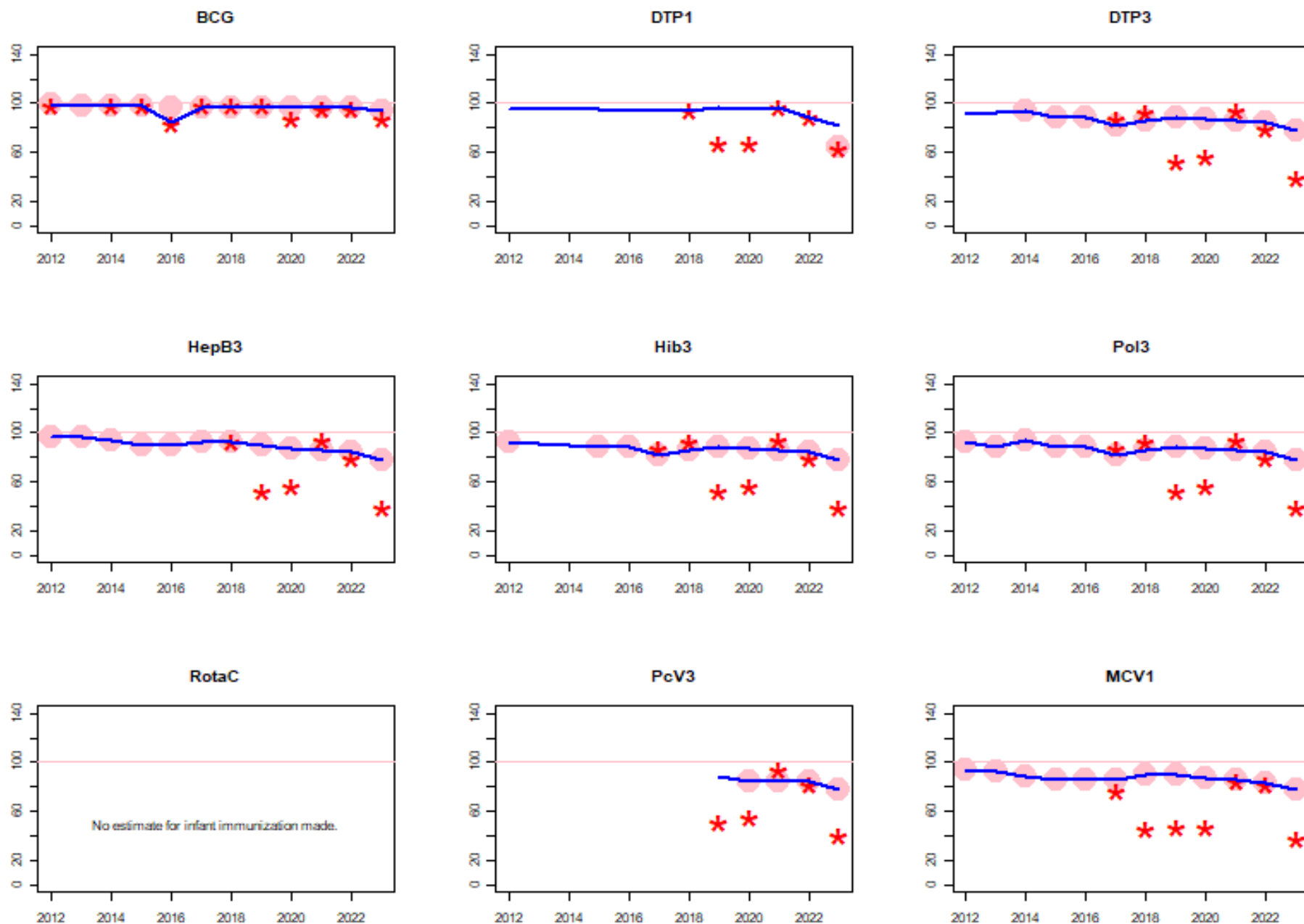




**BACKGROUND NOTE:** Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local 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.

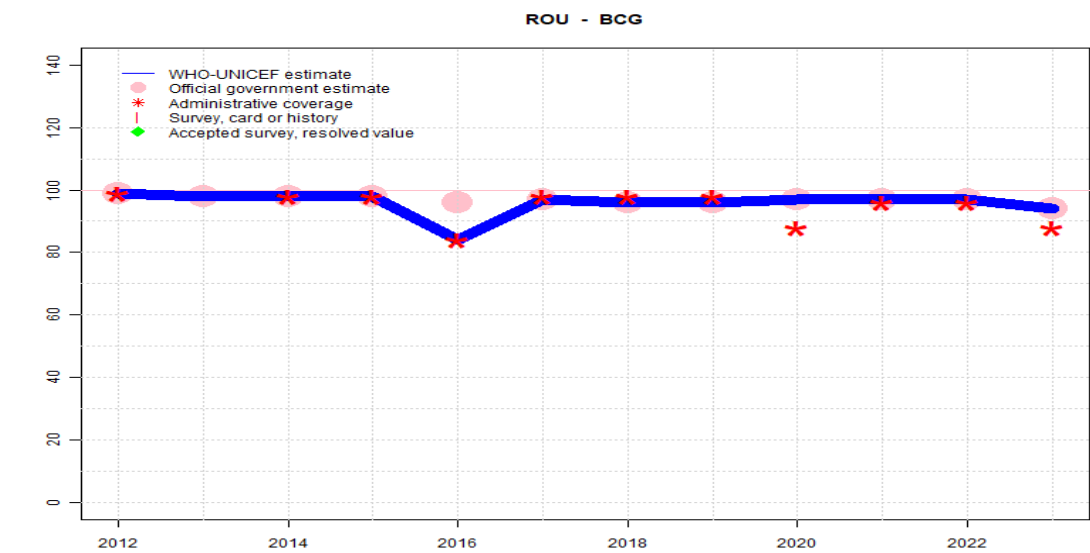
**PcV3:** percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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



