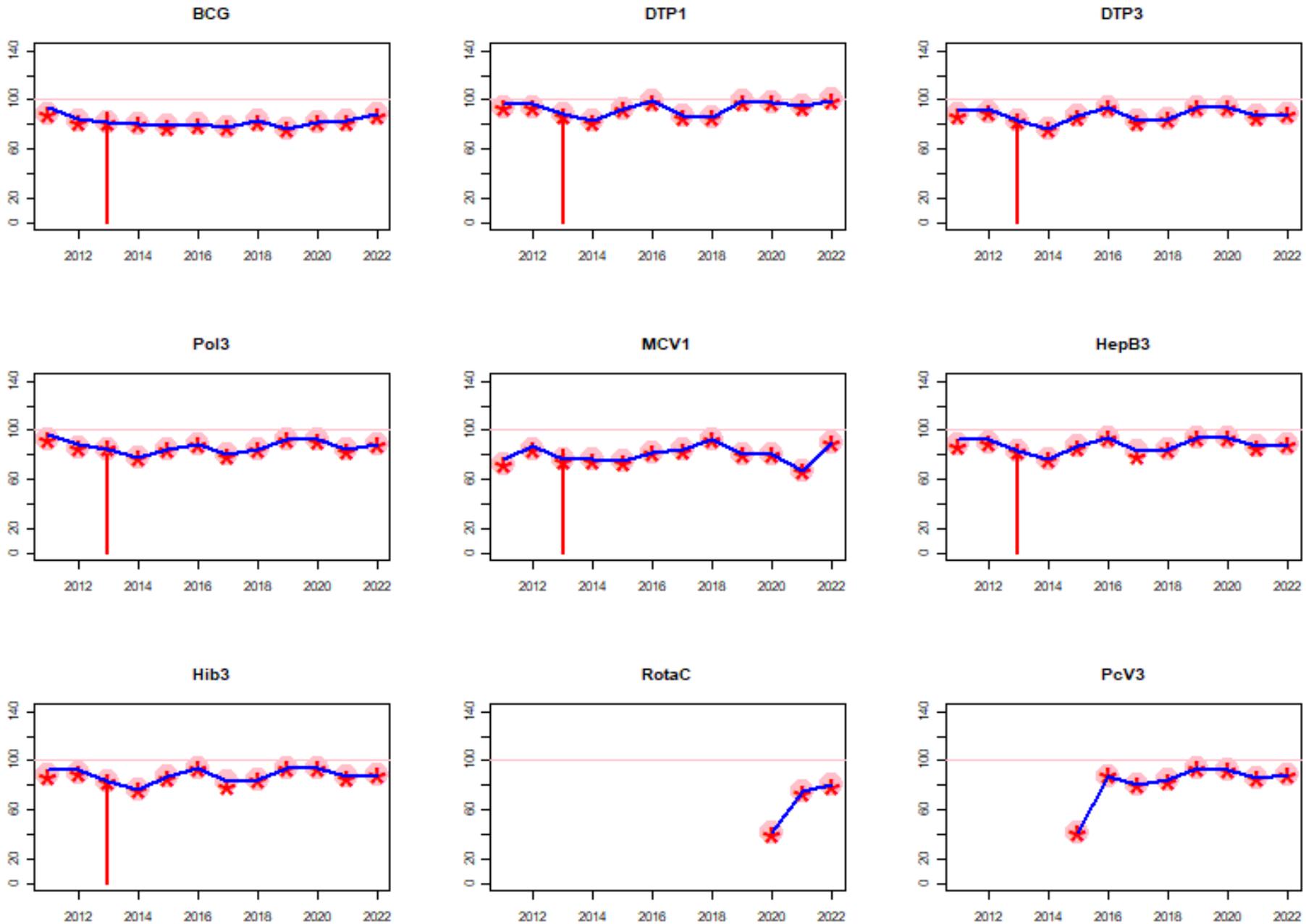


Solomon Islands: WHO and UNICEF estimates of immunization coverage: 2022 revision



Solomon Islands: WHO and UNICEF estimates of immunization coverage: 2022 revision

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.

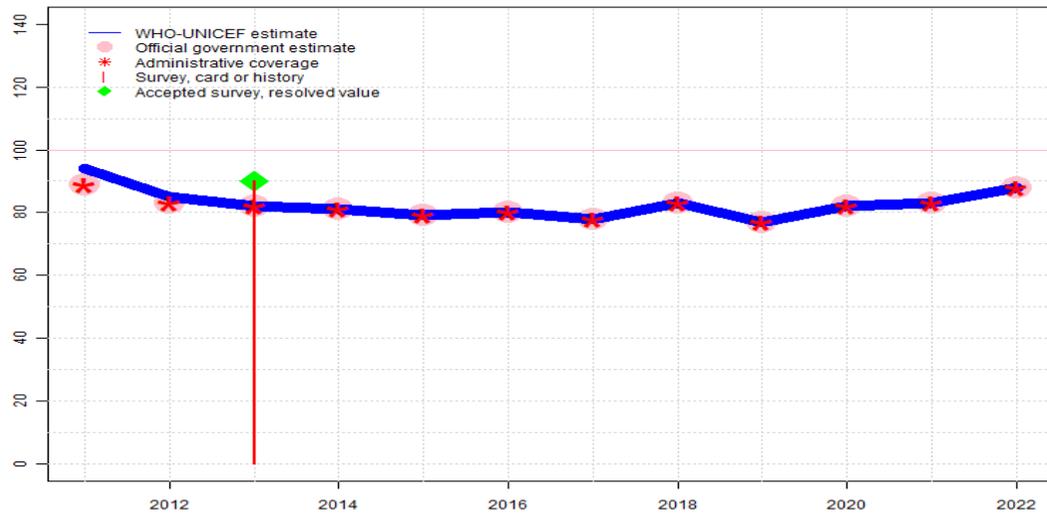
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

