

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.

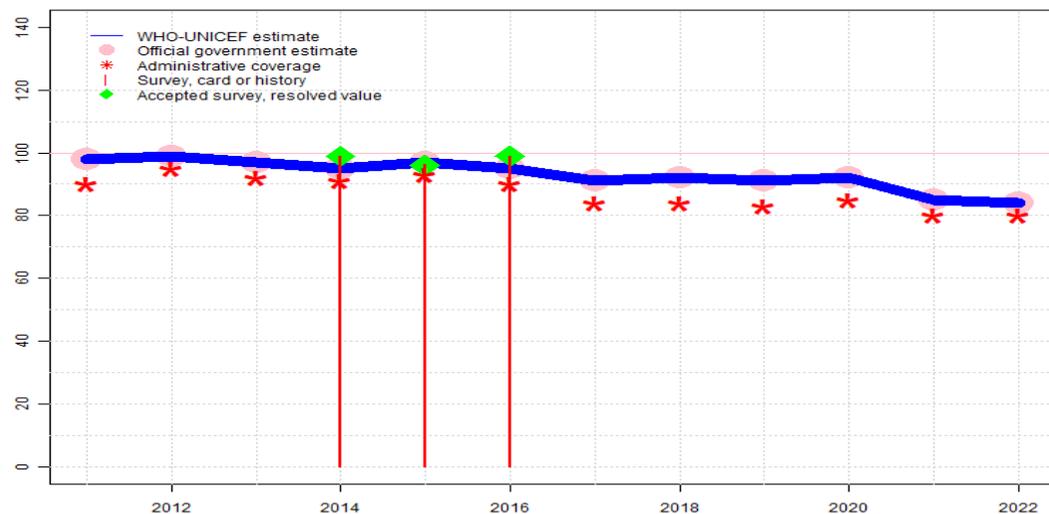
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

TUN - BCG



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 98 | 99 | 97 | 95 | 97 | 95 | 91 | 92 | 91 | 92 | 85 | 84 |
| Estimate GoC | • | ••• | ••• | ••• | ••• | ••• | ••• | ••• | •• | • | • | • |
| Official | 98 | 99 | 97 | 95 | 97 | 95 | 91 | 92 | 91 | 92 | 85 | 84 |
| Administrative | 90 | 95 | 92 | 91 | 93 | 90 | 84 | 84 | 83 | 85 | 80 | 80 |
| Survey | NA | NA | NA | 99 | 96.3 | 98.9 | NA | NA | NA | NA | NA | NA |

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

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

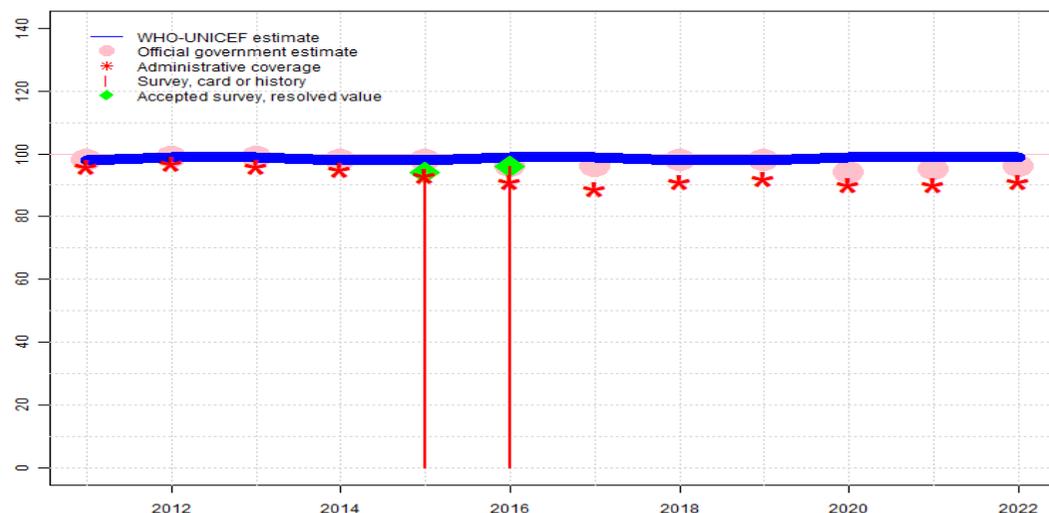
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports vaccine stockouts of one month at the subnational level. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2017: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=Assigned by working group. Consistency with other antigens.
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. Estimate challenged by: D-

Tunisia - DTP1

TUN - DTP1



Description:

- 2022: DTP1 coverage estimated based on DTP3 coverage of 97. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: DTP1 coverage estimated based on DTP3 coverage of 97. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-R-
- 2020: DTP1 coverage estimated based on DTP3 coverage of 97. Programme reports vaccine stockouts of one month at the national and subnational levels. Estimate challenged by: D-R-
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2017: DTP1 coverage estimated based on DTP3 coverage of 98. GoC=Assigned by working group. Consistency with other antigens.
- 2016: DTP1 coverage estimated based on DTP3 coverage of 98. GoC=Assigned by working group. Consistency with other antigens.
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 98 | 99 | 99 | 98 | 98 | 99 | 99 | 98 | 98 | 99 | 99 | 99 |
| Estimate GoC | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ● | ● | ● |
| Official | 98 | 99 | 99 | 98 | 98 | 96 | 96 | 98 | 98 | 94 | 95 | 96 |
| Administrative | 96 | 97 | 96 | 95 | 93 | 91 | 89 | 91 | 92 | 90 | 90 | 91 |
| Survey | NA | NA | NA | NA | 93.5 | 95.9 | NA | NA | NA | NA | NA | NA |

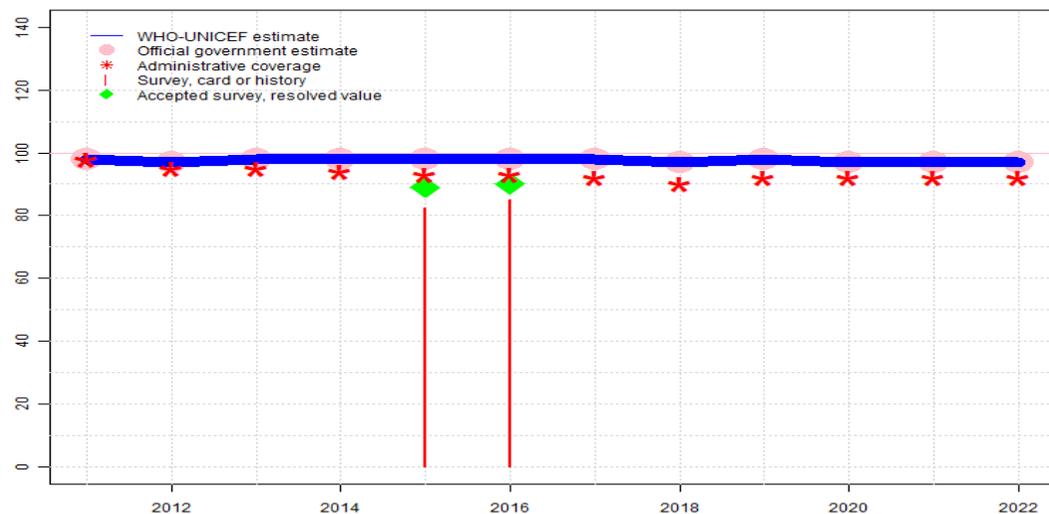
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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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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Tunisia - DTP3

TUN - DTP3



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 98 | 97 | 98 | 98 | 98 | 98 | 98 | 97 | 98 | 97 | 97 | 97 |
| Estimate GoC | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ● | ● | ● |
| Official | 98 | 97 | 98 | 98 | 98 | 98 | 98 | 97 | 98 | 97 | 97 | 97 |
| Administrative | 98 | 95 | 95 | 94 | 93 | 93 | 92 | 90 | 92 | 92 | 92 | 92 |
| Survey | NA | NA | NA | NA | 82.5 | 85.1 | NA | NA | NA | NA | NA | NA |

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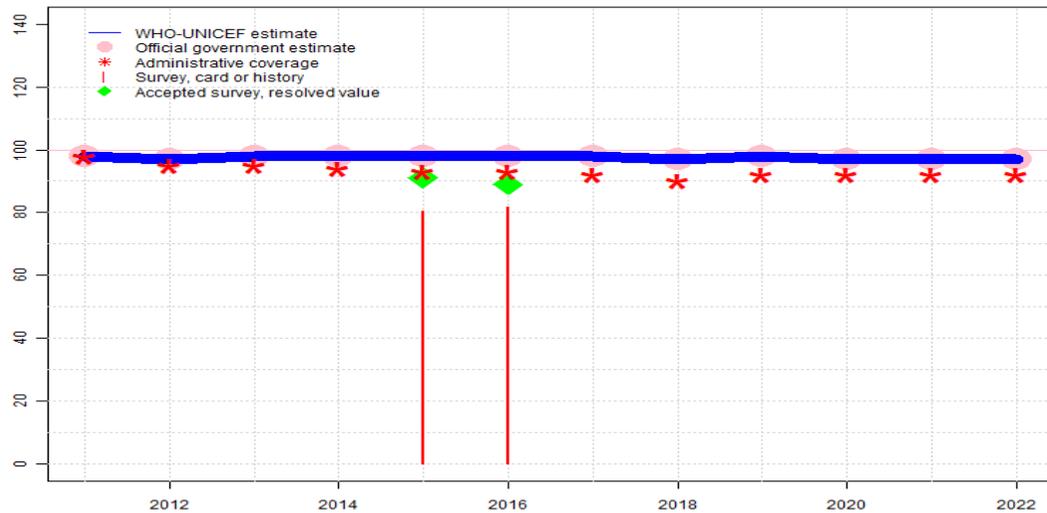
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Description:

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- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports vaccine stockouts of one month at the national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 85 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 83 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

Tunisia - Pol3

TUN - Pol3



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 98 | 97 | 98 | 98 | 98 | 98 | 98 | 97 | 98 | 97 | 97 | 97 |
| Estimate GoC | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ● | ● | ● |
| Official | 98 | 97 | 98 | 98 | 98 | 98 | 98 | 97 | 98 | 97 | 97 | 97 |
| Administrative | 98 | 95 | 95 | 94 | 93 | 93 | 92 | 90 | 92 | 92 | 92 | 92 |
| Survey | NA | NA | NA | NA | 80.6 | 81.6 | NA | NA | NA | NA | NA | NA |

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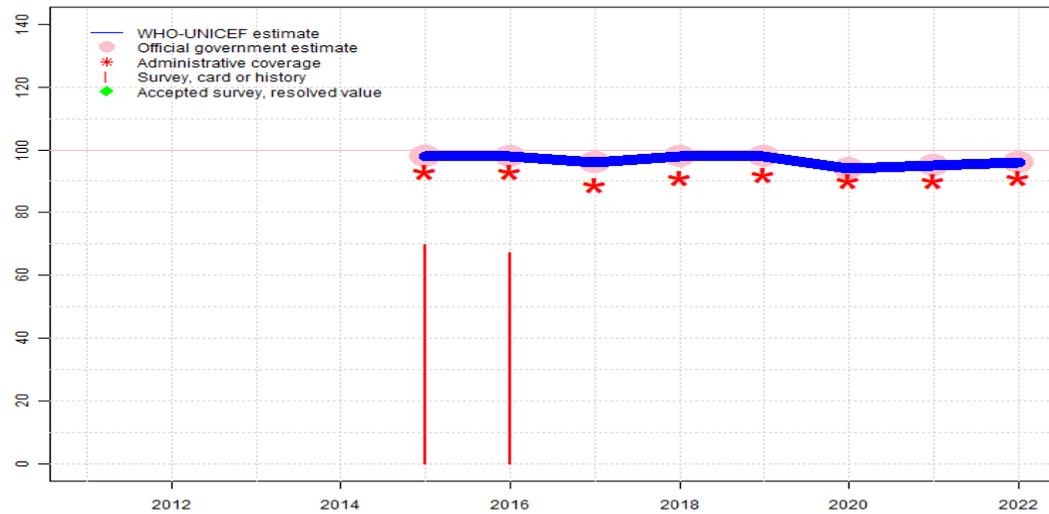
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- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 82 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 84 percent and 3rd dose card only coverage of 78 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 81 percent modified for recall bias to 91 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 76 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

Tunisia - IPV1

TUN - IPV1



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | 98 | 98 | 96 | 98 | 98 | 94 | 95 | 96 |
| Estimate GoC | NA | NA | NA | NA | ●● | ●● | ●● | ●● | ●● | ● | ● | ● |
| Official | NA | NA | NA | NA | 98 | 98 | 96 | 98 | 98 | 94 | 95 | 96 |
| Administrative | NA | NA | NA | NA | 93 | 93 | 89 | 91 | 92 | 90 | 90 | 91 |
| Survey | NA | NA | NA | NA | 69.9 | 67.2 | NA | NA | NA | NA | NA | NA |

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

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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. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-

