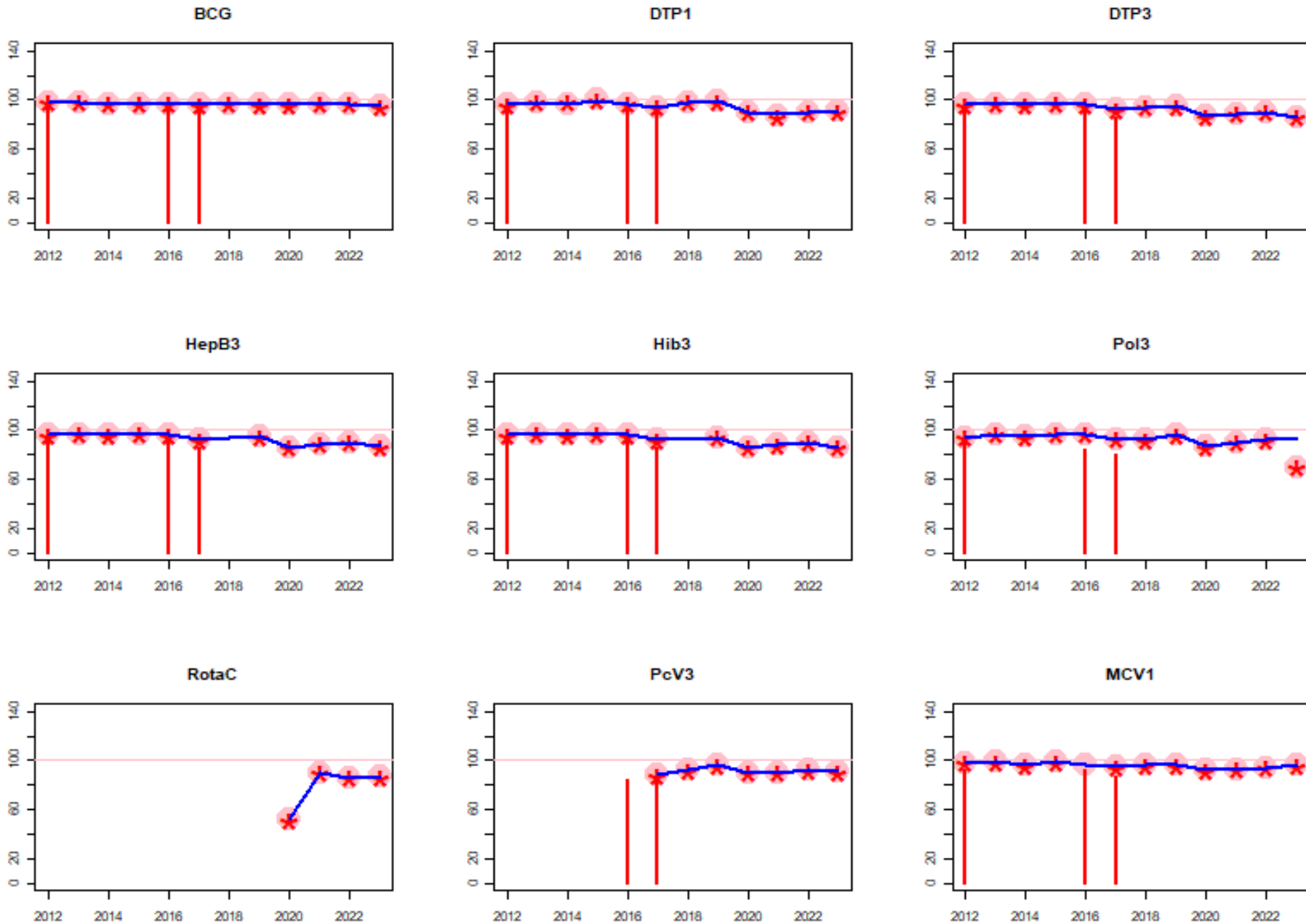


Kyrgyzstan: WHO and UNICEF estimates of immunization coverage: 2023 revision



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

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

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

*Burton et al. 2012. PLoS One.

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

DATA SOURCES.

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

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

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

ABBREVIATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

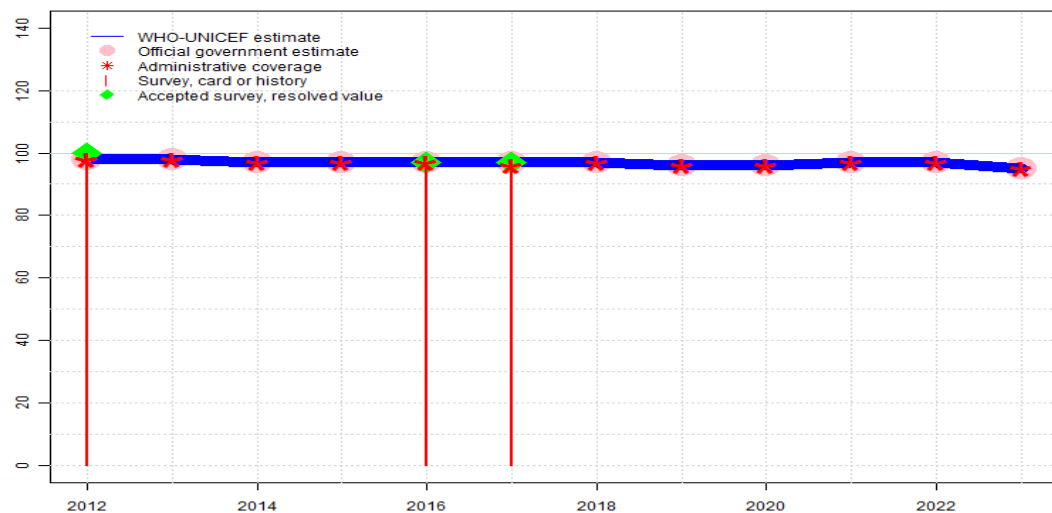
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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