SLB - BCG



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. 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. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate informed by reported data. Estimate challenged by: S-
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Coverage levels in 2013 declined slightly compared to 2012 following a reduction in activity at the provincial as a result of a suspension in funds to programs and other activities. GoC=R+ S+ D+
- 2012: Reported data calibrated to 2005 and 2013 levels. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2005 and 2013 levels. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	94	85	82	81	79	80	78	83	77	82	83	88
Estimate GoC	•	•	•••	•••	•	••	••	•	•	•	•	•
Official	89	83	82	81	79	80	78	83	77	82	83	88
Administrative	89	83	82	81	79	80	78	83	77	82	83	88
Survey	NA	NA	90	NA								

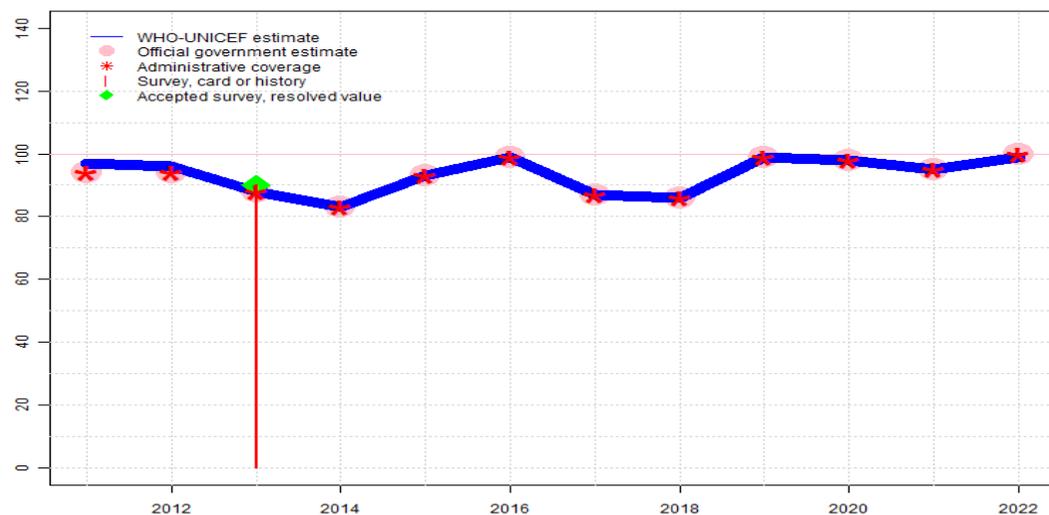
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - DTP1

SLB - DTP1



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. The increase in estimated coverage from 2018 is unlikely but exceptionally allowed given the small birth cohort size. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate based on reported data consistent with other antigens. Estimate challenged by: D-
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Coverage levels in 2013 declined slightly compared to 2012 following a reduction in activity at the provincial as a result of a suspension in funds to programs and other activities. GoC=R+ S+ D+
- 2012: Reported data calibrated to 2005 and 2013 levels. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2005 and 2013 levels. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	97	96	88	83	93	99	87	86	99	98	95	99
Estimate GoC	●	●	●●●	●●●	●●●	●●	●●	●	●	●	●	●
Official	94	94	88	83	93	99	87	86	99	98	95	100
Administrative	94	94	88	83	93	99	87	86	99	98	95	100
Survey	NA	NA	90	NA								

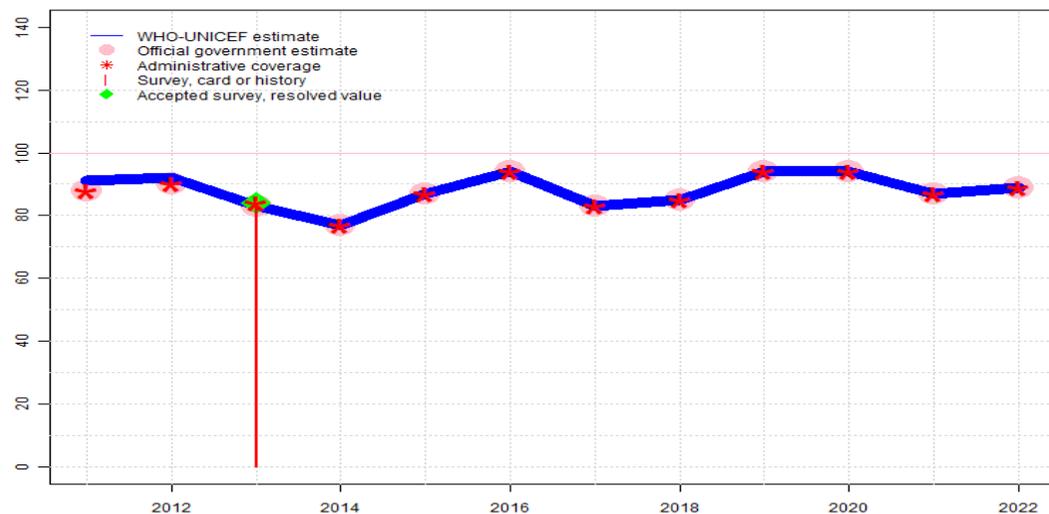
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - DTP3