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

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

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

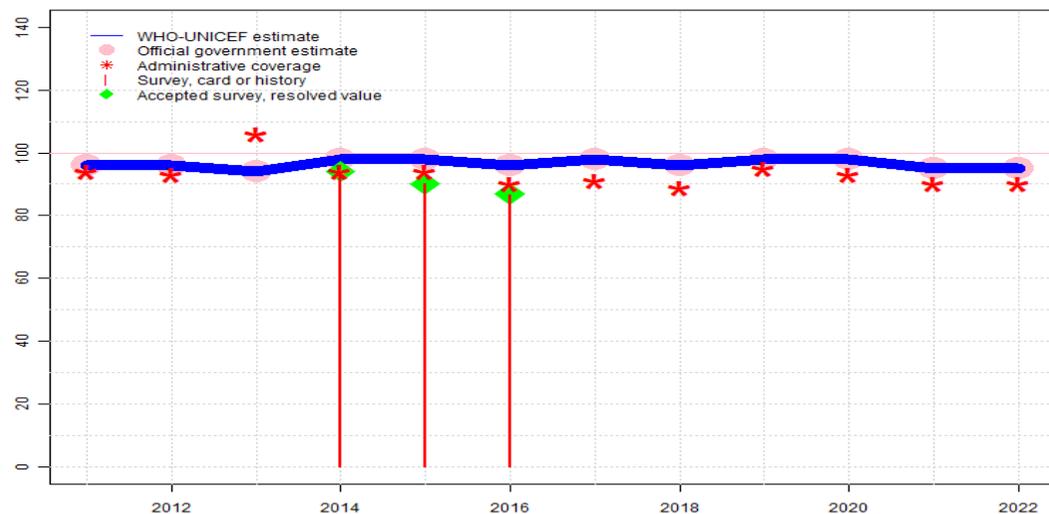
2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data, likely due to the timing of the survey fieldwork during vaccine introduction. GoC=R+ D+

2015: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data, likely due to the timing of the survey fieldwork during vaccine introduction. Inactivated polio vaccine in September 2014. GoC=R+ D+

Tunisia - MCV1

TUN - MCV1



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 96 | 96 | 94 | 98 | 98 | 96 | 98 | 96 | 98 | 98 | 95 | 95 |
| Estimate GoC | ●●● | ●●● | ●●● | ● | ● | ●●● | ● | ●●● | ●● | ●● | ● | ● |
| Official | 96 | 96 | 94 | 98 | 98 | 96 | 98 | 96 | 98 | 98 | 95 | 95 |
| Administrative | 94 | 93 | 106 | 94 | 94 | 90 | 91 | 89 | 95 | 93 | 90 | 90 |
| Survey | NA | NA | NA | 93.9 | 90.3 | 86.7 | NA | NA | NA | NA | NA | NA |

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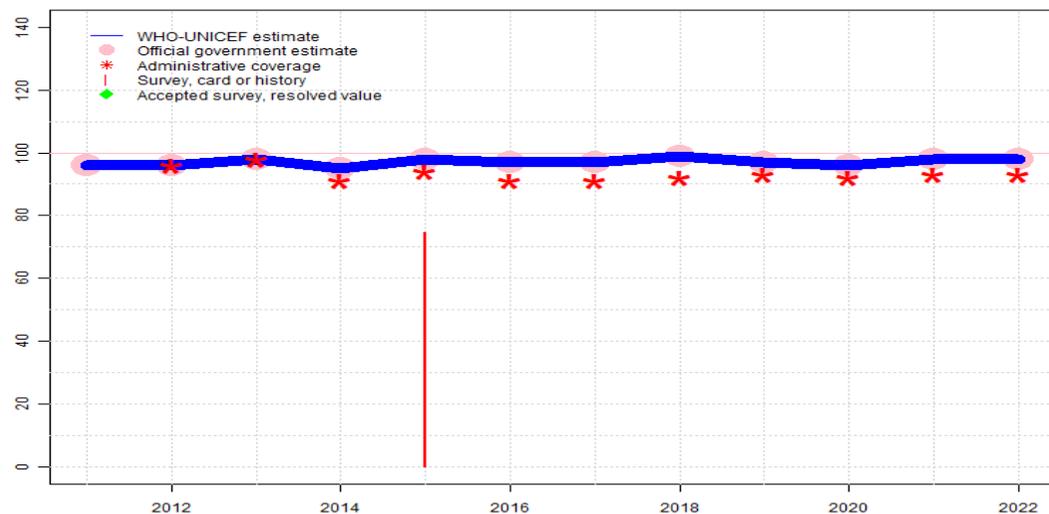
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: 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. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Estimate challenged by: S-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: S-
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

Tunisia - MCV2

TUN - 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. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: 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. GoC=R+ D+

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

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

2015: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. GoC=R+ D+

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

2013: Estimate informed by reported data. Estimate challenged by: D-

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

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

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 96 | 96 | 98 | 95 | 98 | 97 | 97 | 99 | 97 | 96 | 98 | 98 |
| Estimate GoC | ●● | ● | ● | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ● | ● |
| Official | 96 | 96 | 98 | 95 | 98 | 97 | 97 | 99 | 97 | 96 | 98 | 98 |
| Administrative | NA | 96 | 98 | 91 | 94 | 91 | 91 | 92 | 93 | 92 | 93 | 93 |
| Survey | NA | NA | NA | NA | 74.5 | NA |

