

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 the 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 the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

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. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

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 months 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 the period of data collection.

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 among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the 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.

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.

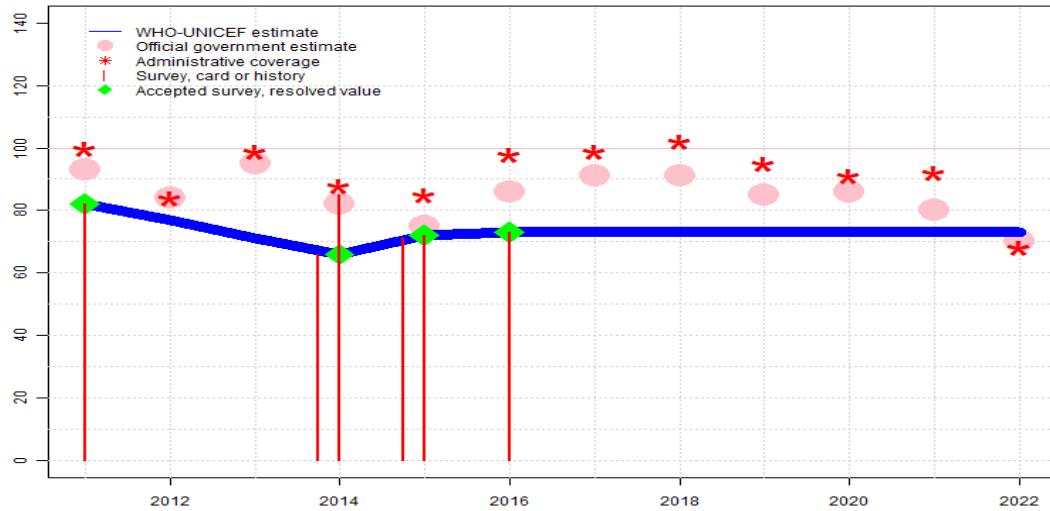
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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Guinea - BCG

GIN - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	82	77	71	66	72	73	73	73	73	73	73	73
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	84	95	82	75	86	91	91	85	86	80	70
Administrative	100	84	99	88	85	98	99	102	95	91	92	68
Survey	82	NA	NA	*	*	73	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:

2022: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: R-

2021: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate of 73 percent changed from previous revision value of 72 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Reported data excluded. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. However, reported numerator and denominators have been inconsistent over time. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate of 73 percent changed from previous revision value of 72 percent. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Reported data excluded. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. The country has expressed interest to WHO and UNICEF for support on improving data quality in the near future. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-

2016: Estimate of 73 percent assigned by working group. Estimate based on survey coverage. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and

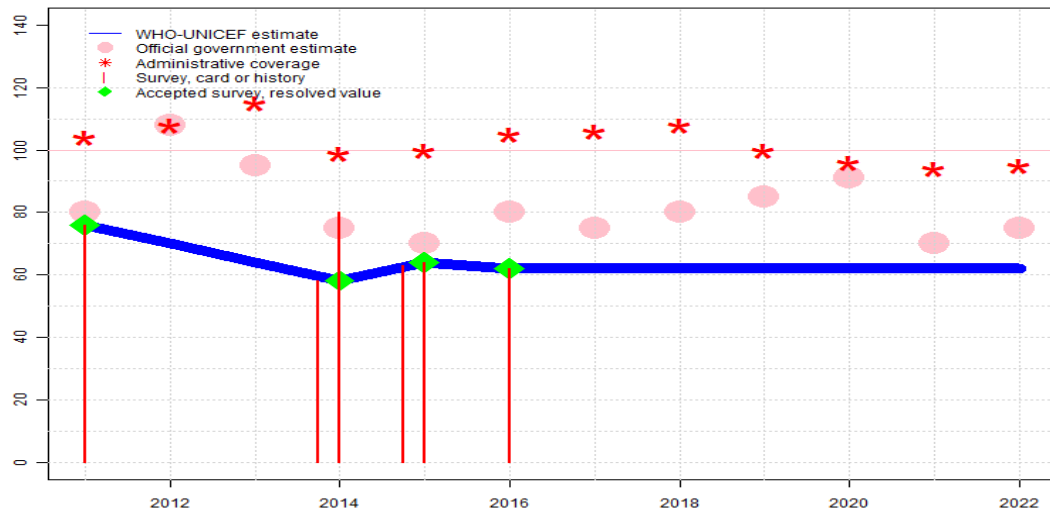
Guinea - BCG

reporting. Estimate challenged by: D-R-

- 2015: Estimate of 72 percent assigned by working group. Estimate based on survey coverage. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Programme reports two months national level stockout. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 66 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded due to an increase from 84 percent to 99 percent with decrease 82 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Decline in coverage may be attributable to 4 months vaccine shortage in all districts. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

Guinea - DTP1

GIN - DTP1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	76	70	64	58	64	62	62	62	62	62	62	62
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	108	95	75	70	80	75	80	85	91	70	75
Administrative	104	108	115	99	100	105	106	108	100	96	94	95
Survey	76	NA	NA	*	*	62	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:

2022: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Reported data excluded. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. However, reported numerator and denominators have been inconsistent over time. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Reported data excluded. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. The country has expressed interest to WHO and UNICEF for support on improving data quality in the near future. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Sur-

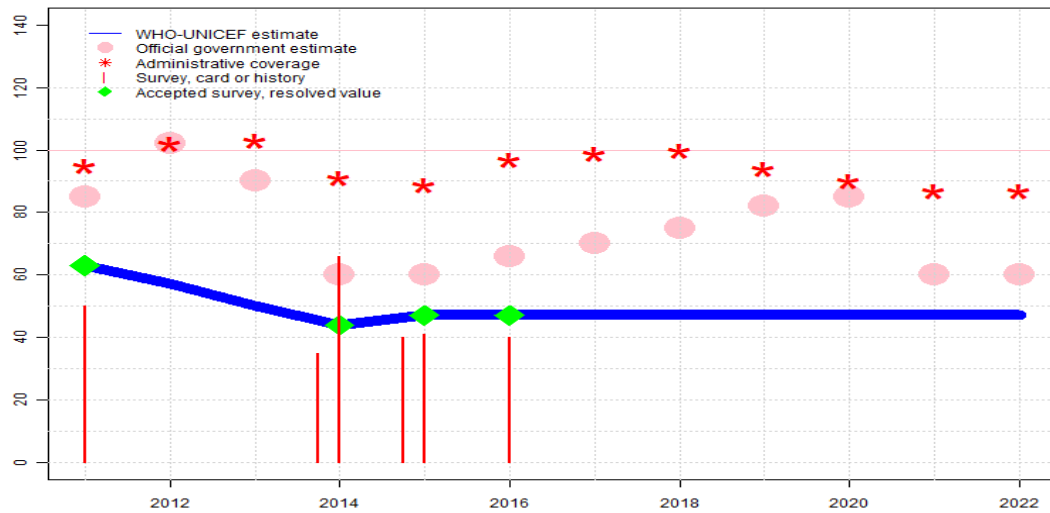
Guinea - DTP1

vey evidence of 64 percent based on 2 survey(s). Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-

- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 58 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 115 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 108 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 76 percent based on 1 survey(s). Reported data excluded because 104 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

Guinea - DTP3

GIN - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	63	57	50	44	47	47	47	47	47	47	47	47
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	102	90	60	60	66	70	75	82	85	60	60
Administrative	95	102	103	91	89	97	99	100	94	90	87	87
Survey	50	NA	NA	*	*	40	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:

2022: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Reported data excluded. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. However, reported numerator and denominators have been inconsistent over time. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Reported data excluded. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. The country has expressed interest to WHO and UNICEF for support on improving data quality in the near future. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-