SLB - DTP3



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. The increase in estimated coverage from 2018 is unlikely but exceptionally allowed given the small birth cohort size. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Solomon-Islands SPC Demographic and Health Survey 2015 card or history results of 83 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 71 percent. Coverage levels in 2013 declined slightly compared to 2012 following a reduction in activity at the provincial as a result of a suspension in funds to programs and other activities. GoC=R+ S+ D+
- 2012: Reported data calibrated to 2005 and 2013 levels. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2005 and 2013 levels. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	91	92	83	77	87	94	83	85	94	94	87	89
Estimate GoC	•	•	•••	•••	•••	••	••	•	•	•	•	•
Official	88	90	83	77	87	94	83	85	94	94	87	89
Administrative	88	90	84	77	87	94	83	85	94	94	87	89
Survey	NA	NA	83	NA								

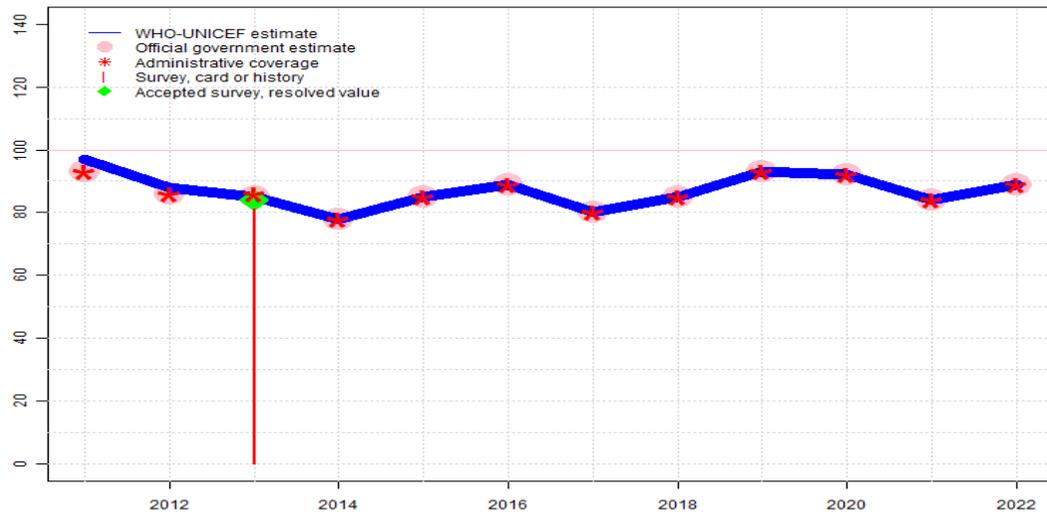
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - Pol3

SLB - Pol3



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. The increase in estimated coverage from 2018 is unlikely but exceptionally allowed given the small birth cohort size. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Solomon-Islands SPC Demographic and Health Survey 2015 card or history results of 81 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 70 percent. Coverage levels in 2013 declined slightly compared to 2012 following a reduction in activity at the provincial as a result of a suspension in funds to programs and other activities. GoC=R+ S+ D+
- 2012: Reported data calibrated to 2005 and 2013 levels. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2005 and 2013 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-S-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	97	88	85	78	85	89	80	85	93	92	84	89
Estimate GoC	•	•	•••	•••	•••	••	••	•	•	•	•	•
Official	93	86	85	78	85	89	80	85	93	92	84	89
Administrative	93	86	86	78	85	89	80	85	93	92	84	89
Survey	NA	NA	81	NA								

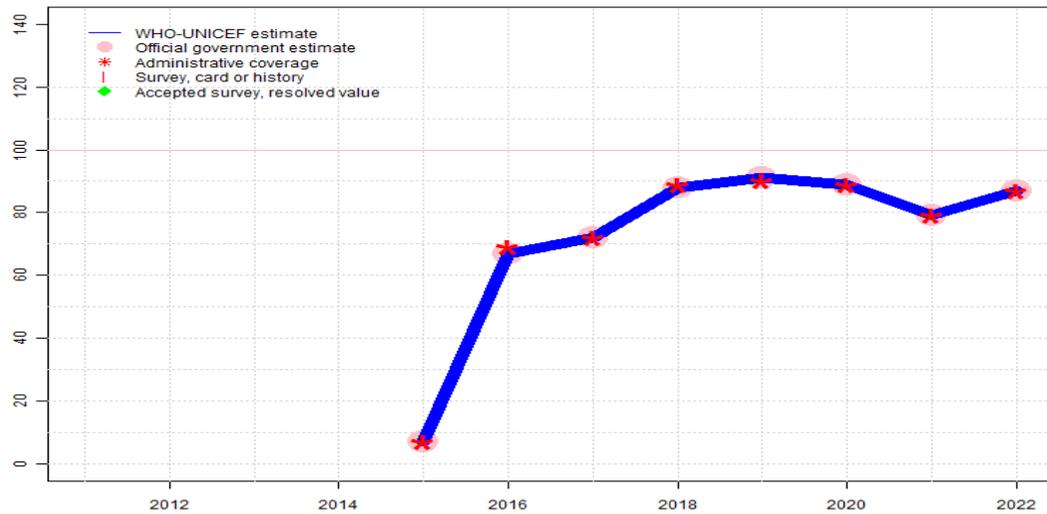
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - IPV1

