

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.

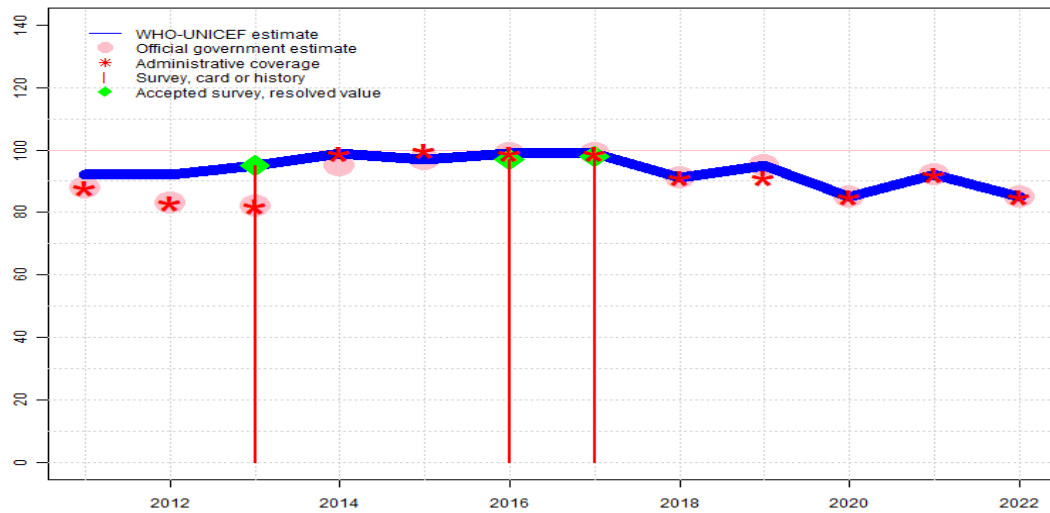
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

ZMB - BCG



Description:

- 2022: Estimate informed by reported data. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Programme reports a one and one-half month vaccine stockout at national and sub-national levels. Estimated coverage may overestimate actual coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports vaccine stockout of half a month. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with GoC for other vaccine doses.
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+
- 2015: Estimate based on reported data. Estimate challenged by: D-
- 2014: Reported data calibrated to 2013 and 2015 levels. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Estimate challenged by: R-
- 2013: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 95 percent based on 1 survey(s). Estimate challenged by: R-
- 2012: Reported data calibrated to 2010 and 2013 levels. Estimate challenged by: R-
- 2011: Reported data calibrated to 2010 and 2013 levels. Estimate challenged by: R-

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 92 | 92 | 95 | 99 | 97 | 99 | 99 | 91 | 95 | 85 | 92 | 85 |
| Estimate GoC | • | • | • | • | • | ••• | ••• | ••• | • | • | • | • |
| Official | 88 | 83 | 82 | 95 | 97 | 99 | 99 | 91 | 95 | 85 | 92 | 85 |
| Administrative | 88 | 83 | 82 | 99 | 100 | 99 | 99 | 91 | 91 | 85 | 92 | 85 |
| Survey | NA | NA | 95 | NA | NA | 97 | 98 | NA | NA | NA | NA | NA |

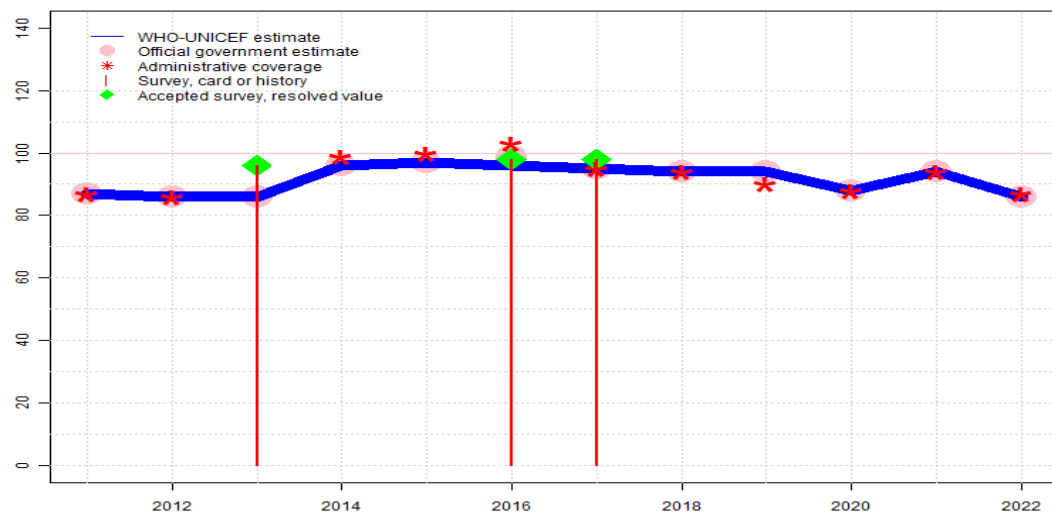
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zambia - DTP1

ZMB - DTP1



Description:

- 2022: Estimate informed by reported data. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate based on reported data. Estimate challenged by: D-
- 2016: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Reported data excluded because 103 percent greater than 100 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. Estimate challenged by: D-
- 2015: Estimate based on reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+
- 2012: Estimate informed by reported data. Estimate challenged by: S-
- 2011: Estimate informed by reported data. Estimate challenged by: S-

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 87 | 86 | 86 | 96 | 97 | 96 | 95 | 94 | 94 | 88 | 94 | 86 |
| Estimate GoC | • | • | •• | ••• | • | • | • | ••• | ••• | • | • | • |
| Official | 87 | 86 | 86 | 96 | 97 | 99 | 95 | 94 | 94 | 88 | 94 | 86 |
| Administrative | 87 | 86 | NA | 99 | 100 | 103 | 95 | 94 | 90 | 88 | 94 | 87 |
| Survey | NA | NA | 96 | NA | NA | 98 | 98 | NA | NA | NA | NA | NA |

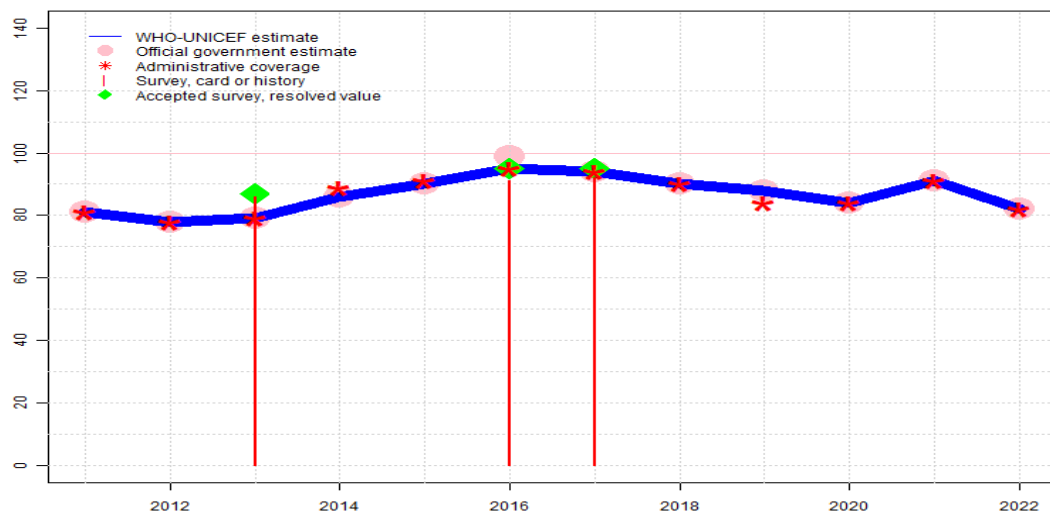
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zambia - DTP3

ZMB - DTP3



Description:

2022: Estimate informed by reported data. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. GoC=R+ S+ D+

2018: Estimate informed by reported data. GoC=R+ S+ D+

2017: Estimate based on reported data. Zambia Demographic and Health Survey 2018 card or history results of 92 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 74 percent. 2018 DHS Key Indicators Report coverage of 92. GoC=R+ S+ D+

2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 card or history results of 91 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 67 percent and 3rd dose card only coverage of 65 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. Unexplained increase in reported coverage data. GoC=R+ S+ D+

2015: Estimate based on reported data. GoC=R+ S+ D+

2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. GoC=R+ S+ D+

2013: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Zambia Demographic and Health Survey, 2013-14 card or history results of 86 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 72 percent. Estimate challenged by: D-

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

2011: Estimate informed by reported data. Estimate challenged by: S-

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 81 | 78 | 79 | 86 | 90 | 95 | 94 | 90 | 88 | 84 | 91 | 82 |
| Estimate GoC | ● | ● | ● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ● | ● | ● |
| Official | 81 | 78 | 79 | 86 | 90 | 99 | 94 | 90 | 88 | 84 | 91 | 82 |
| Administrative | 81 | 78 | 79 | 89 | 91 | 95 | 94 | 90 | 84 | 84 | 91 | 82 |
| Survey | NA | NA | 86 | NA | NA | 91 | 92 | NA | NA | NA | NA | NA |

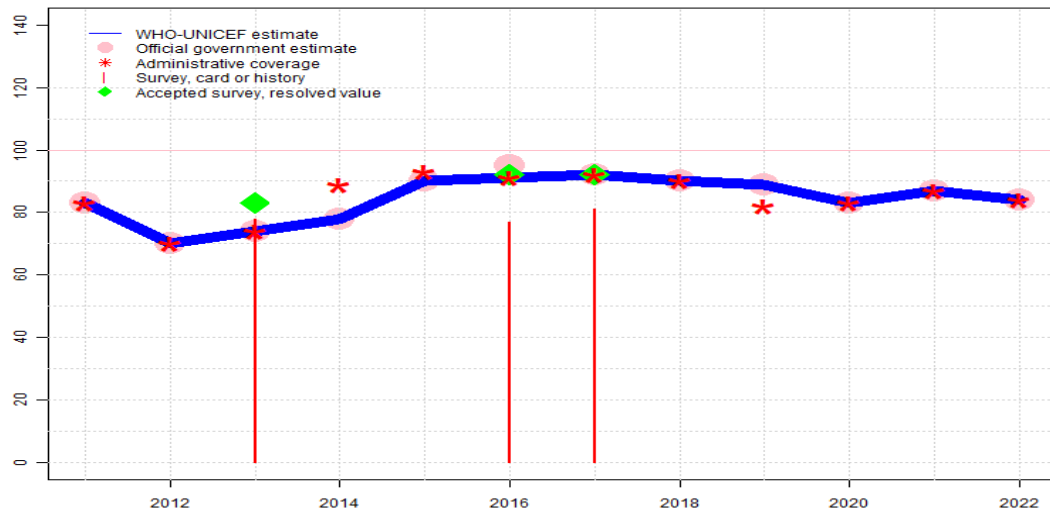
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zambia - Pol3

ZMB - Pol3



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 83 | 70 | 74 | 78 | 90 | 91 | 92 | 90 | 89 | 83 | 87 | 84 |
| Estimate GoC | • | • | • | • | ••• | ••• | ••• | ••• | • | • | • | • |
| Official | 83 | 70 | 74 | 78 | 90 | 95 | 92 | 90 | 89 | 83 | 87 | 84 |
| Administrative | 83 | 70 | 74 | 89 | 93 | 91 | 92 | 90 | 82 | 83 | 87 | 84 |
| Survey | NA | NA | 78 | NA | NA | 77 | 81 | 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: Estimate informed by reported data. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. GoC=R+ S+ D+

2017: Estimate based on reported data. Zambia Demographic and Health Survey 2018 card or history results of 81 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 73 percent. GoC=R+ S+ D+

2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 card or history results of 77 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 67 percent and 3rd dose card only coverage of 64 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. Unexplained increase in reported coverage data. GoC=R+ S+ D+

2015: Estimate based on reported data. Vaccine to vaccine consistency. GoC=R+ S+ D+

2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Estimate challenged by: D-S-

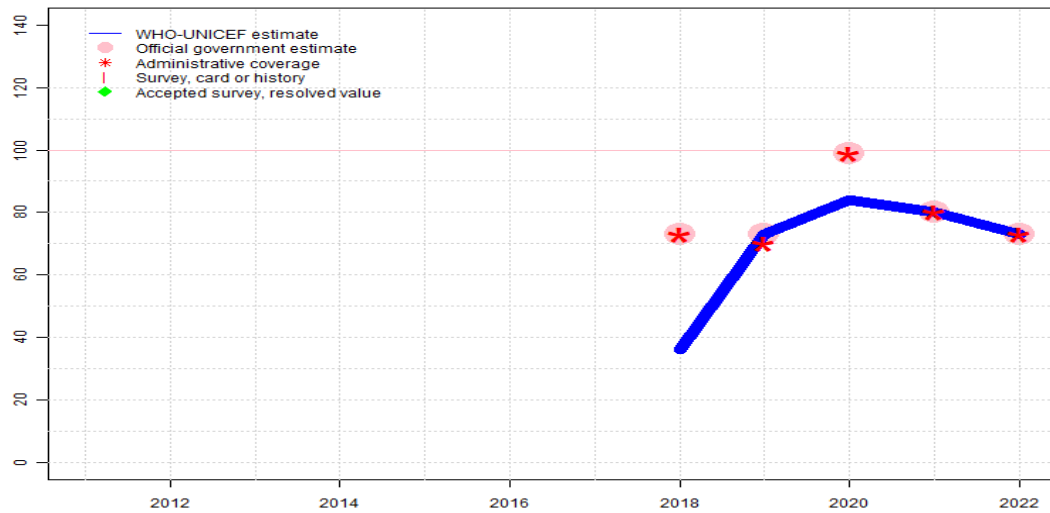
2013: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Zambia Demographic and Health Survey, 2013-14 card or history results of 78 percent modified for recall bias to 83 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage of 69 percent. Estimate challenged by: D-

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

2011: Estimate informed by reported data. Estimate challenged by: S-

Zambia - IPV1

ZMB - IPV1



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | 36 | 73 | 84 | 80 | 73 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | • | • | • | • | • |
| Official | NA | NA | NA | NA | NA | NA | NA | 73 | 73 | 99 | 80 | 73 |
| Administrative | NA | NA | NA | NA | NA | NA | NA | 73 | 70 | 99 | 80 | 73 |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

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

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

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

Description:

Estimates for a 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 reported data. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Programme reports less than one half month vaccine stockout at national level. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