## Description:

- 2023: Estimate informed by reported data. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnsb.ro/index.php/metodologii/estimari-acoperirii-vaccinale](http://www.cnsb.ro/index.php/metodologii/estimari-acoperirii-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Reported coverage is based on monthly reports from all maternity hospitals (including private sector) and use the surviving infants as the denominator. Estimate challenged by: 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. Programme recovered from reported stockout in 2016. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Results of a register based survey suggest vaccination coverage of 96 percent. Programme reports two months vaccine stockout. Government official estimates based on 2014 survey results and not reflecting three months stockout observed from administrative coverage 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. GoC=R+
- 2012: Estimate informed by reported data. GoC=R+ D+

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 99   | 98   | 98   | 98   | 84   | 97   | 96   | 96   | 97   | 97   | 97   | 94   |
| Estimate GoC   | ●●   | ●●   | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | 99   | 98   | 98   | 98   | 96   | 97   | 96   | 96   | 97   | 97   | 97   | 94   |
| Administrative | 99   | NA   | 98   | 98   | 84   | 98   | 98   | 98   | 88   | 96   | 96   | 88   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

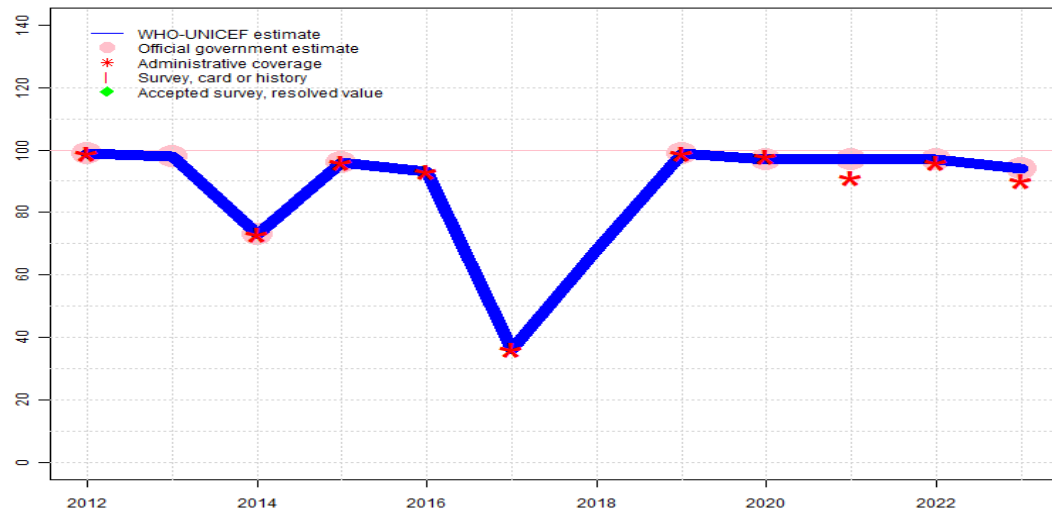
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Romania - HepBB

ROU - HepBB



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 99   | 98   | 73   | 96   | 93   | 36   | 68   | 99   | 97   | 97   | 97   | 94   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●    | ●    | ●●   | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | 99   | 98   | 73   | 96   | NA   | NA   | NA   | 99   | 97   | 97   | 97   | 94   |
| Administrative | 99   | NA   | 73   | 96   | 93   | 36   | NA   | 99   | 98   | 91   | 96   | 90   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

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

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

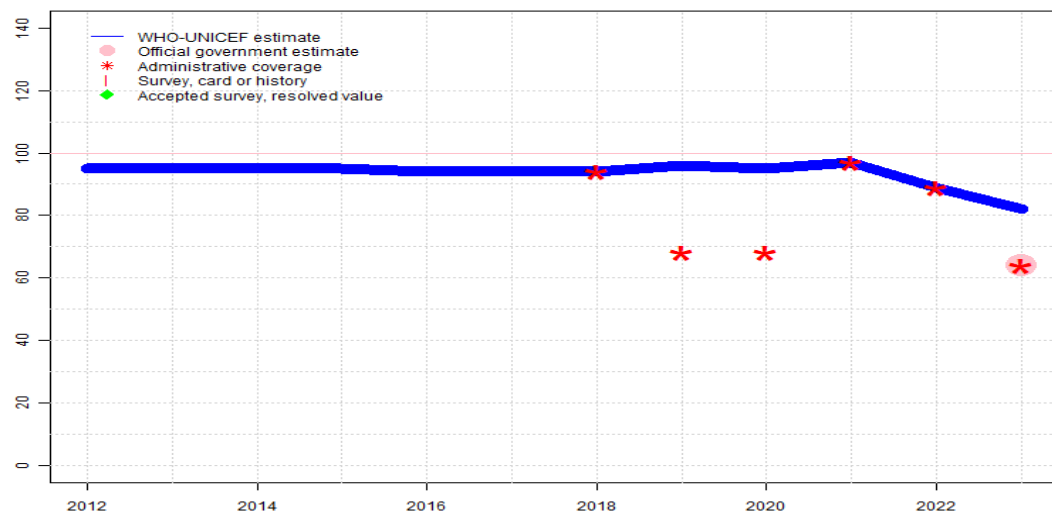
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnsb.ro/index.php/metodologii/estimates-acopecirri-vaccinale](http://www.cnsb.ro/index.php/metodologii/estimates-acopecirri-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Reported coverage is based on monthly reports from all maternity hospitals (including private sector) and use the surviving infants as the denominator. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Programme reports 94 percent coverage. Unclear if the information system is able to separate timely doses from those given after 24 hours. GoC=No accepted empirical data
- 2017: Estimate informed by reported administrative data. Reported data reflects subnational coverage. Programme reports six month vaccine stockout at national level. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Recovery from prior year stockout. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Programme reports a stockout of HepB containing vaccine for 2-3 months at the national level. GoC=R+
- 2013: Estimate informed by reported data. GoC=R+
- 2012: Estimate informed by reported data. GoC=R+ D+