Kyrgyzstan - BCG

KGZ - BCG



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

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

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

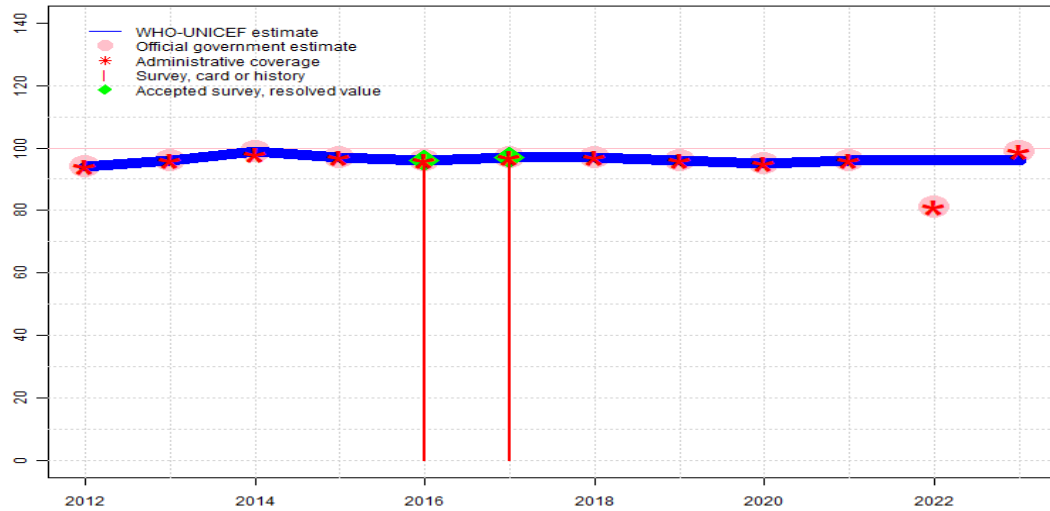
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+
- 2022: Estimate informed by reported data. An unexplained difference is observed in the reported target population for BCG vaccine compared to HepB birth dose despite both vaccines being recommended at birth. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. GoC=R+ S+ D+
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 100 percent based on 1 survey(s). GoC=R+ S+ D+

Kyrgyzstan - HepBB

KGZ - HepBB



Description:

- 2023: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 81 level to 99 percent. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+
- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded due to decline in reported coverage from 96 percent to 81 percent with increase to 99 percent. An unexplained difference is observed in the reported target population for HepB birth dose vaccine compared to BCG despite both vaccines being recommended at birth. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	96	99	97	96	97	97	96	95	96	81	99
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●	●●
Official	94	96	99	97	96	97	97	96	95	96	81	99
Administrative	94	96	98	97	96	97	97	96	95	96	81	99
Survey	NA	NA	NA	NA	96	97	NA	NA	NA	NA	NA	NA

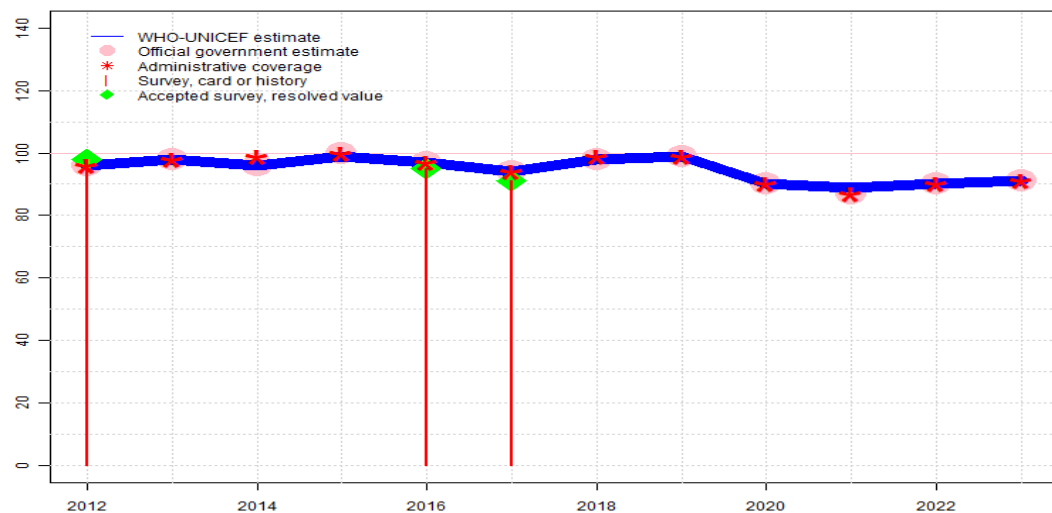
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Kyrgyzstan - DTP1

KGZ - DTP1



Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Reported coverage results in negative drop-out. Estimate is based on DTP3 and no drop-out. Estimate challenged by: R-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. GoC=R+ S+ D+
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	96	98	96	99	97	94	98	99	90	89	90	91
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●●	●	●●	●	●●	●●
Official	96	98	96	100	97	94	98	99	90	87	90	91
Administrative	96	98	99	100	97	94	99	99	90	87	90	91
Survey	98	NA	NA	NA	95	91	NA	NA	NA	NA	NA	NA

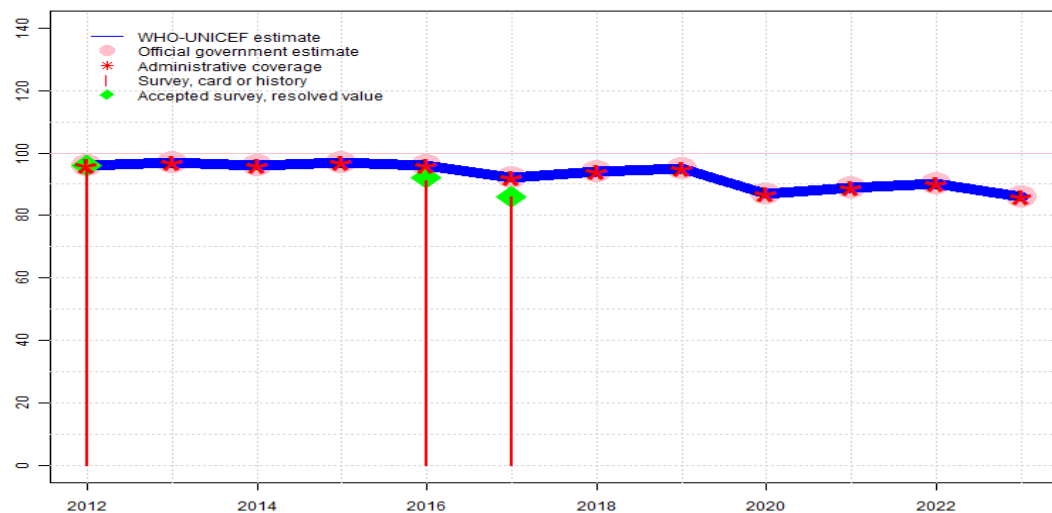
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kyrgyzstan - DTP3