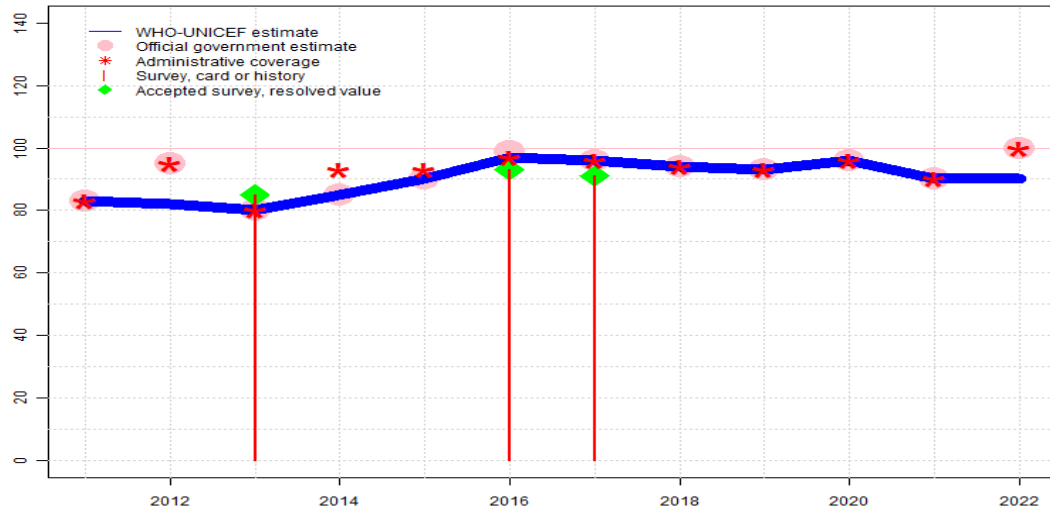
2020: Estimate based on DTP3 coverage estimates. This may underestimate IPV coverage given intensification of vaccination activities conducted in 2020 with a focus on children aged 3 to 59 months for IPV. Reported data excluded due to an increase from 73 percent to 99 percent with decrease 80 percent. Estimate challenged by: D-R-

2019: Estimate based on reported data following introduction. Estimate challenged by: R-

2018: Programme reports 73 percent coverage achieved among 50 percent of the target population. Estimate based on that achieved in the annualized national target population. Inactivated polio vaccine introduced in 2018. Programme reports IPV stockout for unspecified period of time. Estimate challenged by: R-

Zambia - MCV1

ZMB - MCV1



Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Unexplained and inconsistent trend in reported measles coverage between first and second dose. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2017: Estimate based on reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Reported official government estimates are based on unexplained adjustments to the administrative coverage. Unexplained increase in reported coverage data. GoC=R+ S+ D+
- 2015: Estimate based on reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Estimate challenged by: D-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Estimate challenged by: D-
- 2012: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 83 percent to 95 percent with decrease 80 percent. Reported coverage likely includes doses administered during national supplemental activities. Estimate challenged by: D-
- 2011: Estimate informed by reported data. Estimate is based on reported data to maintain consistency with other antigens. GoC=R+ S+ D+

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 83 | 82 | 80 | 85 | 90 | 97 | 96 | 94 | 93 | 96 | 90 | 90 |
| Estimate GoC | ●●● | ● | ● | ● | ●●● | ●●● | ●●● | ●●● | ● | ● | ● | ● |
| Official | 83 | 95 | 80 | 85 | 90 | 99 | 96 | 94 | 93 | 96 | 90 | 100 |
| Administrative | 83 | 95 | 80 | 93 | 93 | 97 | 96 | 94 | 93 | 96 | 90 | 100 |
| Survey | NA | NA | 85 | NA | NA | 93 | 91 | NA | NA | NA | NA | NA |

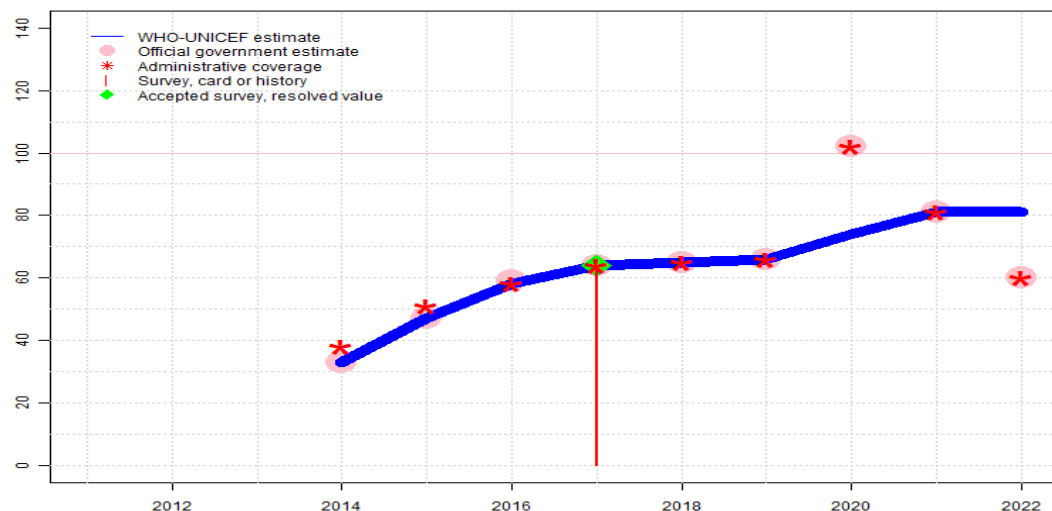
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zambia - MCV2

ZMB - MCV2



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | 33 | 47 | 58 | 64 | 65 | 66 | 74 | 81 | 81 |
| Estimate GoC | NA | NA | NA | •• | • | ••• | ••• | ••• | ••• | • | •• | •• |
| Official | NA | NA | NA | 33 | 47 | 59 | 64 | 65 | 66 | 102 | 81 | 60 |
| Administrative | NA | NA | NA | 38 | 51 | 58 | 64 | 65 | 66 | 102 | 81 | 60 |
| Survey | NA | NA | NA | NA | NA | NA | 64 | 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:

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

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Unexplained and inconsistent trend in reported measles coverage between first and second dose. Reported data excluded due to sudden change in coverage from 81 level to 60 percent. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. GoC=R+ D+

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

2020: Estimate informed by interpolation between reported data. Reported data excluded. Reported data includes doses administered during intensification of vaccination activities conducted in 2020. Reported data excluded because 102 percent greater than 100 percent. Reported data excluded due to an increase from 66 percent to 102 percent with decrease 81 percent. Estimate challenged by: D-

2019: Estimate informed by reported data. GoC=R+ S+ D+

2018: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 64 percent based on 1 survey(s). GoC=R+ S+ D+

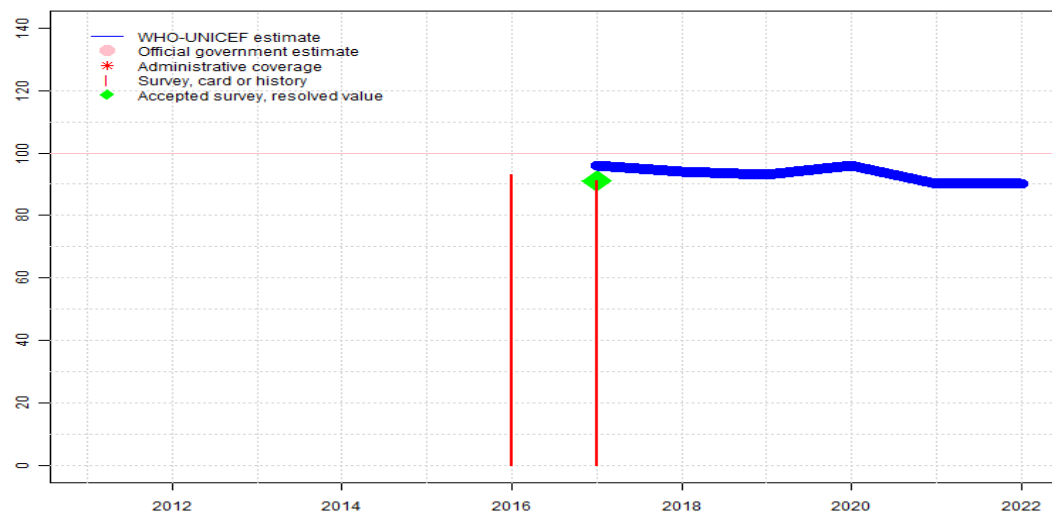
2016: Estimate informed by reported data. Estimate is based on reported data following introduction. Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+

2015: Estimate informed by reported data. Increase following introduction. Estimate challenged by: S-

2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Second dose of measles containing vaccine introduced during 2014. GoC=R+ D+

