

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.

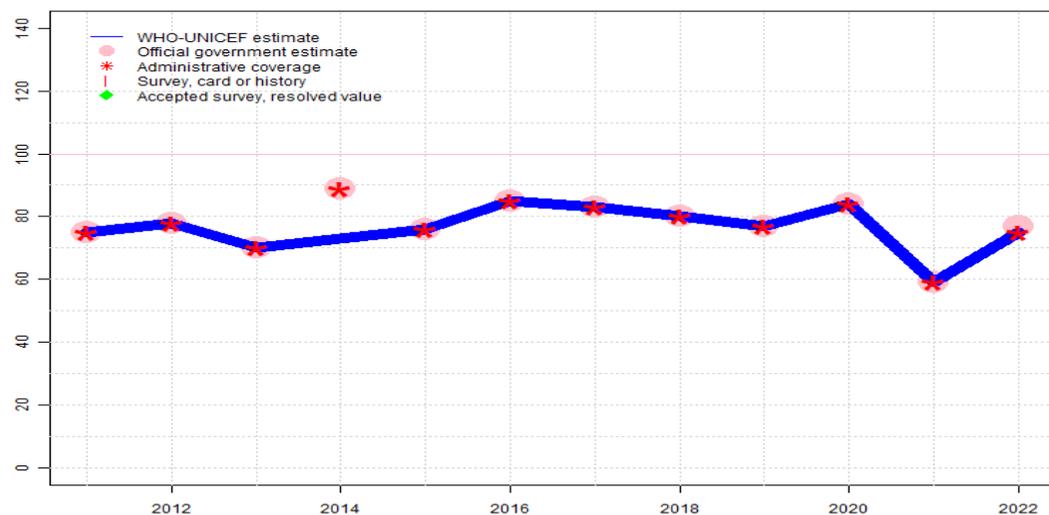
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

FSM - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	75	78	70	73	76	85	83	80	77	84	59	75
Estimate GoC	●●	●●	●●	●●	●●	●	●	●	●	●	●	●
Official	75	78	70	89	76	85	83	80	77	84	59	77
Administrative	75	78	70	89	76	85	83	80	77	84	59	75
Survey	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.

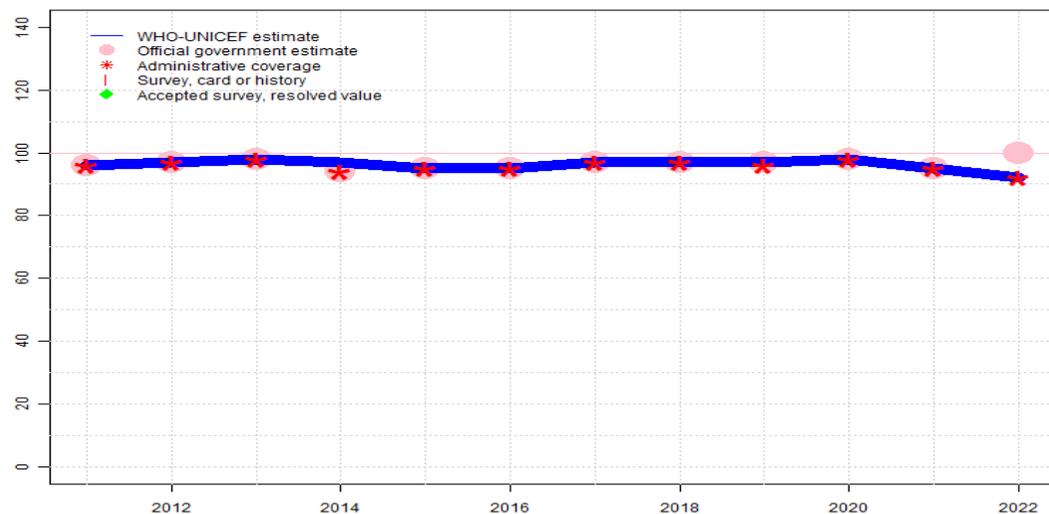
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Consistency with other vaccine doses. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported data accepted for consistency across antigens with no explanation for the decline in reported coverage. 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. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded. Programme reports underreporting of birth-related data from health facilities. Administrative coverage reflects coverage among a subset of births during 2013. Reported data excluded due to an increase from 70 percent to 89 percent with decrease 76 percent. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. . GoC=R+ D+