KGZ - DTP3



Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Kyrgyz Republic Multiple Indicator Cluster Survey 2018 card or history results of 91 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 82 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Estimate challenged by: S-
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. GoC=R+ S+ D+
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	96	97	96	97	96	92	94	95	87	89	90	86
Estimate GoC	●●●	●●●	●●●	●	●●●	●●●	●●●	●	●●	●●	●●	●●
Official	96	97	96	97	96	92	94	95	87	89	90	86
Administrative	96	97	96	97	96	92	94	95	87	89	90	86
Survey	96	NA	NA	NA	91	86	NA	NA	NA	NA	NA	NA

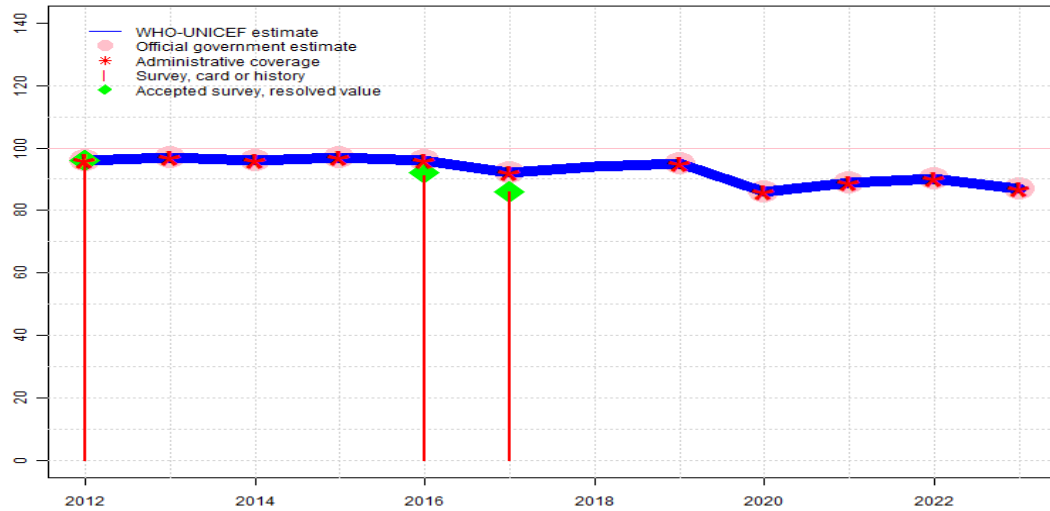
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kyrgyzstan - HepB3

KGZ - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	96	97	96	97	96	92	94	95	86	89	90	87
Estimate GoC	●●●	●●●	●●●	●	●●●	●●●	●●	●	●●	●●	●●	●●
Official	96	97	96	97	96	92	NA	95	86	89	90	87
Administrative	96	97	96	97	96	92	NA	95	86	89	90	87
Survey	96	NA	NA	NA	91	86	NA	NA	NA	NA	NA	NA

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

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

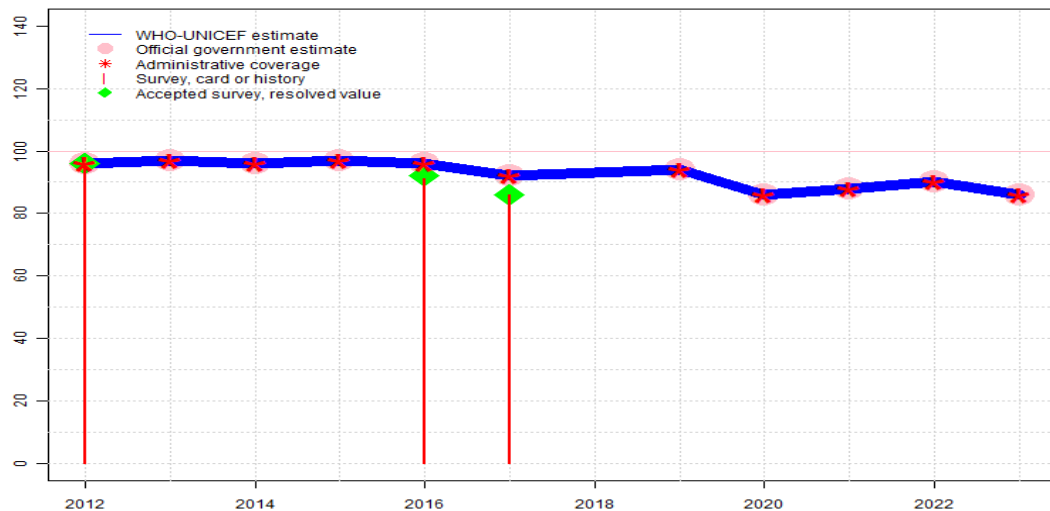
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. GoC=S+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Kyrgyz Republic Multiple Indicator Cluster Survey 2018 card or history results of 91 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 82 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Estimate challenged by: S-
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. GoC=R+ S+ D+
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

Kyrgyzstan - Hib3

KGZ - Hib3



Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. GoC=S+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Kyrgyz Republic Multiple Indicator Cluster Survey 2018 card or history results of 91 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 82 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Estimate challenged by: S-
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. GoC=R+ S+ D+
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	96	97	96	97	96	92	93	94	86	88	90	86
Estimate GoC	●●●	●●●	●●●	●	●●●	●●●	●●	●	●●	●●	●●	●●
Official	96	97	96	97	96	92	NA	94	86	88	90	86
Administrative	96	97	96	97	96	92	NA	94	86	88	90	86
Survey	96	NA	NA	NA	91	86	NA	NA	NA	NA	NA	NA