Zambia - RCV1

ZMB - RCV1



Description:

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

2022: Estimate based on estimated MCV1. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Estimate challenged by: D-

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

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

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

2018: Estimate based on estimated MCV1. GoC=R+ S+ D+

2017: Estimate based on estimated MCV1. Rubella containing vaccine introduced in 2017 as Measles-Rubella vaccine. 2018 DHS Key Indicators Report coverage of 91. GoC=R+ S+ D+

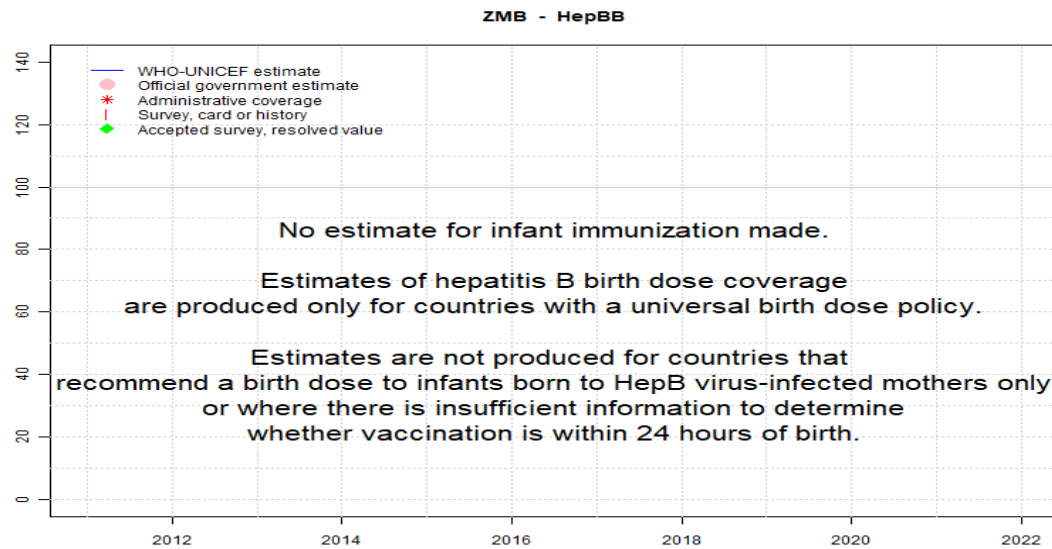
| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | 96 | 94 | 93 | 96 | 90 | 90 |
| Estimate GoC | NA | NA | NA | NA | 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 | 93 | 91 | 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.

Zambia - 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 |

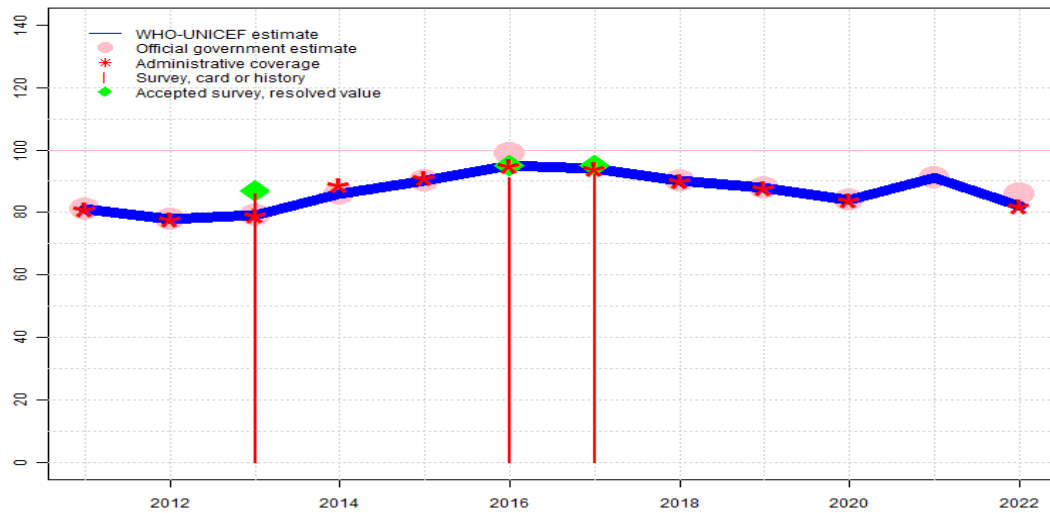
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zambia - HepB3

ZMB - HepB3



Description:

2022: Estimate informed by estimated DTP3 coverage for consistency. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Estimate challenged by: D-R-

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

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. GoC=R+ S+ D+

2018: Estimate informed by reported data. GoC=R+ S+ D+

2017: Estimate based on reported data. Zambia Demographic and Health Survey 2018 card or history results of 92 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+

2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 card or history results of 91 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 67 percent and 3rd dose card only coverage of 65 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. Unexplained increase in reported coverage data. GoC=R+ S+ D+

2015: Estimate based on reported data. GoC=R+ S+ D+

2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. GoC=R+ S+ D+

2013: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Zambia Demographic and Health Survey, 2013-14 card or history results of 86 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 72 percent. Estimate challenged by: D-

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

2011: Estimate informed by reported data. Estimate challenged by: S-

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 81 | 78 | 79 | 86 | 90 | 95 | 94 | 90 | 88 | 84 | 91 | 82 |
| Estimate GoC | • | • | • | ••• | ••• | ••• | ••• | ••• | ••• | • | •• | • |
| Official | 81 | 78 | 79 | 86 | 90 | 99 | NA | 90 | 88 | 84 | 91 | 86 |
| Administrative | 81 | 78 | 79 | 89 | 91 | 95 | 94 | 90 | 88 | 84 | NA | 82 |
| Survey | NA | NA | 86 | NA | NA | 91 | 92 | NA | NA | NA | NA | NA |

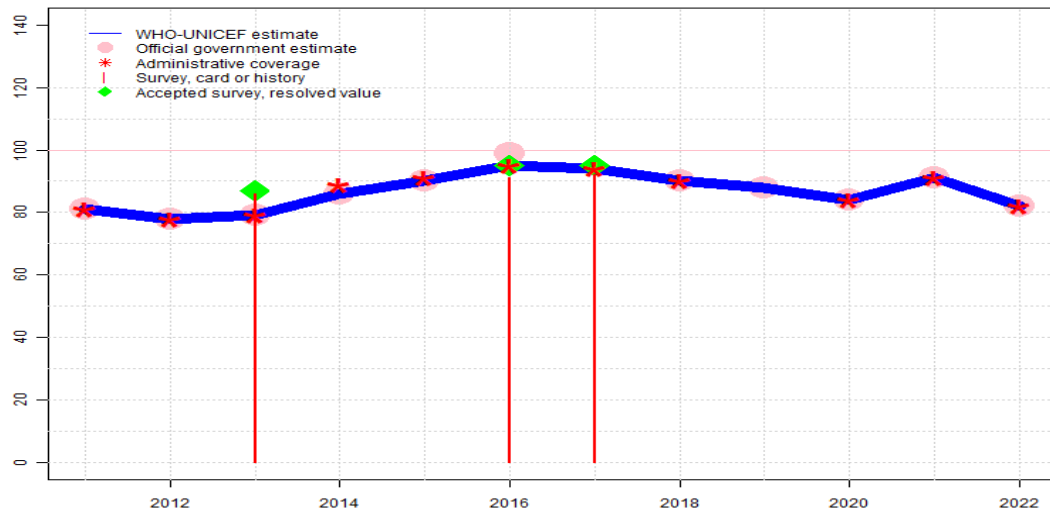
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zambia - Hib3

ZMB - Hib3



Description:

- 2022: Estimate informed by reported data. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate based on reported data. Zambia Demographic and Health Survey 2018 card or history results of 92 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 card or history results of 91 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 67 percent and 3rd dose card only coverage of 65 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. Unexplained increase in reported coverage data. GoC=R+ S+ D+
- 2015: Estimate based on reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Zambia Demographic and Health Survey, 2013-14 card or history results of 86 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 72 percent. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Estimate challenged by: S-
- 2011: Estimate informed by reported data. Estimate challenged by: S-

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 81 | 78 | 79 | 86 | 90 | 95 | 94 | 90 | 88 | 84 | 91 | 82 |
| Estimate GoC | • | • | • | ••• | ••• | ••• | ••• | ••• | • | • | • | • |
| Official | 81 | 78 | 79 | 86 | 90 | 99 | NA | 90 | 88 | 84 | 91 | 82 |
| Administrative | 81 | 78 | 79 | 89 | 91 | 95 | 94 | 90 | NA | 84 | 91 | 82 |
| Survey | NA | NA | 86 | NA | NA | 91 | 92 | NA | NA | NA | NA | NA |

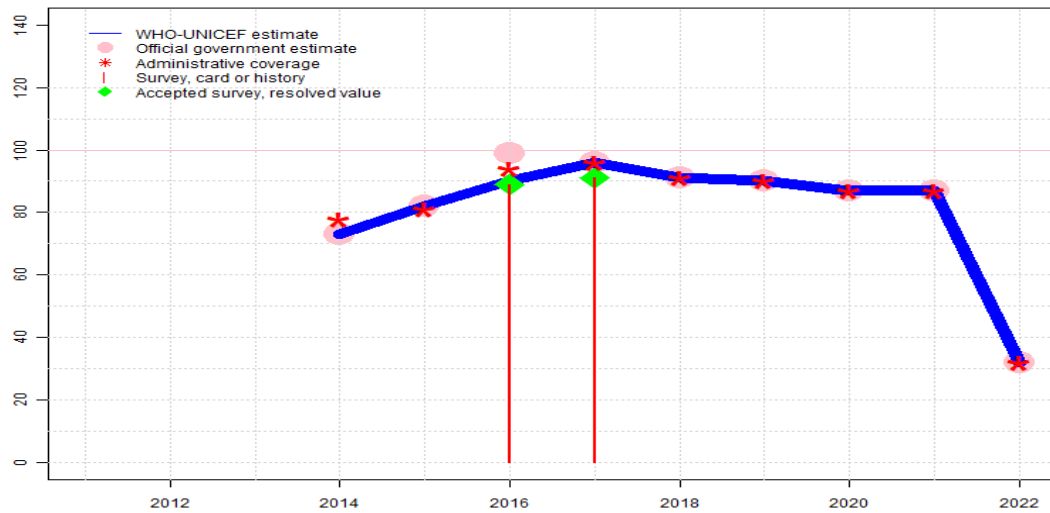
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zambia - RotaC

ZMB - RotaC



Description:

- 2022: Estimate informed by reported data. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Programme reports four months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports a four months vaccine stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate is based on a four percentage point adjustment to the reported administrative coverage derived from the difference between the reported administrative coverage for DTP1 and the best possible performance coverage level of 99 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. Estimate challenged by: D-R-
- 2015: Estimate based on reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Rotavirus vaccine introduced during 2013. Reporting began during 2014. Estimate challenged by: S-

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | 73 | 82 | 90 | 96 | 91 | 90 | 87 | 87 | 32 |
| Estimate GoC | NA | NA | NA | • | ••• | • | ••• | ••• | • | • | • | •• |
| Official | NA | NA | NA | 73 | 82 | 99 | 96 | 91 | 90 | 87 | 87 | 32 |
| Administrative | NA | NA | NA | 78 | 81 | 94 | 96 | 91 | 90 | 87 | 87 | 32 |
| Survey | NA | NA | NA | NA | NA | 89 | 91 | NA | NA | NA | NA | NA |

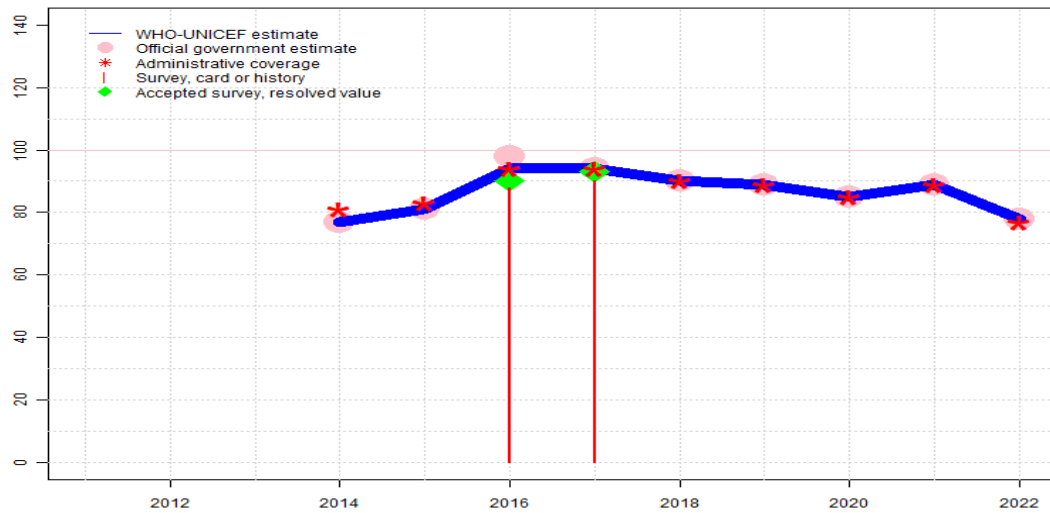
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zambia - PcV3

ZMB - PcV3



Description:

- 2022: Estimate informed by reported data. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. WHO and UNICEF are aware of an ongoing 2023 Demographic and Health Survey and await the final results. Programme reports one month vaccine stockout at national and subnational levels. Estimated coverage may overestimate actual coverage. Consistency with other vaccine doses. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a one month vaccine stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate based on reported data. Zambia Demographic and Health Survey 2018 card or history results of 90 percent modified for recall bias to 93 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 72 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 card or history results of 88 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 67 percent and 3rd dose card only coverage of 63 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+
- 2015: Estimate based on reported data. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Pneumococcal conjugate vaccine introduced during 2014. reporting began in 2014. Estimate challenged by: S-

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | 77 | 81 | 94 | 94 | 90 | 89 | 85 | 89 | 78 |
| Estimate GoC | NA | NA | NA | • | • | ••• | ••• | ••• | ••• | • | • | • |
| Official | NA | NA | NA | 77 | 81 | 98 | 94 | 90 | 89 | 85 | 89 | 78 |
| Administrative | NA | NA | NA | 81 | 83 | 94 | 94 | 90 | 89 | 85 | 89 | 77 |
| Survey | NA | NA | NA | NA | NA | 88 | 90 | 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.

Zambia - 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.