Micronesia (Federated States of) - DTP1

FSM - DTP1



Description:

2022: Estimate informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. 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. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

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

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

2014: Estimate informed by interpolation between reported data. Reported data excluded. Reported number of children vaccinated and target population data inconsistent with prior years. Reported data are a magnitude of 3x greater in 2014 than 2013. Estimate challenged by: D-

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

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

2011: Estimate informed by reported data. . GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	97	98	97	95	95	97	97	97	98	95	92
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	96	97	98	94	95	95	97	97	97	98	95	100
Administrative	96	97	98	94	95	95	97	97	96	98	95	92
Survey	NA											

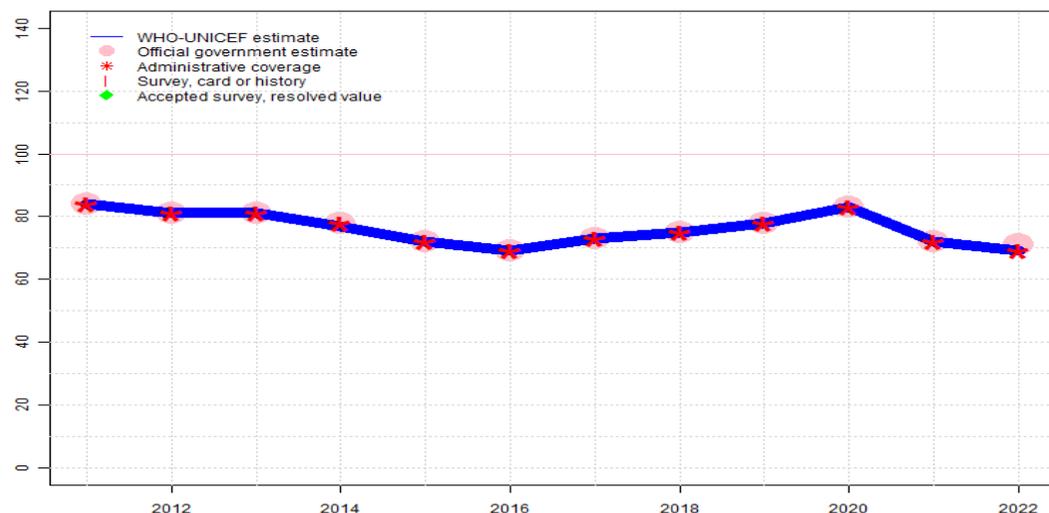
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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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Micronesia (Federated States of) - DTP3

FSM - DTP3



Description:

- 2022: Estimate informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported data accepted for consistency across antigens with no explanation for the decline in reported coverage. 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. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded. Reported number of children vaccinated and target population data inconsistent with prior years. Reported data are a magnitude of 3x greater in 2014 than 2013. Estimate challenged by: D-
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. . GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	84	81	81	77	72	69	73	75	78	83	72	69
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	84	81	81	78	72	69	73	75	78	83	72	71
Administrative	84	81	81	78	72	69	73	75	78	83	72	69
Survey	NA											

