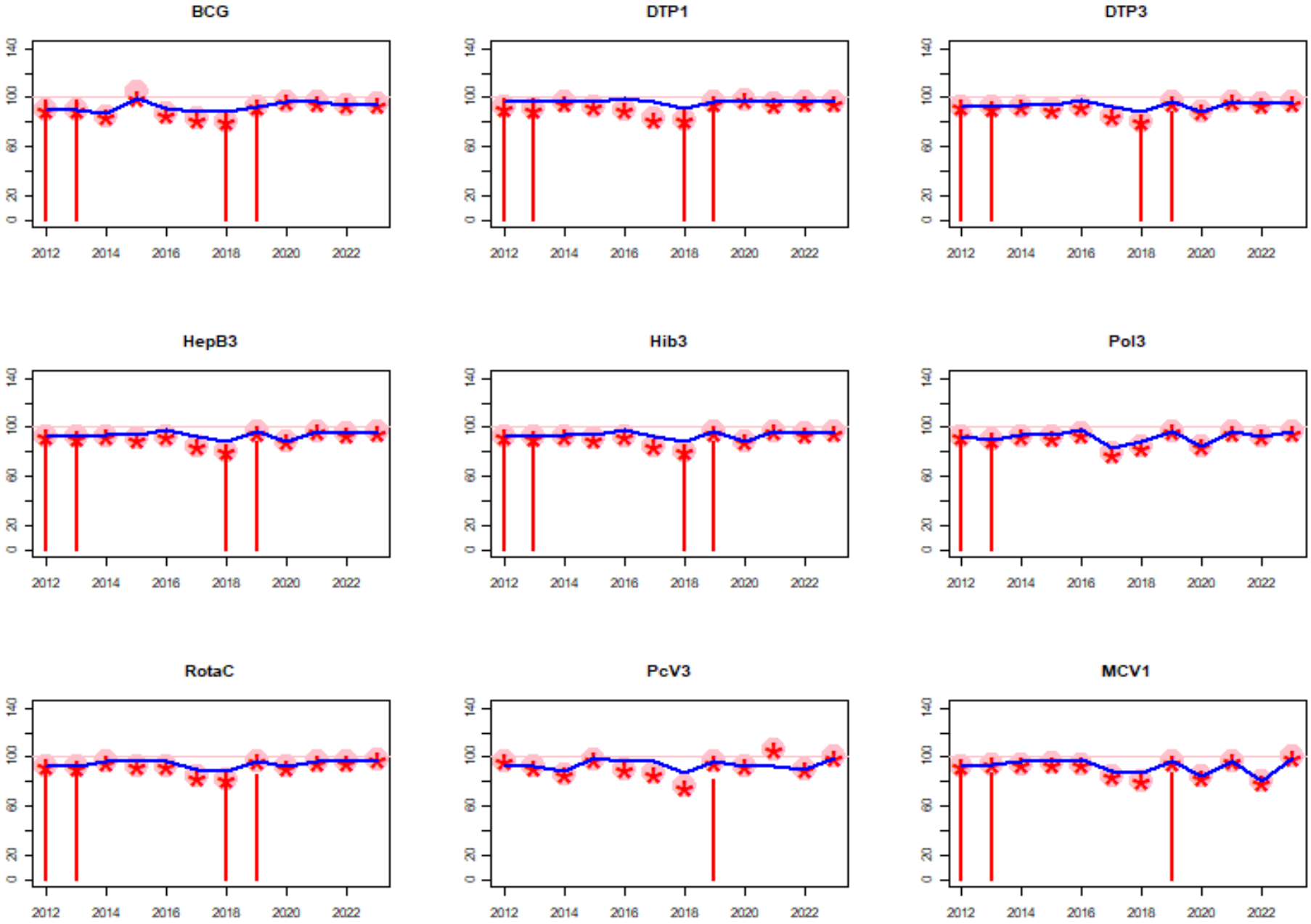

BCG
DTP1
DTP3
HepB3
Hib3
Pol3
RotaC
PcV3
MCV1
0
20
60
100
140
2012
2014
2016
2018
2020
2022

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

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

*Burton et al. 2009. Bull World Health Organ.
*Burton et al. 2012. PLoS One.
*Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES.

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

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

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

ABBREVIATIONS

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

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

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

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV. Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

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

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

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

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

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

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

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

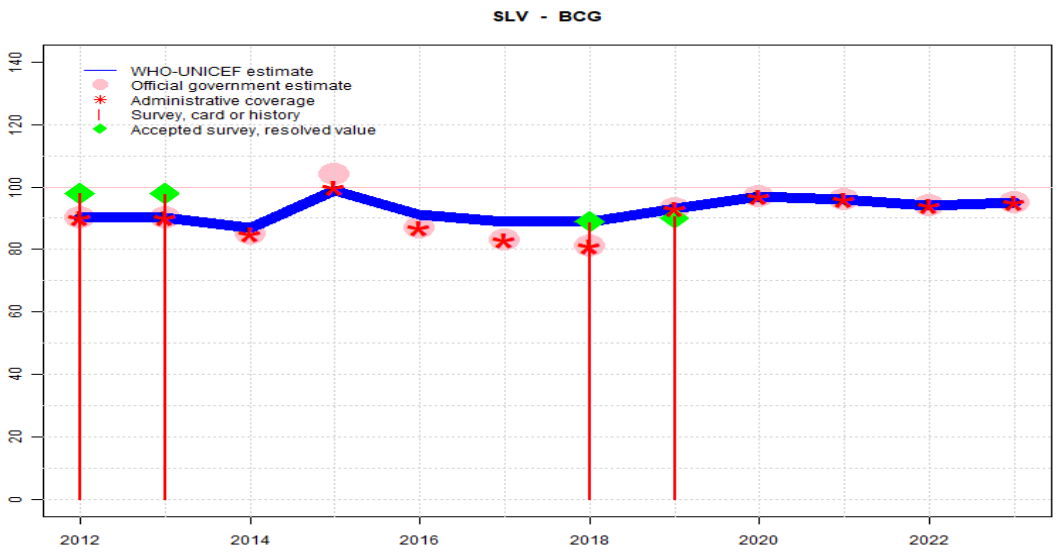
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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

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

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

El Salvador - BCG



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	90	87	99	91	89	89	93	97	96	94	95
Estimate GoC	●●●	●●●	●	●	●	●	●	●●●	●	●	●	●
Official	90	90	85	104	87	83	81	93	97	96	94	95
Administrative	90	90	85	100	87	83	81	93	97	96	94	95
Survey	97.9	97.7	NA	NA	NA	NA	88.6	90.4	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Programme reports a one month vaccine stockout at national level. Estimate of 94 percent changed from previous revision value of 75 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 96 percent changed from previous revision value of 77 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate of 97 percent changed from previous revision value of 85 percent. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Estimate of 93 percent changed from previous revision value of 90 percent. GoC=R+ S+ D+

2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-

2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2016: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