# Romania - DTP1

ROU - DTP1



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 95   | 95   | 95   | 95   | 94   | 94   | 94   | 96   | 95   | 97   | 89   | 82   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 64   |
| Administrative | NA   | NA   | NA   | NA   | NA   | NA   | 94   | 68   | 68   | 97   | 89   | 64   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

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

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

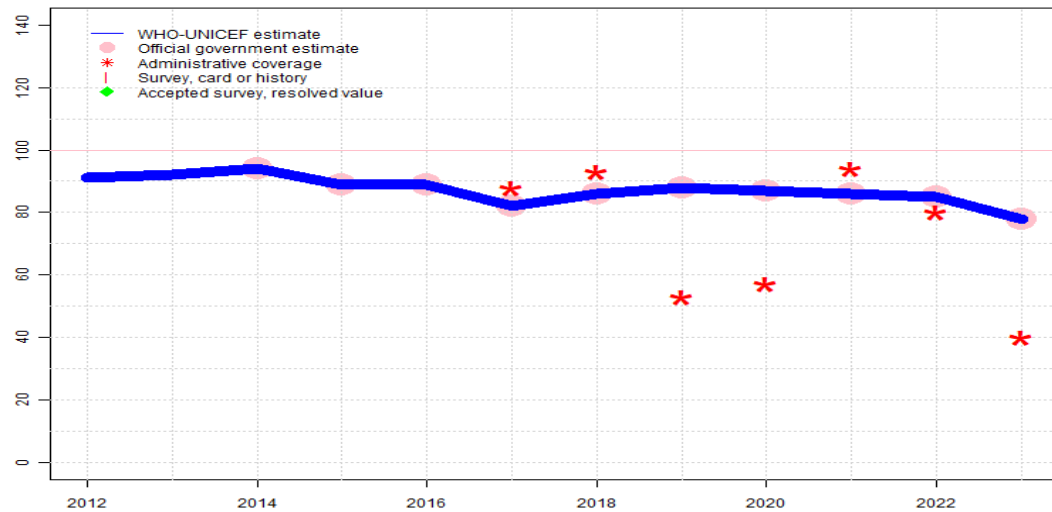
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Reported coverage would suggest negative DTP1 to DTP3 dropout. Estimate is based on the 2022 DTP1 to DTP3 dropout and it may overestimate coverage. Reported data excluded due to sudden change in coverage from 89 level to 64 percent. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnsb.ro/index.php/metodologii/estimates-acopeirii-vaccinale](http://www.cnsb.ro/index.php/metodologii/estimates-acopeirii-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-R-
- 2022: Estimate informed by reported administrative data. Programme reports two months stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2020: DTP1 coverage estimated based on DTP3 coverage of 87. Estimates may be overestimated. Reported coverage is from annual survey estimation based on July 2018 birth cohort from the family doctors lists as denominator and number of dosed administrated until 18 month of age as the numerator. Estimate challenged by: D-R-
- 2019: DTP1 coverage estimated based on DTP3 coverage of 88. Estimate challenged by: D-R-
- 2018: Estimate based on reported data. Estimate challenged by: D-
- 2017: Reported data calibrated to 1997 and 2018 levels. Programme reports 5 to 6 months of vaccine stockout. GoC=No accepted empirical data
- 2016: Reported data calibrated to 1997 and 2018 levels. Programme reports 4-5 months national stockout. GoC=No accepted empirical data
- 2015: Reported data calibrated to 1997 and 2018 levels. GoC=No accepted empirical data
- 2014: Reported data calibrated to 1997 and 2018 levels. Programme reports a stockout of DTP containing vaccine for 3-4 months at the national level. GoC=No accepted empirical data
- 2013: Reported data calibrated to 1997 and 2018 levels. GoC=No accepted empirical data
- 2012: Reported data calibrated to 1997 and 2018 levels. GoC=No accepted empirical data

# Romania - DTP3

ROU - DTP3



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 91   | 92   | 94   | 89   | 89   | 82   | 86   | 88   | 87   | 86   | 85   | 78   |
| Estimate GoC   | •    | •    | ••   | ••   | ••   | ••   | ••   | •    | •    | •    | •    | •    |
| Official       | NA   | NA   | 94   | 89   | 89   | 82   | 86   | 88   | 87   | 86   | 85   | 78   |
| Administrative | NA   | NA   | NA   | NA   | NA   | 88   | 93   | 53   | 57   | 94   | 80   | 40   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