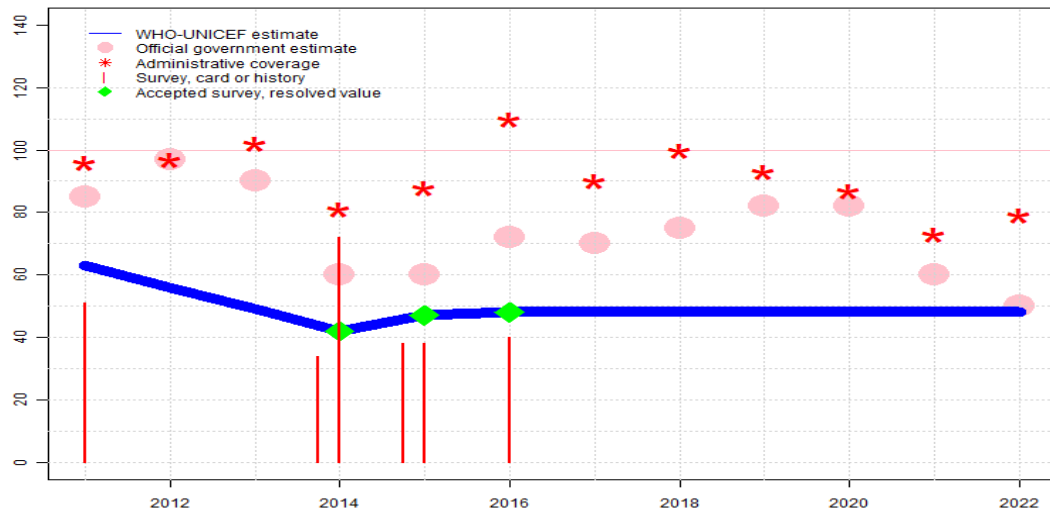
2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 1 survey(s). Guinea Demographic and Health Survey 2018 card or history results of 40 percent modified for recall bias to 47 percent based on 1st dose card or history coverage of 62 percent, 1st dose card only coverage of 46 percent and 3rd dose card only coverage of 35 percent. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Programme reports

Guinea - DTP3

- increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 card or history results of 40 percent modified for recall bias to 45 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 30 percent. Guinea Demographic and Health Survey 2018 card or history results of 41 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 64 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 32 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 44 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 card or history results of 35 percent modified for recall bias to 44 percent based on 1st dose card or history coverage of 58 percent, 1st dose card only coverage of 32 percent and 3rd dose card only coverage of 24 percent. Guinea EPI coverage survey 2016 card or history results of 66 percent modified for recall bias to 55 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 16 percent and 3rd dose card only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 50 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 40 percent and 3rd dose card only coverage of 33 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

Guinea - Pol3

GIN - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	63	56	49	42	47	48	48	48	48	48	48	48
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	85	97	90	60	60	72	70	75	82	82	60	50
Administrative	96	97	102	81	88	110	90	100	93	87	73	79
Survey	51	NA	NA	*	*	40	NA	NA	NA	NA	NA	NA

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

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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:

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2020: Reported data calibrated to 2016 levels. Reported data excluded. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. However, reported numerator and denominators have been inconsistent over time. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-

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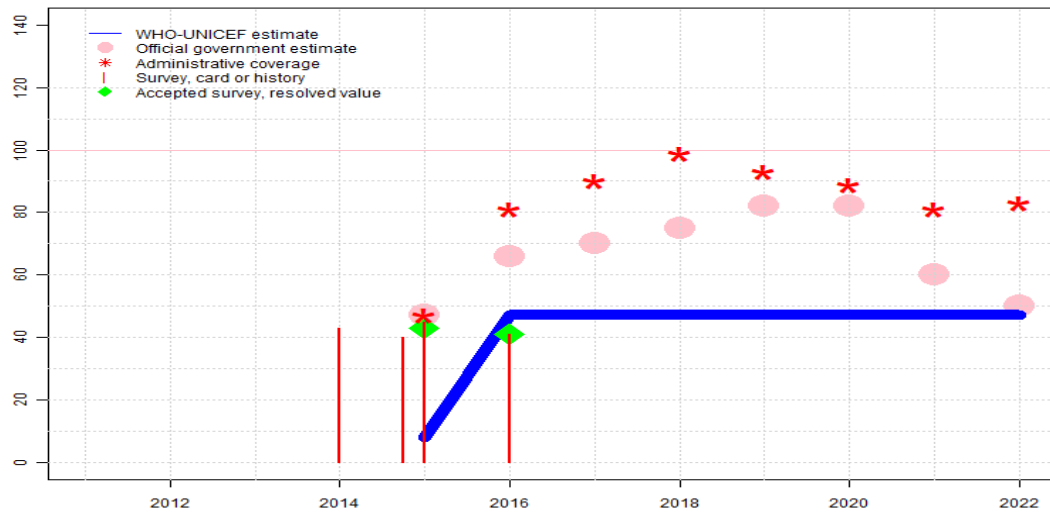
2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 48 percent based on 1 survey(s). Guinea Demographic and Health Survey 2018 card or history results of 40 percent modified for recall bias to 48 percent based on 1st dose card or history coverage of 65 percent, 1st dose card only coverage of 50 percent and 3rd dose card only coverage of 37 percent. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Programme reports

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

- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 card or history results of 38 percent modified for recall bias to 45 percent based on 1st dose card or history coverage of 62 percent, 1st dose card only coverage of 43 percent and 3rd dose card only coverage of 31 percent. Guinea Demographic and Health Survey 2018 card or history results of 38 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 44 percent and 3rd dose card only coverage of 34 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 42 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 card or history results of 34 percent modified for recall bias to 42 percent based on 1st dose card or history coverage of 54 percent, 1st dose card only coverage of 31 percent and 3rd dose card only coverage of 24 percent. Guinea EPI coverage survey 2016 card or history results of 72 percent modified for recall bias to 59 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 16 percent and 3rd dose card only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Programme reports a three months stockout at the national level. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2011: Estimate of 63 percent assigned by working group. Estimate is based on DTP3 level. Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results may reflect doses received during campaign. Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 51 percent modified for recall bias to 72 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 36 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

Guinea - IPV1

GIN - IPV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	8	47	47	47	47	47	47	47
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	47	66	70	75	82	82	60	50
Administrative	NA	NA	NA	NA	47	81	90	99	93	89	81	83
Survey	NA	NA	NA	43	*	41	NA	NA	NA	NA	NA	NA

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

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

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

Description:

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

2022: Estimate informed by estimated DTP3. Reported data excluded. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Estimate challenged by: D-R-

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

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

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

2018: Estimate based on estimated DTP3 coverage. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-

2017: Estimate based on estimated DTP3 coverage. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by:

Guinea - IPV1

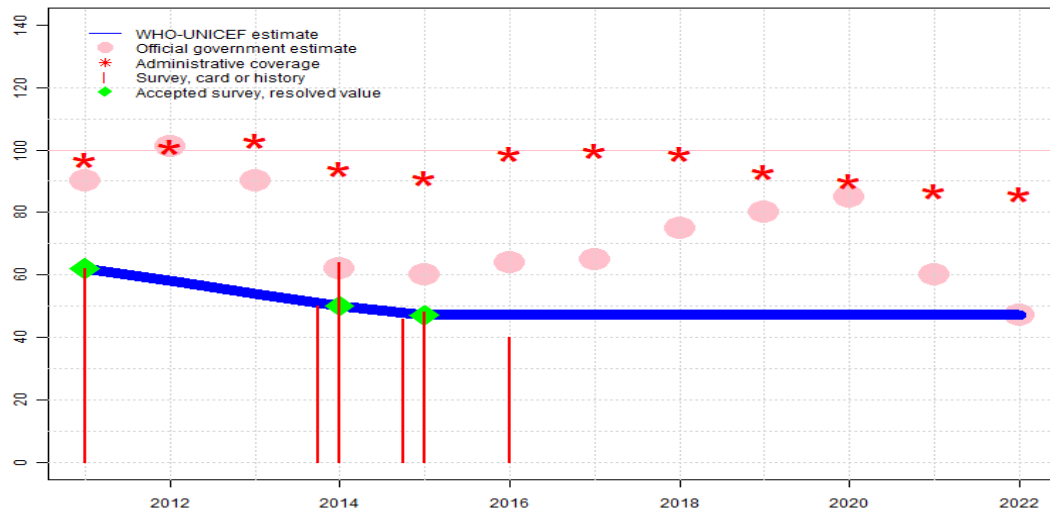
D-R-

2016: Estimate is based on estimated DTP3 following introduction. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

