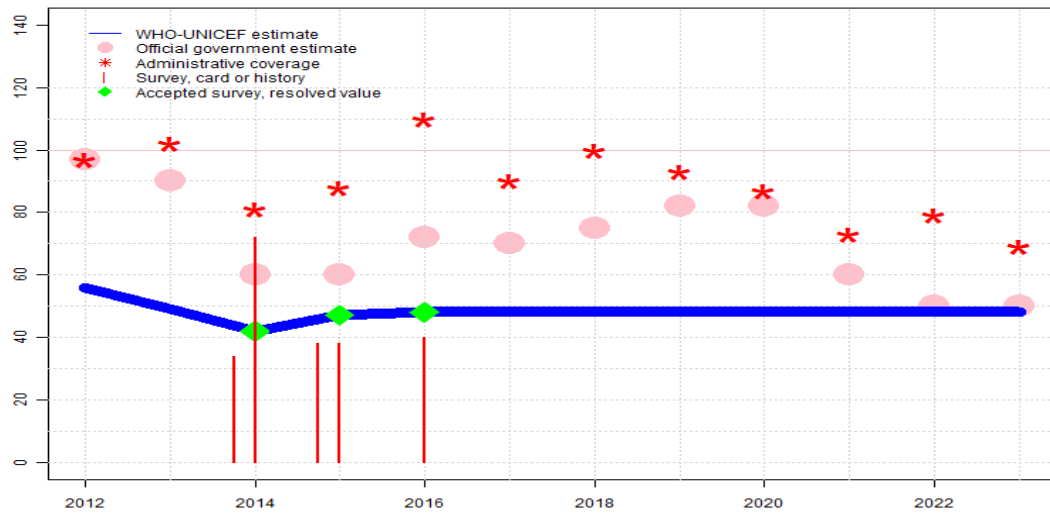
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Guinea - Pol3

GIN - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	56	49	42	47	48	48	48	48	48	48	48	48
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	97	90	60	60	72	70	75	82	82	60	50	50
Administrative	97	102	81	88	110	90	100	93	87	73	79	69
Survey	NA	NA	*	*	40	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 48 percent assigned by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Programme reports a one month OPV vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Programme reports a five month OPV vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey.. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 48 percent based on 1 survey(s). Guinée Enquête Démographique et de Santé 2018 card or history results of 40 percent modified for recall bias to 48 percent based on 1st dose card or history coverage of 65 percent, 1st dose card only coverage of

50 percent and 3rd dose card only coverage of 37 percent. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Programme reports a vaccine stockout for one-half month at national level. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 card or history results of 38 percent modified for recall bias to 45 percent based on 1st dose card or history coverage of 62 percent, 1st dose card only coverage of 43 percent and 3rd dose card only coverage of 31 percent. Guinée Enquête Démographique et de Santé 2018 card or history results of 38 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 44 percent and 3rd dose card only coverage of 34 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-

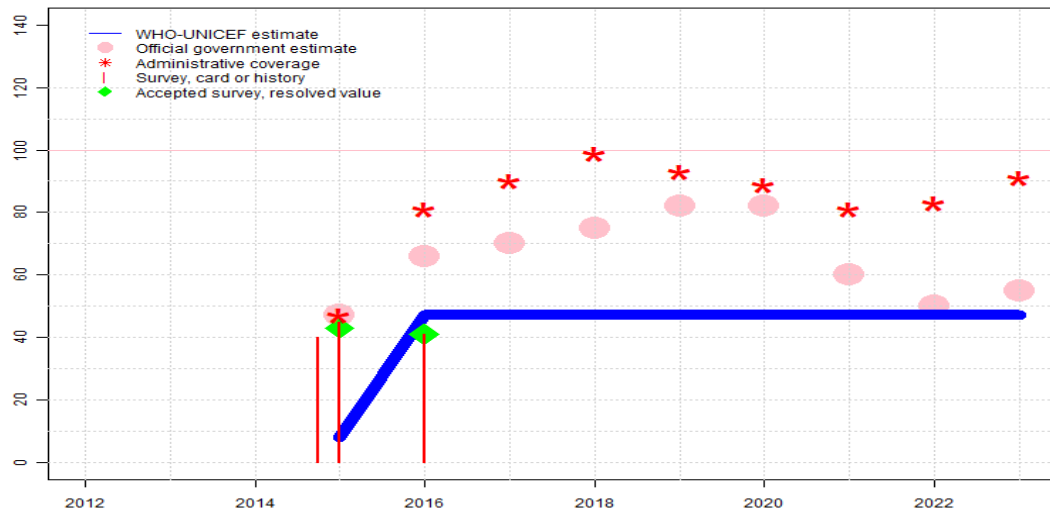
2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 42 percent based on 1 survey(s). Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 card or history results of 34 percent modified for recall bias to 42 percent based on 1st dose card or history coverage of 54 percent, 1st dose card only coverage of 31 percent and 3rd dose card only coverage of 24 percent. Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 card or history results of 72 percent modified for recall bias to 59 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 16 percent and 3rd dose card only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Programme reports a three months stockout at the national level. Estimate challenged by: D-R-

2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

# Guinea - IPV1

GIN - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	8	47	47	47	47	47	47	47	47
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	47	66	70	75	82	82	60	50	55
Administrative	NA	NA	NA	47	81	90	99	93	89	81	83	91
Survey	NA	NA	NA	*	41	NA	NA	NA	NA	NA	NA	NA

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

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

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

## Description:

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2023: Estimate informed by estimated DTP3 coverage. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-

2022: Estimate informed by estimated DTP3. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-

2021: Estimate is based on estimated DTP3. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-

2020: Estimate is based on estimated DTP3. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-

2019: Estimate is based on estimated DTP3. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-