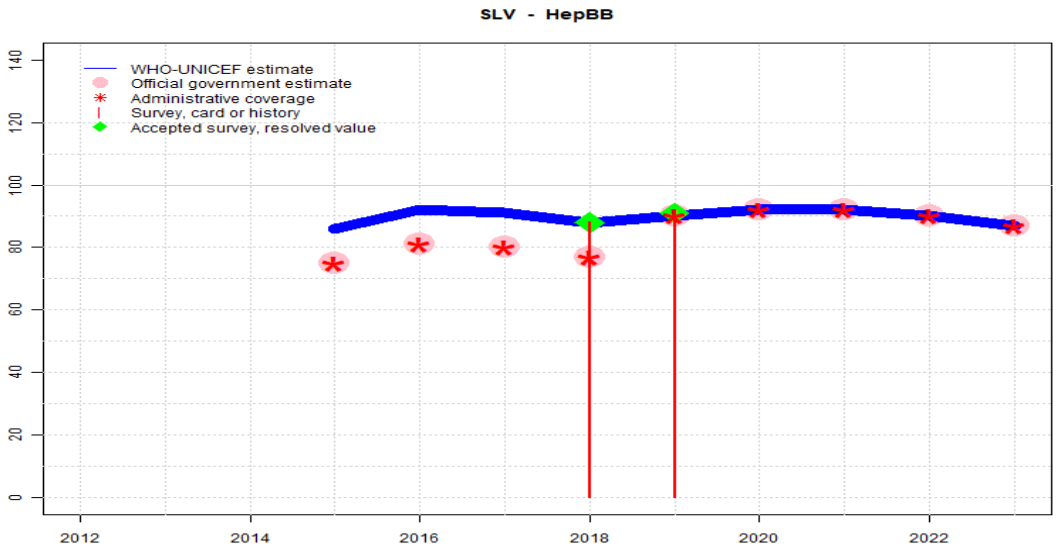
2015: Reported data calibrated to 2013 and 2018 levels. Estimate based on reported data following recovery from reported vaccine stockout. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2018 levels. Programme reported a four months vaccine stockout at national level. Estimate challenged by: R-S-

2013: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). 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+

El Salvador - HepBB



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	86	92	91	88	90	92	92	90	87
Estimate GoC	NA	NA	NA	•	•	•	•	•••	•	•	•	•
Official	NA	NA	NA	75	81	80	77	90	92	92	90	87
Administrative	NA	NA	NA	75	81	80	77	90	92	92	90	87
Survey	NA	NA	NA	NA	NA	NA	88.2	90.7	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate of 90 percent changed from previous revision value of 86 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate of 92 percent changed from previous revision value of 90 percent. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Estimate of 90 percent changed from previous revision value of 91 percent. GoC=R+ S+ D+

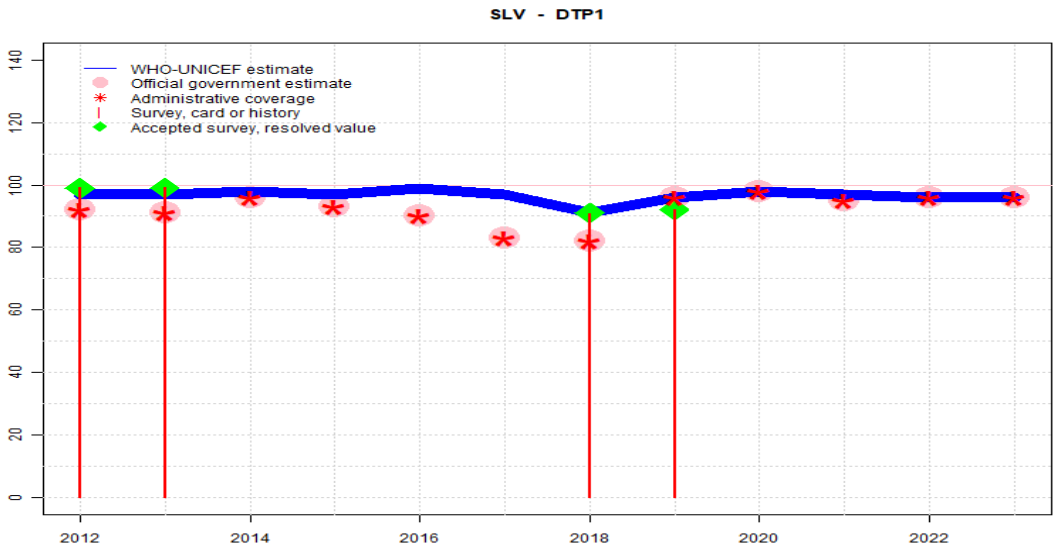
2018: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 88 percent based on 1 survey(s). Estimate challenged by: R-

2017: Reported data calibrated to 2018 levels. Estimate challenged by: R-

2016: Reported data calibrated to 2018 levels. Estimate challenged by: R-

2015: Reported data calibrated to 2018 levels. HepB birth dose introduced in February 2015. Estimate challenged by: D-R-

El Salvador - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	97	97	98	97	99	97	91	96	98	97	96	96
Estimate GoC	•	•	•	•	•	•	•	•••	•	•	•	•
Official	92	91	96	93	90	83	82	96	98	95	96	96
Administrative	92	91	96	93	90	83	82	96	98	95	96	96
Survey	99.1	99.3	NA	NA	NA	NA	90.7	92	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate of 96 percent changed from previous revision value of 76 percent. Estimate challenged by: D-

2021: Estimate exceptionally assigned to DTP3 level with a recognition that there is no evidence for zero dropout between the first and third dose. Estimate of 97 percent changed from previous revision value of 78 percent. Estimate challenged by: D-R-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate of 98 percent changed from previous revision value of 87 percent. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Estimate informed by survey result. Estimate of 96 percent changed from previous revision value of 92 percent. GoC=R+ S+ D+

2018: Estimate of 91 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-

2017: DTP1 coverage estimated based on DTP3 coverage of 92. Reported coverage would result in negative dropout. Estimate challenged by: R-

2016: DTP1 coverage estimated based on DTP3 coverage of 98. Estimate challenged by: R-

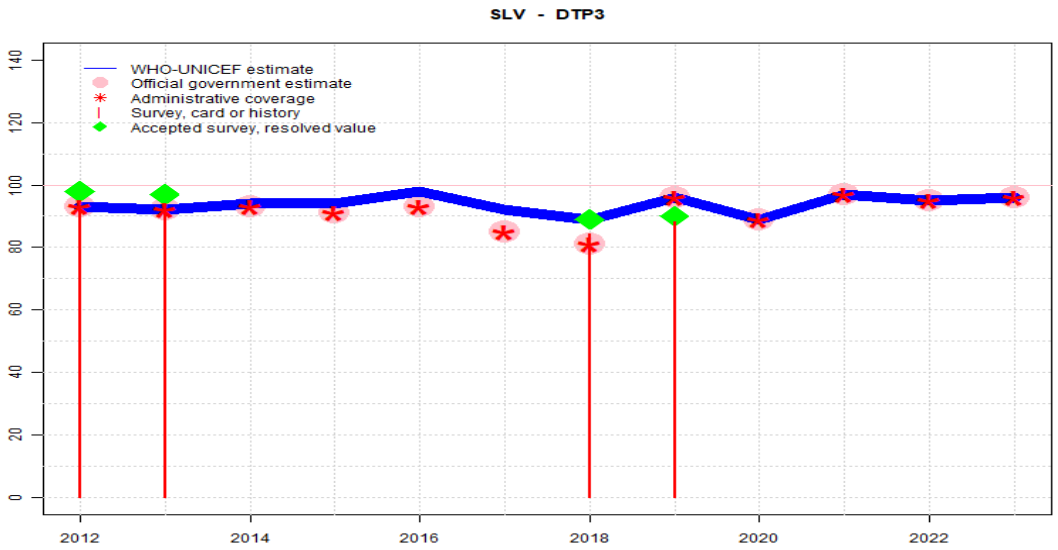
2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2013: DTP1 coverage estimated based on DTP3 coverage of 92. Estimate challenged by: R-

2012: DTP1 coverage estimated based on DTP3 coverage of 93. Estimate challenged by: R-