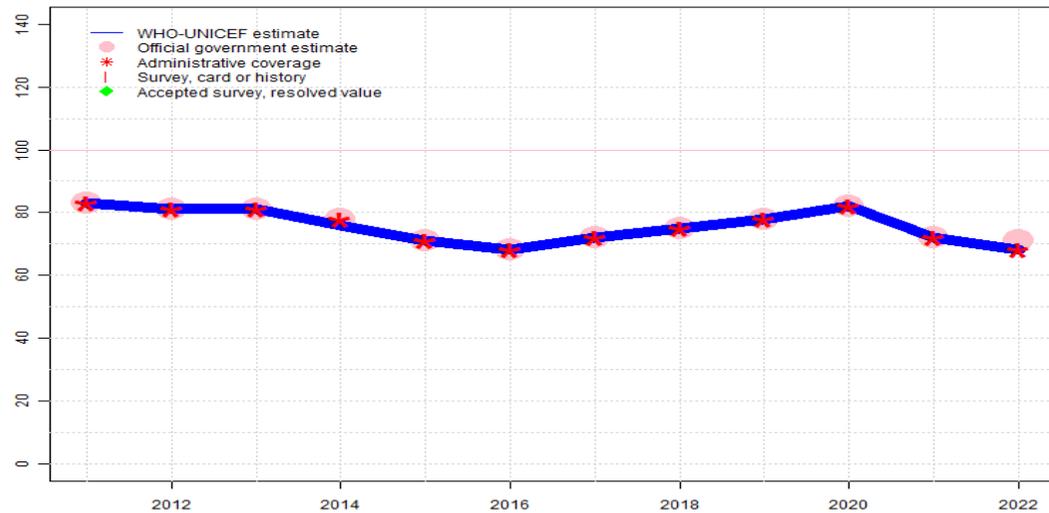
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Micronesia (Federated States of) - Pol3

FSM - Pol3



Description:

2022: Estimate informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. 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. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

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

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

2014: Estimate informed by interpolation between reported data. Reported data excluded. Reported number of children vaccinated and target population data inconsistent with prior years. Reported data are a magnitude of 3x greater in 2014 than 2013. Estimate challenged by: D-

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

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

2011: Estimate informed by reported data. . GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	83	81	81	76	71	68	72	75	78	82	72	68
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	83	81	81	78	71	68	72	75	78	82	72	71
Administrative	83	81	81	78	71	68	72	75	78	82	72	68
Survey	NA											

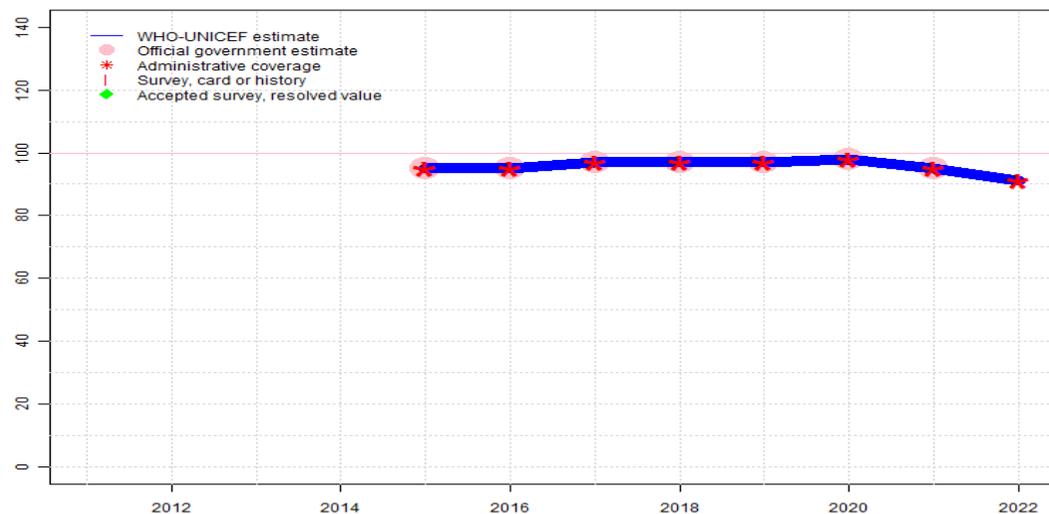
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Micronesia (Federated States of) - IPV1

FSM - IPV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	95	95	97	97	97	98	95	91
Estimate GoC	NA	NA	NA	NA	●●	●	●	●	●	●	●	●
Official	NA	NA	NA	NA	95	95	97	97	97	98	95	NA
Administrative	NA	NA	NA	NA	95	95	97	97	97	98	95	91
Survey	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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- 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.