2018: Estimate based on estimated DTP3 coverage. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-

2017: Estimate based on estimated DTP3 coverage. Government official estimates are based on a 2017 vaccination coverage survey.. Estimate challenged by: D-R-

2016: Estimate is based on estimated DTP3 following introduction. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

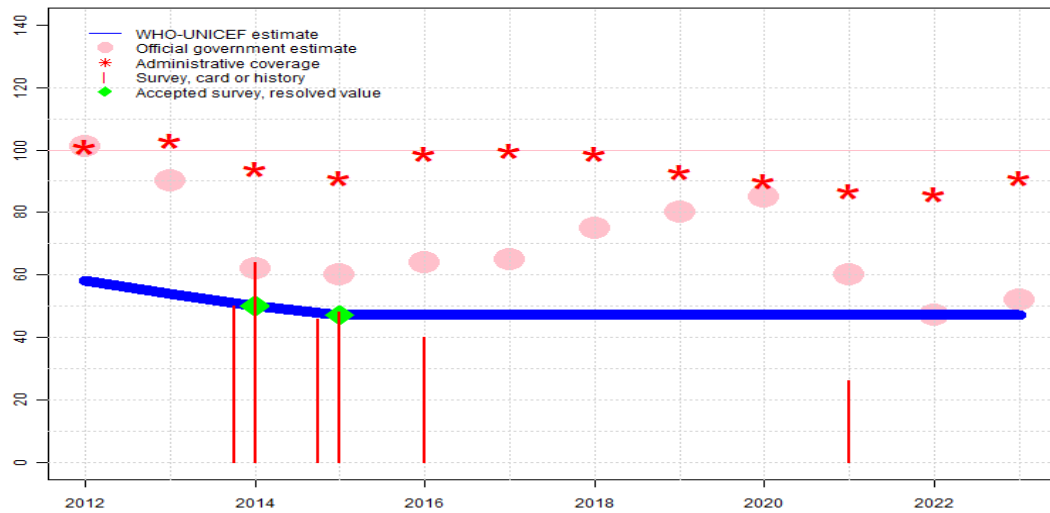
# Guinea - IPV1

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2015: Inactivated polio vaccine introduced during November 2015. Programme reports 47 percent coverage achieved among 17 percent of the national target population. Estimate is based on coverage achieved in the total annual national target birth cohort. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: R-S-

# Guinea - MCV1

GIN - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	58	54	50	47	47	47	47	47	47	47	47	47
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	101	90	62	60	64	65	75	80	85	60	47	52
Administrative	101	103	94	91	99	100	99	93	90	87	86	91
Survey	NA	NA	*	*	40	NA	NA	NA	NA	26	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 47 percent assigned by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-
- 2022: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee results ignored by working group. Survey coverage excluded due to small sample size and inconsistent results across vaccines. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey.. Estimate challenged by: D-R-
- 2016: Estimate informed by interpolation between 2015 and 2023 levels. Extrapolated from prior year estimate. Guinée Enquête Démographique et de Santé 2018 results ignored by working group. Survey results for 2016 cohort are inconsistent vis-a-vis levels of coverage

from the same survey for 2015 cohort. Estimated survey coverage levels by documented evidence are similar across the 2015 and 2016 cohorts. There is no available evidence of a decline in coverage from 2015 to 2016. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

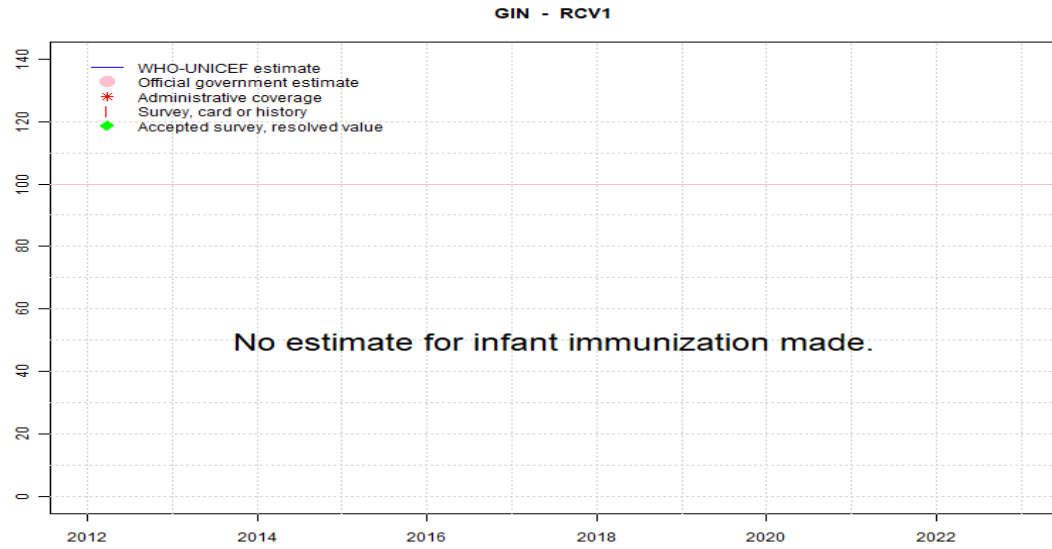
2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 2 survey(s). Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 50 percent based on 1 survey(s). Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 101 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