El Salvador - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	93	92	94	94	98	92	89	96	89	97	95	96
Estimate GoC	●●●	●●●	●	●	●	●	●	●●●	●	●	●	●
Official	93	92	93	91	93	85	81	96	89	97	95	96
Administrative	93	92	93	91	93	85	81	96	89	97	95	96
Survey	93.3	93.5	NA	NA	NA	NA	84.2	88.2	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 75 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 97 percent changed from previous revision value of 78 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate of 89 percent changed from previous revision value of 76 percent. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Encuesta Nacional de Salud (ENS), El Salvador 2021 card or history results of 88 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 86 percent. Estimate of 96 percent changed from previous revision value of 90 percent. GoC=R+ S+ D+

2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Encuesta Nacional de Salud (ENS), El Salvador 2021 card or history results of 84 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 81 percent and 3rd dose card only coverage of 80 percent. Estimate challenged by: R-

2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2016: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

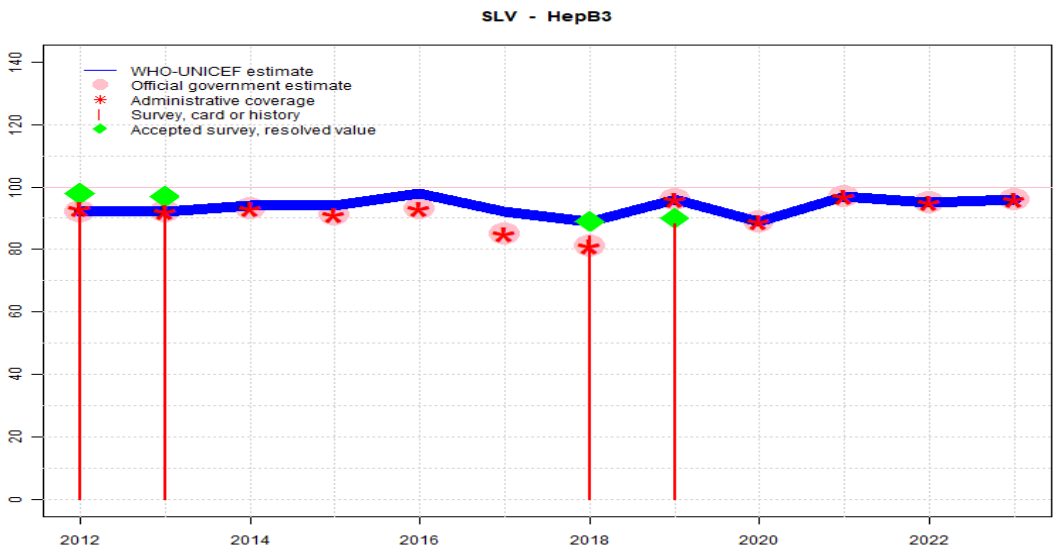
2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014 card or history results of 94 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 90 percent and 3rd dose card only coverage of 88 percent. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014 card or history results of 93 percent modifed for recall bias to 98 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 87 percent and 3rd dose card only coverage of 86 percent. GoC=R+ S+ D+

El Salvador - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	92	92	94	94	98	92	89	96	89	97	95	96
Estimate GoC	●●●	●●●	●	●	●	●	●	●●●	●	●	●	●
Official	92	92	93	91	93	85	81	96	89	97	95	96
Administrative	93	92	93	91	93	85	81	96	89	97	95	96
Survey	93.3	93.5	NA	NA	NA	NA	84.2	88.2	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 75 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 97 percent changed from previous revision value of 78 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate of 89 percent changed from previous revision value of 76 percent. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Encuesta Nacional de Salud (ENS), El Salvador 2021 card or history results of 88 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 86 percent. Estimate of 96 percent changed from previous revision value of 90 percent. GoC=R+ S+ D+

2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Encuesta Nacional de Salud (ENS), El Salvador 2021 card or history results of 84 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 81 percent and 3rd dose card only coverage of 80 percent. Estimate challenged by: R-

2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2016: Reported data calibrated to 2013 and 2018 levels. Programme reports three months vaccine stockout at national level. Estimate challenged by: R-

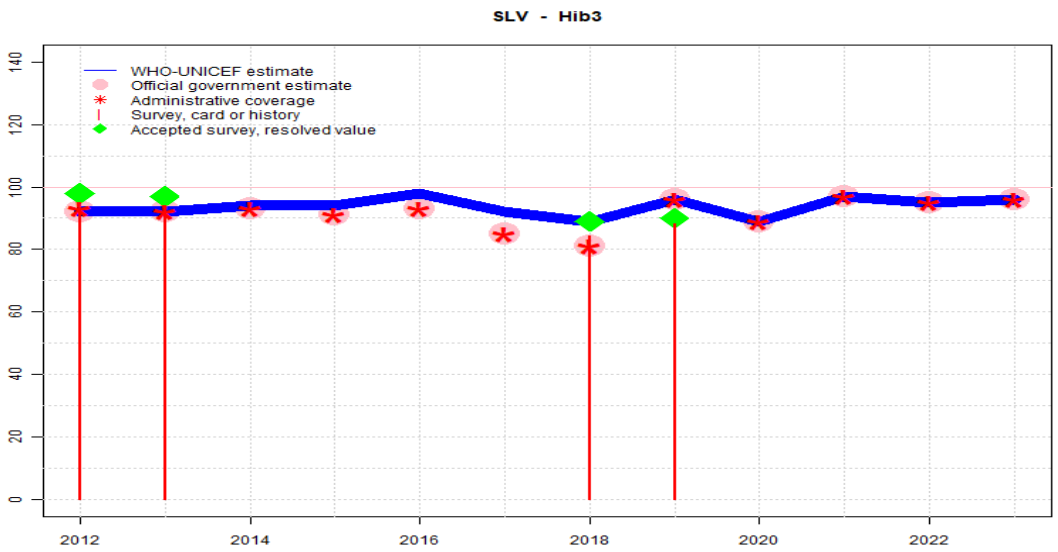
2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014 card or history results of 94 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 90 percent and 3rd dose card only coverage of 88 percent. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014 card or history results of 93 percent modifed for recall bias to 98 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 87 percent and 3rd dose card only coverage of 86 percent. GoC=R+ S+ D+

El Salvador - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	92	92	94	94	98	92	89	96	89	97	95	96
Estimate GoC	●●●	●●●	●	●	●	●	●	●●●	●	●	●	●
Official	92	92	93	91	93	85	81	96	89	97	95	96
Administrative	93	92	93	91	93	85	81	96	89	97	95	96
Survey	93.3	93.5	NA	NA	NA	NA	84.2	88.2	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 75 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 97 percent changed from previous revision value of 78 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate of 89 percent changed from previous revision value of 76 percent. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Encuesta Nacional de Salud (ENS), El Salvador 2021 card or history results of 88 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 86 percent. Estimate of 96 percent changed from previous revision value of 90 percent. GoC=R+ S+ D+

2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Encuesta Nacional de Salud (ENS), El Salvador 2021 card or history results of 84 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 81 percent and 3rd dose card only coverage of 80 percent. Estimate challenged by: R-

2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2016: Reported data calibrated to 2013 and 2018 levels. Programme reports three months vaccine stockout at national level. Estimate challenged by: R-