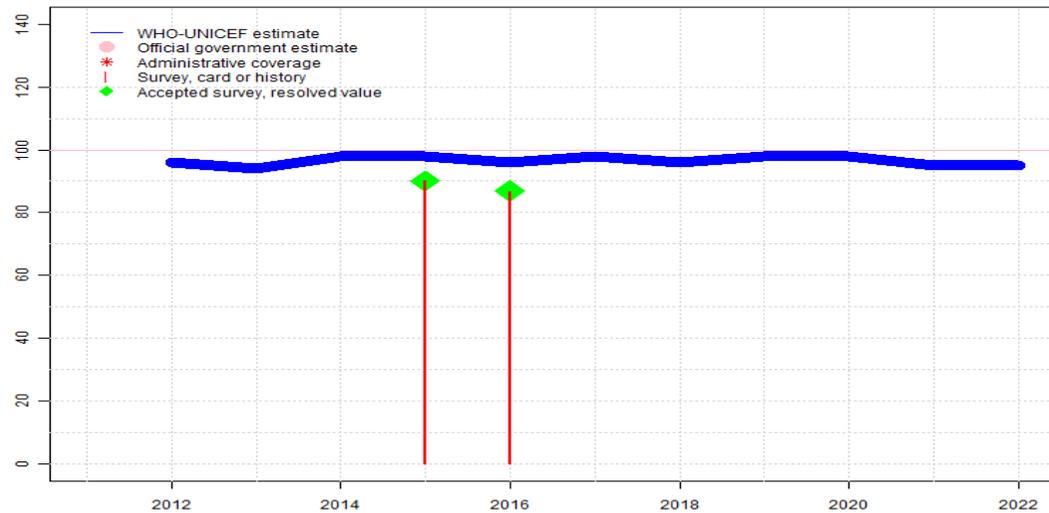
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Tunisia - RCV1

TUN - RCV1



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | 96 | 94 | 98 | 98 | 96 | 98 | 96 | 98 | 98 | 95 | 95 |
| Estimate GoC | NA | • | ••• | • | • | ••• | • | ••• | •• | •• | • | • |
| Official | NA |
| Administrative | NA |
| Survey | NA | NA | NA | NA | 90.3 | 86.7 | NA | NA | NA | NA | NA | NA |

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

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

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

Description:

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. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. GoC=R+ D+

2019: Estimate based on estimated MCV1. GoC=R+ D+

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

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

2016: Estimate based on estimated MCV1. GoC=R+ S+ D+

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

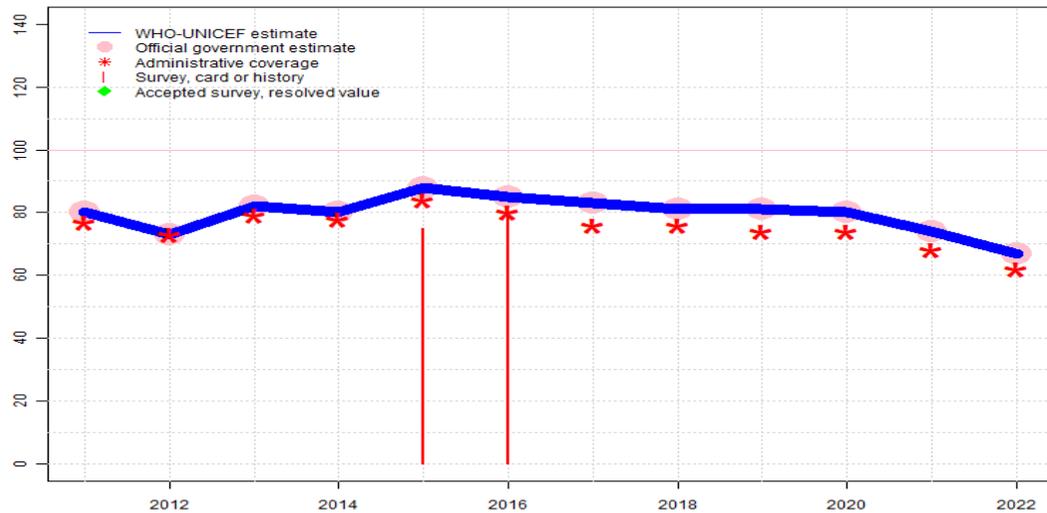
2014: Estimate based on estimated MCV1. Estimate challenged by: S-

2013: Estimate based on estimated MCV1. Recommended age of administration changed to 12 months of age. GoC=R+ S+ D+

2012: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Rubella containing vaccine re-introduced in 2012 and recommended at six years of age. Between 2004-2011 RCV recommended for girls aged 12 years. Estimate challenged by: D-