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

Guinea - MCV1

GIN - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	62	58	54	50	47	47	47	47	47	47	47	47
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	90	101	90	62	60	64	65	75	80	85	60	47
Administrative	97	101	103	94	91	99	100	99	93	90	87	86
Survey	62	NA	NA	*	*	40	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:

2022: Reported data calibrated to 2015 levels. Reported data excluded. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Reported data excluded due to sudden change in coverage from 60 level to 47 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Estimate challenged by: D-R-

2021: Reported data calibrated to 2015 levels. Reported data excluded. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-

2020: Reported data calibrated to 2015 levels. Reported data excluded. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. However, reported numerator and denominators have been inconsistent over time. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-

2019: Reported data calibrated to 2015 levels. Reported data excluded. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. The country has expressed interest to WHO and UNICEF for support on improving data quality in the near future. Estimate challenged by: D-R-

2018: Reported data calibrated to 2015 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-

2017: Reported data calibrated to 2015 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-

2016: Reported data calibrated to 2015 levels. Guinea Demographic and Health Survey 2018 results ignored by working group. Survey results for 2016 cohort are inconsistent vis-a-vis levels of coverage from the same survey for 2015 cohort. Estimated survey coverage levels by documented evidence are similar across the 2015 and 2016 cohorts. There is no available evidence of a decline in coverage from 2015 to 2016. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Programme

reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

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

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

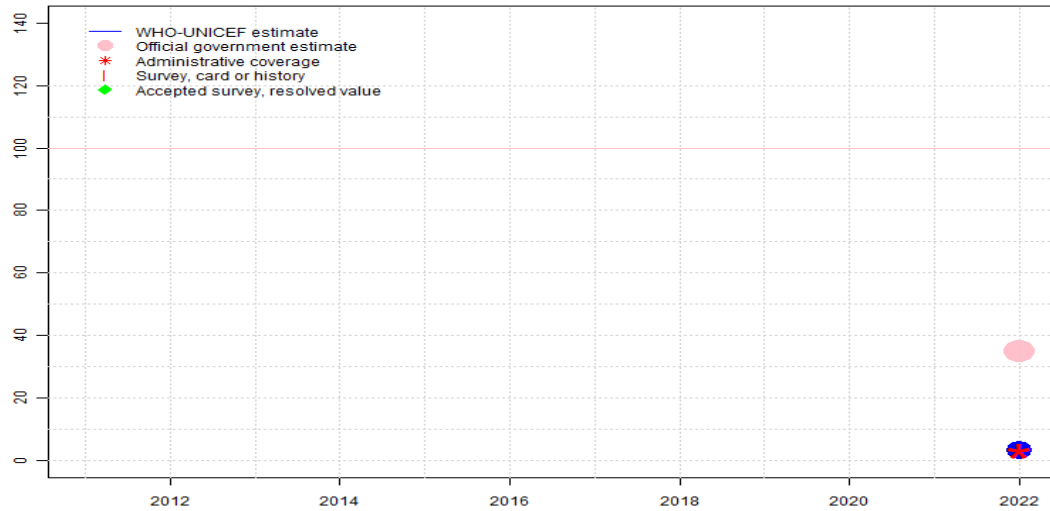
2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

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

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

Guinea - MCV2

GIN - MCV2



Description:

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

2022: Estimate is exceptionally based on reported data during the year of introduction. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Vaccine introduced in 2022. Estimate challenged by: R-

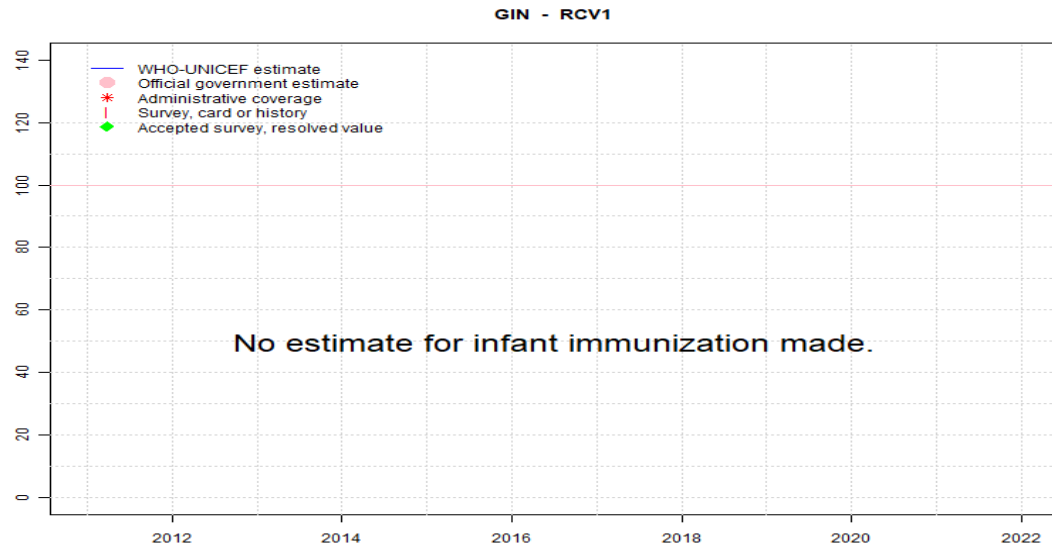
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	35
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

Guinea - RCV1



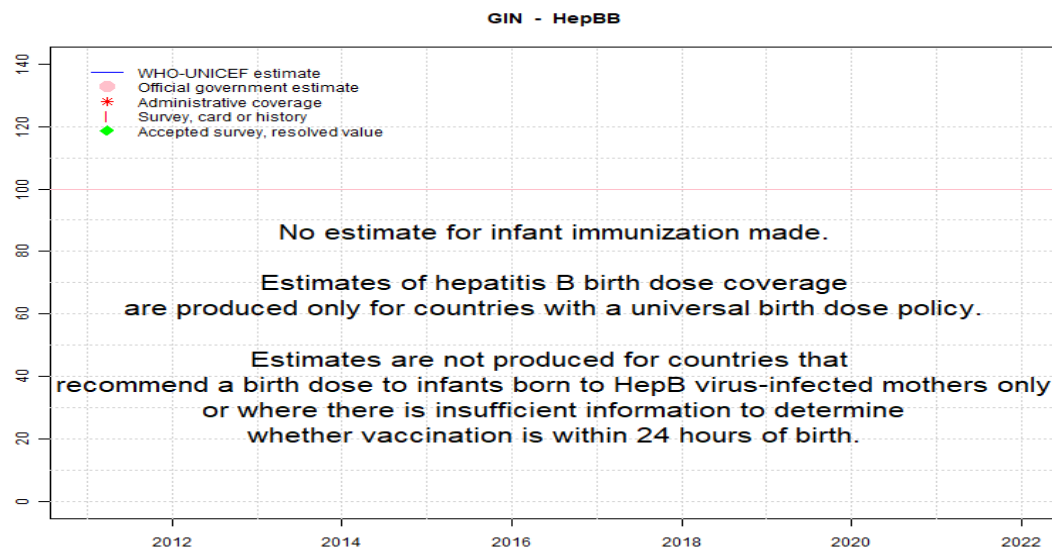
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