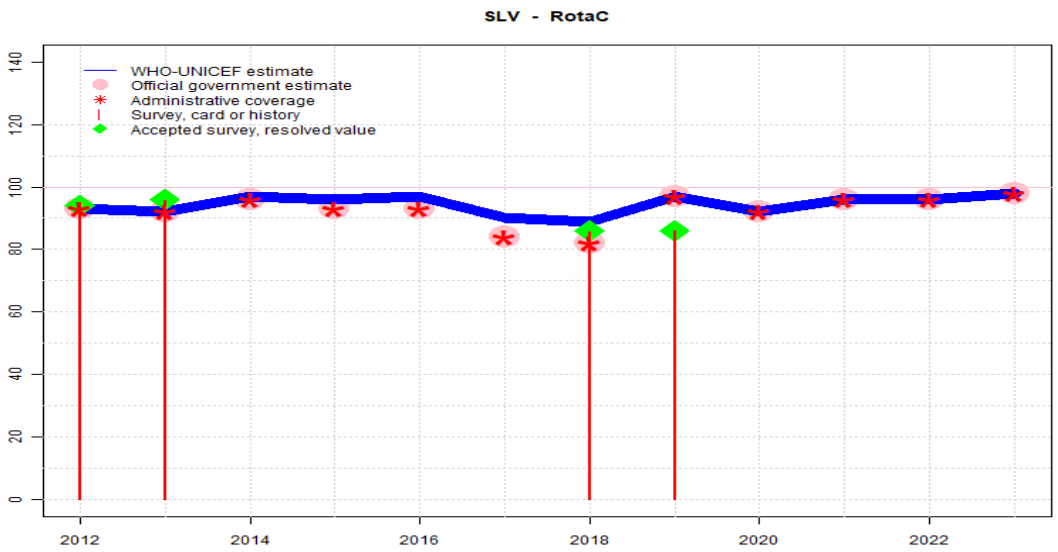
2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014 card or history results of 94 percent modifed for recall bias to 97 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 90 percent and 3rd dose card only coverage of 88 percent. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014 card or history results of 93 percent modifed for recall bias to 98 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 87 percent and 3rd dose card only coverage of 86 percent. GoC=R+ S+ D+

El Salvador - RotaC



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	93	92	97	96	97	90	89	97	92	96	96	98
Estimate GoC	●●●	●●●	●	●	●	●	●	●	●	●	●	●
Official	93	92	96	93	93	84	82	97	92	96	96	98
Administrative	93	92	96	93	93	84	82	97	92	96	96	98
Survey	94.2	95.7	NA	NA	NA	NA	85.5	86	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate of 96 percent changed from previous revision value of 76 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 96 percent changed from previous revision value of 77 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate of 92 percent changed from previous revision value of 77 percent. Estimate challenged by: D-

2019: Estimate is based on reported coverage for consistency with other vaccines. Estimate of 97 percent changed from previous revision value of 86 percent. Estimate challenged by: S-

2018: Estimate of 89 percent assigned by working group. Estimate is based on estimated DTP3 coverage. Estimate of 89 percent changed from previous revision value of 86 percent. Estimate challenged by: R-

2017: Reported data calibrated to 2013 and 2018 levels. Estimate of 90 percent changed from previous revision value of 87 percent. Estimate challenged by: R-

2016: Reported data calibrated to 2013 and 2018 levels. Estimate of 97 percent changed from previous revision value of 95 percent. Estimate challenged by: R-S-

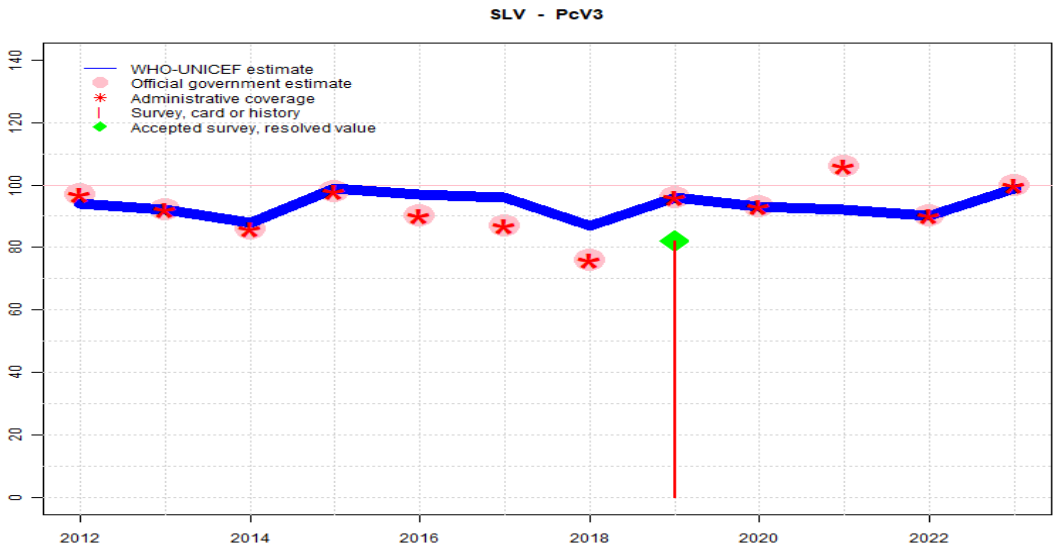
2015: Reported data calibrated to 2013 and 2018 levels. Estimate of 96 percent changed from previous revision value of 95 percent. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+

El Salvador - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	92	88	99	97	96	87	96	93	92	90	99
Estimate GoC	•	••	•	•	•	•	•	•	•	•••	•	•
Official	97	92	86	98	90	87	76	96	93	106	90	100
Administrative	97	92	86	98	90	87	76	96	93	106	90	100
Survey	NA	NA	NA	NA	NA	NA	NA	82	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate of 90 percent changed from previous revision value of 73 percent. Estimate challenged by: D-

2021: Estimate informed by interpolation between reported data. Reported data excluded because 106 percent greater than 100 percent. Reported data excluded due to an increase from 93 percent to 106 percent with decrease 90 percent. GoC=R+ S+ D+

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Estimate of 93 percent changed from previous revision value of 81 percent. Estimate challenged by: S-

2019: Estimate is based on reported coverage for consistency with other vaccines. Encuesta Nacional de Salud (ENS), El Salvador 2021 card or history results of 82 percent modifed for recall bias to 82 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 88 percent and 3rd dose card only coverage of 79 percent. Estimate of 96 percent changed from previous revision value of 85 percent. Estimate challenged by: S-

2018: Estimate of 87 percent assigned by working group. Estimate informed by survey result. . Estimate challenged by: R-

2017: Reported data calibrated to 2013 and 2018 levels. Programme reports a four months vaccine stockout at national level. Estimate of 96 percent changed from previous revision value of 95 percent. Estimate challenged by: R-S-

2016: Reported data calibrated to 2013 and 2018 levels. Programme reports two months vaccine stockout at national level. Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