# Guinea - RCV1



	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

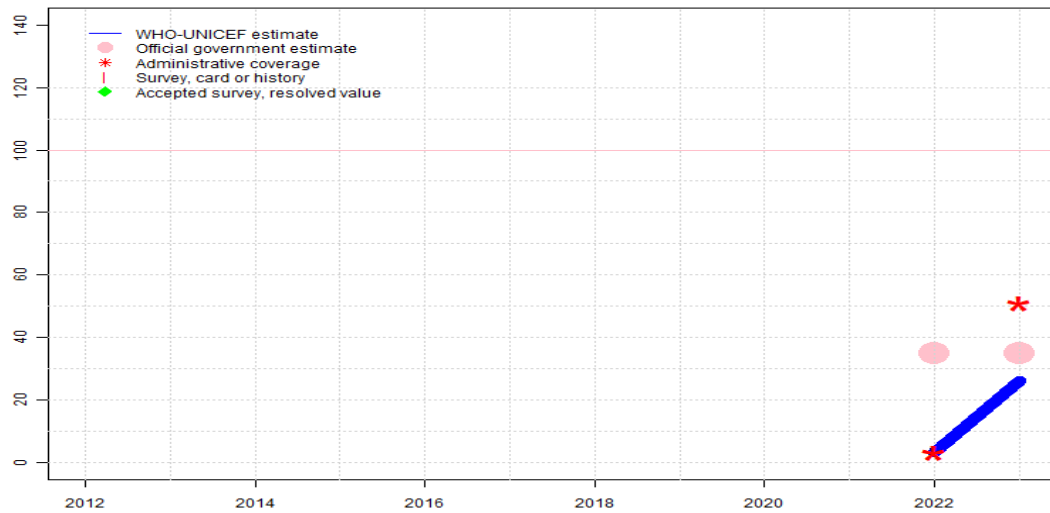
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Guinea - MCV2

GIN - MCV2



## Description:

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

2023: Estimate is exceptionally informed by the relationship between estimated and reported administrative coverage for MCV1 applied to reported administrative coverage for MCV2 during period of introduction. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-

2022: Estimate is exceptionally based on reported data during the year of introduction. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Vaccine introduced in 2022. Estimate challenged by: R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3	26
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	35	35
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3	51
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

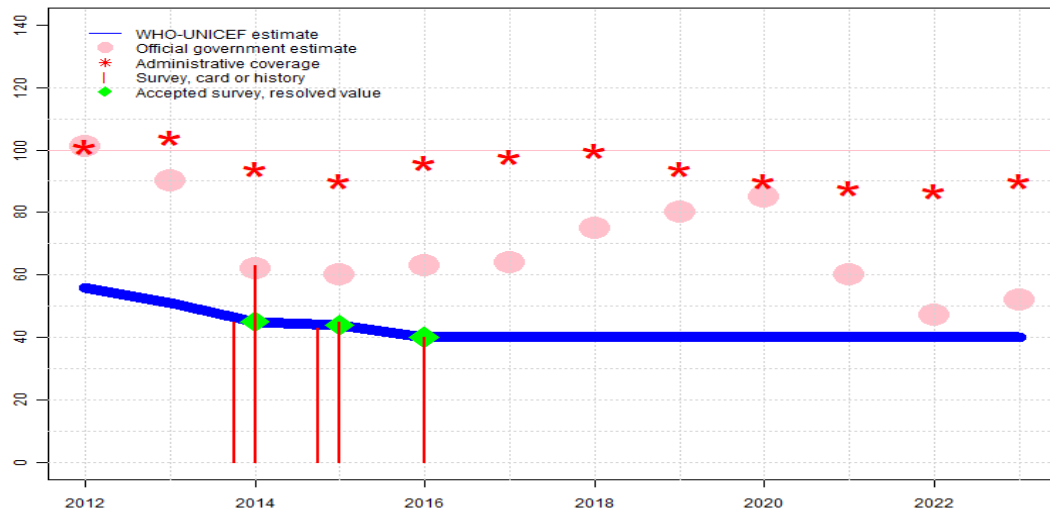
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Guinea - YFV

GIN - YFV



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	56	51	45	44	40	40	40	40	40	40	40	40
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	101	90	62	60	63	64	75	80	85	60	47	52
Administrative	101	104	94	90	96	98	100	94	90	88	87	90
Survey	NA	NA	*	*	40	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 40 percent assigned by working group. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-
- 2022: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2023 levels. Extrapolated from prior year estimate. Government official estimates are based on a 2017 vaccination coverage survey.. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 40 percent based on 1 survey(s). Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Programme reports a vaccine stockout for one-half month at national level. Estimate challenged by: D-R-

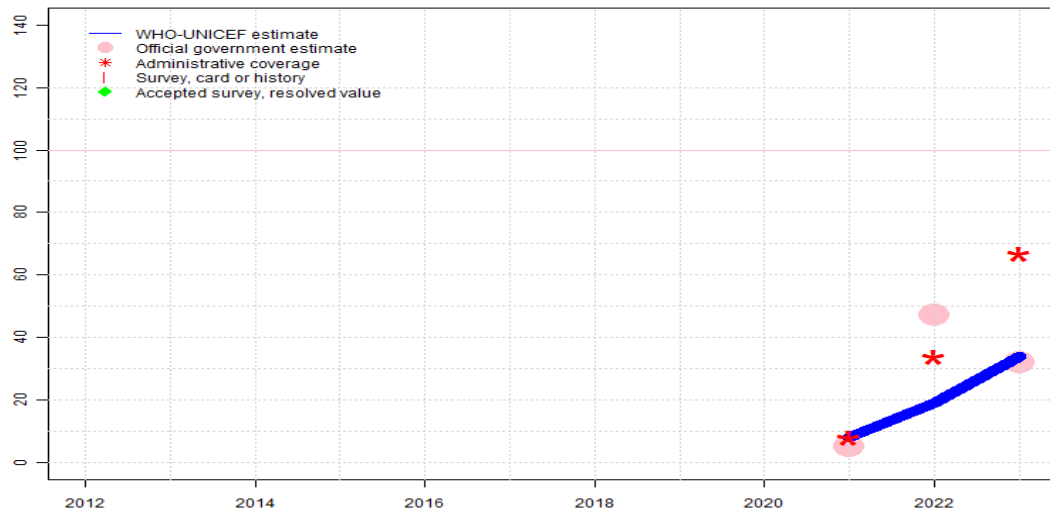
# Guinea - YFV

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- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 44 percent based on 2 survey(s). Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 45 percent based on 1 survey(s). Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 104 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 101 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