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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 administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. 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. Estimate challenged by: D-

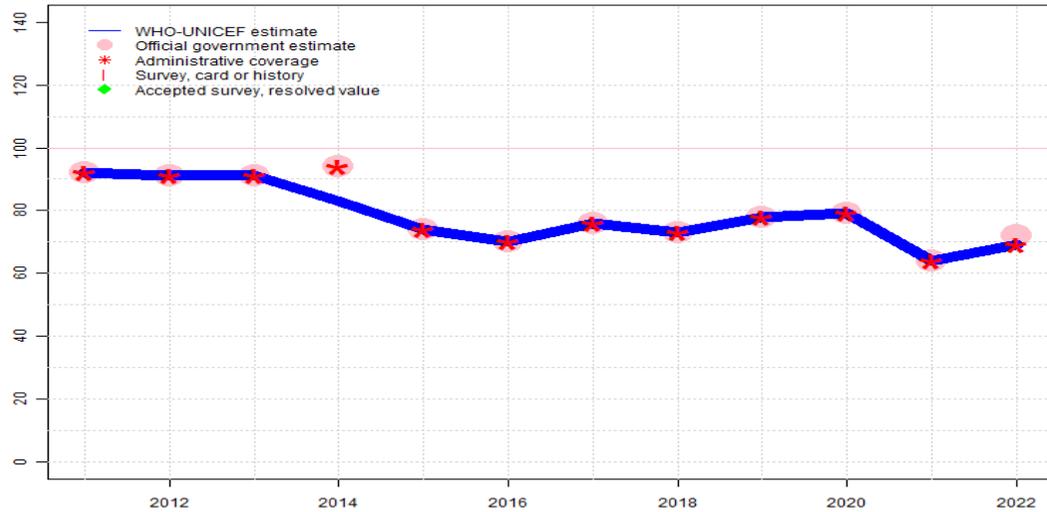
2017: Estimate informed by reported data. Estimate challenged by: D-

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

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

Micronesia (Federated States of) - MCV1

FSM - MCV1



Description:

- 2022: Estimate informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported data accepted for consistency across antigens with no explanation for the decline in reported coverage. 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. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded. Reported number of children vaccinated and target population data inconsistent with prior years. Reported data are a magnitude of 3x greater in 2014 than 2013. Estimate challenged by: D-
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. . GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	92	91	91	83	74	70	76	73	78	79	64	69
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	92	91	91	94	74	70	76	73	78	79	64	72
Administrative	92	91	91	94	74	70	76	73	78	79	64	69
Survey	NA											

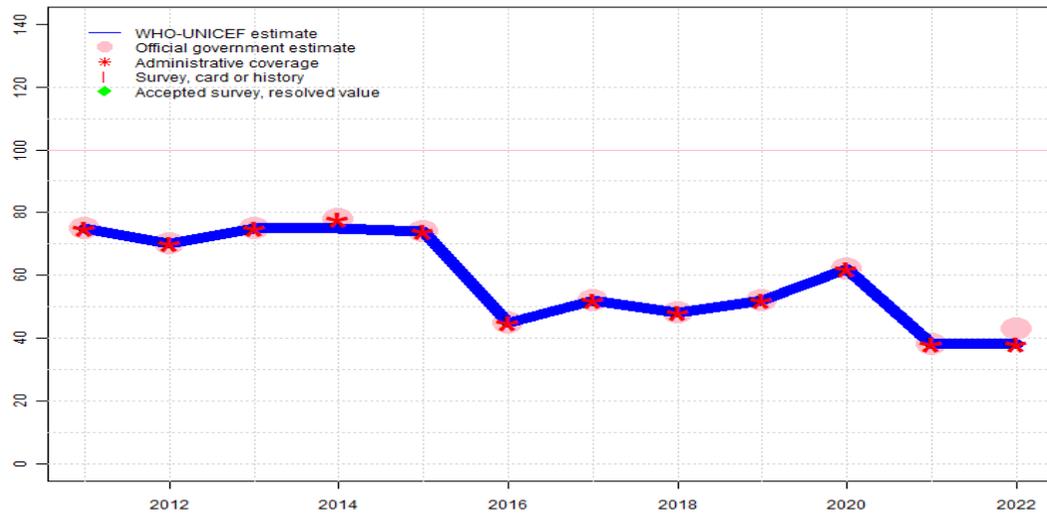
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While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