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

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

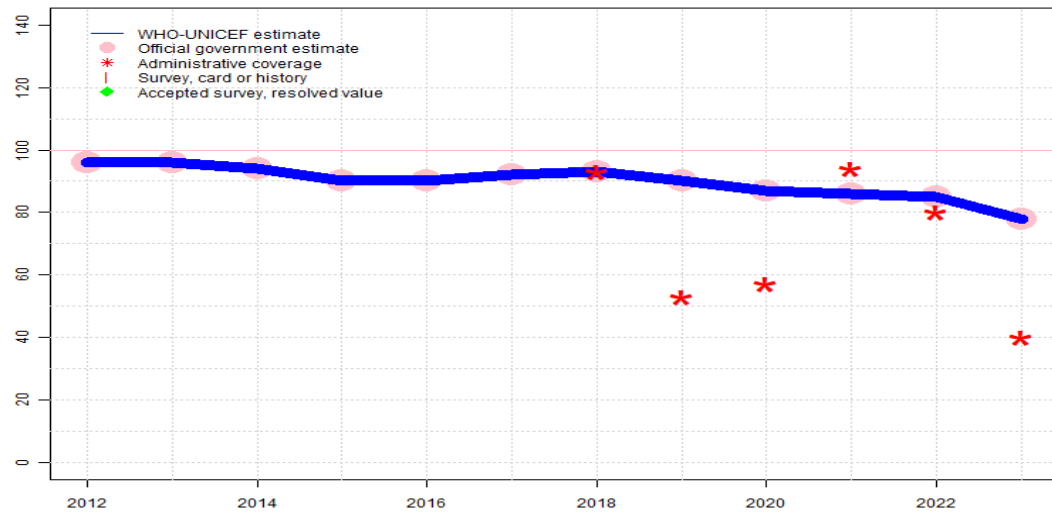
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnsb.ro/index.php/metodologii/estimates-acopeirii-vaccinale](http://www.cnsb.ro/index.php/metodologii/estimates-acopeirii-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimates may be overestimated. Reported coverage is from annual survey estimation based on July 2018 birth cohort from the family doctors lists as denominator and number of dosed administrated until 18 month of age as the numerator. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports 5 to 6 months of vaccine stockout. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports four to five month national stockout. Results of a register based survey suggest vaccination coverage of 86 percent. GoC=R+
- 2015: Estimate informed by reported data. Programme reports 3-4 month national level stockout of hexavalent DTP-HepB-Hib-IPV vaccine. GoC=R+
- 2014: Estimate informed by reported data. Programme reports a stockout of DTP containing vaccine for 3-4 months at the national level. GoC=R+
- 2013: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2012: Estimate informed by interpolation between reported data. GoC=No accepted empirical data

# Romania - HepB3

ROU - HepB3



## Description:

- 2023: Estimate informed by reported data. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnscbt.ro/index.php/metodologii/estimates-acopecirri-vaccinale](http://www.cnscbt.ro/index.php/metodologii/estimates-acopecirri-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimates may be overestimated. Reported coverage is from annual survey estimation based on July 2018 birth cohort from the family doctors lists as denominator and number of dosed administrated until 18 month of age as the numerator. Estimate challenged by: 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. Programme reports 5 to 6 months of vaccine stockout. GoC=R+
- 2016: Estimate informed by reported data. Programme reports 4-5 months national stockout. Results of a register based survey suggest vaccination coverage of 93 percent. GoC=R+
- 2015: Estimate informed by reported data. Programme reports 3-4 month national level stockout of hexavalent DTP-HepB-Hib-IPV vaccine. GoC=R+
- 2014: Estimate informed by reported data. Programme reports a stockout of HepB containing vaccine for 2-3 months at the national level. GoC=R+
- 2013: Estimate informed by reported data. GoC=R+
- 2012: Estimate informed by reported data. GoC=R+

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 96   | 96   | 94   | 90   | 90   | 92   | 93   | 90   | 87   | 86   | 85   | 78   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●●   | ●●   | ●●   | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | 96   | 96   | 94   | 90   | 90   | 92   | 93   | 90   | 87   | 86   | 85   | 78   |
| Administrative | NA   | NA   | NA   | NA   | NA   | NA   | 93   | 53   | 57   | 94   | 80   | 40   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

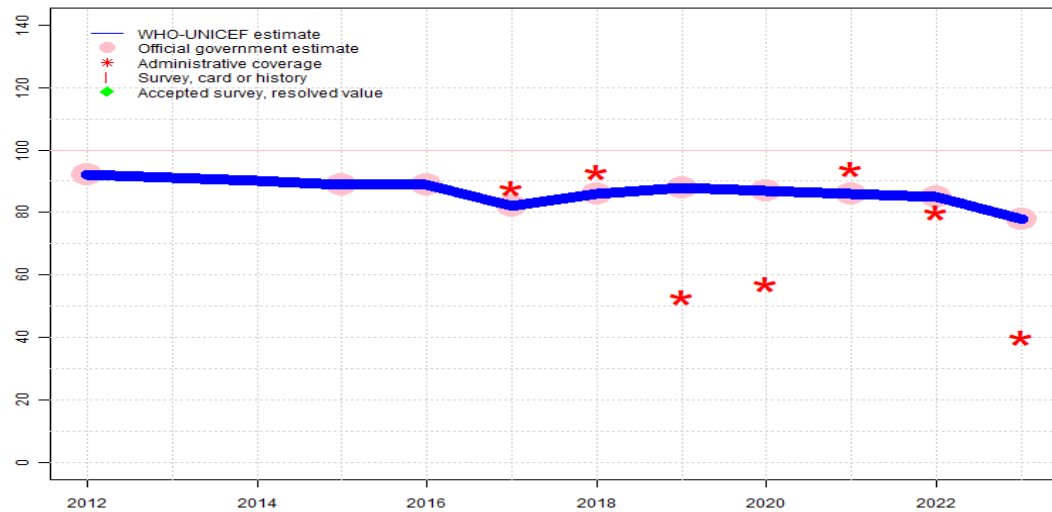
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Romania - Hib3

ROU - Hib3



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 92   | 91   | 90   | 89   | 89   | 82   | 86   | 88   | 87   | 86   | 85   | 78   |
| Estimate GoC   | ●●   | ●    | ●    | ●●   | ●●   | ●●   | ●●   | ●    | ●    | ●    | ●    | ●    |
| Official       | 92   | NA   | NA   | 89   | 89   | 82   | 86   | 88   | 87   | 86   | 85   | 78   |
| Administrative | NA   | NA   | NA   | NA   | NA   | 88   | 93   | 53   | 57   | 94   | 80   | 40   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