Guinea - HepBB



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

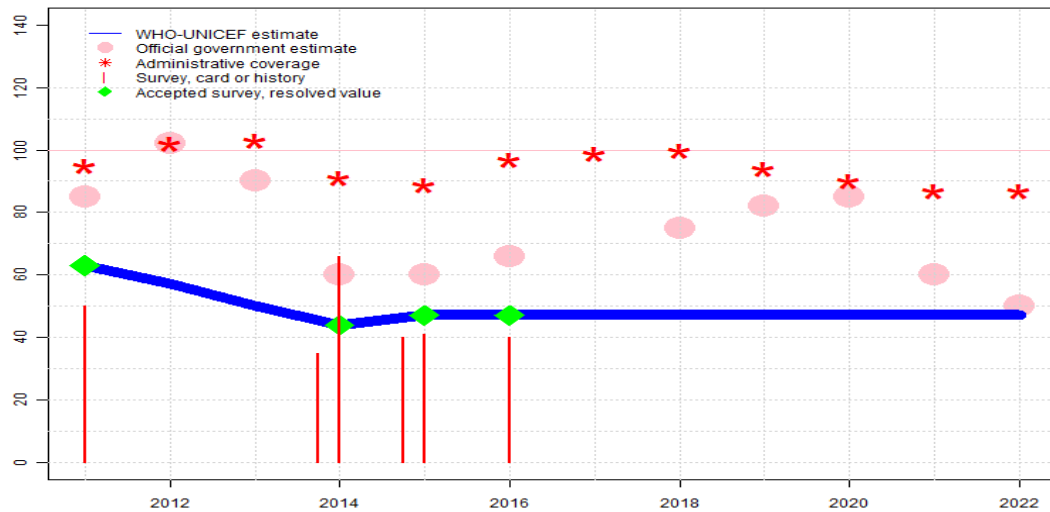
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Guinea - HepB3

GIN - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	63	57	50	44	47	47	47	47	47	47	47	47
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	102	90	60	60	66	NA	75	82	85	60	50
Administrative	95	102	103	91	89	97	99	100	94	90	87	87
Survey	50	NA	NA	*	*	40	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:

- 2022: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 levels. Reported data excluded. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. However, reported numerator and denominators have been inconsistent over time. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Reported data excluded. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. The country has expressed interest to WHO and UNICEF for support on improving data quality in the near future. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2017: Estimate informed by estimated DTP3. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Reported data excluded due to an increase from 66 percent to 99 percent with decrease 75 percent. Government official estimates are based on a 2017 vaccination coverage survey. Estimate of 47 percent changed from previous revision value of 45 percent. GoC=Assigned by working group. No accepted empirical data.
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 1 survey(s). Guinea Demographic and Health Survey 2018 card or history results of 40 percent modified for recall bias to 47 percent based on

Guinea - HepB3

1st dose card or history coverage of 62 percent, 1st dose card only coverage of 46 percent and 3rd dose card only coverage of 35 percent. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 card or history results of 40 percent modified for recall bias to 45 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 30 percent. Guinea Demographic and Health Survey 2018 card or history results of 41 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 64 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 32 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 44 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 card or history results of 35 percent modified for recall bias to 44 percent based on 1st dose card or history coverage of 58 percent, 1st dose card only coverage of 32 percent and 3rd dose card only coverage of 24 percent. Guinea EPI coverage survey 2016 card or history results of 66 percent modified for recall bias to 55 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 16 percent and 3rd dose card only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

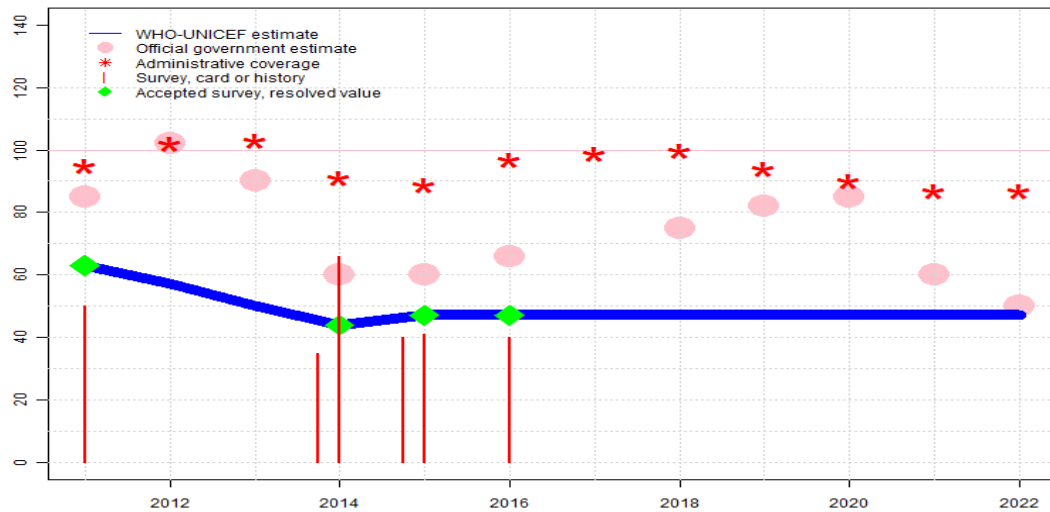
2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 103 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 50 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 40 percent and 3rd dose card only coverage of 33 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

Guinea - Hib3

GIN - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	63	57	50	44	47	47	47	47	47	47	47	47
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	85	102	90	60	60	66	NA	75	82	85	60	50
Administrative	95	102	103	91	89	97	99	100	94	90	87	87
Survey	50	NA	NA	*	*	40	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:

2022: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Reported data excluded. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. However, reported numerator and denominators have been inconsistent over time. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Reported data excluded. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. The country has expressed interest to WHO and UNICEF for support on improving data quality in the near future. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-

2017: Estimate informed by estimated DTP3. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Reported data excluded due to an increase from 66 percent to 99 percent with decrease 75 percent. Government official estimates are based on a 2017 vaccination coverage survey. Estimate of 47 percent changed from previous revision value of 45 percent. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 1 survey(s). Guinea Demographic and Health Survey 2018 card or history results of 40 percent modified for recall bias to 47 percent based on 1st dose card or history coverage of 62 percent, 1st dose card only coverage of 46 percent

and 3rd dose card only coverage of 35 percent. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 2 survey(s). Guinea Multiple Indicator Cluster Survey 2016 card or history results of 40 percent modified for recall bias to 45 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 30 percent. Guinea Demographic and Health Survey 2018 card or history results of 41 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 64 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 32 percent. Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-

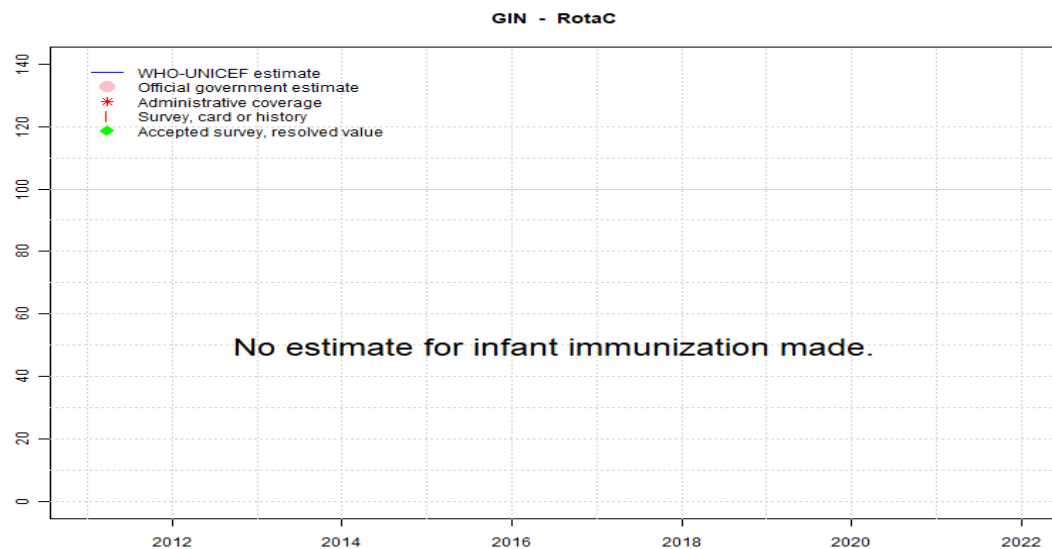
2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 44 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Guinea Multiple Indicator Cluster Survey 2016 card or history results of 35 percent modified for recall bias to 44 percent based on 1st dose card or history coverage of 58 percent, 1st dose card only coverage of 32 percent and 3rd dose card only coverage of 24 percent. Guinea EPI coverage survey 2016 card or history results of 66 percent modified for recall bias to 55 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 16 percent and 3rd dose card only coverage of 11 percent. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-