# Guinea - MengA

GIN - 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 exceptionally informed by the relationship between estimated and reported administrative coverage for MCV1 applied to reported administrative coverage for MenA during period of introduction. Reported data excluded due to decline in reported coverage from 47 level to 32 percent. Programme conducted several catch-up activities during 2023 to reduce immunity gaps among children under three years of age. Estimate may underestimate coverage. WHO and UNICEF are aware of a 2024 Vaccination Coverage Survey and await final results. Estimate challenged by: D-R-

2022: Estimate exceptionally informed by the relationship between estimated and reported administrative coverage for MCV1 applied to reported administrative coverage for MenA during period of introduction. Reported data excluded due to an increase from 5 percent to 47 percent with decrease 32 percent. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Meningitis A vaccine introduced during 2022. Estimate challenged by: D-R-

2021: Meningitis A vaccine introduced during 2021. Estimate is exceptionally informed by reported administrative coverage during introduction. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	8	19	34
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	5	47	32
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	8	34	67
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.

# Guinea - 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.

## 2021 Evaluation post campagne de vaccination contre le tetanos maternel et neonatal (TMN) en Guinee

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card	31.4	12-23 m	338	38
DTP1	Card or History	84.7	12-23 m	338	38
DTP1	History	53.3	12-23 m	338	38
DTP3	Card	21.4	12-23 m	338	38
DTP3	Card or History	43.1	12-23 m	338	38
DTP3	History	21.7	12-23 m	338	38
HepB1	Card	31.4	12-23 m	338	38
HepB1	Card or History	84.7	12-23 m	338	38
HepB1	History	53.3	12-23 m	338	38
HepB3	Card	21.4	12-23 m	338	38
HepB3	Card or History	43.1	12-23 m	338	38
HepB3	History	21.7	12-23 m	338	38
Hib1	Card	31.4	12-23 m	338	38
Hib1	Card or History	84.7	12-23 m	338	38
Hib1	History	53.3	12-23 m	338	38
Hib3	Card	21.4	12-23 m	338	38
Hib3	Card or History	43.1	12-23 m	338	38
Hib3	History	21.7	12-23 m	338	38
MCV1	Card	16	12-23 m	338	38
MCV1	Card or History	26.2	12-23 m	338	38
MCV1	History	10.3	12-23 m	338	38

## 2016 Guinée Enquête Démographique et de Santé 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	72.9	12-23 m	1384	64
BCG	Card	54.5	12-23 m	886	64
BCG	Card or History	73.4	12-23 m	1384	64
BCG	History	18.9	12-23 m	498	64
DTP1	C or H <12 months	61.7	12-23 m	1384	64
DTP1	Card	45.7	12-23 m	886	64
DTP1	Card or History	62.3	12-23 m	1384	64
DTP1	History	16.6	12-23 m	498	64
DTP3	C or H <12 months	39.1	12-23 m	1384	64
DTP3	Card	35.1	12-23 m	886	64
DTP3	Card or History	40.2	12-23 m	1384	64
DTP3	History	5.1	12-23 m	498	64
HepB1	C or H <12 months	61.7	12-23 m	1384	64
HepB1	Card	45.7	12-23 m	886	64
HepB1	Card or History	62.3	12-23 m	1384	64
HepB1	History	16.6	12-23 m	498	64
HepB3	C or H <12 months	39.1	12-23 m	1384	64
HepB3	Card	35.1	12-23 m	886	64
HepB3	Card or History	40.2	12-23 m	1384	64
HepB3	History	5.1	12-23 m	498	64
Hib1	C or H <12 months	61.7	12-23 m	1384	64
Hib1	Card	45.7	12-23 m	886	64
Hib1	Card or History	62.3	12-23 m	1384	64
Hib1	History	16.6	12-23 m	498	64
Hib3	C or H <12 months	39.1	12-23 m	1384	64
Hib3	Card	35.1	12-23 m	886	64
Hib3	Card or History	40.2	12-23 m	1384	64
Hib3	History	5.1	12-23 m	498	64
IPV1	C or H <12 months	28.9	12-23 m	1384	64
IPV1	Card	26.3	12-23 m	886	64
IPV1	Card or History	41.3	12-23 m	1384	64
IPV1	History	15.1	12-23 m	498	64
MCV1	C or H <12 months	35	12-23 m	1384	64
MCV1	Card	26.4	12-23 m	886	64
MCV1	Card or History	39.5	12-23 m	1384	64
MCV1	History	13.1	12-23 m	498	64
Pol1	C or H <12 months	64.1	12-23 m	1384	64

# Guinea - survey details

Pol1	Card	49.9	12-23 m	886	64
Pol1	Card or History	64.9	12-23 m	1384	64
Pol1	History	15	12-23 m	498	64
Pol3	C or H <12 months	38.6	12-23 m	1384	64
Pol3	Card	36.7	12-23 m	886	64
Pol3	Card or History	39.6	12-23 m	1384	64
Pol3	History	2.9	12-23 m	498	64
YFV	C or H <12 months	35.2	12-23 m	1384	64
YFV	Card	26.2	12-23 m	886	64
YFV	Card or History	39.8	12-23 m	1384	64
YFV	History	13.6	12-23 m	498	64