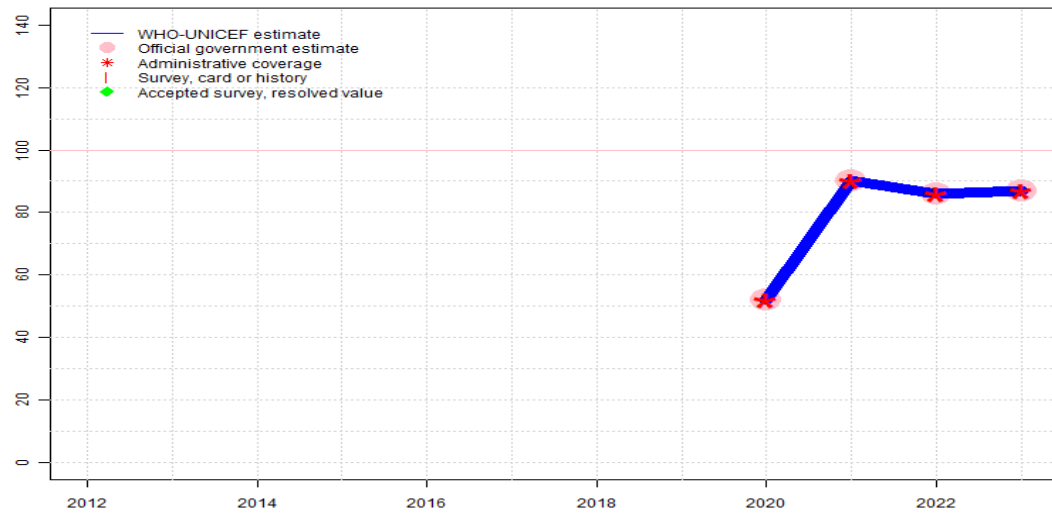
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While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

Kyrgyzstan - RotaC

KGZ - RotaC



Description:

2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+

2022: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. GoC=R+ D+

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

2020: Estimate informed by reported data. Vaccine introduced in December 2019. GoC=R+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	52	90	86	87
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	52	90	86	87
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	52	90	86	87
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

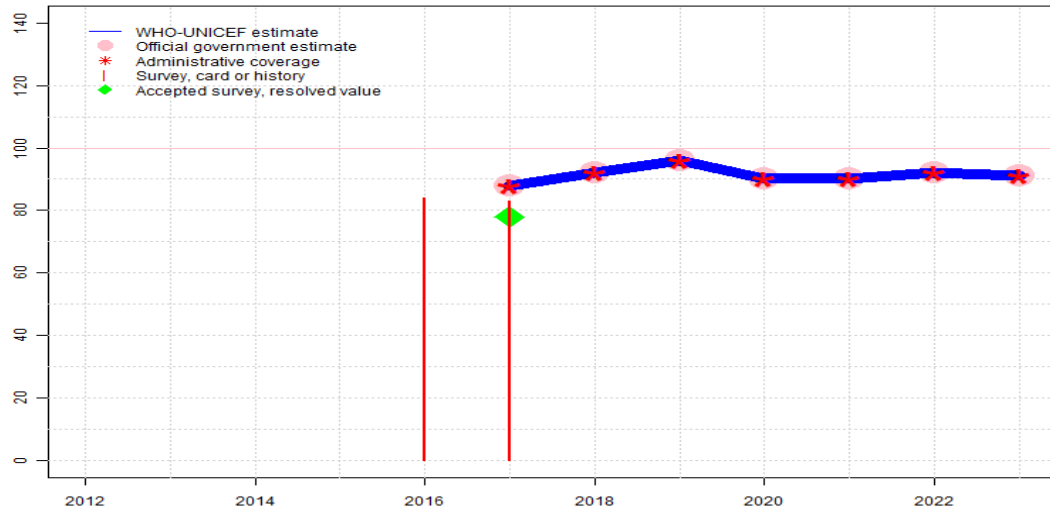
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Kyrgyzstan - PcV3

KGZ - PcV3



Description:

2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+

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

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

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

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

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

2017: Estimate informed by reported data supported by survey. Survey evidence of 78 percent based on 1 survey(s). Kyrgyz Republic Multiple Indicator Cluster Survey 2018 card or history results of 83 percent modified for recall bias to 78 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 81 percent and 3rd dose card only coverage of 71 percent. Pneumococcal conjugate vaccine was introduced in March 2016, reporting started in 2017. GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	88	92	96	90	90	92	91
Estimate GoC	NA	NA	NA	NA	NA	●●	●	●	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	88	92	96	90	90	92	91
Administrative	NA	NA	NA	NA	NA	88	92	96	90	90	92	91
Survey	NA	NA	NA	NA	84	83	NA	NA	NA	NA	NA	NA

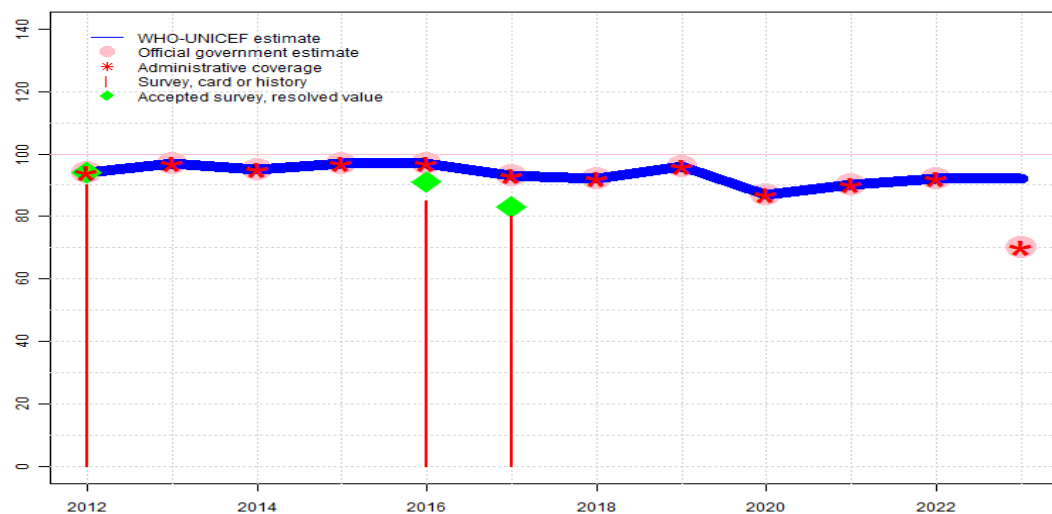
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kyrgyzstan - Pol3

KGZ - Pol3



Description:

- 2023: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 92 level to 70 percent. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports two months national level vaccine stockout. Estimate challenged by: D-S-
- 2018: Estimate informed by reported data. Programme reports two months vaccine stockout at the national level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Kyrgyz Republic Multiple Indicator Cluster Survey 2018 card or history results of 80 percent modified for recall bias to 83 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 77 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Kyrgyz Republic Multiple Indicator Cluster Survey 2018 card or history results of 85 percent modified for recall bias to 91 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 84 percent and 3rd dose card only coverage of 81 percent. Estimate challenged by: S-
- 2015: Estimate informed by reported data. Estimate challenged by: S-
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. GoC=R+ S+ D+
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Kyrgyz Multiple Indicator Cluster Survey 2014 card or history results of 90 percent modified for recall bias to 94 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 89 percent and 3rd dose card only coverage of 85 percent. GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	97	95	97	97	93	92	96	87	90	92	92
Estimate GoC	●●●	●●●	●●●	●	●	●●●	●●●	●	●●	●●	●●	●
Official	94	97	95	97	97	93	92	96	87	90	92	70
Administrative	94	97	95	97	97	93	92	96	87	90	92	70
Survey	90	NA	NA	NA	85	80	NA	NA	NA	NA	NA	NA

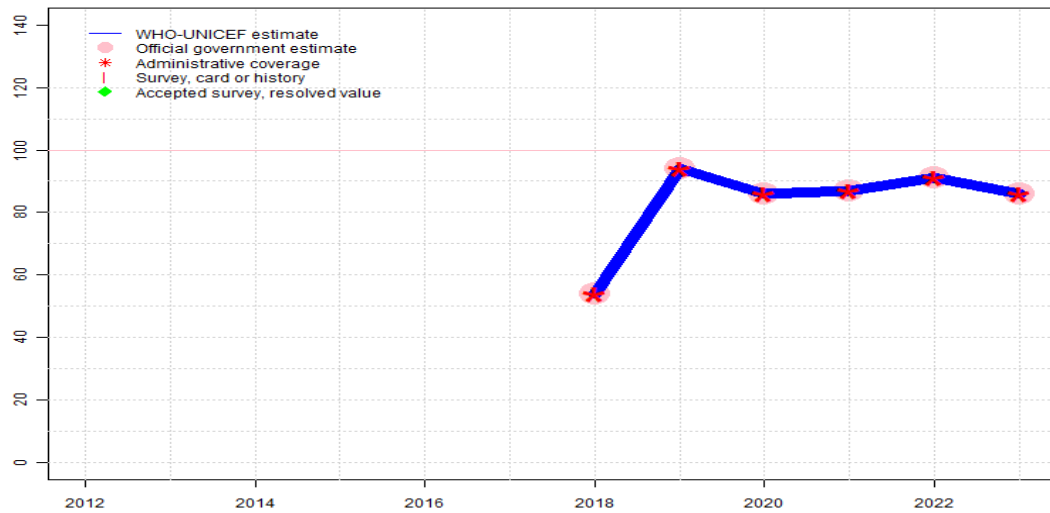
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kyrgyzstan - IPV1

KGZ - IPV1



Description:

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

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate based on reported data following introduction. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Inactivated polio vaccine introduced during 2018. GoC=R+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	54	94	86	87	91	86
Estimate GoC	NA	NA	NA	NA	NA	NA	••	•	••	••	••	••
Official	NA	NA	NA	NA	NA	NA	54	94	86	87	91	86
Administrative	NA	NA	NA	NA	NA	NA	54	94	86	87	91	86
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

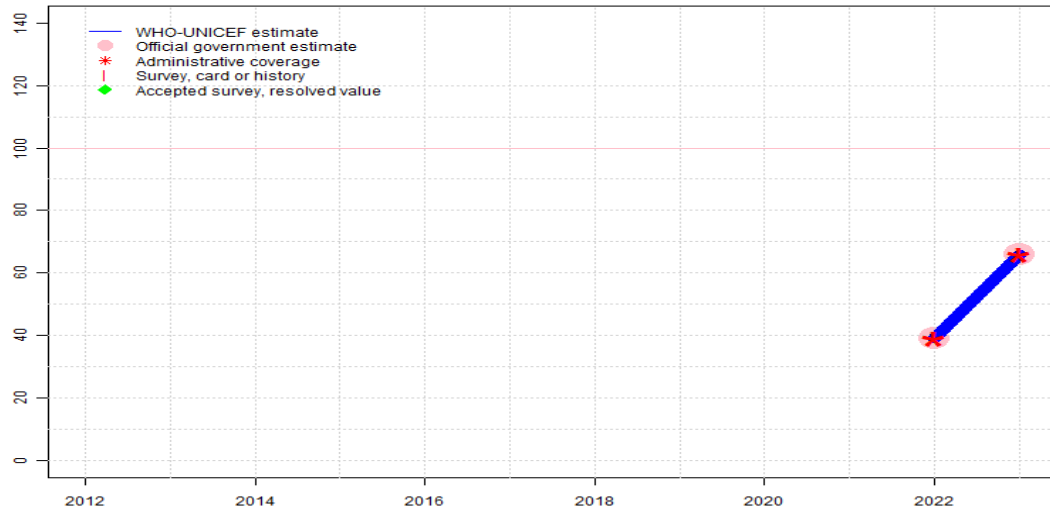
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kyrgyzstan - IPV2

KGZ - IPV2



Description:

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

2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+

2022: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced during 2022. GoC=R+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	39	66
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	39	66
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	39	66
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

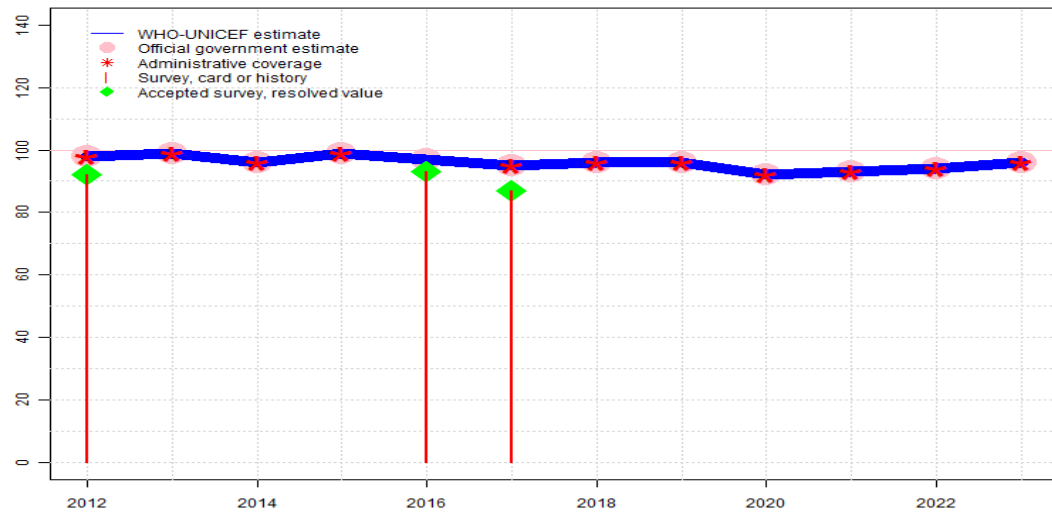
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kyrgyzstan - MCV1