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Micronesia (Federated States of) - MCV2

FSM - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	75	70	75	75	74	45	52	48	52	62	38	38
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	75	70	75	78	74	45	52	48	52	62	38	43
Administrative	75	70	75	78	74	45	52	48	52	62	38	38
Survey	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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- 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 informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported data accepted for consistency across antigens with no explanation for the decline in reported coverage. 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. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

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

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

2014: Estimate informed by interpolation between reported data. Reported data excluded. Reported number of children vaccinated and target population data inconsistent with prior years. Reported data are a magnitude of 3x greater in 2014 than 2013. Estimate challenged by: D-

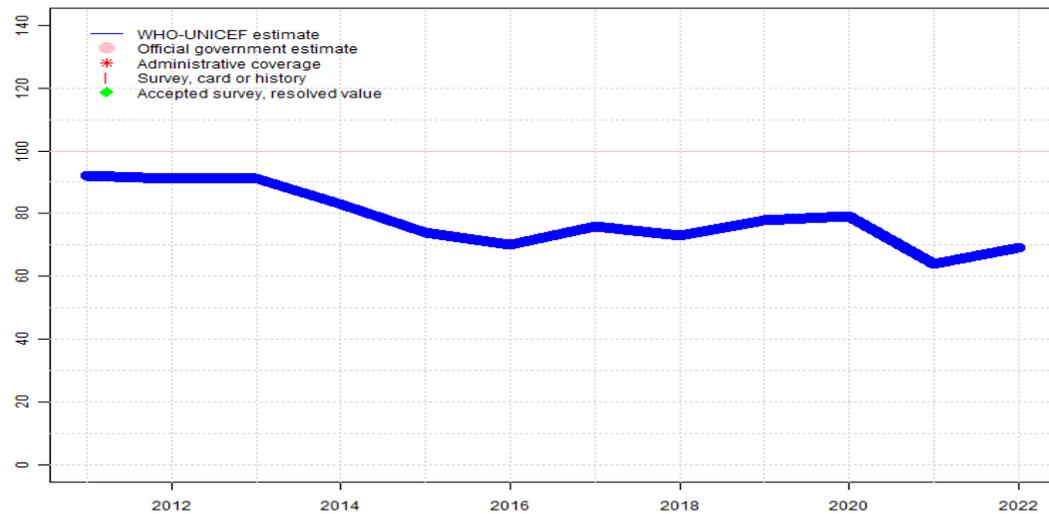
2013: Estimate informed by reported data. GoC=R+ D+

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

2011: Estimate informed by reported data. . GoC=R+ D+

Micronesia (Federated States of) - RCV1

FSM - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	92	91	91	83	74	70	76	73	78	79	64	69
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	NA											
Administrative	NA											
Survey	NA											

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

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

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

Description:

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

2022: Estimate based on estimated MCV1. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. Estimate challenged by: D-

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

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

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

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

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

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

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

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

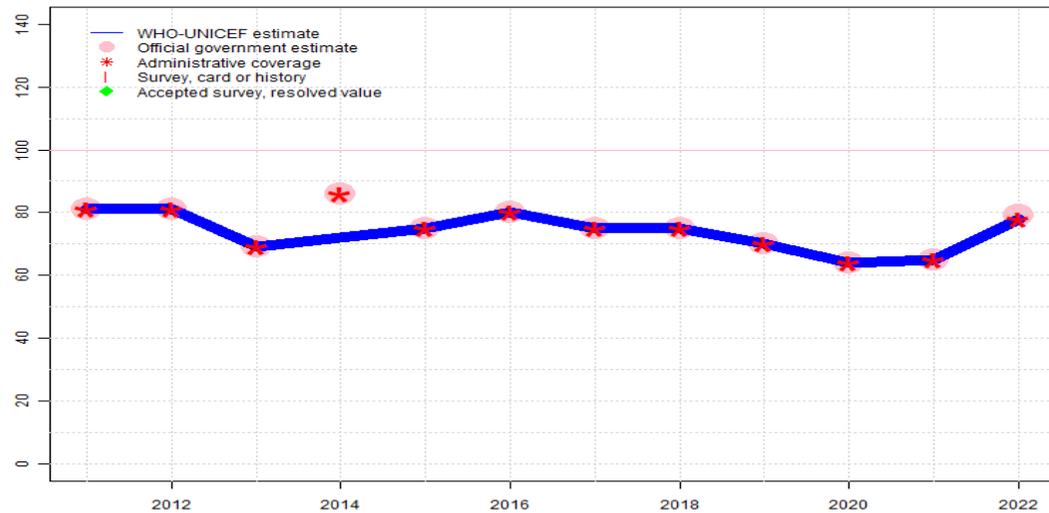
2013: Estimate based on estimated MCV1. GoC=R+ D+