SLB - IPV1



Description:

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

2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. 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. Increase following introduction in 2015. Estimate challenged by: D-

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. Estimate based on reported data. Inactivated polio vaccine in 2015. GoC=R+ D+

2015: Estimate informed by reported data. Inactivated polio vaccine in 4th quarter of 2015. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	7	67	72	88	91	89	79	87
Estimate GoC	NA	NA	NA	NA	••	••	••	•	•	•	•	•
Official	NA	NA	NA	NA	7	67	72	88	91	89	79	87
Administrative	NA	NA	NA	NA	7	69	72	89	90	89	79	87
Survey	NA											

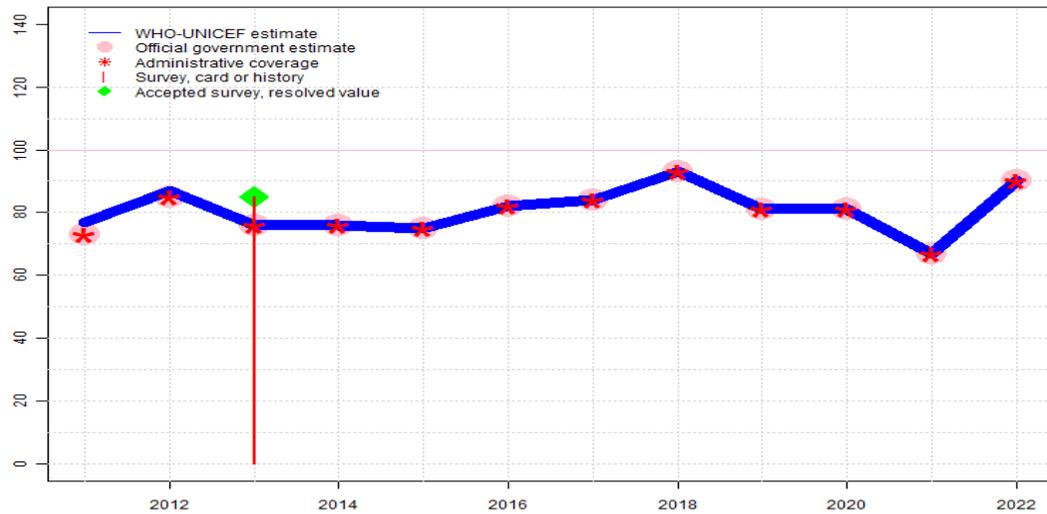
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - MCV1

SLB - MCV1



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Increase in reported coverage may reflect doses administered through a vaccination campaign conducted in 2022. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. 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. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Coverage levels in 2013 declined slightly compared to 2012 following a reduction in activity at the provincial as a result of a suspension in funds to programs and other activities. GoC=R+ S+ D+
- 2012: Reported data calibrated to 2005 and 2013 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2005 and 2013 levels. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	77	87	76	76	75	82	84	93	81	81	67	90
Estimate GoC	•	•	•••	•••	•••	••	••	•	•	•	•	•
Official	73	85	76	76	75	82	84	93	81	81	67	90
Administrative	73	85	76	76	75	82	84	93	81	81	67	90
Survey	NA	NA	85	NA								

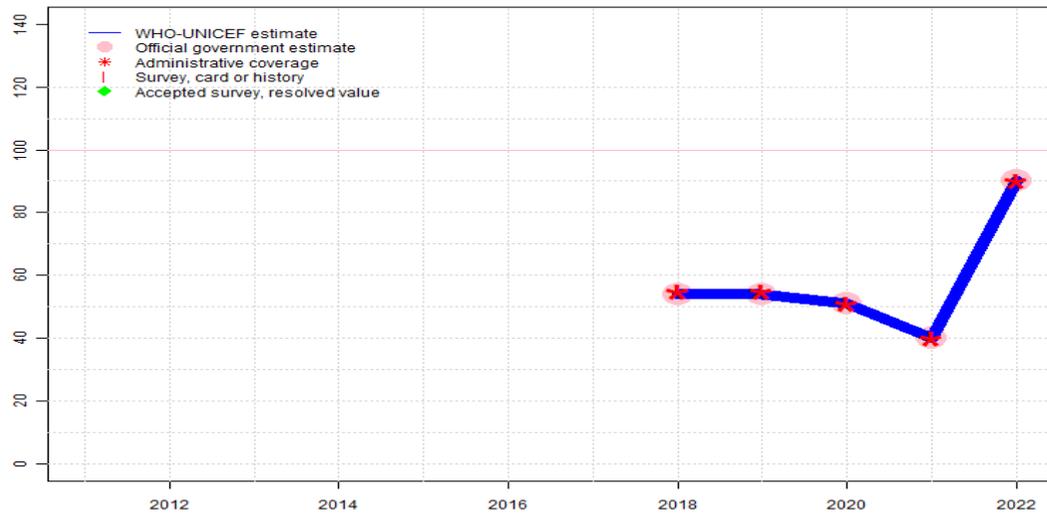
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - MCV2