KGZ - MCV1



Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+
- 2015: Estimate informed by reported data. Estimate challenged by: S-
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. GoC=R+ S+ D+
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	98	99	96	99	97	95	96	96	92	93	94	96
Estimate GoC	●●●	●●●	●●●	●	●●	●●●	●●●	●	●●	●●	●●	●●
Official	98	99	96	99	97	95	96	96	92	93	94	96
Administrative	98	99	96	99	NA	95	96	96	92	93	94	96
Survey	92	NA	NA	NA	93	87	NA	NA	NA	NA	NA	NA

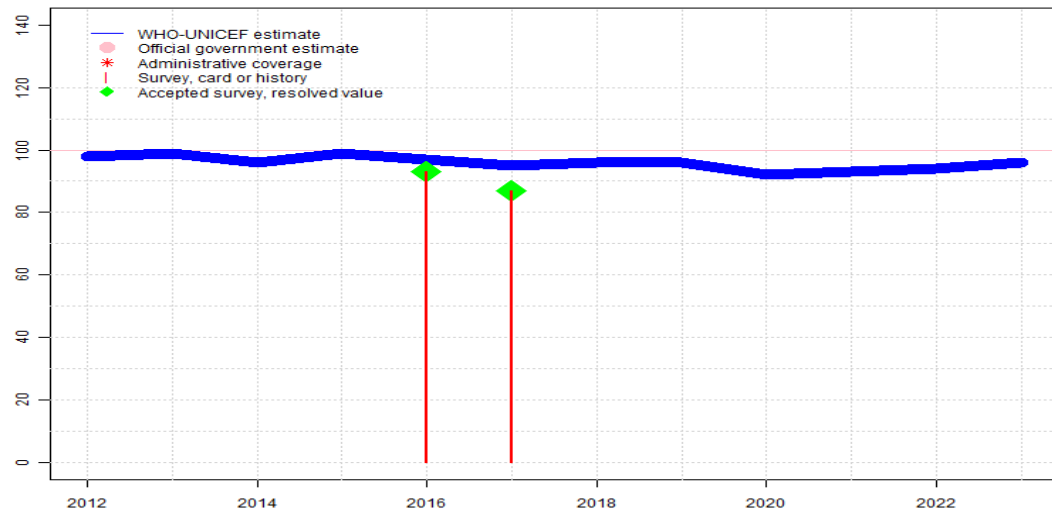
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Kyrgyzstan - RCV1

KGZ - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	98	99	96	99	97	95	96	96	92	93	94	96
Estimate GoC	●●●	●●●	●●●	●	●●	●●●	●●●	●	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	93	87	NA	NA	NA	NA	NA	NA

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

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

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

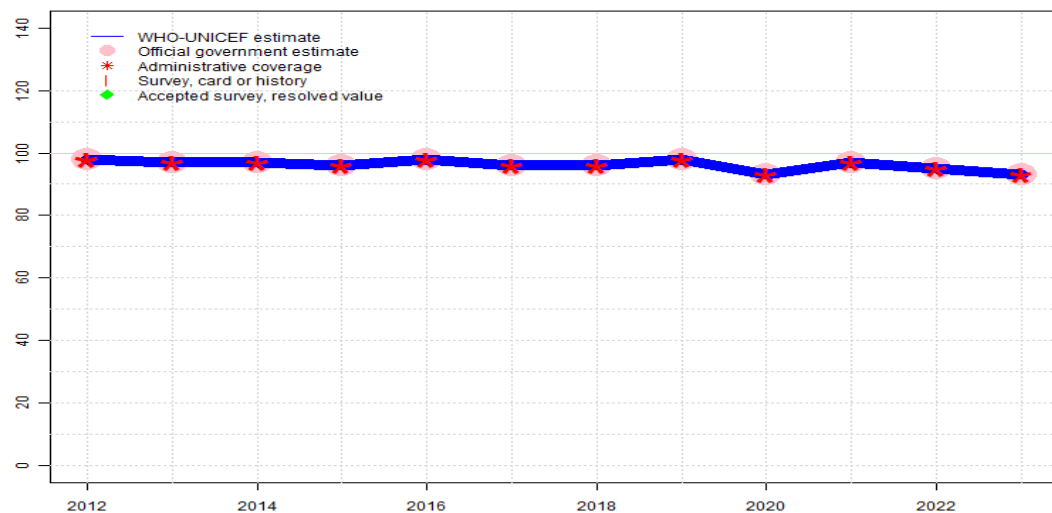
Description:

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

- 2023: Estimate based on estimated MCV1. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ S+
- 2015: Estimate based on estimated MCV1. Estimate challenged by: S-
- 2014: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2013: Estimate based on estimated MCV1. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. GoC=R+ S+ D+
- 2012: Estimate based on estimated MCV1. GoC=R+ S+ D+

Kyrgyzstan - MCV2

KGZ - MCV2



Description:

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

2023: Estimate informed by reported data. WHO and UNICEF are aware of the 2023 Multiple Indicator Cluster Survey and await the final results. GoC=R+ D+

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

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

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

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

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

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

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data. Estimate challenged by: D-

2014: Estimate informed by reported data. Estimate challenged by: D-

2013: Estimate informed by reported data. Reported coverage levels may be over estimated due to differences in target population estimates between medical organizations and National Statistical Committee partly due to migration. Estimate challenged by: D-

2012: Estimate informed by reported data. Estimate challenged by: D-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	98	97	97	96	98	96	96	98	93	97	95	93
Estimate GoC	•	•	•	•	•	••	•	•	••	••	••	••
Official	98	97	97	96	98	96	96	98	93	97	95	93
Administrative	98	97	97	96	98	96	96	98	93	97	95	93
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.