## 2015 Guinea Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	69.9	12-23 m	1450	51
BCG	Card	46.4	12-23 m	1450	51
BCG	Card or History	71.5	12-23 m	1450	51
BCG	History	25.1	12-23 m	1450	51
DTP1	C or H <12 months	60.3	12-23 m	1450	51
DTP1	Card	42.3	12-23 m	1450	51
DTP1	Card or History	63.4	12-23 m	1450	51
DTP1	History	21.1	12-23 m	1450	51
DTP3	C or H <12 months	34.1	12-23 m	1450	51
DTP3	Card	30.2	12-23 m	1450	51
DTP3	Card or History	39.6	12-23 m	1450	51
DTP3	History	9.4	12-23 m	1450	51
HepB1	C or H <12 months	60.3	12-23 m	1450	51
HepB1	Card	42.3	12-23 m	1450	51
HepB1	Card or History	63.4	12-23 m	1450	51
HepB1	History	21.1	12-23 m	1450	51
HepB3	C or H <12 months	34.1	12-23 m	1450	51
HepB3	Card	30.2	12-23 m	1450	51
HepB3	Card or History	39.6	12-23 m	1450	51
HepB3	History	9.4	12-23 m	1450	51
Hib1	C or H <12 months	60.3	12-23 m	1450	51
Hib1	Card	42.3	12-23 m	1450	51
Hib1	Card or History	63.4	12-23 m	1450	51
Hib1	History	21.1	12-23 m	1450	51

Hib3	C or H <12 months	34.1	12-23 m	1450	51
Hib3	Card	30.2	12-23 m	1450	51
Hib3	Card or History	39.6	12-23 m	1450	51
Hib3	History	9.4	12-23 m	1450	51
IPV1	C or H <12 months	23.7	12-23 m	1450	51
IPV1	Card	16.8	12-23 m	1450	51
IPV1	Card or History	39.8	12-23 m	1450	51
IPV1	History	23	12-23 m	1450	51
MCV1	C or H <12 months	33.4	12-23 m	1450	51
MCV1	Card	25	12-23 m	1450	51
MCV1	Card or History	48.3	12-23 m	1450	51
MCV1	History	23.3	12-23 m	1450	51
Pol1	C or H <12 months	58.7	12-23 m	1450	51
Pol1	Card	42.7	12-23 m	1450	51
Pol1	Card or History	61.6	12-23 m	1450	51
Pol1	History	18.9	12-23 m	1450	51
Pol3	C or H <12 months	33	12-23 m	1450	51
Pol3	Card	30.6	12-23 m	1450	51
Pol3	Card or History	38.5	12-23 m	1450	51
Pol3	History	7.9	12-23 m	1450	51
YFV	C or H <12 months	26.5	12-23 m	1450	51
YFV	Card	20.2	12-23 m	1450	51
YFV	Card or History	42.9	12-23 m	1450	51
YFV	History	22.7	12-23 m	1450	51

## 2015 Guinée Enquête Démographique et de Santé 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	68.8	24-35 m	1282	-
BCG	Card	46.5	24-35 m	702	-
BCG	Card or History	71.4	24-35 m	1282	-
BCG	History	24.9	24-35 m	580	-
DTP1	C or H <12 months	61.3	24-35 m	1282	-
DTP1	Card	41.6	24-35 m	702	-
DTP1	Card or History	64	24-35 m	1282	-
DTP1	History	22.4	24-35 m	580	-
DTP3	C or H <12 months	38.8	24-35 m	1282	-
DTP3	Card	32.5	24-35 m	702	-
DTP3	Card or History	40.9	24-35 m	1282	-

# Guinea - survey details

						2016					
						Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	History	8.4	24-35 m	580	-						
HepB1	C or H <12 months	61.3	24-35 m	1282	-						
HepB1	Card	41.6	24-35 m	702	-						
HepB1	Card or History	64	24-35 m	1282	-	BCG	Card	19.2	12-23 m	7962	17
HepB1	History	22.4	24-35 m	580	-	BCG	Card or History	85.1	12-23 m	7962	17
HepB3	C or H <12 months	38.8	24-35 m	1282	-	DTP1	Card	15.7	12-23 m	7962	17
HepB3	Card	32.5	24-35 m	702	-	DTP1	Card or History	80	12-23 m	7962	17
HepB3	Card or History	40.9	24-35 m	1282	-	DTP3	Card	10.9	12-23 m	7962	17
HepB3	History	8.4	24-35 m	580	-	DTP3	Card or History	66	12-23 m	7962	17
Hib1	C or H <12 months	61.3	24-35 m	1282	-	HepB1	Card	15.7	12-23 m	7962	17
Hib1	Card	41.6	24-35 m	702	-	HepB1	Card or History	80	12-23 m	7962	17
Hib1	Card or History	64	24-35 m	1282	-	HepB3	Card	10.9	12-23 m	7962	17
Hib1	History	22.4	24-35 m	580	-	HepB3	Card or History	66	12-23 m	7962	17
Hib3	C or H <12 months	38.8	24-35 m	1282	-	Hib1	Card	15.7	12-23 m	7962	17
Hib3	Card	32.5	24-35 m	702	-	Hib1	Card or History	80	12-23 m	7962	17
Hib3	Card or History	40.9	24-35 m	1282	-	Hib3	Card	10.9	12-23 m	7962	17
Hib3	History	8.4	24-35 m	580	-	Hib3	Card or History	66	12-23 m	7962	17
IPV1	C or H <12 months	40.5	24-35 m	1282	-	MCV1	Card	13.8	12-23 m	7962	17
IPV1	Card	24.4	24-35 m	702	-	MCV1	Card or History	63.5	12-23 m	7962	17
IPV1	Card or History	45.1	24-35 m	1282	-	Pol1	Card	15.6	12-23 m	7962	17
IPV1	History	20.8	24-35 m	580	-	Pol1	Card or History	85.7	12-23 m	7962	17
MCV1	C or H <12 months	37.8	24-35 m	1282	-	Pol3	Card	11	12-23 m	7962	17
MCV1	Card	27	24-35 m	702	-	Pol3	Card or History	71.6	12-23 m	7962	17
MCV1	Card or History	46.1	24-35 m	1282	-	YFV	Card	8.7	12-23 m	7962	17
MCV1	History	19.1	24-35 m	580	-	YFV	Card or History	62.8	12-23 m	7962	17
Pol1	C or H <12 months	60.4	24-35 m	1282	-	2014 Guinea Multiple Indicator Cluster Survey 2016					
Pol1	Card	44.1	24-35 m	702	-	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
Pol1	Card or History	63.3	24-35 m	1282	-	BCG	C or H <12 months	65.2	24-35 m	1384	-
Pol1	History	19.2	24-35 m	580	-	BCG	Card	34.5	24-35 m	1384	-
Pol3	C or H <12 months	35.8	24-35 m	1282	-	BCG	Card or History	66.3	24-35 m	1384	-
Pol3	Card	34.2	24-35 m	702	-	BCG	History	31.7	24-35 m	1384	-
Pol3	Card or History	38.1	24-35 m	1282	-	DTP1	C or H <12 months	54.7	24-35 m	1384	-
Pol3	History	3.9	24-35 m	580	-	DTP1	Card	31.6	24-35 m	1384	-
YFV	C or H <12 months	37.8	24-35 m	1282	-	DTP1	Card or History	58.3	24-35 m	1384	-
YFV	Card	26.4	24-35 m	702	-	DTP1	History	26.7	24-35 m	1384	-
YFV	Card or History	45.4	24-35 m	1282	-	DTP3	C or H <12 months	28	24-35 m	1384	-
YFV	History	18.9	24-35 m	580	-						