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

2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 102 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 card or history results of 50 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 40 percent and 3rd dose card only coverage of 33 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

Guinea - RotaC



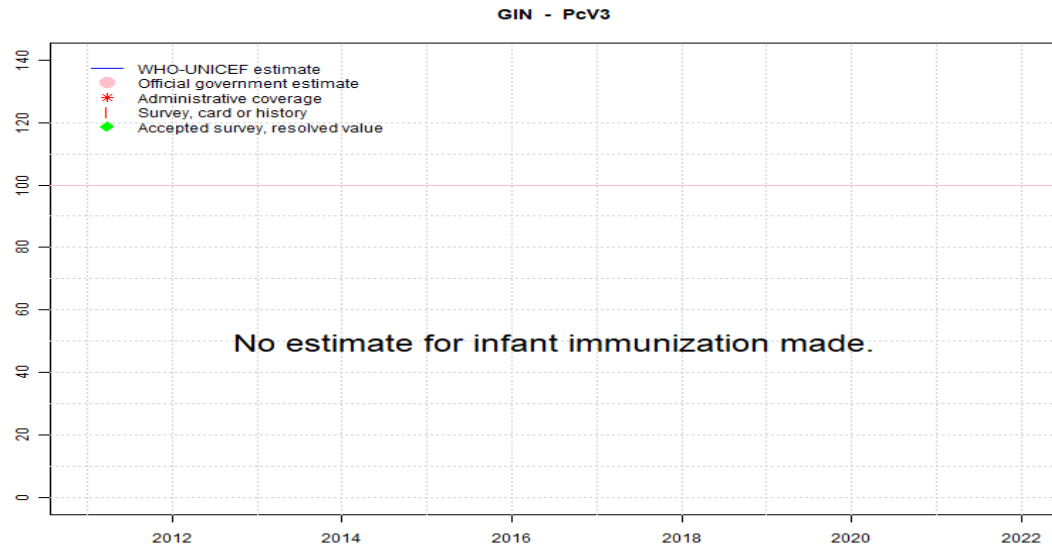
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

Guinea - PcV3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

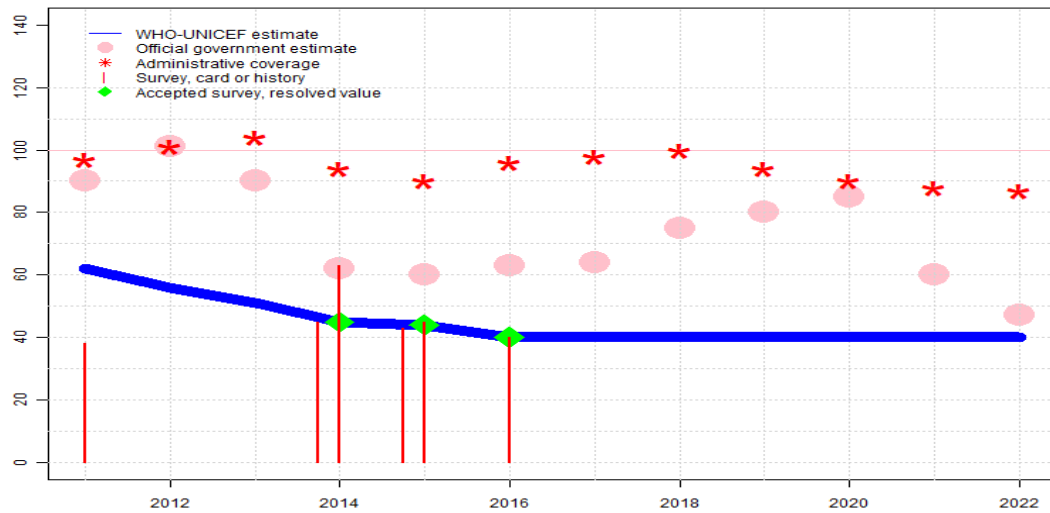
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Guinea - YFV

GIN - YFV



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	62	56	51	45	44	40	40	40	40	40	40	40
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	101	90	62	60	63	64	75	80	85	60	47
Administrative	97	101	104	94	90	96	98	100	94	90	88	87
Survey	38	NA	NA	*	*	40	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:

2022: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects adjustments that take into account outbreaks and stockouts of vaccine and syringes. However, further documentation is not provided. WHO and UNICEF encourage a data review alongside improvements to the immunization service delivery. Reported data excluded due to sudden change in coverage from 60 level to 47 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. The country conducted several catch-up activities during 2022 to reduce immunity gaps in persons that had been previously missed. The added proportion of infants from the 2021 cohort who were vaccinated in 2022 varied from 1.2 percent for BCG to 3.8 percent for measles. However, reported coverage shown here do not reflect the contribution of these catch-up activities. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2016 levels. Reported data excluded. Reported official coverage reflects an unexplained change relative to reported administrative coverage from prior years. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Reported data excluded. Estimates may not reflect actual changes in coverage as reported number of administered doses declined from 2019 to 2020. However, reported numerator and denominators have been inconsistent over time. Official coverage for the last three years follows an upwards trend, while administrative coverage and number of children vaccinated follows a declining trend for all vaccines recommended after birth. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Reported data excluded. Reported number of administered doses declined from 2018 to 2019 though it remains unclear from information available whether the reported declines reflect improvements in recording and reporting practices or a decline in service delivery. Programme reports subnational stockouts of all vaccines shown here. Programme has reviewed and revised administrative data for 2015-19 and notes efforts to continue improving data quality. The country has expressed interest to WHO and UNICEF for support on improving data quality in the near future. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Government official estimates are based on a 2017 vaccination coverage survey. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 40 percent based on 1 survey(s). Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Programme reports increases of 30 percent or greater in the number of children vaccinated between 2015 and 2016 due in part to challenges in recording and reporting. Programme reports a vaccine

Guinea - YFV

- stockout for one-half month at national level. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 44 percent based on 2 survey(s). Reported data excluded. Government reports decrease in the reported target population size compared to 2014 level with new census result. Reported official coverage is based on the 2012 DHS-MICS survey. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 45 percent based on 1 survey(s). Guinea EPI coverage survey 2016 results ignored by working group. Survey results are inconsistent internally and with 2016 MICS reporting results for same time period and does not seem to reflect coverage decrease due to Ebola crises. Programme notes disruptions in vaccination activity due to Ebola virus disease outbreak impacting 31 of 38 health districts and delays in procurement of vaccine. Intensification activities were conducted during end of 2014 in 19 health districts. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 104 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-
- 2012: Estimate informed by interpolation between 2011 and 2014 levels. Unexplained temporal changes in reported numerator and denominator levels. Reported data excluded because 101 percent greater than 100 percent. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-S-
- 2011: Estimate of 62 percent assigned by working group. Estimate at the level of MCV1. Guinea Demographic and Health and Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results for YFV are inconsistent with those for measles which is recommended around the same time. Estimate follows trend in administrative coverage. Estimate challenged by: D-R-