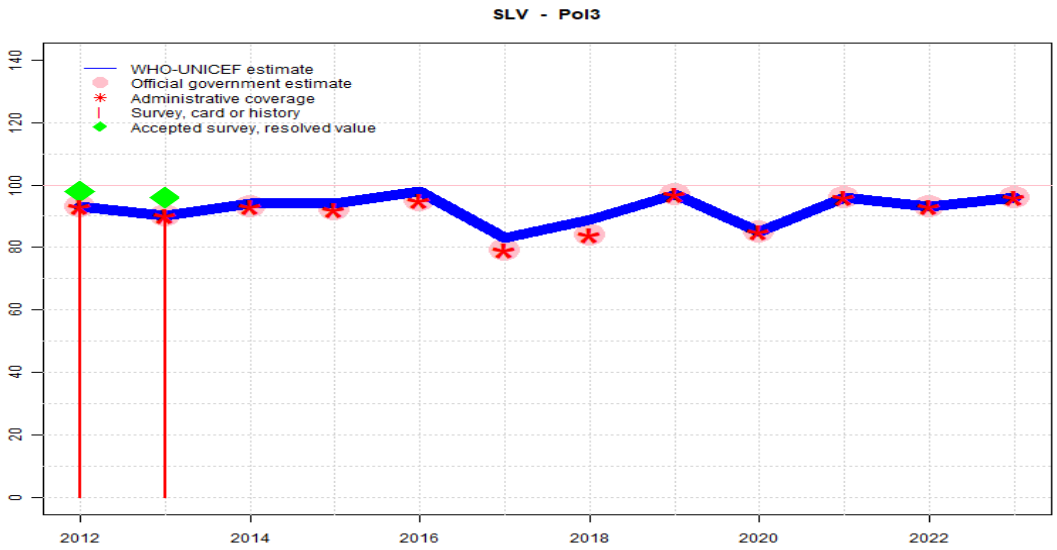
2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2013: Estimate informed by reported data. Estimate of 92 percent changed from previous revision value of 91 percent. GoC=R+ D+

2012: Estimate of 94 percent assigned by working group. Estimate informed by reported data. Estimate challenged by: R-

El Salvador - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	93	90	94	94	98	83	89	97	85	96	93	96
Estimate GoC	●●●	●●●	●	●	●	●	●	●●	●	●	●	●
Official	93	90	93	92	95	79	84	97	85	96	93	96
Administrative	93	90	93	92	95	79	84	97	85	96	93	96
Survey	94.2	92.2	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate of 93 percent changed from previous revision value of 74 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. . Estimate of 96 percent changed from previous revision value of 78 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Programme reports a one month IPV vaccine stockout at national and subnational levels. Estimate of 85 percent changed from previous revision value of 73 percent. Estimate challenged by: D-

2019: Estimate is based on reported coverage for consistency with other vaccines. . Estimate of 97 percent changed from previous revision value of 90 percent. GoC=R+ D+

2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-

2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2016: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

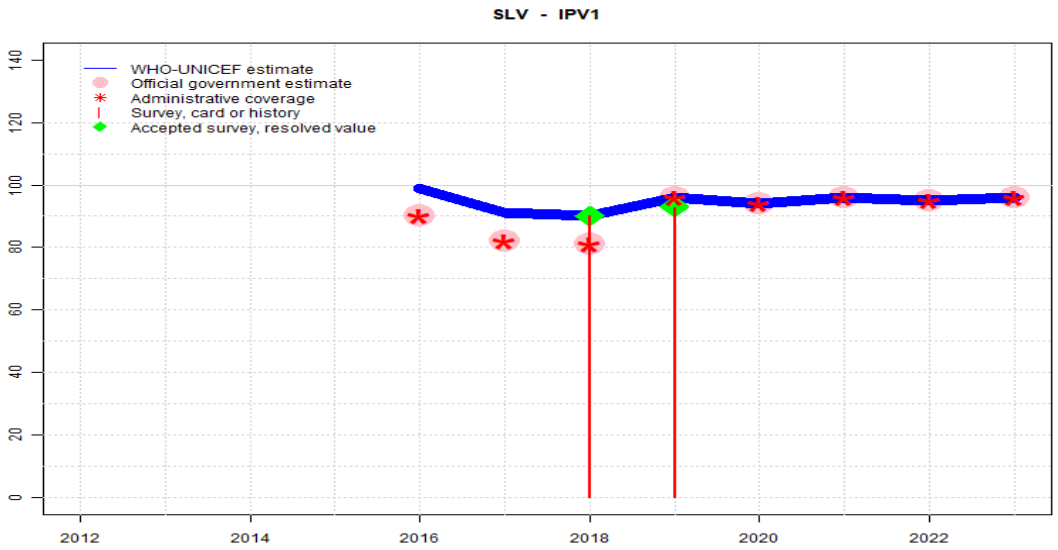
2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014 card or history results of 92 percent modifed for recall bias to 96 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 89 percent and 3rd dose card only coverage of 86 percent. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014 card or history results of 94 percent modifed for recall bias to 98 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 87 percent and 3rd dose card only coverage of 86 percent. GoC=R+ S+ D+

El Salvador - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	99	91	90	96	94	96	95	96
Estimate GoC	NA	NA	NA	NA	•	•	•	•••	•	•	•	•
Official	NA	NA	NA	NA	90	82	81	96	94	96	95	96
Administrative	NA	NA	NA	NA	90	82	81	96	94	96	95	96
Survey	NA	NA	NA	NA	NA	NA	90.3	92.8	NA	NA	NA	NA

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

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

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

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

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

Description:

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

2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Estimate of 95 percent changed from previous revision value of 76 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 96 percent changed from previous revision value of 78 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Programme reports a one month vaccine stockout at national and subnational levels. Estimate of 94 percent changed from previous revision value of 82 percent. Estimate challenged by: D-

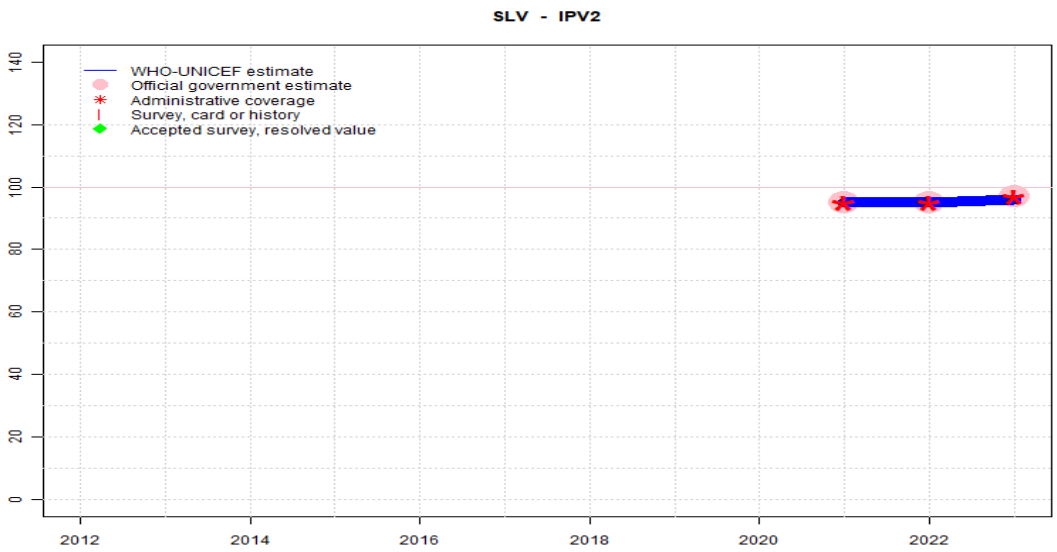
2019: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Estimate of 96 percent changed from previous revision value of 93 percent. GoC=R+ S+ D+

2018: Estimate of 90 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-

2017: Reported data calibrated to 2018 levels. Estimate challenged by: R-

2016: Reported data calibrated to 2018 levels. Inactivated polio vaccine introduced during 2016. Estimate challenged by: R-

El Salvador - IPV2



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

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

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

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

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

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

Description:

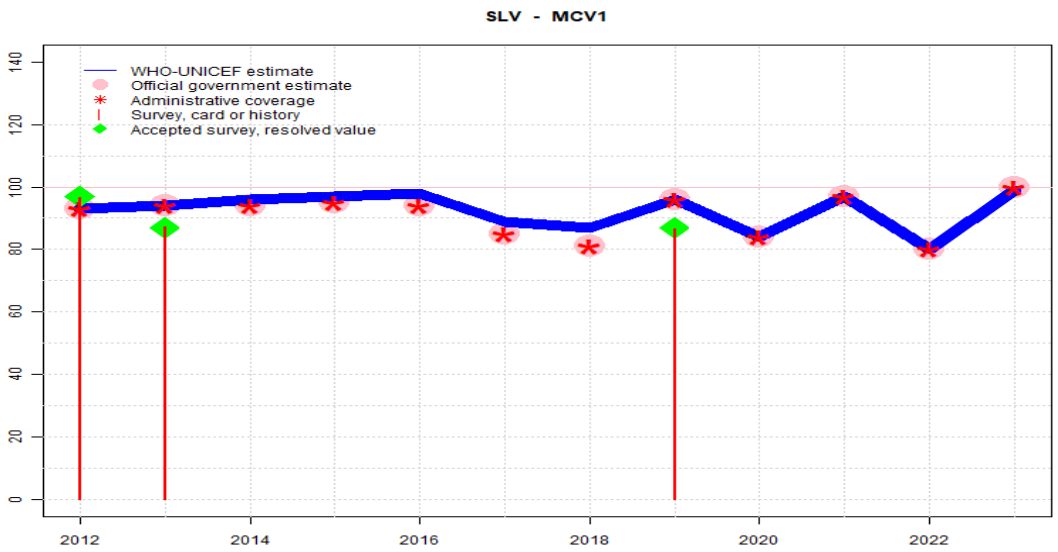
Estimates for a second dose of inactivated polio vaccine (IPV) begin in 2021 following a Strategic Advisory Group of Experts on Immunization (SAGE) recommendation in October 2020 that a second IPV dose increases protection against all polioviruses, including protection against paralysis caused by vaccine 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 is based on estimated IPV1 assuming no dropout. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-R-

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

2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced prior to 2021. Estimate challenged by: D-

El Salvador - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	93	94	96	97	98	89	87	96	84	97	80	99
Estimate GoC	●●●	●●●	●	●	●	●	●	●●●	●●●	●	●	●
Official	93	94	94	95	94	85	81	96	84	97	80	100
Administrative	93	94	94	95	94	85	81	96	84	97	80	100
Survey	96.7	87.2	NA	NA	NA	NA	NA	86.7	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Consistent with trend observed for other antigens. Estimate challenged by: D-

2022: Estimate informed by reported data. Consistent with trend observed for other antigens. Estimate of 80 percent changed from previous revision value of 65 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. . Estimate of 97 percent changed from previous revision value of 85 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Programme reports a five month vaccine stockout at national and subnational levels. Estimate of 84 percent changed from previous revision value of 74 percent. GoC=R+ S+ D+

2019: Estimate is based on reported coverage consistent with other vaccines. . Estimate of 96 percent changed from previous revision value of 85 percent. GoC=R+ S+ D+

2018: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Programme reports a three months vaccine stockout at national level. Estimate challenged by: R-

2017: Reported data calibrated to 2013 and 2018 levels. Programme reports a three months vaccine stockout at national level. Estimate challenged by: R-

2016: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

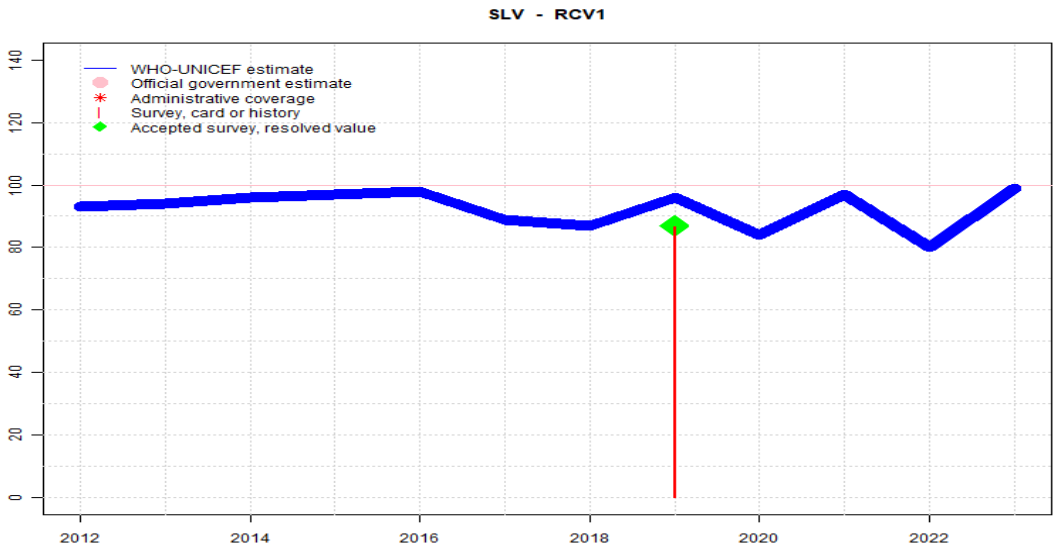
2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

El Salvador - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	93	94	96	97	98	89	87	96	84	97	80	99
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	86.7	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. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. Estimate of 80 percent changed from previous revision value of 65 percent. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Estimate of 97 percent changed from previous revision value of 85 percent. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. Programme reports a eight month syringe stockout. Estimate of 84 percent changed from previous revision value of 74 percent. GoC=R+ S+ D+

2019: Estimate based on estimated MCV1. Estimate of 96 percent changed from previous revision value of 85 percent. GoC=R+ S+ D+

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

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

2016: Estimate based on estimated MCV1. Estimate challenged by: R-

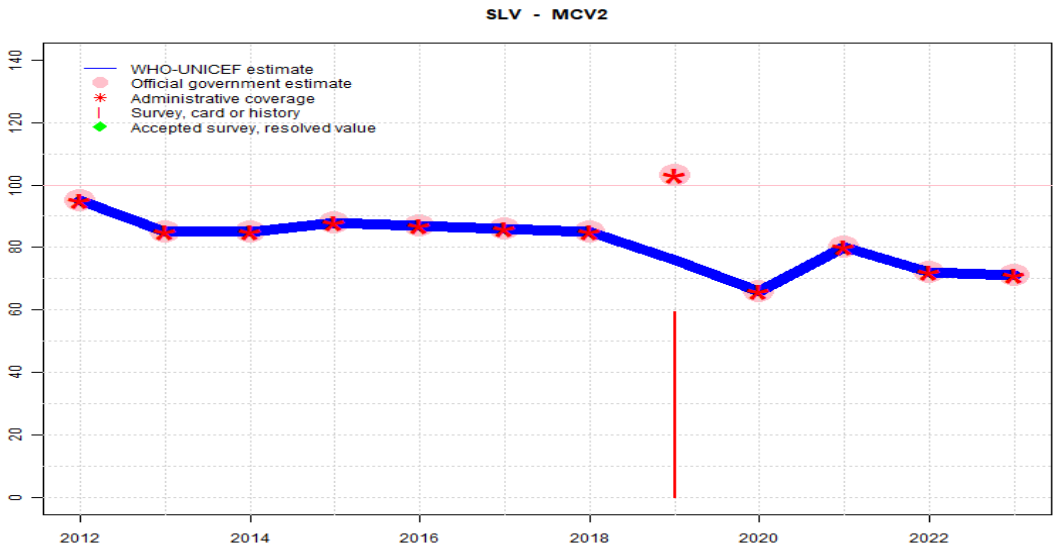
2015: Estimate based on estimated MCV1. Estimate challenged by: R-