SLB - MCV2



Description:

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

2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Increase in reported coverage may reflect doses administered through a vaccination campaign conducted in 2022. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

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

2018: Estimate informed by reported data. Measles second dose introduced in September 2018 as measles-rubella combination vaccine. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	54	54	51	40	90						
Estimate GoC	NA	●	●●	●●	●●	●						
Official	NA	54	54	51	40	90						
Administrative	NA	55	55	51	40	90						
Survey	NA											

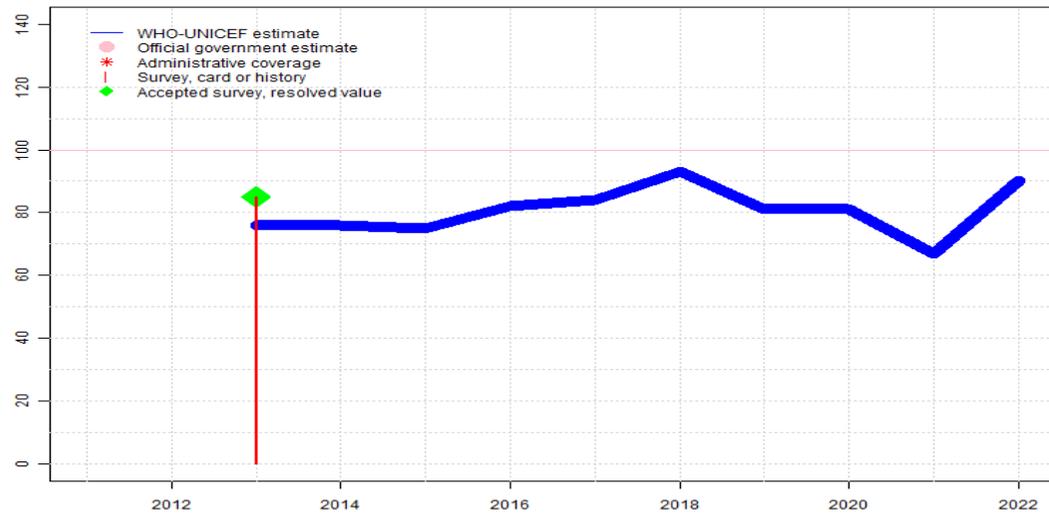
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - RCV1

SLB - 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. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Reported coverage reflects incomplete reporting. 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. Rubella containing vaccine introduced in 2018 as MR and recommended for administration at age 9 and 18 months. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2013: Estimate based on estimated MCV1. Coverage levels in 2013 declined slightly compared to 2012 following a reduction in activity at the provincial as a result of a suspension in funds to programs and other activities. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	76	76	75	82	84	93	81	81	67	90
Estimate GoC	NA	NA	●●●	●●●	●●●	●●	●●	●	●	●	●	●
Official	NA											
Administrative	NA											
Survey	NA	NA	85	NA								

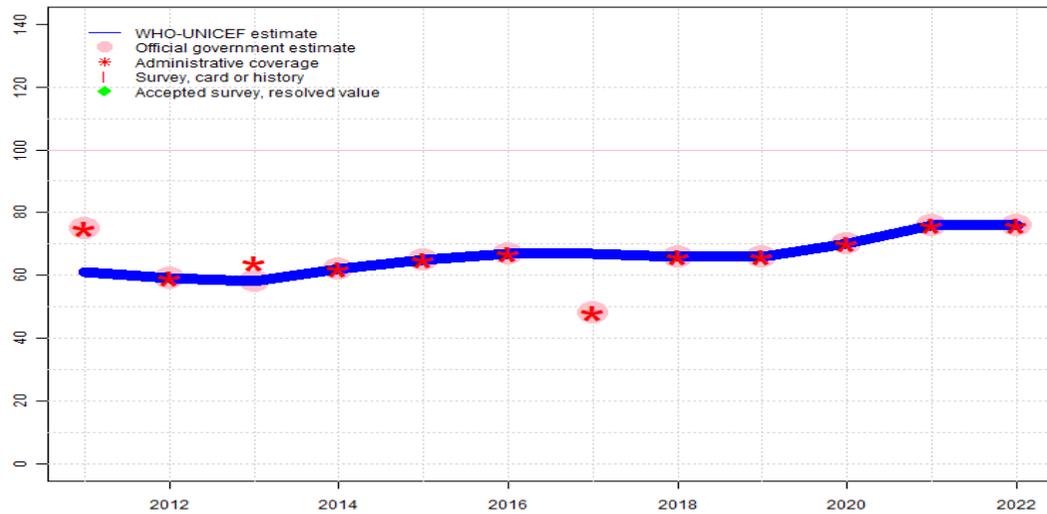
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - HepBB