2014 Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois,

# Guinea - survey details

						Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	Card	23.8	24-35 m	1384	-	BCG	C or H <12 months	81.6	12-23 m	1296	44
DTP3	Card or History	35.4	24-35 m	1384	-	BCG	Card	43.3	12-23 m	570	44
DTP3	History	11.6	24-35 m	1384	-	BCG	Card or History	82.4	12-23 m	1296	44
HepB1	C or H <12 months	54.7	24-35 m	1384	-	BCG	History	39.1	12-23 m	726	44
HepB1	Card	31.6	24-35 m	1384	-	DTP1	C or H <12 months	75.1	12-23 m	1296	44
HepB1	Card or History	58.3	24-35 m	1384	-	DTP1	Card	40.1	12-23 m	570	44
HepB1	History	26.7	24-35 m	1384	-	DTP1	Card or History	75.9	12-23 m	1296	44
HepB3	C or H <12 months	28	24-35 m	1384	-	DTP1	History	35.8	12-23 m	726	44
HepB3	Card	23.8	24-35 m	1384	-	DTP3	C or H <12 months	47.2	12-23 m	1296	44
HepB3	Card or History	35.4	24-35 m	1384	-	DTP3	Card	32.7	12-23 m	570	44
HepB3	History	11.6	24-35 m	1384	-	DTP3	Card or History	49.8	12-23 m	1296	44
Hib1	C or H <12 months	54.7	24-35 m	1384	-	DTP3	History	17.1	12-23 m	726	44
Hib1	Card	31.6	24-35 m	1384	-	HepB1	C or H <12 months	75.1	12-23 m	1296	44
Hib1	Card or History	58.3	24-35 m	1384	-	HepB1	Card	40.1	12-23 m	570	44
Hib1	History	26.7	24-35 m	1384	-	HepB1	Card or History	75.9	12-23 m	1296	44
Hib3	C or H <12 months	28	24-35 m	1384	-	HepB1	History	35.8	12-23 m	726	44
Hib3	Card	23.8	24-35 m	1384	-	HepB3	C or H <12 months	47.2	12-23 m	1296	44
Hib3	Card or History	35.4	24-35 m	1384	-	HepB3	Card	32.7	12-23 m	570	44
Hib3	History	11.6	24-35 m	1384	-	HepB3	Card or History	49.8	12-23 m	1296	44
MCV1	C or H <12 months	30.6	24-35 m	1384	-	HepB3	History	17.1	12-23 m	726	44
MCV1	Card	19.1	24-35 m	1384	-	Hib1	C or H <12 months	75.1	12-23 m	1296	44
MCV1	Card or History	49.5	24-35 m	1384	-	Hib1	Card	40.1	12-23 m	570	44
MCV1	History	30.4	24-35 m	1384	-	Hib1	Card or History	75.9	12-23 m	1296	44
Pol1	C or H <12 months	50.7	24-35 m	1384	-	Hib1	History	35.8	12-23 m	726	44
Pol1	Card	31.3	24-35 m	1384	-	Hib3	C or H <12 months	47.2	12-23 m	1296	44
Pol1	Card or History	53.5	24-35 m	1384	-	Hib3	Card	32.7	12-23 m	570	44
Pol1	History	22.2	24-35 m	1384	-	Hib3	Card or History	49.8	12-23 m	1296	44
Pol3	C or H <12 months	27.4	24-35 m	1384	-	Hib3	History	17.1	12-23 m	726	44
Pol3	Card	23.9	24-35 m	1384	-	MCV1	C or H <12 months	50	12-23 m	1296	44
Pol3	Card or History	33.8	24-35 m	1384	-	MCV1	Card	32.1	12-23 m	570	44
Pol3	History	9.9	24-35 m	1384	-	MCV1	Card or History	61.8	12-23 m	1296	44
YFV	C or H <12 months	22.9	24-35 m	1384	-	MCV1	History	29.7	12-23 m	726	44
YFV	Card	15.8	24-35 m	1384	-	Pol1	C or H <12 months	83.6	12-23 m	1296	44
YFV	Card or History	45.1	24-35 m	1384	-	Pol1	Card	42.1	12-23 m	570	44
YFV	History	29.2	24-35 m	1384	-	Pol1	Card or History	84.5	12-23 m	1296	44
						Pol1	History	42.4	12-23 m	726	44
						Pol3	C or H <12 months	48.7	12-23 m	1296	44
						Pol3	Card	35.9	12-23 m	570	44
						Pol3	Card or History	51.2	12-23 m	1296	44