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

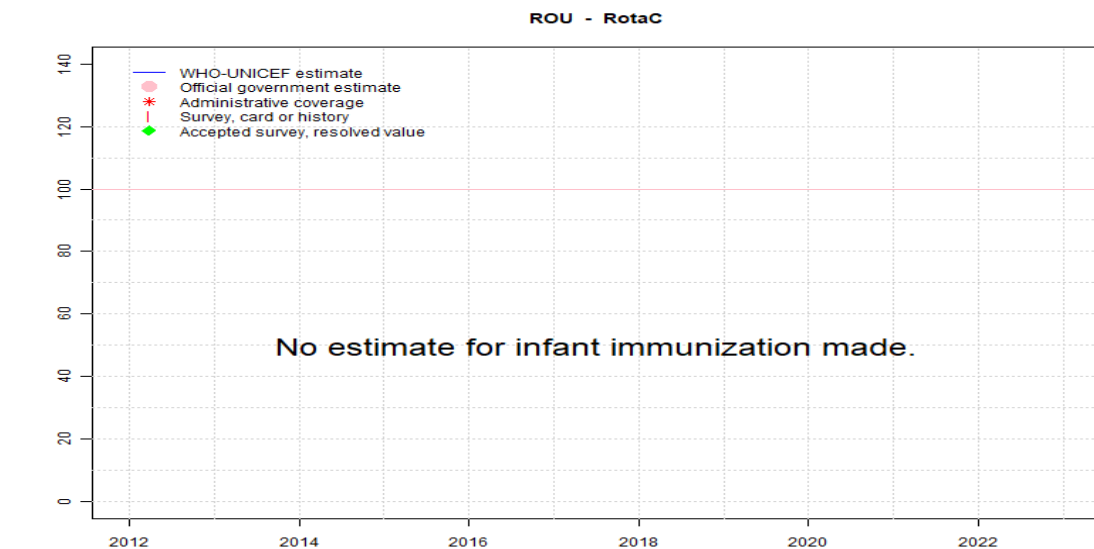
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

## Description:

- 2023: Estimate informed by reported data. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnsb.ro/index.php/metodologii/estimates-acopecirri-vaccinale](http://www.cnsb.ro/index.php/metodologii/estimates-acopecirri-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimates may be overestimated. Reported coverage is from annual survey estimation based on July 2018 birth cohort from the family doctors lists as denominator and number of dosed administrated until 18 month of age as the numerator. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports 5 to 6 months of vaccine stockout. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports four to five month national stockout. Results of a register based survey suggest vaccination coverage of 86 percent. GoC=R+
- 2015: Estimate informed by reported data. Programme reports 3-4 month national level stockout of hexavalent DTP-HepB-Hib-IPV vaccine. GoC=R+
- 2014: Estimate informed by interpolation between reported data. Programme reports a stock-out of DTP containing vaccine for 3-4 months at the national level. GoC=No accepted empirical data
- 2013: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2012: Estimate informed by reported data. GoC=R+

# Romania - 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   |

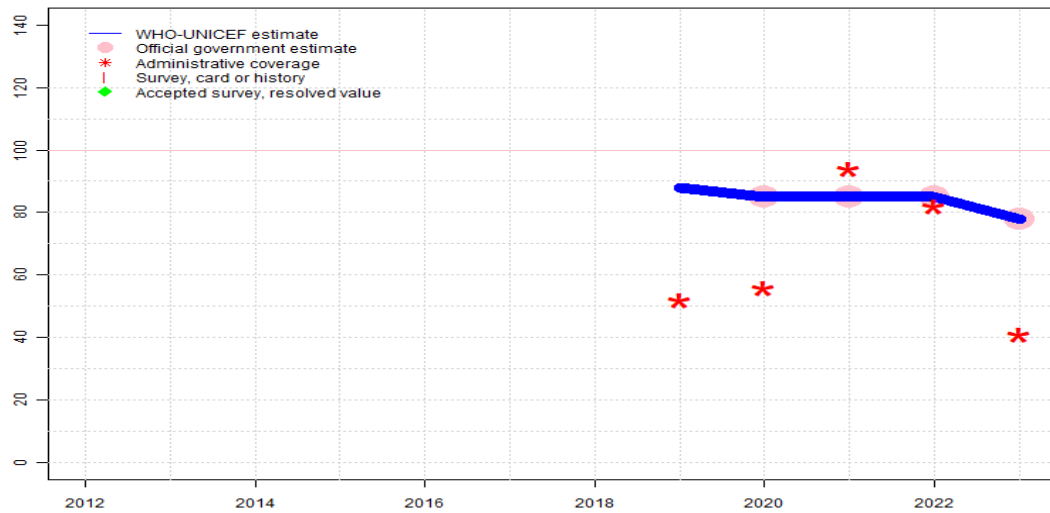
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Romania - PcV3

ROU - PcV3



## Description:

- 2023: Estimate informed by reported data. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnsb.ro/index.php/metodologii/estimari-acoperirii-vaccinale](http://www.cnsb.ro/index.php/metodologii/estimari-acoperirii-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimates may be overestimated. Reported coverage is from annual survey estimation based on July 2018 birth cohort from the family doctors lists as denominator and number of dosed administrated until 18 month of age as the numerator. Estimate challenged by: D-
- 2019: Estimate based on estimated DTP3 level. Pneumococcal conjugate vaccine introduced during October 2017. Reporting began in 2019. Estimate challenged by: D-R-

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 88   | 85   | 85   | 85   | 78   |
| Estimate GoC   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | •    | •    | •    | •    | •    |
| Official       | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 85   | 85   | 85   | 78   |
| Administrative | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 52   | 56   | 94   | 82   | 41   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