Guinea - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 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 to 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 Guinée Enquête Démographique et de Santé 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	72.9	12-23 m	1384	64
BCG	Card	54.5	12-23 m	886	64
BCG	Card or History	73.4	12-23 m	1384	64
BCG	History	18.9	12-23 m	498	64
DTP1	C or H <12 months	61.7	12-23 m	1384	64
DTP1	Card	45.7	12-23 m	886	64
DTP1	Card or History	62.3	12-23 m	1384	64
DTP1	History	16.6	12-23 m	498	64
DTP3	C or H <12 months	39.1	12-23 m	1384	64
DTP3	Card	35.1	12-23 m	886	64
DTP3	Card or History	40.2	12-23 m	1384	64
DTP3	History	5.1	12-23 m	498	64
HepB1	C or H <12 months	61.7	12-23 m	1384	64
HepB1	Card	45.7	12-23 m	886	64
HepB1	Card or History	62.3	12-23 m	1384	64
HepB1	History	16.6	12-23 m	498	64
HepB3	C or H <12 months	39.1	12-23 m	1384	64
HepB3	Card	35.1	12-23 m	886	64
HepB3	Card or History	40.2	12-23 m	1384	64
HepB3	History	5.1	12-23 m	498	64
Hib1	C or H <12 months	61.7	12-23 m	1384	64
Hib1	Card	45.7	12-23 m	886	64
Hib1	Card or History	62.3	12-23 m	1384	64
Hib1	History	16.6	12-23 m	498	64

Hib3	C or H <12 months	39.1	12-23 m	1384	64
Hib3	Card	35.1	12-23 m	886	64
Hib3	Card or History	40.2	12-23 m	1384	64
Hib3	History	5.1	12-23 m	498	64
IPV1	C or H <12 months	28.9	12-23 m	1384	64
IPV1	Card	26.3	12-23 m	886	64
IPV1	Card or History	41.3	12-23 m	1384	64
IPV1	History	15.1	12-23 m	498	64
MCV1	C or H <12 months	35	12-23 m	1384	64
MCV1	Card	26.4	12-23 m	886	64
MCV1	Card or History	39.5	12-23 m	1384	64
MCV1	History	13.1	12-23 m	498	64
Pol1	C or H <12 months	64.1	12-23 m	1384	64
Pol1	Card	49.9	12-23 m	886	64
Pol1	Card or History	64.9	12-23 m	1384	64
Pol1	History	15	12-23 m	498	64
Pol3	C or H <12 months	38.6	12-23 m	1384	64
Pol3	Card	36.7	12-23 m	886	64
Pol3	Card or History	39.6	12-23 m	1384	64
Pol3	History	2.9	12-23 m	498	64
YFV	C or H <12 months	35.2	12-23 m	1384	64
YFV	Card	26.2	12-23 m	886	64
YFV	Card or History	39.8	12-23 m	1384	64
YFV	History	13.6	12-23 m	498	64

2015 Guinea Multiple Indicator Cluster Survey 2016

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

Guinea - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	History	9.4	12-23 m	1450	51
HepB1	C or H <12 months	60.3	12-23 m	1450	51
HepB1	Card	42.3	12-23 m	1450	51
HepB1	Card or History	63.4	12-23 m	1450	51
HepB1	History	21.1	12-23 m	1450	51
HepB3	C or H <12 months	34.1	12-23 m	1450	51
HepB3	Card	30.2	12-23 m	1450	51
HepB3	Card or History	39.6	12-23 m	1450	51
HepB3	History	9.4	12-23 m	1450	51
Hib1	C or H <12 months	60.3	12-23 m	1450	51
Hib1	Card	42.3	12-23 m	1450	51
Hib1	Card or History	63.4	12-23 m	1450	51
Hib1	History	21.1	12-23 m	1450	51
Hib3	C or H <12 months	34.1	12-23 m	1450	51
Hib3	Card	30.2	12-23 m	1450	51
Hib3	Card or History	39.6	12-23 m	1450	51
Hib3	History	9.4	12-23 m	1450	51
IPV1	C or H <12 months	23.7	12-23 m	1450	51
IPV1	Card	16.8	12-23 m	1450	51
IPV1	Card or History	39.8	12-23 m	1450	51
IPV1	History	23	12-23 m	1450	51
MCV1	C or H <12 months	33.4	12-23 m	1450	51
MCV1	Card	25	12-23 m	1450	51
MCV1	Card or History	48.3	12-23 m	1450	51
MCV1	History	23.3	12-23 m	1450	51
Pol1	C or H <12 months	58.7	12-23 m	1450	51
Pol1	Card	42.7	12-23 m	1450	51
Pol1	Card or History	61.6	12-23 m	1450	51
Pol1	History	18.9	12-23 m	1450	51
Pol3	C or H <12 months	33	12-23 m	1450	51
Pol3	Card	30.6	12-23 m	1450	51
Pol3	Card or History	38.5	12-23 m	1450	51
Pol3	History	7.9	12-23 m	1450	51
YFV	C or H <12 months	26.5	12-23 m	1450	51
YFV	Card	20.2	12-23 m	1450	51
YFV	Card or History	42.9	12-23 m	1450	51
YFV	History	22.7	12-23 m	1450	51
BCG	C or H <12 months	68.8	24-35 m	1282	64
BCG	Card	46.5	24-35 m	702	64
BCG	Card or History	71.4	24-35 m	1282	64
BCG	History	24.9	24-35 m	580	64
DTP1	C or H <12 months	61.3	24-35 m	1282	64
DTP1	Card	41.6	24-35 m	702	64
DTP1	Card or History	64	24-35 m	1282	64
DTP1	History	22.4	24-35 m	580	64
DTP3	C or H <12 months	38.8	24-35 m	1282	64
DTP3	Card	32.5	24-35 m	702	64
DTP3	Card or History	40.9	24-35 m	1282	64
DTP3	History	8.4	24-35 m	580	64
HepB1	C or H <12 months	61.3	24-35 m	1282	64
HepB1	Card	41.6	24-35 m	702	64
HepB1	Card or History	64	24-35 m	1282	64
HepB1	History	22.4	24-35 m	580	64
HepB3	C or H <12 months	38.8	24-35 m	1282	64
HepB3	Card	32.5	24-35 m	702	64
HepB3	Card or History	40.9	24-35 m	1282	64
HepB3	History	8.4	24-35 m	580	64
Hib1	C or H <12 months	61.3	24-35 m	1282	64
Hib1	Card	41.6	24-35 m	702	64
Hib1	Card or History	64	24-35 m	1282	64
Hib1	History	22.4	24-35 m	580	64
Hib3	C or H <12 months	38.8	24-35 m	1282	64
Hib3	Card	32.5	24-35 m	702	64
Hib3	Card or History	40.9	24-35 m	1282	64
Hib3	History	8.4	24-35 m	580	64
IPV1	C or H <12 months	40.5	24-35 m	1282	64
IPV1	Card	24.4	24-35 m	702	64
IPV1	Card or History	45.1	24-35 m	1282	64
IPV1	History	20.8	24-35 m	580	64
MCV1	C or H <12 months	37.8	24-35 m	1282	64
MCV1	Card	27	24-35 m	702	64
MCV1	Card or History	46.1	24-35 m	1282	64
MCV1	History	19.1	24-35 m	580	64
Pol1	C or H <12 months	60.4	24-35 m	1282	64
Pol1	Card	44.1	24-35 m	702	64

2015 Guinée Enquête Démographique et de Santé 2018

Guinea - survey details

Pol1	Card or History	63.3	24-35 m	1282	64
Pol1	History	19.2	24-35 m	580	64
Pol3	C or H <12 months	35.8	24-35 m	1282	64
Pol3	Card	34.2	24-35 m	702	64
Pol3	Card or History	38.1	24-35 m	1282	64
Pol3	History	3.9	24-35 m	580	64
YFV	C or H <12 months	37.8	24-35 m	1282	64
YFV	Card	26.4	24-35 m	702	64
YFV	Card or History	45.4	24-35 m	1282	64
YFV	History	18.9	24-35 m	580	64