2014: Estimate based on estimated MCV1. Estimate challenged by: R-

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

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

El Salvador - MCV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	95	85	85	88	87	86	85	76	66	80	72	71
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●	●●	●●	●	●
Official	95	85	85	88	87	86	85	103	66	80	72	71
Administrative	95	85	85	88	87	86	85	103	66	80	72	71
Survey	NA	NA	NA	NA	NA	NA	NA	59.4	NA	NA	NA	NA

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

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

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

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

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

Description:

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

2023: Estimate informed by reported data. Reported coverage from 2019 to 2023 uses a revised target population derived from a data triangulation exercise conducted in 2023 and takes into account birth registration. Estimate challenged by: D-

2022: Estimate informed by reported data. Consistent with trend observed for other antigens. Estimate of 72 percent changed from previous revision value of 58 percent. Estimate challenged by: D-

2021: Estimate informed by reported data. Recovery consistent with recovery from syringe stockout and in the context of Covid-19. Estimate of 80 percent changed from previous revision value of 70 percent. GoC=R+ D+

2020: Estimate informed by reported data. Programme reports a eight month syringe stockout. Programme reports a five month vaccine stockout at national and subnational levels. Estimate of 66 percent changed from previous revision value of 56 percent. GoC=R+ D+

2019: Estimate informed by interpolation between reported data. Encuesta Nacional de Salud (ENS), El Salvador 2021 results ignored by working group. Recommended age of vaccination with the second dose of measles containing vaccine changed from 2019 to 2020. Survey results are misaligned with identification of the change in schedule.Reported data excluded because 103 percent greater than 100 percent. Reported data excluded due to an increase from 85 percent to 103 percent with decrease 66 percent. Country conducted a vaccination campaign in 2019. Reported coverage includes campaign doses. Estimate of 76 percent changed from previous revision value of 87 percent. Estimate challenged by: D-

2018: Estimate informed by reported data. Programme reports a three months vaccine stockout at national level. GoC=R+ D+

2017: Estimate informed by reported data. Programme reports a three months vaccine stockout at national level. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

2015: Estimate informed by reported data. GoC=R+ D+

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

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

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

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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.

2019 Encuesta Nacional de Salud (ENS), El Salvador 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.3	12-23 m	607	90
BCG	Card	86.7	12-23 m	607	90
BCG	Card or History	90.4	12-23 m	607	90
BCG	History	3.7	12-23 m	607	90
DTP1	C or H <12 months	91.3	12-23 m	607	90
DTP1	Card	87.7	12-23 m	607	90
DTP1	Card or History	92	12-23 m	607	90
DTP1	History	4.3	12-23 m	607	90
DTP3	C or H <12 months	83.6	12-23 m	607	90
DTP3	Card	85.5	12-23 m	607	90
DTP3	Card or History	88.2	12-23 m	607	90
DTP3	History	2.7	12-23 m	607	90
HepB1	C or H <12 months	91.3	12-23 m	607	90
HepB1	Card	87.7	12-23 m	607	90
HepB1	Card or History	92	12-23 m	607	90
HepB1	History	4.3	12-23 m	607	90
HepB3	C or H <12 months	83.6	12-23 m	607	90
HepB3	Card	85.5	12-23 m	607	90
HepB3	Card or History	88.2	12-23 m	607	90
HepB3	History	2.7	12-23 m	607	90
HepBB	C or H <12 months	90.7	12-23 m	607	90
HepBB	Card	86.7	12-23 m	607	90
HepBB	Card or History	90.7	12-23 m	607	90
HepBB	History	4	12-23 m	607	90
Hib1	C or H <12 months	91.3	12-23 m	607	90
Hib1	Card	87.7	12-23 m	607	90
Hib1	Card or History	92	12-23 m	607	90
Hib1	History	4.3	12-23 m	607	90
Hib3	C or H <12 months	83.6	12-23 m	607	90
Hib3	Card	85.5	12-23 m	607	90
Hib3	Card or History	88.2	12-23 m	607	90
Hib3	History	2.7	12-23 m	607	90
IPV1	C or H <12 months	92.5	12-23 m	607	90
IPV1	Card	88	12-23 m	607	90
IPV1	Card or History	92.8	12-23 m	607	90
IPV1	History	4.8	12-23 m	607	90
MCV1	Card	78.5	24-35 m	782	-
MCV1	Card or History	86.7	24-35 m	782	-
MCV1	History	8.2	24-35 m	782	-
MCV2	Card	59	24-35 m	782	-
MCV2	Card or History	59.4	24-35 m	782	-
MCV2	History	0.4	24-35 m	782	-
PcV1	C or H <12 months	91.5	12-23 m	607	90
PcV1	Card	88.4	12-23 m	607	90
PcV1	Card or History	92.3	12-23 m	607	90
PcV1	History	3.9	12-23 m	607	90
PcV3	Card	79	24-35 m	782	-
PcV3	Card or History	82	24-35 m	782	-
PcV3	History	3	24-35 m	782	-
RotaC	C or H <12 months	84.3	12-23 m	607	90
RotaC	Card	82.9	12-23 m	607	90
RotaC	Card or History	86	12-23 m	607	90
RotaC	History	3.1	12-23 m	607	90

2018 Encuesta Nacional de Salud (ENS), El Salvador 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	78.9	24-35 m	782	-
BCG	Card or History	88.6	24-35 m	782	-
BCG	History	9.7	24-35 m	782	-
DTP1	Card	80.8	24-35 m	782	-
DTP1	Card or History	90.7	24-35 m	782	-
DTP1	History	9.8	24-35 m	782	-

DTP3	Card	79.7	24-35 m	782	-
DTP3	Card or History	84.2	24-35 m	782	-
DTP3	History	4.5	24-35 m	782	-
HepB1	Card	80.8	24-35 m	782	-
HepB1	Card or History	90.7	24-35 m	782	-
HepB1	History	9.8	24-35 m	782	-
HepB3	Card	79.7	24-35 m	782	-
HepB3	Card or History	84.2	24-35 m	782	-
HepB3	History	4.5	24-35 m	782	-
HepBB	Card	78.9	24-35 m	782	-
HepBB	Card or History	88.2	24-35 m	782	-
HepBB	History	9.3	24-35 m	782	-
Hib1	Card	80.8	24-35 m	782	-
Hib1	Card or History	90.7	24-35 m	782	-
Hib1	History	9.8	24-35 m	782	-
Hib3	Card	79.7	24-35 m	782	-
Hib3	Card or History	84.2	24-35 m	782	-
Hib3	History	4.5	24-35 m	782	-
IPV1	Card	80.6	24-35 m	782	-
IPV1	Card or History	90.3	24-35 m	782	-
IPV1	History	9.8	24-35 m	782	-
PcV1	Card	81.3	24-35 m	782	-
PcV1	Card or History	89.3	24-35 m	782	-
PcV1	History	8	24-35 m	782	-
RotaC	Card	79.8	24-35 m	782	-
RotaC	Card or History	85.5	24-35 m	782	-
RotaC	History	5.7	24-35 m	782	-