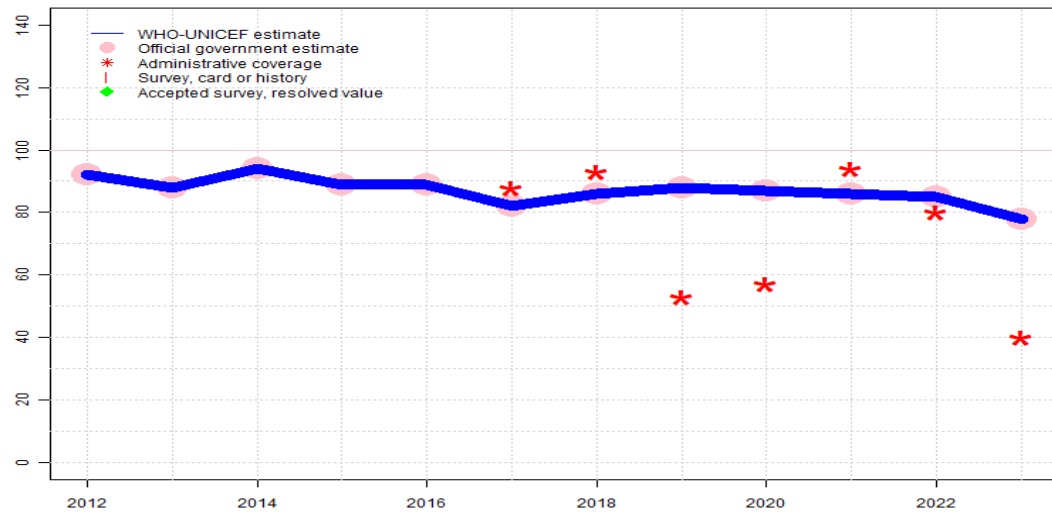
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Romania - Pol3

ROU - Pol3



## Description:

- 2023: Estimate informed by reported data. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnsb.ro/index.php/metodologii/estimare-acopecirri-vaccinale](http://www.cnsb.ro/index.php/metodologii/estimare-acopecirri-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimates may be overestimated. Reported coverage is from annual survey estimation based on July 2018 birth cohort from the family doctors lists as denominator and number of dosed administrated until 18 month of age as the numerator. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+
- 2015: Estimate informed by reported data. Programme reports 3-4 month national level stockout of hexavalent DTP-HepB-Hib-IPV vaccine. GoC=R+
- 2014: Estimate informed by reported data. GoC=R+
- 2013: Estimate informed by reported data. GoC=R+
- 2012: Estimate informed by reported data. GoC=R+

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 92   | 88   | 94   | 89   | 89   | 82   | 86   | 88   | 87   | 86   | 85   | 78   |
| Estimate GoC   | ••   | ••   | ••   | ••   | ••   | ••   | ••   | •    | •    | •    | •    | •    |
| Official       | 92   | 88   | 94   | 89   | 89   | 82   | 86   | 88   | 87   | 86   | 85   | 78   |
| Administrative | NA   | NA   | NA   | NA   | NA   | 88   | 93   | 53   | 57   | 94   | 80   | 40   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

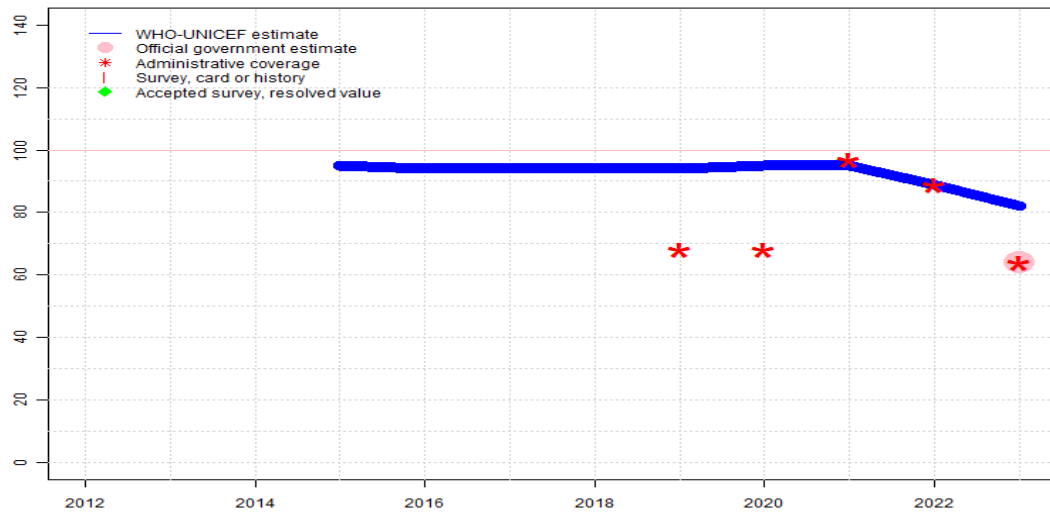
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Romania - IPV1

ROU - 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 is based on estimated DTP1. Reported data excluded due to sudden change in coverage from 89 level to 64 percent. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnscbt.ro/index.php/metodologii/estimati-acopeirii-vaccinale](http://www.cnscbt.ro/index.php/metodologii/estimati-acopeirii-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-R-

2022: Estimate informed by reported administrative data. Programme reports two months national stockout at national level. Estimate challenged by: D-

2021: Estimate is based on estimated DTP1 coverage. Estimate challenged by: D-R-

2020: Estimate is based on estimated DTP1 coverage. Estimates may be overestimated. Reported coverage is from annual survey estimation based on July 2018 birth cohort from the family doctors lists as denominator and number of dosed administrated until 18 month of age as the numerator. Estimate challenged by: D-R-

2019: Estimate is based on estimated DTP1 coverage. Estimate challenged by: D-R-

2018: Estimate is based on estimated DTP1 coverage. GoC=No accepted empirical data