Tunisia - HepBB

TUN - HepBB



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 80 | 73 | 82 | 80 | 88 | 85 | 83 | 81 | 81 | 80 | 74 | 67 |
| Estimate GoC | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ● | ● | ● |
| Official | 80 | 73 | 82 | 80 | 88 | 85 | 83 | 81 | 81 | 80 | 74 | 67 |
| Administrative | 77 | 73 | 79 | 78 | 84 | 80 | 76 | 76 | 74 | 74 | 68 | 62 |
| Survey | NA | NA | NA | NA | 75.1 | 80.5 | NA | NA | NA | NA | NA | NA |

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

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

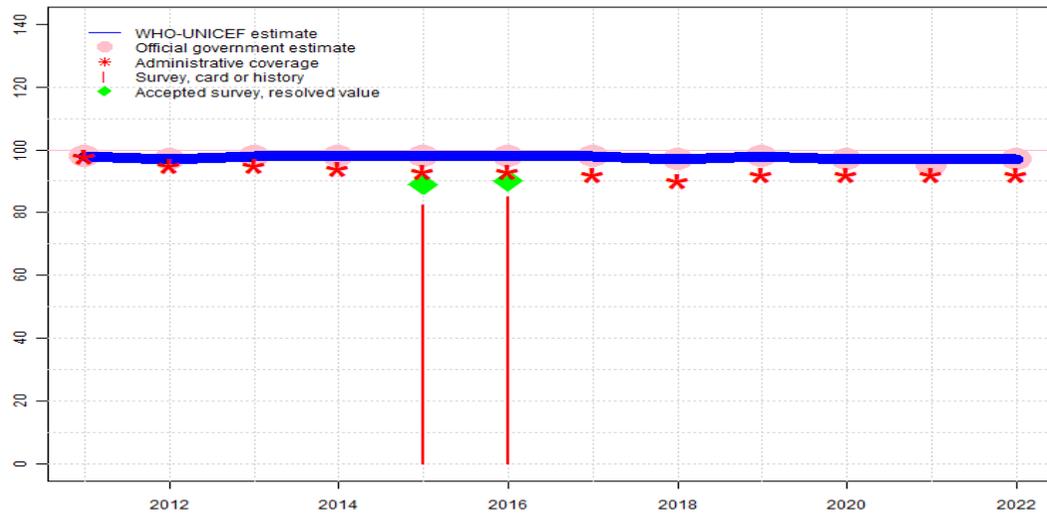
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Tunisia Multiple Indicator Cluster Survey 2018 results ignored by working group. In contrast to other antigens, survey results are inconsistent with reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+
- 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+

Tunisia - HepB3

TUN - HepB3



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 98 | 97 | 98 | 98 | 98 | 98 | 98 | 97 | 98 | 97 | 97 | 97 |
| Estimate GoC | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ● | ● | ● |
| Official | 98 | 97 | 98 | 98 | 98 | 98 | 98 | 97 | 98 | 97 | 95 | 97 |
| Administrative | 98 | 95 | 95 | 94 | 93 | 93 | 92 | 90 | 92 | 92 | 92 | 92 |
| Survey | NA | NA | NA | NA | 82.5 | 85.1 | NA | NA | NA | NA | NA | NA |

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

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

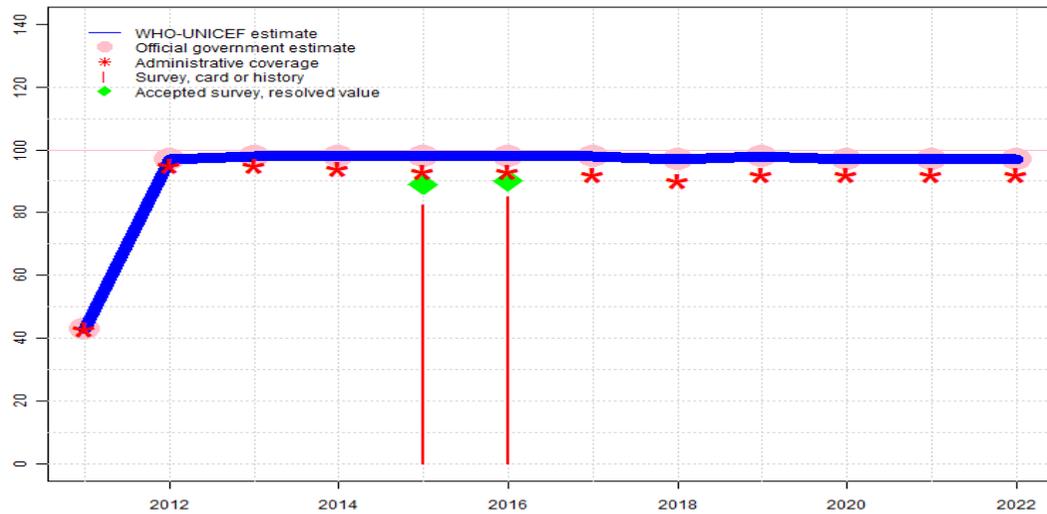
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by estimated DTP3 coverage given vaccine presentation. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate of 97 percent changed from previous revision value of 95 percent. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Programme reports vaccine stockouts of one month at the national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 85 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 83 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