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

2011: Estimate based on estimated MCV1. . GoC=R+ D+

Micronesia (Federated States of) - HepBB

FSM - HepBB



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	81	81	69	72	75	80	75	75	70	64	65	78
Estimate GoC	●●	●●	●●	●●	●●	●	●	●	●●	●	●	●
Official	81	81	69	86	75	80	75	75	70	64	65	79
Administrative	81	81	69	86	75	80	75	75	70	64	65	78
Survey	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.

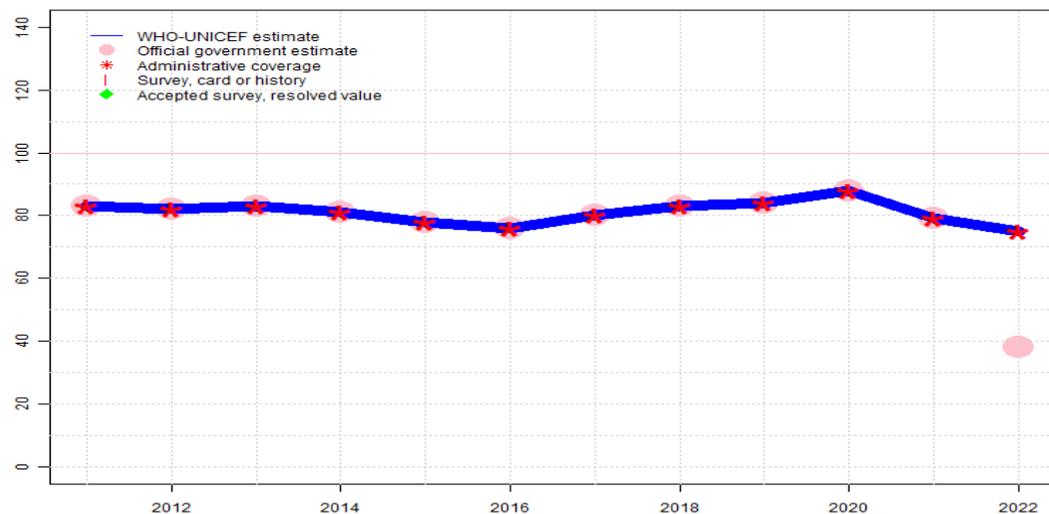
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Consistency with other vaccine doses. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports vaccine supply disruption at national and subnational levels of HepB monovalent vaccine. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports vaccine supply disruption at national and subnational levels of HepB monovalent vaccine. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded. Programme reports underreporting of birth-related data from health facilities. Administrative coverage reflects coverage among a subset of births during 2013. Reported data excluded due to an increase from 69 percent to 86 percent with decrease 75 percent. GoC=R+ D+
- 2013: Estimate informed by reported data. Estimate is based on official government estimate. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. . GoC=R+ D+

Micronesia (Federated States of) - HepB3

FSM - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	83	82	83	81	78	76	80	83	84	88	79	75
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	83	82	83	81	78	76	80	83	84	88	79	38
Administrative	83	82	83	81	78	76	80	83	84	88	79	75
Survey	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.