SLB - HepBB



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 67 percent to 48 percent with increase to 66 percent. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. Coverage levels in 2013 declined slightly compared to 2012 following a reduction in activity at the provincial as a result of a suspension in funds to programs and other activities. GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 62 percent to 75 percent with decrease 59 percent. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	61	59	58	62	65	67	67	66	66	70	76	76
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●	●	●●	●	●
Official	75	59	58	62	65	67	48	66	66	70	76	76
Administrative	75	59	64	62	65	67	48	66	66	70	76	76
Survey	NA											

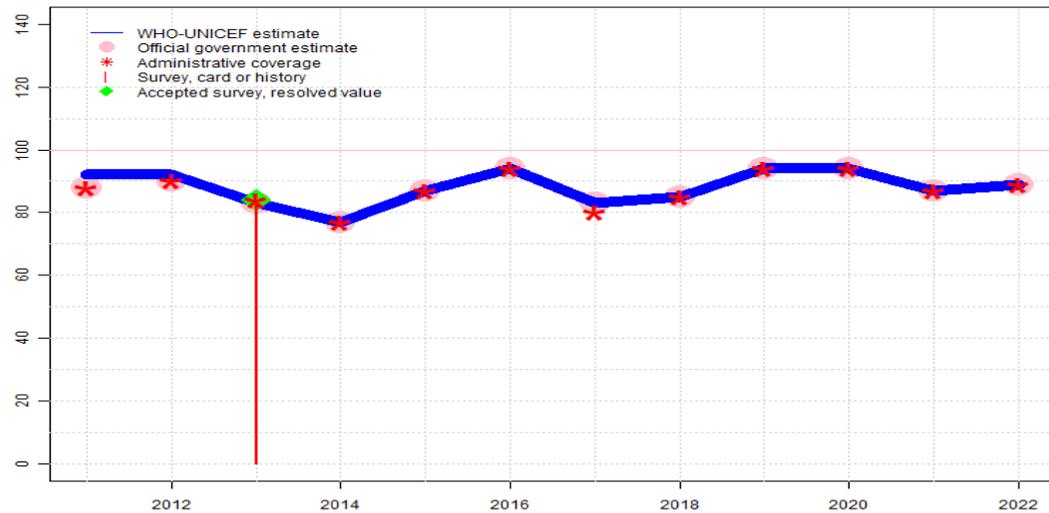
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - HepB3

SLB - HepB3



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. The increase in estimated coverage from 2018 is unlikely but exceptionally allowed given the small birth cohort size. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Solomon-Islands SPC Demographic and Health Survey 2015 card or history results of 83 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 71 percent. Coverage levels in 2013 declined slightly compared to 2012 following a reduction in activity at the provincial as a result of a suspension in funds to programs and other activities. GoC=R+ S+ D+
- 2012: Reported data calibrated to 2008 and 2013 levels. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2008 and 2013 levels. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	92	92	83	77	87	94	83	85	94	94	87	89
Estimate GoC	•	•	•••	•••	•••	••	••	•	•	•	•	•
Official	88	90	83	77	87	94	83	85	94	94	87	89
Administrative	88	90	84	77	87	94	80	85	94	94	87	89
Survey	NA	NA	83	NA								

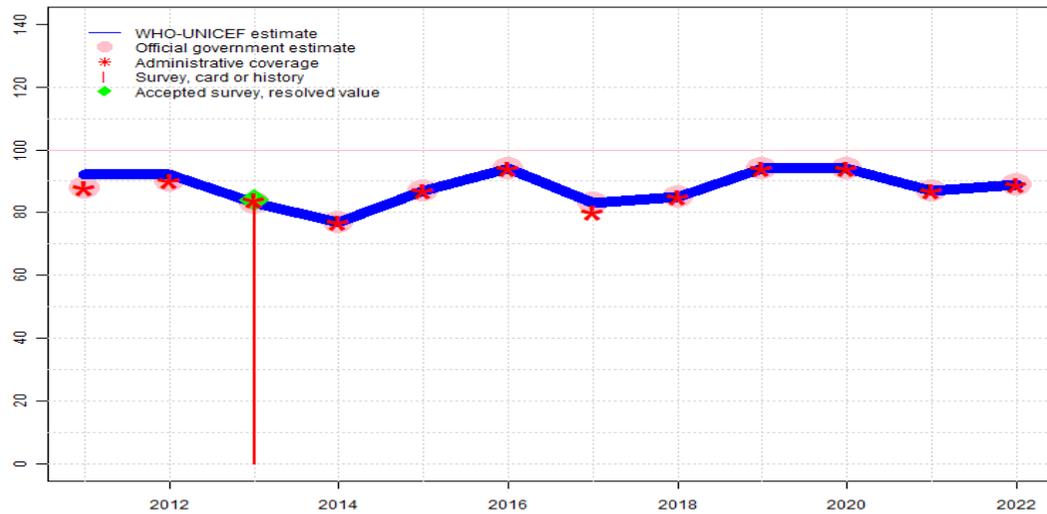
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - Hib3