2011 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

# Guinea - survey details

Pol3	History	15.3	12-23 m	726	44
YFV	C or H <12 months	30.8	12-23 m	1296	44
YFV	Card	11	12-23 m	570	44
YFV	Card or History	37.5	12-23 m	1296	44
YFV	History	26.5	12-23 m	726	44

## 2010 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82.1	24-35 m	1192	-
DTP1	C or H <12 months	74	24-35 m	1192	-
DTP3	C or H <12 months	48.4	24-35 m	1192	-
HepB1	C or H <12 months	74	24-35 m	1192	-
HepB3	C or H <12 months	48.4	24-35 m	1192	-
Hib1	C or H <12 months	74	24-35 m	1192	-
Hib3	C or H <12 months	48.4	24-35 m	1192	-
MCV1	C or H <12 months	54.2	24-35 m	1192	-
Pol1	C or H <12 months	86.5	24-35 m	1192	-
Pol3	C or H <12 months	49.9	24-35 m	1192	-
YFV	C or H <12 months	29.1	24-35 m	1192	-

## 2010 Revue externe du programme élargi de vaccination de la Guinée, 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	91	12-23 m	8418	75
BCG	Card or History	96	12-23 m	8418	75
DTP1	Card	63	12-23 m	8418	75
DTP1	Card or History	86	12-23 m	8418	75
DTP3	Card	47	12-23 m	8418	75
DTP3	Card or History	68	12-23 m	8418	75
HepB1	Card	63	12-23 m	8418	75
HepB1	Card or History	86	12-23 m	8418	75
HepB3	Card	47	12-23 m	8418	75
HepB3	Card or History	68	12-23 m	8418	75
Hib1	Card	63	12-23 m	8418	75
Hib1	Card or History	86	12-23 m	8418	75

Hib3	Card	47	12-23 m	8418	75
Hib3	Card or History	68	12-23 m	8418	75
MCV1	Card	40	12-23 m	8418	75
MCV1	Card or History	58	12-23 m	8418	75
Pol1	Card	63	12-23 m	8418	75
Pol1	Card or History	85	12-23 m	8418	75
Pol3	Card	46	12-23 m	8418	75
Pol3	Card or History	67	12-23 m	8418	75
YFV	Card	39	12-23 m	8418	75
YFV	Card or History	56	12-23 m	8418	75

## 2009 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	83.7	36-47 m	1253	-
DTP1	C or H <12 months	76.1	36-47 m	1253	-
DTP3	C or H <12 months	44.4	36-47 m	1253	-
HepB1	C or H <12 months	76.1	36-47 m	1253	-
HepB3	C or H <12 months	44.4	36-47 m	1253	-
Hib1	C or H <12 months	76.1	36-47 m	1253	-
Hib3	C or H <12 months	44.4	36-47 m	1253	-
MCV1	C or H <12 months	52.9	36-47 m	1253	-
Pol1	C or H <12 months	86.7	36-47 m	1253	-
Pol3	C or H <12 months	46.7	36-47 m	1253	-
YFV	C or H <12 months	38.6	36-47 m	1253	-

## 2008 Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS-IV), Guinée 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	81.7	48-59 m	1252	-
DTP1	C or H <12 months	75.7	48-59 m	1252	-
DTP3	C or H <12 months	45.1	48-59 m	1252	-
HepB1	C or H <12 months	75.7	48-59 m	1252	-
HepB3	C or H <12 months	45.1	48-59 m	1252	-
Hib1	C or H <12 months	75.7	48-59 m	1252	-
Hib3	C or H <12 months	45.1	48-59 m	1252	-

# Guinea - survey details

MCV1	C or H <12 months	51.9	48-59 m	1252	-
Pol1	C or H <12 months	86.1	48-59 m	1252	-
Pol3	C or H <12 months	45.1	48-59 m	1252	-
YFV	C or H <12 months	31.1	48-59 m	1252	-

2006 Republique de Guinée, Enquête nationale sur l'état nutritionnel et le suivi des principaux indicateurs de survie de l'enfant, Rapport provisoire 2008

Pol3	C or H <12 months	36.1	12-23 m	2474	52
Pol3	Card	36.8	12-23 m	2474	52
Pol3	Card or History	42.8	12-23 m	2474	52
Pol3	History	5.9	12-23 m	2474	52
YFV	C or H <12 months	24.1	12-23 m	2474	52
YFV	Card	24.1	12-23 m	2474	52
YFV	Card or History	38.4	12-23 m	2474	52
YFV	History	14.3	12-23 m	2474	52