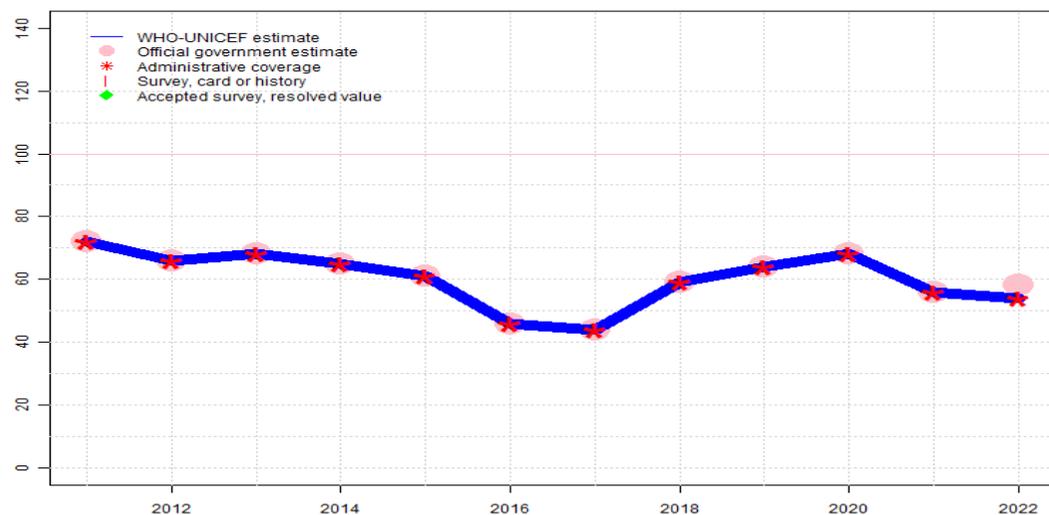
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. 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. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded. Reported number of children vaccinated and target population data inconsistent with prior years. Reported data are a magnitude of 3x greater in 2014 than 2013. Estimate challenged by: D-
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. . GoC=R+ D+

Micronesia (Federated States of) - Hib3

FSM - Hib3



Description:

- 2022: Estimate informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported data accepted for consistency across antigens with no explanation for the decline in reported coverage. 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. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded. Reported number of children vaccinated and target population data inconsistent with prior years. Reported data are a magnitude of 3x greater in 2014 than 2013. Estimate challenged by: D-
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	72	66	68	65	61	46	44	59	64	68	56	54
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	72	66	68	65	61	46	44	59	64	68	56	58
Administrative	72	66	68	65	61	46	44	59	64	68	56	54
Survey	NA											

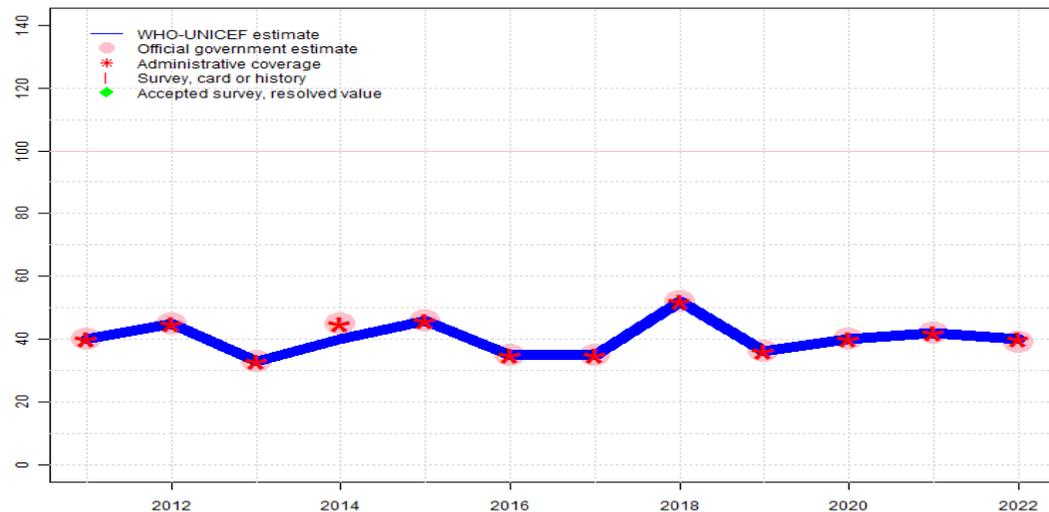
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Micronesia (Federated States of) - RotaC