2017 Zambia Demographic and Health Survey 2018

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 97 | 12-23 m | 1891 | 77 |
| BCG | Card | 75.9 | 12-23 m | 1450 | 77 |
| BCG | Card or History | 97.5 | 12-23 m | 1891 | 77 |
| BCG | History | 21.6 | 12-23 m | 440 | 77 |
| DTP1 | C or H <12 months | 97.6 | 12-23 m | 1891 | 77 |
| DTP1 | Card | 76.4 | 12-23 m | 1450 | 77 |
| DTP1 | Card or History | 97.9 | 12-23 m | 1891 | 77 |
| DTP1 | History | 21.5 | 12-23 m | 440 | 77 |
| DTP3 | C or H <12 months | 91.4 | 12-23 m | 1891 | 77 |
| DTP3 | Card | 73.8 | 12-23 m | 1450 | 77 |
| DTP3 | Card or History | 92.1 | 12-23 m | 1891 | 77 |
| DTP3 | History | 18.3 | 12-23 m | 440 | 77 |
| HepB1 | C or H <12 months | 97.6 | 12-23 m | 1891 | 77 |
| HepB1 | Card | 76.4 | 12-23 m | 1450 | 77 |
| HepB1 | Card or History | 97.9 | 12-23 m | 1891 | 77 |
| HepB1 | History | 21.5 | 12-23 m | 440 | 77 |
| HepB3 | C or H <12 months | 91.4 | 12-23 m | 1891 | 77 |
| HepB3 | Card | 73.8 | 12-23 m | 1450 | 77 |
| HepB3 | Card or History | 92.1 | 12-23 m | 1891 | 77 |
| HepB3 | History | 18.3 | 12-23 m | 440 | 77 |
| Hib1 | C or H <12 months | 97.6 | 12-23 m | 1891 | 77 |
| Hib1 | Card | 76.4 | 12-23 m | 1450 | 77 |
| Hib1 | Card or History | 97.9 | 12-23 m | 1891 | 77 |
| Hib1 | History | 21.5 | 12-23 m | 440 | 77 |

| | | | | | |
|-------|-------------------|------|---------|------|----|
| Hib3 | C or H <12 months | 91.4 | 12-23 m | 1891 | 77 |
| Hib3 | Card | 73.8 | 12-23 m | 1450 | 77 |
| Hib3 | Card or History | 92.1 | 12-23 m | 1891 | 77 |
| Hib3 | History | 18.3 | 12-23 m | 440 | 77 |
| MCV1 | C or H <12 months | 85.6 | 12-23 m | 1891 | 77 |
| MCV1 | Card | 71.7 | 12-23 m | 1450 | 77 |
| MCV1 | Card or History | 90.9 | 12-23 m | 1891 | 77 |
| MCV1 | History | 19.2 | 12-23 m | 440 | 77 |
| MCV2 | C or H <12 months | 62 | 24-35 m | 1862 | 77 |
| MCV2 | Card | 45.4 | 24-35 m | 1258 | 77 |
| MCV2 | Card or History | 63.8 | 24-35 m | 1862 | 77 |
| MCV2 | History | 18.4 | 24-35 m | 604 | 77 |
| PCV1 | C or H <12 months | 97.4 | 12-23 m | 1891 | 77 |
| PCV1 | Card | 76.3 | 12-23 m | 1450 | 77 |
| PCV1 | Card or History | 97.6 | 12-23 m | 1891 | 77 |
| PCV1 | History | 21.3 | 12-23 m | 440 | 77 |
| PCV3 | C or H <12 months | 89.2 | 12-23 m | 1891 | 77 |
| PCV3 | Card | 72 | 12-23 m | 1450 | 77 |
| PCV3 | Card or History | 89.8 | 12-23 m | 1891 | 77 |
| PCV3 | History | 17.8 | 12-23 m | 440 | 77 |
| Pol1 | C or H <12 months | 96.2 | 12-23 m | 1891 | 77 |
| Pol1 | Card | 76.4 | 12-23 m | 1450 | 77 |
| Pol1 | Card or History | 96.5 | 12-23 m | 1891 | 77 |
| Pol1 | History | 20.1 | 12-23 m | 440 | 77 |
| Pol3 | C or H <12 months | 80.6 | 12-23 m | 1891 | 77 |
| Pol3 | Card | 72.8 | 12-23 m | 1450 | 77 |
| Pol3 | Card or History | 81.2 | 12-23 m | 1891 | 77 |
| Pol3 | History | 8.4 | 12-23 m | 440 | 77 |
| RotaC | C or H <12 months | 89.6 | 12-23 m | 1891 | 77 |
| RotaC | Card | 72.7 | 12-23 m | 1450 | 77 |
| RotaC | Card or History | 90.6 | 12-23 m | 1891 | 77 |
| RotaC | History | 17.9 | 12-23 m | 440 | 77 |

2016 Zambia Demographic and Health Survey 2018

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 96.1 | 24-35 m | 1862 | 77 |
| BCG | Card | 66.6 | 24-35 m | 1258 | 77 |
| BCG | Card or History | 97.3 | 24-35 m | 1862 | 77 |

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| | | | | | |
|-------|-------------------|------|---------|------|----|
| BCG | History | 30.7 | 24-35 m | 604 | 77 |
| DTP1 | C or H <12 months | 97 | 24-35 m | 1862 | 77 |
| DTP1 | Card | 67.3 | 24-35 m | 1258 | 77 |
| DTP1 | Card or History | 97.5 | 24-35 m | 1862 | 77 |
| DTP1 | History | 30.2 | 24-35 m | 604 | 77 |
| DTP3 | C or H <12 months | 88.7 | 24-35 m | 1862 | 77 |
| DTP3 | Card | 64.8 | 24-35 m | 1258 | 77 |
| DTP3 | Card or History | 90.9 | 24-35 m | 1862 | 77 |
| DTP3 | History | 26.1 | 24-35 m | 604 | 77 |
| HepB1 | C or H <12 months | 97 | 24-35 m | 1862 | 77 |
| HepB1 | Card | 67.3 | 24-35 m | 1258 | 77 |
| HepB1 | Card or History | 97.5 | 24-35 m | 1862 | 77 |
| HepB1 | History | 30.2 | 24-35 m | 604 | 77 |
| HepB3 | C or H <12 months | 88.7 | 24-35 m | 1862 | 77 |
| HepB3 | Card | 64.8 | 24-35 m | 1258 | 77 |
| HepB3 | Card or History | 90.9 | 24-35 m | 1862 | 77 |
| HepB3 | History | 26.1 | 24-35 m | 604 | 77 |
| Hib1 | C or H <12 months | 97 | 24-35 m | 1862 | 77 |
| Hib1 | Card | 67.3 | 24-35 m | 1258 | 77 |
| Hib1 | Card or History | 97.5 | 24-35 m | 1862 | 77 |
| Hib1 | History | 30.2 | 24-35 m | 604 | 77 |
| Hib3 | C or H <12 months | 88.7 | 24-35 m | 1862 | 77 |
| Hib3 | Card | 64.8 | 24-35 m | 1258 | 77 |
| Hib3 | Card or History | 90.9 | 24-35 m | 1862 | 77 |
| Hib3 | History | 26.1 | 24-35 m | 604 | 77 |
| MCV1 | C or H <12 months | 82.6 | 24-35 m | 1862 | 77 |
| MCV1 | Card | 64.2 | 24-35 m | 1258 | 77 |
| MCV1 | Card or History | 93.1 | 24-35 m | 1862 | 77 |
| MCV1 | History | 28.9 | 24-35 m | 604 | 77 |
| PCV1 | C or H <12 months | 95.8 | 24-35 m | 1862 | 77 |
| PCV1 | Card | 66.8 | 24-35 m | 1258 | 77 |
| PCV1 | Card or History | 96.5 | 24-35 m | 1862 | 77 |
| PCV1 | History | 29.7 | 24-35 m | 604 | 77 |
| PCV3 | C or H <12 months | 86.1 | 24-35 m | 1862 | 77 |
| PCV3 | Card | 62.8 | 24-35 m | 1258 | 77 |
| PCV3 | Card or History | 87.7 | 24-35 m | 1862 | 77 |
| PCV3 | History | 24.9 | 24-35 m | 604 | 77 |
| Pol1 | C or H <12 months | 95.5 | 24-35 m | 1862 | 77 |
| Pol1 | Card | 67.1 | 24-35 m | 1258 | 77 |
| Pol1 | Card or History | 95.9 | 24-35 m | 1862 | 77 |

| | | | | | |
|-------|-------------------|------|---------|------|----|
| Pol1 | History | 28.8 | 24-35 m | 604 | 77 |
| Pol3 | C or H <12 months | 75.3 | 24-35 m | 1862 | 77 |
| Pol3 | Card | 63.6 | 24-35 m | 1258 | 77 |
| Pol3 | Card or History | 77.2 | 24-35 m | 1862 | 77 |
| Pol3 | History | 13.6 | 24-35 m | 604 | 77 |
| RotaC | C or H <12 months | 85.8 | 24-35 m | 1862 | 77 |
| RotaC | Card | 62.9 | 24-35 m | 1258 | 77 |
| RotaC | Card or History | 88.7 | 24-35 m | 1862 | 77 |
| RotaC | History | 25.8 | 24-35 m | 604 | 77 |