2004 Enquête Démographique et de Santé, Guinée, 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	81.3	12-23 m	2474	52
BCG	Card	50.4	12-23 m	2474	52
BCG	Card or History	81.3	12-23 m	2474	52
BCG	History	30.9	12-23 m	2474	52
DTP1	C or H <12 months	66.2	12-23 m	2474	52
DTP1	Card	46.6	12-23 m	2474	52
DTP1	Card or History	74.7	12-23 m	2474	52
DTP1	History	28.1	12-23 m	2474	52
DTP3	C or H <12 months	43.1	12-23 m	2474	52
DTP3	Card	36.2	12-23 m	2474	52
DTP3	Card or History	50.6	12-23 m	2474	52
DTP3	History	14.4	12-23 m	2474	52
HepB1	C or H <12 months	20.3	12-23 m	2474	52
HepB1	Card	20.3	12-23 m	2474	52
HepB1	Card or History	31.9	12-23 m	2474	52
HepB1	History	11.7	12-23 m	2474	52
HepB3	C or H <12 months	11.1	12-23 m	2474	52
HepB3	Card	11.1	12-23 m	2474	52
HepB3	Card or History	16.6	12-23 m	2474	52
HepB3	History	5.5	12-23 m	2474	52
MCV1	C or H <12 months	37.1	12-23 m	2474	52
MCV1	Card	31.9	12-23 m	2474	52
MCV1	Card or History	51.3	12-23 m	2474	52
MCV1	History	19.4	12-23 m	2474	52
Pol1	C or H <12 months	59.8	12-23 m	2474	52
Pol1	Card	46.6	12-23 m	2474	52
Pol1	Card or History	66.6	12-23 m	2474	52
Pol1	History	20	12-23 m	2474	52

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	79.4	12-23 m	1118	54
BCG	Card	52.2	12-23 m	1118	54
BCG	Card or History	79.4	12-23 m	1118	54
BCG	History	27.2	12-23 m	1118	54
DTP1	C or H <12 months	76.8	12-23 m	1118	54
DTP1	Card	50.8	12-23 m	1118	54
DTP1	Card or History	77.2	12-23 m	1118	54
DTP1	History	26.5	12-23 m	1118	54
DTP3	C or H <12 months	48.9	12-23 m	1118	54
DTP3	Card	40.3	12-23 m	1118	54
DTP3	Card or History	51.1	12-23 m	1118	54
DTP3	History	10.9	12-23 m	1118	54
MCV1	C or H <12 months	43.1	12-23 m	1118	54
MCV1	Card	34.1	12-23 m	1118	54
MCV1	Card or History	50.2	12-23 m	1118	54
MCV1	History	16.1	12-23 m	1118	54
Pol1	C or H <12 months	82.6	12-23 m	1118	54
Pol1	Card	51.8	12-23 m	1118	54
Pol1	Card or History	83	12-23 m	1118	54
Pol1	History	31.2	12-23 m	1118	54
Pol3	C or H <12 months	48.2	12-23 m	1118	54
Pol3	Card	40.8	12-23 m	1118	54
Pol3	Card or History	50.1	12-23 m	1118	54
Pol3	History	9.4	12-23 m	1118	54
YFV	C or H <12 months	33.1	12-23 m	1118	54
YFV	Card	26.8	12-23 m	1118	54
YFV	Card or History	39.2	12-23 m	1118	54

# Guinea - survey details

YFV	History	12.4	12-23 m	1118	54
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## 2002 Guinea MICS 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	88.3	12-23 m	-	53
DTP1	Card or History	79.8	12-23 m	-	53
DTP3	Card or History	54.7	12-23 m	-	53
MCV1	Card or History	65.9	12-23 m	-	53
Pol1	Card or History	76.2	12-23 m	-	53
Pol3	Card or History	42.4	12-23 m	-	53

## 1999 Revue du Programme Elargi de Vaccination, Guinea 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	82	12-23 m	707	-
DTP1	Card or History	57	12-23 m	707	-
DTP3	Card or History	43	12-23 m	707	-
MCV1	Card or History	40	12-23 m	707	-
Pol1	Card or History	56	12-23 m	707	-
Pol3	Card or History	43	12-23 m	707	-

## 1998 Enquête Démographique et de Santé Guinée 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	75.5	12-23 m	921	46
BCG	Card	45.6	12-23 m	921	46
BCG	Card or History	75.8	12-23 m	921	46
BCG	History	30.2	12-23 m	921	46
DTP1	C or H <12 months	71	12-23 m	921	46

DTP1	Card	44.3	12-23 m	921	46
DTP1	Card or History	71.9	12-23 m	921	46
DTP1	History	27.6	12-23 m	921	46
DTP3	C or H <12 months	43.2	12-23 m	921	46
DTP3	Card	34.7	12-23 m	921	46
DTP3	Card or History	46.2	12-23 m	921	46
DTP3	History	11.4	12-23 m	921	46
MCV1	C or H <12 months	44.2	12-23 m	921	46
MCV1	Card	32.1	12-23 m	921	46
MCV1	Card or History	52.1	12-23 m	921	46
MCV1	History	19.9	12-23 m	921	46
Pol1	C or H <12 months	74.2	12-23 m	921	46
Pol1	Card	45	12-23 m	921	46
Pol1	Card or History	75	12-23 m	921	46
Pol1	History	30	12-23 m	921	46
Pol3	C or H <12 months	40.4	12-23 m	921	46
Pol3	Card	35.2	12-23 m	921	46
Pol3	Card or History	43.1	12-23 m	921	46
Pol3	History	7.9	12-23 m	921	46
YFV	C or H <12 months	6.6	12-23 m	921	46
YFV	Card	3.7	12-23 m	921	46
YFV	Card or History	7.9	12-23 m	921	46
YFV	History	4.2	12-23 m	921	46

## 1997 Enquête Démographique et de Santé Guinée 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	73.7	24-35 m	985	-
DTP1	C or H <12 months	66.7	24-35 m	985	-
DTP3	C or H <12 months	39.3	24-35 m	985	-
MCV1	C or H <12 months	39.4	24-35 m	985	-
Pol1	C or H <12 months	68.4	24-35 m	985	-
Pol3	C or H <12 months	32.8	24-35 m	985	-

# Guinea - survey details

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Further information and estimates for previous years are available at:

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

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