Tunisia - Hib3

TUN - Hib3



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 43 | 97 | 98 | 98 | 98 | 98 | 98 | 97 | 98 | 97 | 97 | 97 |
| Estimate GoC | ●● | ●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●● | ● | ● | ● |
| Official | 43 | 97 | 98 | 98 | 98 | 98 | 98 | 97 | 98 | 97 | 97 | 97 |
| Administrative | 43 | 95 | 95 | 94 | 93 | 93 | 92 | 90 | 92 | 92 | 92 | 92 |
| Survey | NA | NA | NA | NA | 82.5 | 85.1 | NA | NA | NA | NA | NA | NA |

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

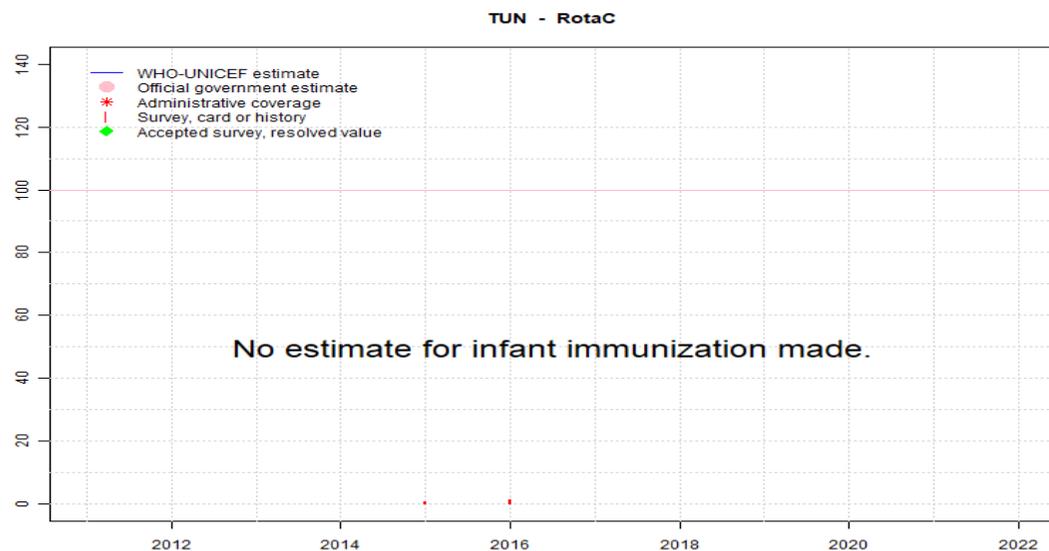
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports vaccine stockouts of one month at the national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 85 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 80 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tunisia Multiple Indicator Cluster Survey 2018 card or history results of 83 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+
- 2011: Estimate informed by reported data. Hib vaccine re-introduced in April 2011 as a component of a DTP-HepB-Hib combination vaccine. GoC=R+ D+

Tunisia - RotaC



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA |
| Estimate GoC | NA |
| Official | NA |
| Administrative | NA |
| Survey | NA | NA | NA | NA | 0.5 | 1.2 | NA | NA | NA | NA | NA | NA |

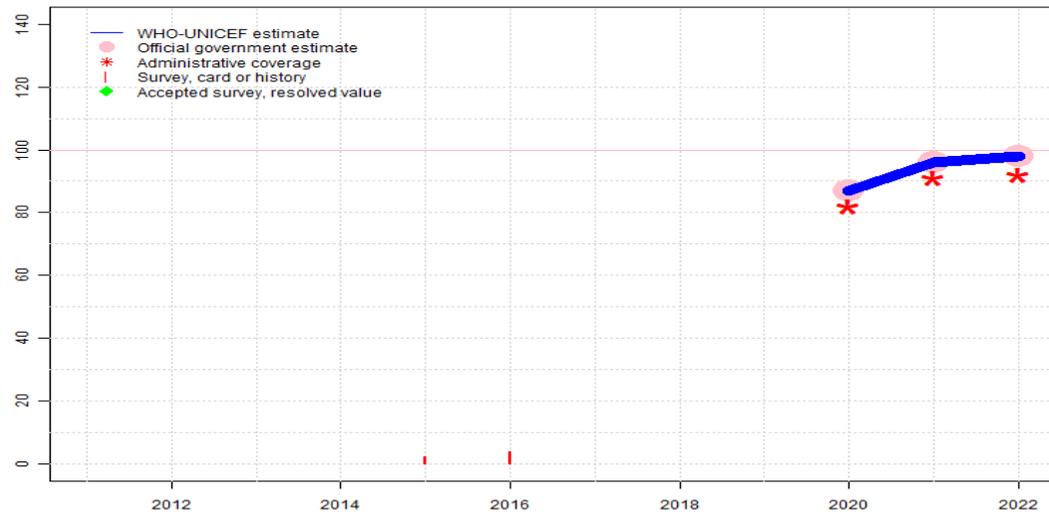
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Tunisia - PcV3