2014 Enquete de couverture vaccinale de routine des enfants de 12 - 23 mois, 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	19.2	12-23 m	7962	17
BCG	Card or History	85.1	12-23 m	7962	17
DTP1	Card	15.7	12-23 m	7962	17
DTP1	Card or History	80	12-23 m	7962	17
DTP3	Card	10.9	12-23 m	7962	17
DTP3	Card or History	66	12-23 m	7962	17
HepB1	Card	15.7	12-23 m	7962	17
HepB1	Card or History	80	12-23 m	7962	17
HepB3	Card	10.9	12-23 m	7962	17
HepB3	Card or History	66	12-23 m	7962	17
Hib1	Card	15.7	12-23 m	7962	17
Hib1	Card or History	80	12-23 m	7962	17
Hib3	Card	10.9	12-23 m	7962	17
Hib3	Card or History	66	12-23 m	7962	17
MCV1	Card	13.8	12-23 m	7962	17
MCV1	Card or History	63.5	12-23 m	7962	17
Pol1	Card	15.6	12-23 m	7962	17
Pol1	Card or History	85.7	12-23 m	7962	17
Pol3	Card	11	12-23 m	7962	17
Pol3	Card or History	71.6	12-23 m	7962	17
YFV	Card	8.7	12-23 m	7962	17
YFV	Card or History	62.8	12-23 m	7962	17

2014 Guinea Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	65.2	24-35 m	1384	51
BCG	Card	34.5	24-35 m	1384	51
BCG	Card or History	66.3	24-35 m	1384	51
BCG	History	31.7	24-35 m	1384	51
DTP1	C or H <12 months	54.7	24-35 m	1384	51
DTP1	Card	31.6	24-35 m	1384	51
DTP1	Card or History	58.3	24-35 m	1384	51
DTP1	History	26.7	24-35 m	1384	51
DTP3	C or H <12 months	28	24-35 m	1384	51
DTP3	Card	23.8	24-35 m	1384	51
DTP3	Card or History	35.4	24-35 m	1384	51
DTP3	History	11.6	24-35 m	1384	51
HepB1	C or H <12 months	54.7	24-35 m	1384	51
HepB1	Card	31.6	24-35 m	1384	51
HepB1	Card or History	58.3	24-35 m	1384	51
HepB1	History	26.7	24-35 m	1384	51
HepB3	C or H <12 months	28	24-35 m	1384	51
HepB3	Card	23.8	24-35 m	1384	51
HepB3	Card or History	35.4	24-35 m	1384	51
HepB3	History	11.6	24-35 m	1384	51
Hib1	C or H <12 months	54.7	24-35 m	1384	51
Hib1	Card	31.6	24-35 m	1384	51
Hib1	Card or History	58.3	24-35 m	1384	51
Hib1	History	26.7	24-35 m	1384	51
Hib3	C or H <12 months	28	24-35 m	1384	51
Hib3	Card	23.8	24-35 m	1384	51
Hib3	Card or History	35.4	24-35 m	1384	51
Hib3	History	11.6	24-35 m	1384	51
IPV1	C or H <12 months	23	24-35 m	1384	51
IPV1	Card	15	24-35 m	1384	51
IPV1	Card or History	43.2	24-35 m	1384	51
IPV1	History	28.2	24-35 m	1384	51
MCV1	C or H <12 months	30.6	24-35 m	1384	51
MCV1	Card	19.1	24-35 m	1384	51
MCV1	Card or History	49.5	24-35 m	1384	51
MCV1	History	30.4	24-35 m	1384	51
Pol1	C or H <12 months	50.7	24-35 m	1384	51

Guinea - survey details

Pol1	Card	31.3	24-35 m	1384	51
Pol1	Card or History	53.5	24-35 m	1384	51
Pol1	History	22.2	24-35 m	1384	51
Pol3	C or H <12 months	27.4	24-35 m	1384	51
Pol3	Card	23.9	24-35 m	1384	51
Pol3	Card or History	33.8	24-35 m	1384	51
Pol3	History	9.9	24-35 m	1384	51
YFV	C or H <12 months	22.9	24-35 m	1384	51
YFV	Card	15.8	24-35 m	1384	51
YFV	Card or History	45.1	24-35 m	1384	51
YFV	History	29.2	24-35 m	1384	51

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	81.6	12-23 m	1296	44
BCG	Card	43.3	12-23 m	570	44
BCG	Card or History	82.4	12-23 m	1296	44
BCG	History	39.1	12-23 m	726	44
DTP1	C or H <12 months	75.1	12-23 m	1296	44
DTP1	Card	40.1	12-23 m	570	44
DTP1	Card or History	75.9	12-23 m	1296	44
DTP1	History	35.8	12-23 m	726	44
DTP3	C or H <12 months	47.2	12-23 m	1296	44
DTP3	Card	32.7	12-23 m	570	44
DTP3	Card or History	49.8	12-23 m	1296	44
DTP3	History	17.1	12-23 m	726	44
HepB1	C or H <12 months	75.1	12-23 m	1296	44
HepB1	Card	40.1	12-23 m	570	44
HepB1	Card or History	75.9	12-23 m	1296	44
HepB1	History	35.8	12-23 m	726	44
HepB3	C or H <12 months	47.2	12-23 m	1296	44
HepB3	Card	32.7	12-23 m	570	44
HepB3	Card or History	49.8	12-23 m	1296	44
HepB3	History	17.1	12-23 m	726	44
Hib1	C or H <12 months	75.1	12-23 m	1296	44
Hib1	Card	40.1	12-23 m	570	44
Hib1	Card or History	75.9	12-23 m	1296	44

Hib1	History	35.8	12-23 m	726	44
Hib3	C or H <12 months	47.2	12-23 m	1296	44
Hib3	Card	32.7	12-23 m	570	44
Hib3	Card or History	49.8	12-23 m	1296	44
Hib3	History	17.1	12-23 m	726	44
MCV1	C or H <12 months	50	12-23 m	1296	44
MCV1	Card	32.1	12-23 m	570	44
MCV1	Card or History	61.8	12-23 m	1296	44
MCV1	History	29.7	12-23 m	726	44
Pol1	C or H <12 months	83.6	12-23 m	1296	44
Pol1	Card	42.1	12-23 m	570	44
Pol1	Card or History	84.5	12-23 m	1296	44
Pol1	History	42.4	12-23 m	726	44
Pol3	C or H <12 months	48.7	12-23 m	1296	44
Pol3	Card	35.9	12-23 m	570	44
Pol3	Card or History	51.2	12-23 m	1296	44
Pol3	History	15.3	12-23 m	726	44
YFV	C or H <12 months	30.8	12-23 m	1296	44
YFV	Card	11	12-23 m	570	44
YFV	Card or History	37.5	12-23 m	1296	44
YFV	History	26.5	12-23 m	726	44

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82.1	24-35 m	1192	44
DTP1	C or H <12 months	74	24-35 m	1192	44
DTP3	C or H <12 months	48.4	24-35 m	1192	44
HepB1	C or H <12 months	74	24-35 m	1192	44
HepB3	C or H <12 months	48.4	24-35 m	1192	44
Hib1	C or H <12 months	74	24-35 m	1192	44
Hib3	C or H <12 months	48.4	24-35 m	1192	44
MCV1	C or H <12 months	54.2	24-35 m	1192	44
Pol1	C or H <12 months	86.5	24-35 m	1192	44
Pol3	C or H <12 months	49.9	24-35 m	1192	44
YFV	C or H <12 months	29.1	24-35 m	1192	44

Guinea - survey details

2010 Revue externe du programme elargi de vaccination de la Guinée, 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	91	12-23 m	8418	75
BCG	Card or History	96	12-23 m	8418	75
DTP1	Card	63	12-23 m	8418	75
DTP1	Card or History	86	12-23 m	8418	75
DTP3	Card	47	12-23 m	8418	75
DTP3	Card or History	68	12-23 m	8418	75
HepB1	Card	63	12-23 m	8418	75
HepB1	Card or History	86	12-23 m	8418	75
HepB3	Card	47	12-23 m	8418	75
HepB3	Card or History	68	12-23 m	8418	75
Hib1	Card	63	12-23 m	8418	75
Hib1	Card or History	86	12-23 m	8418	75
Hib3	Card	47	12-23 m	8418	75
Hib3	Card or History	68	12-23 m	8418	75
MCV1	Card	40	12-23 m	8418	75
MCV1	Card or History	58	12-23 m	8418	75
Pol1	Card	63	12-23 m	8418	75
Pol1	Card or History	85	12-23 m	8418	75
Pol3	Card	46	12-23 m	8418	75
Pol3	Card or History	67	12-23 m	8418	75
YFV	Card	39	12-23 m	8418	75
YFV	Card or History	56	12-23 m	8418	75