2013 Zambia Demographic and Health Survey, 2013-14

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 94.1 | 12-23 m | 2575 | 80 |
| BCG | Card | 77.8 | 12-23 m | 2069 | 80 |
| BCG | Card or History | 94.9 | 12-23 m | 2575 | 80 |
| BCG | History | 17 | 12-23 m | 506 | 80 |
| DTP1 | C or H <12 months | 94.8 | 12-23 m | 2575 | 80 |
| DTP1 | Card | 79.1 | 12-23 m | 2069 | 80 |
| DTP1 | Card or History | 95.9 | 12-23 m | 2575 | 80 |
| DTP1 | History | 16.9 | 12-23 m | 506 | 80 |
| DTP3 | C or H <12 months | 82.4 | 12-23 m | 2575 | 80 |
| DTP3 | Card | 71.5 | 12-23 m | 2069 | 80 |
| DTP3 | Card or History | 85.8 | 12-23 m | 2575 | 80 |
| DTP3 | History | 14.4 | 12-23 m | 506 | 80 |
| HepB1 | C or H <12 months | 94.8 | 12-23 m | 2575 | 80 |
| HepB1 | Card | 79.1 | 12-23 m | 2069 | 80 |
| HepB1 | Card or History | 95.9 | 12-23 m | 2575 | 80 |
| HepB1 | History | 16.9 | 12-23 m | 506 | 80 |
| HepB3 | C or H <12 months | 82.4 | 12-23 m | 2575 | 80 |
| HepB3 | Card | 71.5 | 12-23 m | 2069 | 80 |
| HepB3 | Card or History | 85.8 | 12-23 m | 2575 | 80 |
| HepB3 | History | 14.4 | 12-23 m | 506 | 80 |
| Hib1 | C or H <12 months | 94.8 | 12-23 m | 2575 | 80 |
| Hib1 | Card | 79.1 | 12-23 m | 2069 | 80 |
| Hib1 | Card or History | 95.9 | 12-23 m | 2575 | 80 |
| Hib1 | History | 16.9 | 12-23 m | 506 | 80 |
| Hib3 | C or H <12 months | 82.4 | 12-23 m | 2575 | 80 |
| Hib3 | Card | 71.5 | 12-23 m | 2069 | 80 |

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| | | | | | |
|------|-------------------|------|---------|------|----|
| Hib3 | Card or History | 85.8 | 12-23 m | 2575 | 80 |
| Hib3 | History | 14.4 | 12-23 m | 506 | 80 |
| MCV1 | C or H <12 months | 72.5 | 12-23 m | 2575 | 80 |
| MCV1 | Card | 69.7 | 12-23 m | 2069 | 80 |
| MCV1 | Card or History | 84.9 | 12-23 m | 2575 | 80 |
| MCV1 | History | 15.2 | 12-23 m | 506 | 80 |
| Pol1 | Card | 79.6 | 12-23 m | 2069 | 80 |
| Pol1 | Card or History | 96.3 | 12-23 m | 2575 | 80 |
| Pol1 | History | 16.7 | 12-23 m | 506 | 80 |
| Pol3 | Card | 69.3 | 12-23 m | 2069 | 80 |
| Pol3 | Card or History | 77.6 | 12-23 m | 2575 | 80 |
| Pol3 | History | 8.2 | 12-23 m | 506 | 80 |

2012 Zambia Demographic and Health Survey, 2013-14

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 94.5 | 24-35 m | 2507 | 80 |
| DTP1 | C or H <12 months | 94.3 | 24-35 m | 2507 | 80 |
| DTP3 | C or H <12 months | 84.5 | 24-35 m | 2507 | 80 |
| HepB1 | C or H <12 months | 94.3 | 24-35 m | 2507 | 80 |
| HepB3 | C or H <12 months | 84.5 | 24-35 m | 2507 | 80 |
| Hib1 | C or H <12 months | 94.3 | 24-35 m | 2507 | 80 |
| Hib3 | C or H <12 months | 84.5 | 24-35 m | 2507 | 80 |
| MCV1 | C or H <12 months | 72.5 | 24-35 m | 2507 | 80 |
| Pol1 | C or H <12 months | 95.1 | 24-35 m | 2507 | 80 |
| Pol3 | C or H <12 months | 76.5 | 24-35 m | 2507 | 80 |

2011 Zambia Demographic and Health Survey, 2013-14

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 91.5 | 36-47 m | 2447 | 80 |
| DTP1 | C or H <12 months | 91.8 | 36-47 m | 2447 | 80 |
| DTP3 | C or H <12 months | 80.5 | 36-47 m | 2447 | 80 |
| HepB1 | C or H <12 months | 91.8 | 36-47 m | 2447 | 80 |
| HepB3 | C or H <12 months | 80.5 | 36-47 m | 2447 | 80 |
| Hib1 | C or H <12 months | 91.8 | 36-47 m | 2447 | 80 |
| Hib3 | C or H <12 months | 80.5 | 36-47 m | 2447 | 80 |

| | | | | | |
|------|-------------------|------|---------|------|----|
| MCV1 | C or H <12 months | 73.8 | 36-47 m | 2447 | 80 |
| Pol1 | C or H <12 months | 91.8 | 36-47 m | 2447 | 80 |
| Pol3 | C or H <12 months | 71.8 | 36-47 m | 2447 | 80 |

2010 Expanded Program on Immunization Survey using the cluster survey methodology, Zambia, 2011

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card | 73.4 | 12-23 m | 1890 | 77 |
| BCG | Card or History | 98.3 | 12-23 m | 1890 | 77 |
| DTP1 | Card | 72.7 | 12-23 m | 1890 | 77 |
| DTP1 | Card or History | 98.2 | 12-23 m | 1890 | 77 |
| DTP3 | Card | 70.8 | 12-23 m | 1890 | 77 |
| DTP3 | Card or History | 92.5 | 12-23 m | 1890 | 77 |
| HepB1 | Card | 72.7 | 12-23 m | 1890 | 77 |
| HepB1 | Card or History | 98.2 | 12-23 m | 1890 | 77 |
| HepB3 | Card | 70.8 | 12-23 m | 1890 | 77 |
| HepB3 | Card or History | 92.5 | 12-23 m | 1890 | 77 |
| Hib1 | Card | 72.7 | 12-23 m | 1890 | 77 |
| Hib1 | Card or History | 98.2 | 12-23 m | 1890 | 77 |
| Hib3 | Card | 70.8 | 12-23 m | 1890 | 77 |
| Hib3 | Card or History | 92.5 | 12-23 m | 1890 | 77 |
| MCV1 | Card | 67.3 | 12-23 m | 1890 | 77 |
| MCV1 | Card or History | 90.3 | 12-23 m | 1890 | 77 |
| Pol1 | Card | 73.1 | 12-23 m | 1890 | 77 |
| Pol1 | Card or History | 97.9 | 12-23 m | 1890 | 77 |
| Pol3 | Card | 69.8 | 12-23 m | 1890 | 77 |
| Pol3 | Card or History | 90.2 | 12-23 m | 1890 | 77 |