FSM - RotaC



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	40	45	33	40	46	35	35	52	36	40	42	40
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	40	45	33	45	46	35	35	52	36	40	42	39
Administrative	40	45	33	45	46	35	35	52	36	40	42	40
Survey	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 administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. 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. . Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

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

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

2014: Estimate informed by interpolation between reported data. Reported data excluded. Reported number of children vaccinated and target population data inconsistent with prior years. Reported data are a magnitude of 3x greater in 2014 than 2013. Estimate challenged by: D-

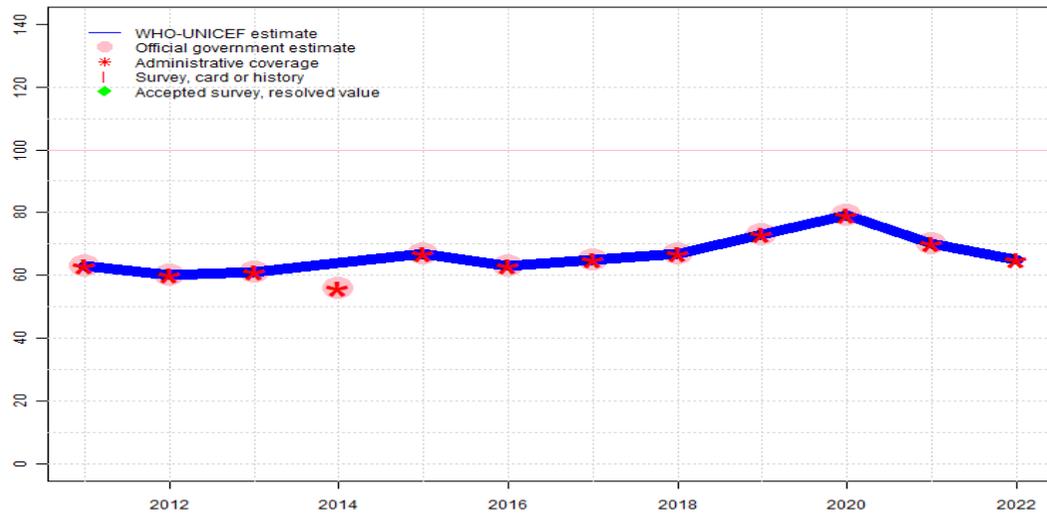
2013: Estimate informed by reported data. Estimate is based on official government estimate. GoC=R+ D+

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

2011: Estimate informed by reported data. . GoC=R+ D+

Micronesia (Federated States of) - PcV3

FSM - PcV3



Description:

- 2022: Estimate informed by reported administrative data. Although a 2018 Kosrae and Pohnpei Childhood Vaccination Coverage Survey has been noted in the past, no report has been made available. In the absence of a nationally representative household coverage survey within the last 5 years, WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Country indicates that difference in reported official and administrative coverage data derives from differences in target population. Official coverage is based on the number of children who are registered in FSM WebIZ, that is who attended at least one vaccination session. In previous years admin and official coverage levels were the same. Programme notes challenges with oversight of data and highlights challenges with data quality. 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. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by interpolation between reported data. Reported data excluded. Reported number of children vaccinated and target population data inconsistent with prior years. Reported data are a magnitude of 3x greater in 2014 than 2013. Estimate challenged by: D-
- 2013: Estimate informed by reported data. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. . GoC=R+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	63	60	61	64	67	63	65	67	73	79	70	65
Estimate GoC	●●	●●	●●	●	●●	●	●	●	●	●	●	●
Official	63	60	61	56	67	63	65	67	73	79	70	NA
Administrative	63	60	61	56	67	63	65	67	73	79	70	65
Survey	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.

Further information and estimates for previous years are available at:
<https://data.unicef.org/topic/child-health/immunization/>
<https://immunizationdata.who.int/listing.html>