SLB - Hib3



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. The increase in estimated coverage from 2018 is unlikely but exceptionally allowed given the small birth cohort size. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Solomon-Islands SPC Demographic and Health Survey 2015 card or history results of 83 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 71 percent. Coverage levels in 2013 declined slightly compared to 2012 following a reduction in activity at the provincial as a result of a suspension in funds to programs and other activities. GoC=R+ S+ D+
- 2012: Reported data calibrated to 2008 and 2013 levels. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2008 and 2013 levels. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	92	92	83	77	87	94	83	85	94	94	87	89
Estimate GoC	•	•	•••	•••	•••	••	••	•	•	•	•	•
Official	88	90	83	77	87	94	83	85	94	94	87	89
Administrative	88	90	84	77	87	94	80	85	94	94	87	89
Survey	NA	NA	83	NA								

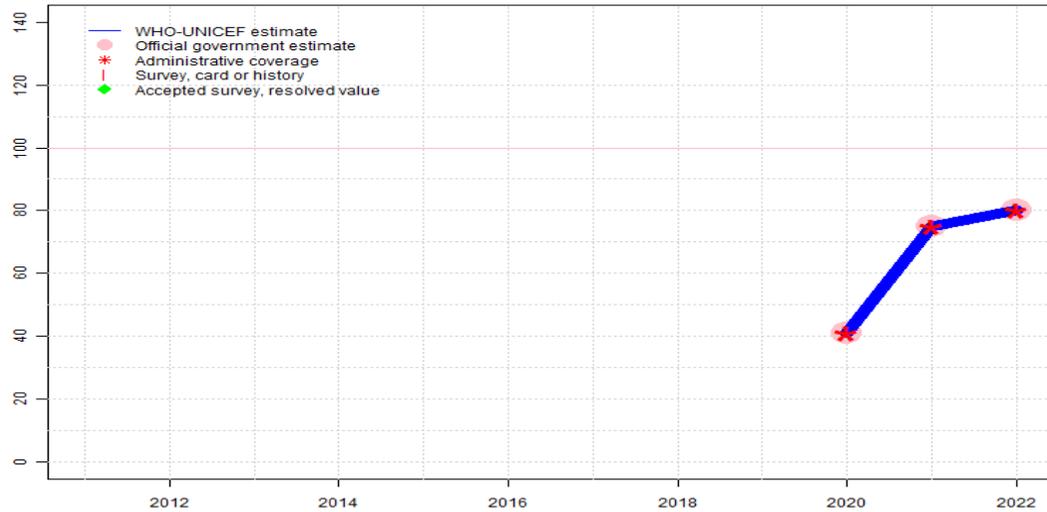
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - RotaC

SLB - RotaC



Description:

2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. Estimate challenged by: D-

2020: Estimate informed by reported data. Vaccine introduced in late June 2020. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	41	75	80								
Estimate GoC	NA	••	•	•								
Official	NA	41	75	80								
Administrative	NA	41	75	80								
Survey	NA											

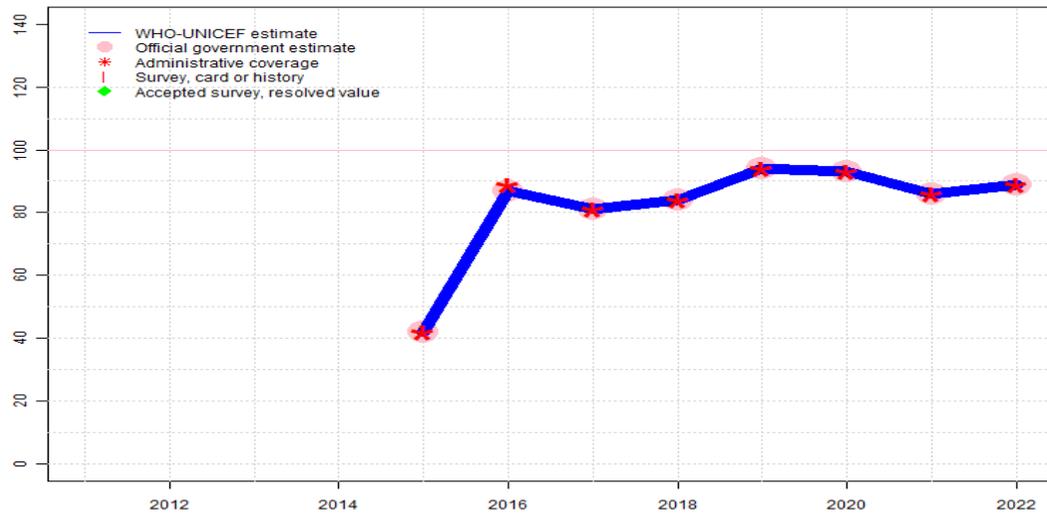
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Solomon Islands - PcV3

SLB - PcV3



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey in the last five years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects incomplete reporting. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. The increase in estimated coverage from 2018 is unlikely but exceptionally allowed given the small birth cohort size. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme notes that reported coverage is based on partial reporting. GoC=R+ D+
- 2015: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in January 2015. GoC=R+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	42	87	81	84	94	93	86	89
Estimate GoC	NA	NA	NA	NA	●●	●●	●●	●	●	●	●	●
Official	NA	NA	NA	NA	42	87	81	84	94	93	86	89
Administrative	NA	NA	NA	NA	42	89	81	84	94	93	86	89
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.