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	83.7	36-47 m	1253	44
DTP1	C or H <12 months	76.1	36-47 m	1253	44
DTP3	C or H <12 months	44.4	36-47 m	1253	44
HepB1	C or H <12 months	76.1	36-47 m	1253	44
HepB3	C or H <12 months	44.4	36-47 m	1253	44
Hib1	C or H <12 months	76.1	36-47 m	1253	44
Hib3	C or H <12 months	44.4	36-47 m	1253	44
MCV1	C or H <12 months	52.9	36-47 m	1253	44

Pol1	C or H <12 months	86.7	36-47 m	1253	44
Pol3	C or H <12 months	46.7	36-47 m	1253	44
YFV	C or H <12 months	38.6	36-47 m	1253	44

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	81.7	48-59 m	1252	44
DTP1	C or H <12 months	75.7	48-59 m	1252	44
DTP3	C or H <12 months	45.1	48-59 m	1252	44
HepB1	C or H <12 months	75.7	48-59 m	1252	44
HepB3	C or H <12 months	45.1	48-59 m	1252	44
Hib1	C or H <12 months	75.7	48-59 m	1252	44
Hib3	C or H <12 months	45.1	48-59 m	1252	44
MCV1	C or H <12 months	51.9	48-59 m	1252	44
Pol1	C or H <12 months	86.1	48-59 m	1252	44
Pol3	C or H <12 months	45.1	48-59 m	1252	44
YFV	C or H <12 months	31.1	48-59 m	1252	44

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	81.3	12-23 m	2474	52
BCG	Card	50.4	12-23 m	2474	52
BCG	Card or History	81.3	12-23 m	2474	52
BCG	History	30.9	12-23 m	2474	52
DTP1	C or H <12 months	66.2	12-23 m	2474	52
DTP1	Card	46.6	12-23 m	2474	52
DTP1	Card or History	74.7	12-23 m	2474	52
DTP1	History	28.1	12-23 m	2474	52
DTP3	C or H <12 months	43.1	12-23 m	2474	52
DTP3	Card	36.2	12-23 m	2474	52
DTP3	Card or History	50.6	12-23 m	2474	52

Guinea - survey details

DTP3	History	14.4	12-23 m	2474	52
HepB1	C or H <12 months	20.3	12-23 m	2474	52
HepB1	Card	20.3	12-23 m	2474	52
HepB1	Card or History	31.9	12-23 m	2474	52
HepB1	History	11.7	12-23 m	2474	52
HepB3	C or H <12 months	11.1	12-23 m	2474	52
HepB3	Card	11.1	12-23 m	2474	52
HepB3	Card or History	16.6	12-23 m	2474	52
HepB3	History	5.5	12-23 m	2474	52
MCV1	C or H <12 months	37.1	12-23 m	2474	52
MCV1	Card	31.9	12-23 m	2474	52
MCV1	Card or History	51.3	12-23 m	2474	52
MCV1	History	19.4	12-23 m	2474	52
Pol1	C or H <12 months	59.8	12-23 m	2474	52
Pol1	Card	46.6	12-23 m	2474	52
Pol1	Card or History	66.6	12-23 m	2474	52
Pol1	History	20	12-23 m	2474	52
Pol3	C or H <12 months	36.1	12-23 m	2474	52
Pol3	Card	36.8	12-23 m	2474	52
Pol3	Card or History	42.8	12-23 m	2474	52
Pol3	History	5.9	12-23 m	2474	52
YFV	C or H <12 months	24.1	12-23 m	2474	52
YFV	Card	24.1	12-23 m	2474	52
YFV	Card or History	38.4	12-23 m	2474	52
YFV	History	14.3	12-23 m	2474	52

2004 Enquête Démographique et de Santé, Guinée, 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	79.4	12-23 m	1118	54
BCG	Card	52.2	12-23 m	1118	54
BCG	Card or History	79.4	12-23 m	1118	54
BCG	History	27.2	12-23 m	1118	54
DTP1	C or H <12 months	76.8	12-23 m	1118	54
DTP1	Card	50.8	12-23 m	1118	54
DTP1	Card or History	77.2	12-23 m	1118	54
DTP1	History	26.5	12-23 m	1118	54
DTP3	C or H <12 months	48.9	12-23 m	1118	54
DTP3	Card	40.3	12-23 m	1118	54

DTP3	Card or History	51.1	12-23 m	1118	54
DTP3	History	10.9	12-23 m	1118	54
MCV1	C or H <12 months	43.1	12-23 m	1118	54
MCV1	Card	34.1	12-23 m	1118	54
MCV1	Card or History	50.2	12-23 m	1118	54
MCV1	History	16.1	12-23 m	1118	54
Pol1	C or H <12 months	82.6	12-23 m	1118	54
Pol1	Card	51.8	12-23 m	1118	54
Pol1	Card or History	83	12-23 m	1118	54
Pol1	History	31.2	12-23 m	1118	54
Pol3	C or H <12 months	48.2	12-23 m	1118	54
Pol3	Card	40.8	12-23 m	1118	54
Pol3	Card or History	50.1	12-23 m	1118	54
Pol3	History	9.4	12-23 m	1118	54
YFV	C or H <12 months	33.1	12-23 m	1118	54
YFV	Card	26.8	12-23 m	1118	54
YFV	Card or History	39.2	12-23 m	1118	54
YFV	History	12.4	12-23 m	1118	54

2002 Guinea MICS 2003

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

1999 Revue du Programme Elargi de Vaccination, Guinea 2000

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

Guinea - survey details

Pol3 Card or History 43 12-23 m 707 -

1998 Enquête Démographique et de Santé Guinée 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	75.5	12-23 m	921	46
BCG	Card	45.6	12-23 m	921	46
BCG	Card or History	75.8	12-23 m	921	46
BCG	History	30.2	12-23 m	921	46
DTP1	C or H <12 months	71	12-23 m	921	46
DTP1	Card	44.3	12-23 m	921	46
DTP1	Card or History	71.9	12-23 m	921	46
DTP1	History	27.6	12-23 m	921	46
DTP3	C or H <12 months	43.2	12-23 m	921	46
DTP3	Card	34.7	12-23 m	921	46
DTP3	Card or History	46.2	12-23 m	921	46
DTP3	History	11.4	12-23 m	921	46
MCV1	C or H <12 months	44.2	12-23 m	921	46
MCV1	Card	32.1	12-23 m	921	46
MCV1	Card or History	52.1	12-23 m	921	46
MCV1	History	19.9	12-23 m	921	46
Pol1	C or H <12 months	74.2	12-23 m	921	46

Pol1	Card	45	12-23 m	921	46
Pol1	Card or History	75	12-23 m	921	46
Pol1	History	30	12-23 m	921	46
Pol3	C or H <12 months	40.4	12-23 m	921	46
Pol3	Card	35.2	12-23 m	921	46
Pol3	Card or History	43.1	12-23 m	921	46
Pol3	History	7.9	12-23 m	921	46
YFV	C or H <12 months	6.6	12-23 m	921	46
YFV	Card	3.7	12-23 m	921	46
YFV	Card or History	7.9	12-23 m	921	46
YFV	History	4.2	12-23 m	921	46

1997 Enquête Démographique et de Santé Guinée 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	73.7	24-35 m	985	46
DTP1	C or H <12 months	66.7	24-35 m	985	46
DTP3	C or H <12 months	39.3	24-35 m	985	46
MCV1	C or H <12 months	39.4	24-35 m	985	46
Pol1	C or H <12 months	68.4	24-35 m	985	46
Pol3	C or H <12 months	32.8	24-35 m	985	46

Guinea - survey details

Further information and estimates for previous years are available at:

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

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