Kyrgyzstan - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated 1 or 2 years prior to the survey field work.

2017 Kyrgyz Republic Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	96.7	12-23 m	664	92
BCG	Card	89.6	12-23 m	664	92
BCG	Card or History	96.7	12-23 m	664	92
BCG	History	7.2	12-23 m	664	92
DTP1	C or H <12 months	90.2	12-23 m	664	92
DTP1	Card	83.5	12-23 m	664	92
DTP1	Card or History	90.6	12-23 m	664	92
DTP1	History	7.1	12-23 m	664	92
DTP3	C or H <12 months	83.9	12-23 m	664	92
DTP3	Card	79.3	12-23 m	664	92
DTP3	Card or History	86.4	12-23 m	664	92
DTP3	History	7.1	12-23 m	664	92
HepB1	C or H <12 months	90.2	12-23 m	664	92
HepB1	Card	83.5	12-23 m	664	92
HepB1	Card or History	90.6	12-23 m	664	92
HepB1	History	7.1	12-23 m	664	92
HepB3	C or H <12 months	83.9	12-23 m	664	92
HepB3	Card	79.3	12-23 m	664	92
HepB3	Card or History	86.4	12-23 m	664	92
HepB3	History	7.1	12-23 m	664	92
HepBB	C or H <12 months	97	12-23 m	664	92
HepBB	Card	89	12-23 m	664	92
HepBB	Card or History	97	12-23 m	664	92
HepBB	History	7.9	12-23 m	664	92

Hib1	C or H <12 months	90.2	12-23 m	664	92
Hib1	Card	83.5	12-23 m	664	92
Hib1	Card or History	90.6	12-23 m	664	92
Hib1	History	7.1	12-23 m	664	92
Hib3	C or H <12 months	83.9	12-23 m	664	92
Hib3	Card	79.3	12-23 m	664	92
Hib3	Card or History	86.4	12-23 m	664	92
Hib3	History	7.1	12-23 m	664	92
MCV1	C or H <12 months	62.3	12-23 m	664	92
MCV1	Card	76.5	12-23 m	664	92
MCV1	Card or History	87.1	12-23 m	664	92
MCV1	History	10.6	12-23 m	664	92
PcV1	C or H <12 months	88.4	12-23 m	664	92
PcV1	Card	81.3	12-23 m	664	92
PcV1	Card or History	88.6	12-23 m	664	92
PcV1	History	7.4	12-23 m	664	92
PcV3	C or H <12 months	60	12-23 m	664	92
PcV3	Card	71.4	12-23 m	664	92
PcV3	Card or History	83.1	12-23 m	664	92
PcV3	History	11.7	12-23 m	664	92
Pol1	C or H <12 months	90	12-23 m	664	92
Pol1	Card	82.7	12-23 m	664	92
Pol1	Card or History	90.4	12-23 m	664	92
Pol1	History	7.8	12-23 m	664	92
Pol3	C or H <12 months	77.3	12-23 m	664	92
Pol3	Card	77.1	12-23 m	664	92
Pol3	Card or History	79.7	12-23 m	664	92
Pol3	History	2.5	12-23 m	664	92

2016 Kyrgyz Republic Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	96.9	24-35 m	700	-
BCG	Card	85.8	24-35 m	700	-
BCG	Card or History	96.9	24-35 m	700	-
BCG	History	11.1	24-35 m	700	-
DTP1	C or H <12 months	94	24-35 m	700	-
DTP1	Card	84.7	24-35 m	700	-
DTP1	Card or History	95	24-35 m	700	-

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DTP1	History	10.3	24-35 m	700	-	Pol1	History	10.5	24-35 m	700	-
DTP3	C or H <12 months	87.5	24-35 m	700	-	Pol3	C or H <12 months	82.5	24-35 m	700	-
DTP3	Card	81.7	24-35 m	700	-	Pol3	Card	81.4	24-35 m	700	-
DTP3	Card or History	91	24-35 m	700	-	Pol3	Card or History	85.3	24-35 m	700	-
DTP3	History	9.3	24-35 m	700	-	Pol3	History	3.9	24-35 m	700	-
HepB1	C or H <12 months	94	24-35 m	700	-	2012 Kyrgyz Multiple Indicator Cluster Survey 2014					
HepB1	Card	84.7	24-35 m	700	-						
HepB1	Card or History	95	24-35 m	700	-						
HepB1	History	10.3	24-35 m	700	-						
HepB3	C or H <12 months	87.5	24-35 m	700	-						
HepB3	Card	81.7	24-35 m	700	-						
HepB3	Card or History	91	24-35 m	700	-						
HepB3	History	9.3	24-35 m	700	-						
HepBB	C or H <12 months	96	24-35 m	700	-						
HepBB	Card	85.4	24-35 m	700	-						
HepBB	Card or History	96.4	24-35 m	700	-						
HepBB	History	11	24-35 m	700	-						
Hib1	C or H <12 months	94	24-35 m	700	-						
Hib1	Card	84.7	24-35 m	700	-						
Hib1	Card or History	95	24-35 m	700	-						
Hib1	History	10.3	24-35 m	700	-						
Hib3	C or H <12 months	87.5	24-35 m	700	-						
Hib3	Card	81.7	24-35 m	700	-						
Hib3	Card or History	91	24-35 m	700	-						
Hib3	History	9.3	24-35 m	700	-						
MCV1	C or H <12 months	92.4	24-35 m	700	-						
MCV1	Card	83.4	24-35 m	700	-						
MCV1	Card or History	93.2	24-35 m	700	-						
MCV1	History	9.8	24-35 m	700	-						
PcV1	C or H <12 months	90	24-35 m	700	-						
PcV1	Card	65.5	24-35 m	700	-						
PcV1	Card or History	91.4	24-35 m	700	-						
PcV1	History	25.9	24-35 m	700	-						
PcV3	C or H <12 months	83.5	24-35 m	700	-						
PcV3	Card	64	24-35 m	700	-						
PcV3	Card or History	84	24-35 m	700	-						
PcV3	History	20	24-35 m	700	-						
Pol1	C or H <12 months	93.9	24-35 m	700	-						
Pol1	Card	84	24-35 m	700	-						
Pol1	Card or History	94.5	24-35 m	700	-						
Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen						
BCG	C or H <12 months	99.6	12-23 m	880	91						
BCG	Card	89.7	12-23 m	880	91						
BCG	Card or History	99.6	12-23 m	880	91						
DTP1	C or H <12 months	97.9	12-23 m	880	91						
DTP1	Card	89.9	12-23 m	880	91						
DTP1	Card or History	98	12-23 m	880	91						
DTP3	C or H <12 months	93.9	12-23 m	880	91						
DTP3	Card	88.2	12-23 m	880	91						
DTP3	Card or History	95.5	12-23 m	880	91						
HepB1	C or H <12 months	97.9	12-23 m	880	91						
HepB1	Card	89.9	12-23 m	880	91						
HepB1	Card or History	98	12-23 m	880	91						
HepB3	C or H <12 months	93.9	12-23 m	880	91						
HepB3	Card	88.2	12-23 m	880	91						
HepB3	Card or History	95.5	12-23 m	880	91						
Hib1	C or H <12 months	97.9	12-23 m	880	91						
Hib1	Card	89.9	12-23 m	880	91						
Hib1	Card or History	98	12-23 m	880	91						
Hib3	C or H <12 months	93.9	12-23 m	880	91						
Hib3	Card	88.2	12-23 m	880	91						
Hib3	Card or History	95.5	12-23 m	880	91						
MCV1	Card	81.6	12-23 m	880	91						
MCV1	Card or History	92	12-23 m	880	91						
Pol1	C or H <12 months	97.7	12-23 m	880	91						
Pol1	Card	89.2	12-23 m	880	91						
Pol1	Card or History	97.8	12-23 m	880	91						
Pol3	C or H <12 months	87.5	12-23 m	880	91						
Pol3	Card	85.1	12-23 m	880	91						
Pol3	Card or History	89.8	12-23 m	880	91						