Solomon Islands - 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.

2013 Solomon-Islands SPC Demographic and Health Survey 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <18 months	90.2	18-29 m	767	78
BCG	Card	75.1	18-29 m	596	78
BCG	Card or History	90.4	18-29 m	767	78
BCG	History	15.3	18-29 m	172	78
DTP1	C or H <18 months	89.1	18-29 m	767	78
DTP1	Card	75.8	18-29 m	596	78
DTP1	Card or History	89.6	18-29 m	767	78
DTP1	History	13.7	18-29 m	172	78
DTP3	C or H <18 months	82.7	18-29 m	767	78
DTP3	Card	71.4	18-29 m	596	78
DTP3	Card or History	83.1	18-29 m	767	78
DTP3	History	11.6	18-29 m	172	78
HepB1	C or H <18 months	89.1	18-29 m	767	78
HepB1	Card	75.8	18-29 m	596	78
HepB1	Card or History	89.6	18-29 m	767	78
HepB1	History	13.7	18-29 m	172	78
HepB3	C or H <18 months	82.7	18-29 m	767	78
HepB3	Card	71.4	18-29 m	596	78
HepB3	Card or History	83.1	18-29 m	767	78
HepB3	History	11.6	18-29 m	172	78
Hib1	C or H <18 months	89.1	18-29 m	767	78
Hib1	Card	75.8	18-29 m	596	78
Hib1	Card or History	89.6	18-29 m	767	78
Hib1	History	13.7	18-29 m	172	78

Hib3	C or H <18 months	82.7	18-29 m	767	78
Hib3	Card	71.4	18-29 m	596	78
Hib3	Card or History	83.1	18-29 m	767	78
Hib3	History	11.6	18-29 m	172	78
MCV1	C or H <18 months	81.5	18-29 m	767	78
MCV1	Card	70.5	18-29 m	596	78
MCV1	Card or History	85.1	18-29 m	767	78
MCV1	History	14.5	18-29 m	172	78
Pol1	C or H <18 months	90.6	18-29 m	767	78
Pol1	Card	75.8	18-29 m	596	78
Pol1	Card or History	91.1	18-29 m	767	78
Pol1	History	15.3	18-29 m	172	78
Pol3	C or H <18 months	80.4	18-29 m	767	78
Pol3	Card	70.4	18-29 m	596	78
Pol3	Card or History	81.2	18-29 m	767	78
Pol3	History	10.7	18-29 m	172	78

2005 Solomon Islands Demographic and Health Survey 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	95.7	12-23 m	535	86
BCG	Card	85.4	12-23 m	457	86
BCG	Card or History	95.7	12-23 m	535	86
BCG	History	10.3	12-23 m	78	86
DTP1	C or H <12 months	93.2	12-23 m	535	86
DTP1	Card	84.2	12-23 m	457	86
DTP1	Card or History	93.4	12-23 m	535	86
DTP1	History	9.2	12-23 m	78	86
DTP3	C or H <12 months	87.1	12-23 m	535	86
DTP3	Card	80.3	12-23 m	457	86
DTP3	Card or History	88.2	12-23 m	535	86
DTP3	History	7.9	12-23 m	78	86
MCV1	C or H <12 months	80.6	12-23 m	535	86
MCV1	Card	78.1	12-23 m	457	86
MCV1	Card or History	87.3	12-23 m	535	86
MCV1	History	9.2	12-23 m	78	86
Pol1	C or H <12 months	93.8	12-23 m	535	86
Pol1	Card	83.8	12-23 m	457	86
Pol1	Card or History	94	12-23 m	535	86

Solomon Islands - survey details

Pol1	History	10.2	12-23 m	78	86
Pol3	C or H <12 months	86.3	12-23 m	535	86
Pol3	Card	79.6	12-23 m	457	86
Pol3	Card or History	87.4	12-23 m	535	86
Pol3	History	7.9	12-23 m	78	86

2004 Solomon Islands Demographic and Health Survey 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.8	24-35 m	533	86
DTP1	C or H <12 months	90.4	24-35 m	533	86
DTP3	C or H <12 months	80	24-35 m	533	86
MCV1	C or H <12 months	68.1	24-35 m	533	86
Pol1	C or H <12 months	91.5	24-35 m	533	86
Pol3	C or H <12 months	81.2	24-35 m	533	86

2003 Solomon Islands Demographic and Health Survey 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.6	36-47 m	515	86
DTP1	C or H <12 months	89	36-47 m	515	86
DTP3	C or H <12 months	80.8	36-47 m	515	86
MCV1	C or H <12 months	72	36-47 m	515	86
Pol1	C or H <12 months	88.7	36-47 m	515	86
Pol3	C or H <12 months	79.6	36-47 m	515	86

2002 Solomon Islands Demographic and Health Survey 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	87.7	48-59 m	477	86
DTP1	C or H <12 months	85.5	48-59 m	477	86
DTP3	C or H <12 months	72.5	48-59 m	477	86
MCV1	C or H <12 months	62.6	48-59 m	477	86
Pol1	C or H <12 months	86.4	48-59 m	477	86
Pol3	C or H <12 months	74.3	48-59 m	477	86

Solomon Islands - 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>