2010 Zambia Demographic and Health Survey, 2013-14

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 93.1 | 48-59 m | 2627 | 80 |
| DTP1 | C or H <12 months | 93 | 48-59 m | 2627 | 80 |
| DTP3 | C or H <12 months | 81.3 | 48-59 m | 2627 | 80 |
| HepB1 | C or H <12 months | 93 | 48-59 m | 2627 | 80 |
| HepB3 | C or H <12 months | 81.3 | 48-59 m | 2627 | 80 |

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| | | | | | |
|------|-------------------|------|---------|------|----|
| Hib1 | C or H <12 months | 93 | 48-59 m | 2627 | 80 |
| Hib3 | C or H <12 months | 81.3 | 48-59 m | 2627 | 80 |
| MCV1 | C or H <12 months | 69.5 | 48-59 m | 2627 | 80 |
| Pol1 | C or H <12 months | 93.7 | 48-59 m | 2627 | 80 |
| Pol3 | C or H <12 months | 70.1 | 48-59 m | 2627 | 80 |

2006 Zambia Demographic and Health Survey 2007

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 90.3 | 12-23 m | 1272 | 78 |
| BCG | Card | 75.9 | 12-23 m | 1272 | 78 |
| BCG | Card or History | 92.3 | 12-23 m | 1272 | 78 |
| BCG | History | 16.4 | 12-23 m | 1272 | 78 |
| DTP1 | C or H <12 months | 91.4 | 12-23 m | 1272 | 78 |
| DTP1 | Card | 76.1 | 12-23 m | 1272 | 78 |
| DTP1 | Card or History | 92.3 | 12-23 m | 1272 | 78 |
| DTP1 | History | 16.3 | 12-23 m | 1272 | 78 |
| DTP3 | C or H <12 months | 77.3 | 12-23 m | 1272 | 78 |
| DTP3 | Card | 66.9 | 12-23 m | 1272 | 78 |
| DTP3 | Card or History | 79.7 | 12-23 m | 1272 | 78 |
| DTP3 | History | 12.8 | 12-23 m | 1272 | 78 |
| HepB1 | C or H <12 months | 91.4 | 12-23 m | 1272 | 78 |
| HepB1 | Card | 76.1 | 12-23 m | 1272 | 78 |
| HepB1 | Card or History | 92.3 | 12-23 m | 1272 | 78 |
| HepB1 | History | 16.3 | 12-23 m | 1272 | 78 |
| HepB3 | C or H <12 months | 77.3 | 12-23 m | 1272 | 78 |
| HepB3 | Card | 66.9 | 12-23 m | 1272 | 78 |
| HepB3 | Card or History | 79.7 | 12-23 m | 1272 | 78 |
| HepB3 | History | 12.8 | 12-23 m | 1272 | 78 |
| Hib1 | C or H <12 months | 91.4 | 12-23 m | 1272 | 78 |
| Hib1 | Card | 76.1 | 12-23 m | 1272 | 78 |
| Hib1 | Card or History | 92.3 | 12-23 m | 1272 | 78 |
| Hib1 | History | 16.3 | 12-23 m | 1272 | 78 |
| Hib3 | C or H <12 months | 77.3 | 12-23 m | 1272 | 78 |
| Hib3 | Card | 66.9 | 12-23 m | 1272 | 78 |
| Hib3 | Card or History | 79.7 | 12-23 m | 1272 | 78 |
| Hib3 | History | 12.8 | 12-23 m | 1272 | 78 |
| MCV1 | C or H <12 months | 68.8 | 12-23 m | 1272 | 78 |
| MCV1 | Card | 69.8 | 12-23 m | 1272 | 78 |

| | | | | | |
|------|-------------------|------|---------|------|----|
| MCV1 | Card or History | 84.9 | 12-23 m | 1272 | 78 |
| MCV1 | History | 15.1 | 12-23 m | 1272 | 78 |
| Pol1 | C or H <12 months | 92.3 | 12-23 m | 1272 | 78 |
| Pol1 | Card | 77 | 12-23 m | 1272 | 78 |
| Pol1 | Card or History | 93.5 | 12-23 m | 1272 | 78 |
| Pol1 | History | 16.5 | 12-23 m | 1272 | 78 |
| Pol3 | C or H <12 months | 74.2 | 12-23 m | 1272 | 78 |
| Pol3 | Card | 67.9 | 12-23 m | 1272 | 78 |
| Pol3 | Card or History | 77 | 12-23 m | 1272 | 78 |
| Pol3 | History | 9.2 | 12-23 m | 1272 | 78 |

2001 Zambia Demographic and Health Survey 2001-2002

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 90.7 | 12-23 m | 1299 | 80 |
| BCG | Card | 78 | 12-23 m | 1299 | 80 |
| BCG | Card or History | 94 | 12-23 m | 1299 | 80 |
| BCG | History | 16 | 12-23 m | 1299 | 80 |
| DTP1 | C or H <12 months | 91.9 | 12-23 m | 1299 | 80 |
| DTP1 | Card | 78.3 | 12-23 m | 1299 | 80 |
| DTP1 | Card or History | 94.1 | 12-23 m | 1299 | 80 |
| DTP1 | History | 15.8 | 12-23 m | 1299 | 80 |
| DTP3 | C or H <12 months | 73.8 | 12-23 m | 1299 | 80 |
| DTP3 | Card | 70.9 | 12-23 m | 1299 | 80 |
| DTP3 | Card or History | 80 | 12-23 m | 1299 | 80 |
| DTP3 | History | 9.2 | 12-23 m | 1299 | 80 |
| MCV1 | C or H <12 months | 70.2 | 12-23 m | 1299 | 80 |
| MCV1 | Card | 70.5 | 12-23 m | 1299 | 80 |
| MCV1 | Card or History | 84.4 | 12-23 m | 1299 | 80 |
| MCV1 | History | 13.9 | 12-23 m | 1299 | 80 |
| Pol1 | C or H <12 months | 93.6 | 12-23 m | 1299 | 80 |
| Pol1 | Card | 78.7 | 12-23 m | 1299 | 80 |
| Pol1 | Card or History | 95.6 | 12-23 m | 1299 | 80 |
| Pol1 | History | 16.8 | 12-23 m | 1299 | 80 |
| Pol3 | C or H <12 months | 73.4 | 12-23 m | 1299 | 80 |
| Pol3 | Card | 71.1 | 12-23 m | 1299 | 80 |
| Pol3 | Card or History | 80.2 | 12-23 m | 1299 | 80 |
| Pol3 | History | 9.1 | 12-23 m | 1299 | 80 |

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2000 Zambia EPI Cluster Survey Report 2001

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card or History | 92 | 12-23 m | 221 | 83 |
| DTP1 | Card or History | 93 | 12-23 m | 221 | 83 |
| DTP3 | Card or History | 77.8 | 12-23 m | 221 | 83 |
| MCV1 | Card | 85 | 12-23 m | 221 | 83 |
| Pol1 | Card or History | 92 | 12-23 m | 221 | 83 |
| Pol3 | Card or History | 79 | 12-23 m | 221 | 83 |

1998 Zambia Multiple Indicator Cluster Suvey 1999

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card | 51.5 | 12-23 m | 328 | - |
| BCG | History | 13.1 | 12-23 m | 328 | - |
| DTP1 | Card | 60.9 | 12-23 m | 328 | - |
| DTP1 | History | 20.6 | 12-23 m | 328 | - |
| DTP3 | Card | 56 | 12-23 m | 328 | - |
| DTP3 | History | 8.2 | 12-23 m | 328 | - |
| MCV1 | Card | 57.2 | 12-23 m | 328 | - |
| MCV1 | History | 17.1 | 12-23 m | 328 | - |
| Pol1 | Card | 63.7 | 12-23 m | 328 | - |
| Pol1 | History | 21.8 | 12-23 m | 328 | - |
| Pol3 | Card | 58.9 | 12-23 m | 328 | - |
| Pol3 | History | 16.9 | 12-23 m | 328 | - |

Zambia - 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>