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2011 Kyrgyz Demographic and Health Survey 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <18 months	98.9	18-29 m	856	86
BCG	Card	86	18-29 m	736	86
BCG	Card or History	98.9	18-29 m	856	86
BCG	History	12.5	18-29 m	116	86
DTP1	C or H <18 months	97.7	18-29 m	856	86
DTP1	Card	86	18-29 m	736	86
DTP1	Card or History	98.1	18-29 m	856	86
DTP1	History	11.7	18-29 m	116	86
DTP3	C or H <18 months	84.2	18-29 m	856	86
DTP3	Card	80.5	18-29 m	736	86
DTP3	Card or History	85.3	18-29 m	856	86
DTP3	History	4.6	18-29 m	116	86
HepB1	C or H <18 months	97.7	18-29 m	856	86
HepB1	Card	86	18-29 m	736	86
HepB1	Card or History	98.1	18-29 m	856	86
HepB1	History	11.7	18-29 m	116	86
HepB3	C or H <18 months	84.2	18-29 m	856	86
HepB3	Card	80.5	18-29 m	736	86
HepB3	Card or History	85.3	18-29 m	856	86
HepB3	History	4.6	18-29 m	116	86
HepBB	C or H <18 months	94.4	18-29 m	856	86
HepBB	Card	85.3	18-29 m	736	86
HepBB	Card or History	95.1	18-29 m	856	86
HepBB	History	9.3	18-29 m	116	86
Hib1	C or H <18 months	97.7	18-29 m	856	86
Hib1	Card	86	18-29 m	736	86
Hib1	Card or History	98.1	18-29 m	856	86
Hib1	History	11.7	18-29 m	116	86
Hib3	C or H <18 months	84.2	18-29 m	856	86
Hib3	Card	80.5	18-29 m	736	86
Hib3	Card or History	85.3	18-29 m	856	86
Hib3	History	4.6	18-29 m	116	86
MCV1	C or H <18 months	94.2	18-29 m	856	86
MCV1	Card	84.9	18-29 m	736	86
MCV1	Card or History	96.5	18-29 m	856	86
MCV1	History	11.2	18-29 m	116	86
Pol1	C or H <18 months	97.1	18-29 m	856	86

Pol1	Card	86	18-29 m	736	86
Pol1	Card or History	96.8	18-29 m	856	86
Pol1	History	10.4	18-29 m	116	86
Pol3	C or H <18 months	77.7	18-29 m	856	86
Pol3	Card	76.5	18-29 m	736	86
Pol3	Card or History	79.2	18-29 m	856	86
Pol3	History	2.5	18-29 m	116	86

2011 Kyrgyz Multiple Indicator Cluster Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.7	24-35 m	939	-
BCG	Card	87.1	24-35 m	939	-
BCG	Card or History	98.7	24-35 m	939	-
DTP1	C or H <12 months	96.8	24-35 m	939	-
DTP1	Card	88.9	24-35 m	939	-
DTP1	Card or History	97.6	24-35 m	939	-
DTP3	C or H <12 months	91	24-35 m	939	-
DTP3	Card	87	24-35 m	939	-
DTP3	Card or History	95.3	24-35 m	939	-
HepB1	C or H <12 months	96.8	24-35 m	939	-
HepB1	Card	88.9	24-35 m	939	-
HepB1	Card or History	97.6	24-35 m	939	-
HepB3	C or H <12 months	91	24-35 m	939	-
HepB3	Card	87	24-35 m	939	-
HepB3	Card or History	95.3	24-35 m	939	-
Hib1	C or H <12 months	96.8	24-35 m	939	-
Hib1	Card	88.9	24-35 m	939	-
Hib1	Card or History	97.6	24-35 m	939	-
Hib3	C or H <12 months	91	24-35 m	939	-
Hib3	Card	87	24-35 m	939	-
Hib3	Card or History	95.3	24-35 m	939	-
MCV1	C or H <12 months	95.8	24-35 m	939	-
MCV1	Card	87.1	24-35 m	939	-
MCV1	Card or History	96.7	24-35 m	939	-
Pol1	C or H <12 months	97.1	24-35 m	939	-
Pol1	Card	88.4	24-35 m	939	-
Pol1	Card or History	98	24-35 m	939	-
Pol3	C or H <12 months	85.4	24-35 m	939	-

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Pol3	Card	84.5	24-35 m	939	-
Pol3	Card or History	90.1	24-35 m	939	-

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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>