2017: Estimate is based on estimated DTP1 coverage. GoC=No accepted empirical data

2016: Estimate is based on estimated DTP1 coverage. GoC=No accepted empirical data

2015: DTP-HepB-Hib-IPV vaccine recommended at 2, 4 and 11 months. Coverage estimate based on estimated DTP1 coverage. Programme reports four to five month vaccine stockout at national level. GoC=No accepted empirical data

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | NA   | NA   | NA   | 95   | 94   | 94   | 94   | 94   | 95   | 95   | 89   | 82   |
| Estimate GoC   | NA   | NA   | NA   | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 64   |
| Administrative | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 68   | 68   | 97   | 89   | 64   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

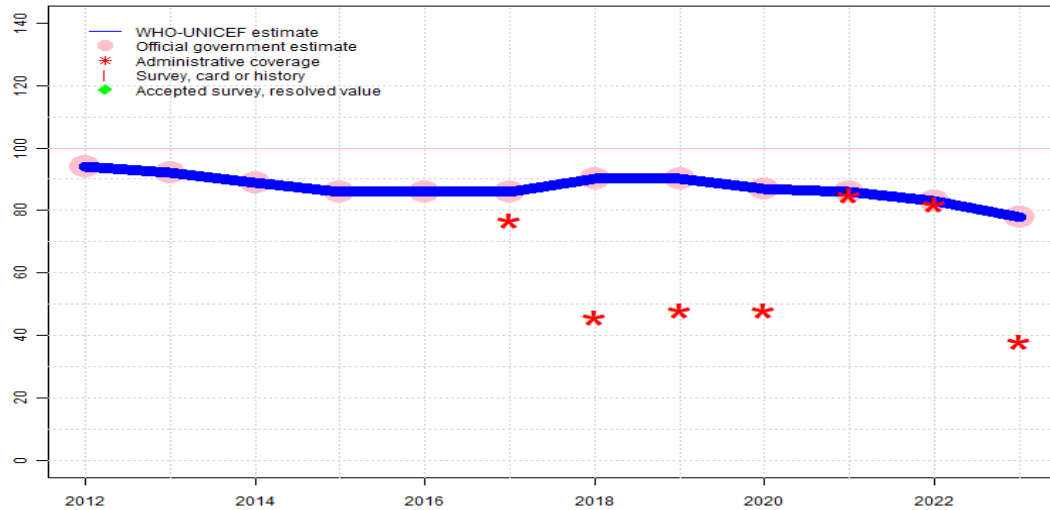
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Romania - MCV1

ROU - MCV1



## Description:

- 2023: Estimate informed by reported data. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnscbt.ro/index.php/metodologii/estimates-acopeirii-vaccinale](http://www.cnscbt.ro/index.php/metodologii/estimates-acopeirii-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimates may be overestimated. Reported coverage is from annual survey estimation based on July 2018 birth cohort from the family doctors lists as denominator and number of dosed administrated until 18 month of age as the numerator. Estimate challenged by: 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. Programme reports one to two months of vaccine stockout. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Results of a register based survey suggest vaccination coverage of 90 percent. GoC=R+
- 2015: Estimate informed by reported data. GoC=R+
- 2014: Estimate informed by reported data. GoC=R+
- 2013: Estimate informed by reported data. GoC=R+
- 2012: Estimate informed by reported data. GoC=R+

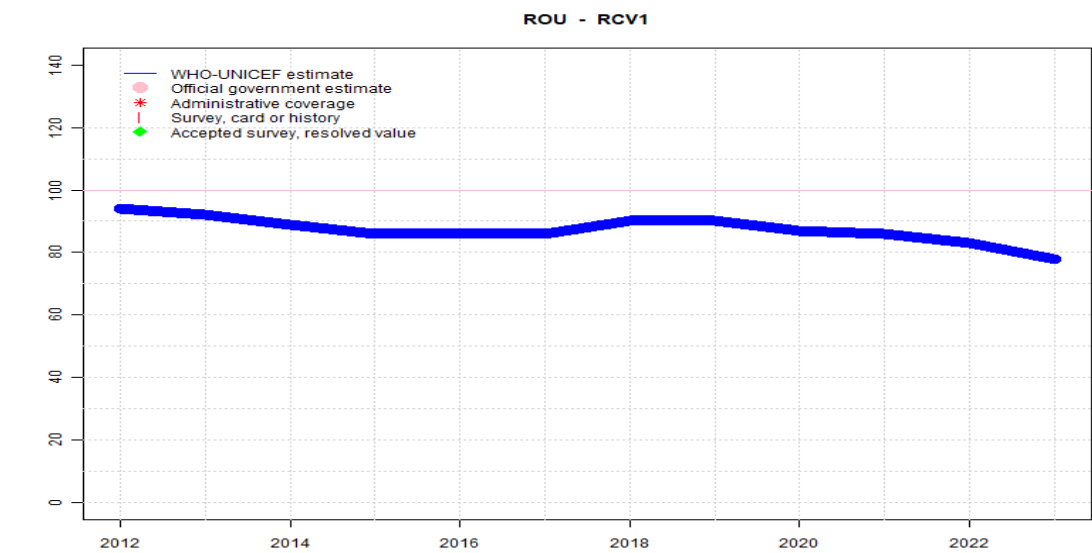
|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 94   | 92   | 89   | 86   | 86   | 86   | 90   | 90   | 87   | 86   | 83   | 78   |
| Estimate GoC   | ●●   | ●●   | ●●   | ●●   | ●●   | ●    | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | 94   | 92   | 89   | 86   | 86   | 86   | 90   | 90   | 87   | 86   | 83   | 78   |
| Administrative | NA   | NA   | NA   | NA   | NA   | 77   | 46   | 48   | 48   | 85   | 82   | 38   |
| 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.