2013 El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97.7	12-23 m	1479	90
BCG	Card	88	12-23 m	1479	90
BCG	Card or History	97.7	12-23 m	1479	90
DTP1	C or H <12 months	99.3	12-23 m	1479	90
DTP1	Card	89.9	12-23 m	1479	90
DTP1	Card or History	99.3	12-23 m	1479	90
DTP3	C or H <12 months	91.8	12-23 m	1479	90
DTP3	Card	87.8	12-23 m	1479	90
DTP3	Card or History	93.5	12-23 m	1479	90
HepB1	C or H <12 months	99.3	12-23 m	1479	90
HepB1	Card	89.9	12-23 m	1479	90
HepB1	Card or History	99.3	12-23 m	1479	90
HepB3	C or H <12 months	91.8	12-23 m	1479	90
HepB3	Card	87.8	12-23 m	1479	90
HepB3	Card or History	93.5	12-23 m	1479	90
Hib1	C or H <12 months	99.3	12-23 m	1479	90
Hib1	Card	89.9	12-23 m	1479	90
Hib1	Card or History	99.3	12-23 m	1479	90
Hib3	C or H <12 months	91.8	12-23 m	1479	90
Hib3	Card	87.8	12-23 m	1479	90
Hib3	Card or History	93.5	12-23 m	1479	90
MCV1	Card	78.6	12-23 m	1479	90
MCV1	Card or History	87.2	12-23 m	1479	90
PcV1	C or H <12 months	99.2	12-23 m	1479	90
PcV1	Card	89.9	12-23 m	1479	90
PcV1	Card or History	99.2	12-23 m	1479	90
PcV3	Card	78.6	12-23 m	1479	90
Pol1	C or H <12 months	98.9	12-23 m	1479	90
Pol1	Card	89.3	12-23 m	1479	90
Pol1	Card or History	98.9	12-23 m	1479	90
Pol3	C or H <12 months	89.1	12-23 m	1479	90
Pol3	Card	86.3	12-23 m	1479	90
Pol3	Card or History	92.2	12-23 m	1479	90
RotaC	C or H <12 months	95.2	12-23 m	1479	90
RotaC	Card	88.4	12-23 m	1479	90
RotaC	Card or History	95.7	12-23 m	1479	90

2012 El Salvador: Encuesta Nacional de Salud de Indicadores Multiples Por Conglomerados 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97.9	24-35 m	1453	-
BCG	Card	85.3	24-35 m	1453	-
BCG	Card or History	97.9	24-35 m	1453	-
DTP1	C or H <12 months	98.6	24-35 m	1453	-
DTP1	Card	86.8	24-35 m	1453	-

DTP1	Card or History	99.1	24-35 m	1453	-
DTP3	C or H <12 months	90.6	24-35 m	1453	-
DTP3	Card	86.2	24-35 m	1453	-
DTP3	Card or History	93.3	24-35 m	1453	-
HepB1	C or H <12 months	98.6	24-35 m	1453	-
HepB1	Card	86.8	24-35 m	1453	-
HepB1	Card or History	99.1	24-35 m	1453	-
HepB3	C or H <12 months	90.6	24-35 m	1453	-
HepB3	Card	86.2	24-35 m	1453	-
HepB3	Card or History	93.3	24-35 m	1453	-
Hib1	C or H <12 months	98.6	24-35 m	1453	-
Hib1	Card	86.8	24-35 m	1453	-
Hib1	Card or History	99.1	24-35 m	1453	-
Hib3	C or H <12 months	90.6	24-35 m	1453	-
Hib3	Card	86.2	24-35 m	1453	-
Hib3	Card or History	93.3	24-35 m	1453	-
MCV1	C or H <12 months	96.1	24-35 m	1453	-
MCV1	Card	85.3	24-35 m	1453	-
MCV1	Card or History	96.7	24-35 m	1453	-
PcV1	C or H <12 months	98.2	24-35 m	1453	-
PcV1	Card	87	24-35 m	1453	-
PcV1	Card or History	98.6	24-35 m	1453	-
Pol1	C or H <12 months	98.9	24-35 m	1453	-
Pol1	Card	86.8	24-35 m	1453	-
Pol1	Card or History	99.4	24-35 m	1453	-
Pol3	C or H <12 months	90	24-35 m	1453	-
Pol3	Card	86	24-35 m	1453	-
Pol3	Card or History	94.2	24-35 m	1453	-
RotaC	C or H <12 months	93.1	24-35 m	1453	-
RotaC	Card	85.5	24-35 m	1453	-
RotaC	Card or History	94.2	24-35 m	1453	-

2009 Encuesta de Cobertura Nacional de Vacunación El Salvador, 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	98.6	12-23 m	2550	99
DTP1	Card or History	97.4	12-23 m	2550	99
DTP3	Card or History	94.8	12-23 m	2550	99
HepB1	Card or History	97.4	12-23 m	2550	99
HepB3	Card or History	94.8	12-23 m	2550	99
Hib1	Card or History	97.4	12-23 m	2550	99
Hib3	Card or History	94.8	12-23 m	2550	99
MCV1	Card or History	95	12-23 m	2550	99
Pol1	Card or History	97.8	12-23 m	2550	99
Pol3	Card or History	95.9	12-23 m	2550	99
RotaC	Card or History	82	12-23 m	2550	99

2007 Encuesta Nacional de Salud Familiar FESAL 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.5	12-23 m	865	77
BCG	Card or History	98.3	12-23 m	865	77
DTP3	C or H <12 months	84.7	12-23 m	865	77
DTP3	Card or History	96.2	12-23 m	865	77
HepB3	C or H <12 months	84.7	12-23 m	865	77
HepB3	Card or History	96.2	12-23 m	865	77
Hib3	C or H <12 months	84.7	12-23 m	865	77
Hib3	Card or History	96.2	12-23 m	865	77
MCV1	Card or History	86.7	12-23 m	865	77
Pol3	C or H <12 months	84.4	12-23 m	865	77
Pol3	Card or History	95.5	12-23 m	865	77

2002 Encuesta Nacional de Salud Familiar de 2002-2003 (FESAL)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.9	12-23 m	4106	71
BCG	Card	96.4	12-23 m	4106	71
BCG	Card <12 months	96.2	12-23 m	4106	71
BCG	Card or History	98.3	12-23 m	4106	71
DTP3	C or H <12 months	72.2	12-23 m	3751	71
DTP3	Card	92.4	12-23 m	3751	71
DTP3	Card <12 months	73.9	12-23 m	3751	71
DTP3	Card or History	89.2	12-23 m	3751	71
MCV1	Card	83.5	12-23 m	3408	71
MCV1	Card or History	79.9	12-23 m	3408	71
Pol3	C or H <12 months	58.8	12-23 m	3751	71

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Pol3	Card	86.2	12-23 m	3751	71
Pol3	Card <12 months	56.1	12-23 m	3751	71
Pol3	Card or History	83.3	12-23 m	3751	71

1997 Encuesta Nacional de Salud Familiar FESAL-98

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	88.3	12-23 m	5155	60
BCG	Card	92.1	12-23 m	5155	60
BCG	Card <12 months	91.7	12-23 m	5155	60
BCG	Card or History	96.3	12-23 m	5155	60
DTP3	C or H <12 months	95.2	12-23 m	5155	60
DTP3	Card	65.4	12-23 m	5155	60
DTP3	Card <12 months	72.3	12-23 m	5155	60
DTP3	Card or History	85.9	12-23 m	5155	60
MCV1	C or H <12 months	91.7	12-23 m	5155	60
MCV1	Card	55.4	12-23 m	5155	60
MCV1	Card <12 months	59.4	12-23 m	5155	60
MCV1	Card or History	85.6	12-23 m	5155	60
Pol3	C or H <12 months	95	12-23 m	5155	60
Pol3	Card	65.4	12-23 m	5155	60
Pol3	Card <12 months	71.8	12-23 m	5155	60
Pol3	Card or History	85.7	12-23 m	5155	60

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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