# Romania - RCV1



## Description:

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

2023: Estimate based on estimated MCV1. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnsb.ro/index.php/metodologii/estimari-acopecirii-vaccinale](http://www.cnsb.ro/index.php/metodologii/estimari-acopecirii-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Estimate challenged by: D-

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

2019: Estimate based on estimated MCV1. Estimate challenged by: D-

2018: Estimate based on estimated MCV1. Estimate challenged by: D-

2017: Estimate based on estimated MCV1. Estimate challenged by: D-

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

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

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

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

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

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 94   | 92   | 89   | 86   | 86   | 86   | 90   | 90   | 87   | 86   | 83   | 78   |
| Estimate GoC   | ••   | ••   | ••   | ••   | ••   | •    | •    | •    | •    | •    | •    | •    |
| Official       | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |
| Administrative | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

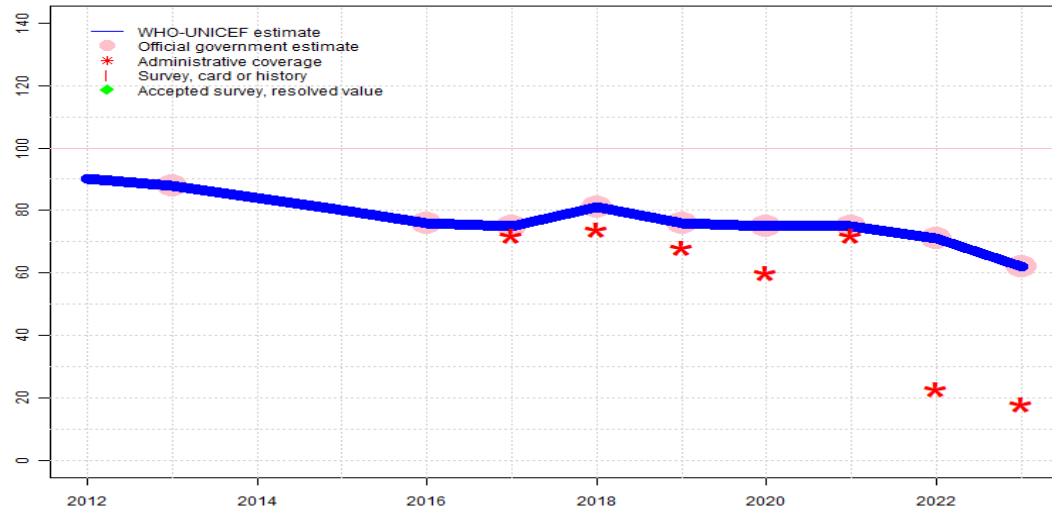
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

# Romania - MCV2

ROU - 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. Programme notes an important decline in 2023 potentially still related to Covid-19. Coverage is estimated from district-level assessment of each year cohort by age 12, 18 and 24 months through review of immunization records from family doctors. More information can be obtained at [www.cnscbt.ro/index.php/metodologii/estimates-acopeirii-vaccinale](http://www.cnscbt.ro/index.php/metodologii/estimates-acopeirii-vaccinale). No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+

2022: Estimate informed by reported data. Reported administrative coverage appears artificially lower than the prior year due in part to an unexplained increase in the reported target population. GoC=R+ D+

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

2020: Estimate informed by reported data. Estimates may be overestimated. Reported coverage is from annual survey estimation based on July 2018 birth cohort from the family doctors lists as denominator and number of dosed administrated until 18 month of age as the numerator. Estimate challenged by: 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. Programme reports one to two months of vaccine stockout. Estimate challenged by: D-

2016: Estimate informed by reported data. Government estimates of MMR second dose refer to children 5 years of age. GoC=R+

2015: Estimate informed by interpolation between reported data. GoC=No accepted empirical data

2014: Estimate informed by interpolation between reported data. GoC=No accepted empirical data

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

2012: Estimate informed by interpolation between reported data. GoC=No accepted empirical data

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 90   | 88   | 84   | 80   | 76   | 75   | 81   | 76   | 75   | 75   | 71   | 62   |
| Estimate GoC   | •    | ••   | •    | •    | ••   | •    | •    | •    | •    | ••   | ••   | ••   |
| Official       | NA   | 88   | NA   | NA   | 76   | 75   | 81   | 76   | 75   | 75   | 71   | 62   |
| Administrative | NA   | NA   | NA   | NA   | NA   | 72   | 74   | 68   | 60   | 72   | 23   | 18   |
| 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.

# Romania - 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.

2016 ANALIZA REZULTATELOR ESTIMARII ACOPERIRII VACCINALE LA VARSTA DE 18 LUNI PENTRU COPIII NASCUTI IN LUNA IULIE, 2016

Vaccine Confirmation method Coverage Age cohort Sample Cards seen

|       |          |      |      |       |   |
|-------|----------|------|------|-------|---|
| BCG   | Register | 96   | 18 m | 14766 | - |
| DTP3  | Register | 86.2 | 18 m | 14766 | - |
| HepB3 | Register | 92.6 | 18 m | 14766 | - |
| Hib3  | Register | 86.2 | 18 m | 14766 | - |
| MCV1  | Register | 89.6 | 18 m | 14766 | - |

2007 Anchetei semestriale de acoperire vaccinala efectuata in luna ianuarie 2009

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG     | Card                | 99.2     | 18-24 m    | 33897  | -          |
| DTP3    | Card                | 95.7     | 18-24 m    | 33897  | -          |
| HepB3   | Card                | 98.2     | 18-24 m    | 33897  | -          |
| MCV1    | Card                | 96.5     | 18-24 m    | 33897  | -          |
| Pol3    | Card                | 95.7     | 18-24 m    | 33897  | -          |

## Romania - 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>