TUN - PcV3



Description:

- 2022: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. In some areas of the country, the private sector may account for up to 40 percent of immunization services delivered. Estimates may overestimate coverage for some antigens. WHO and UNICEF encourage a review of the administrative recording and reporting system to understand issues of negative drop out as well as a review of the contribution of the private sector doses and how to best account for these doses over time. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported official coverage reflects an estimated contribution of doses administered in the private sector that are not captured by the administrative recording and reporting system. Estimates may overestimate coverage for some antigens. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Vaccine introduced in 2019. Reporting started for 2020. Estimate challenged by: D-

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | 87 | 96 | 98 |
| Estimate GoC | NA | ● | ● | ● |
| Official | NA | 87 | 96 | 98 |
| Administrative | NA | 82 | 91 | 92 |
| Survey | NA | NA | NA | NA | 2.1 | 3.8 | NA | NA | NA | NA | NA | NA |

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

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

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

Tunisia - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12 to 23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated 1 or 2 years prior to the survey field work.

2016 Tunisia Multiple Indicator Cluster Survey 2018

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 98.4 | 12-23 m | 662 | 87 |
| BCG | Card | 86.6 | 12-23 m | 662 | 87 |
| BCG | Card or History | 98.9 | 12-23 m | 662 | 87 |
| BCG | History | 12.3 | 12-23 m | 662 | 87 |
| DTP1 | C or H <12 months | 94.8 | 12-23 m | 662 | 87 |
| DTP1 | Card | 84.6 | 12-23 m | 662 | 87 |
| DTP1 | Card or History | 95.9 | 12-23 m | 662 | 87 |
| DTP1 | History | 11.3 | 12-23 m | 662 | 87 |
| DTP3 | C or H <12 months | 83.3 | 12-23 m | 662 | 87 |
| DTP3 | Card | 79.5 | 12-23 m | 662 | 87 |
| DTP3 | Card or History | 85.1 | 12-23 m | 662 | 87 |
| DTP3 | History | 5.6 | 12-23 m | 662 | 87 |
| HepB1 | C or H <12 months | 94.8 | 12-23 m | 662 | 87 |
| HepB1 | Card | 84.6 | 12-23 m | 662 | 87 |
| HepB1 | Card or History | 95.9 | 12-23 m | 662 | 87 |
| HepB1 | History | 11.3 | 12-23 m | 662 | 87 |
| HepB3 | C or H <12 months | 83.3 | 12-23 m | 662 | 87 |
| HepB3 | Card | 79.5 | 12-23 m | 662 | 87 |
| HepB3 | Card or History | 85.1 | 12-23 m | 662 | 87 |
| HepB3 | History | 5.6 | 12-23 m | 662 | 87 |
| HepBB | C or H <12 months | 80.5 | 12-23 m | 662 | 87 |
| HepBB | Card | 80.5 | 12-23 m | 662 | 87 |
| HepBB | Card or History | 80.5 | 12-23 m | 662 | 87 |
| HepBB | History | 0 | 12-23 m | 662 | 87 |

| | | | | | |
|-------|-------------------|------|---------|-----|----|
| Hib1 | C or H <12 months | 94.8 | 12-23 m | 662 | 87 |
| Hib1 | Card | 84.6 | 12-23 m | 662 | 87 |
| Hib1 | Card or History | 95.9 | 12-23 m | 662 | 87 |
| Hib1 | History | 11.3 | 12-23 m | 662 | 87 |
| Hib3 | C or H <12 months | 83.3 | 12-23 m | 662 | 87 |
| Hib3 | Card | 79.5 | 12-23 m | 662 | 87 |
| Hib3 | Card or History | 85.1 | 12-23 m | 662 | 87 |
| Hib3 | History | 5.6 | 12-23 m | 662 | 87 |
| IPV1 | C or H <12 months | 62.2 | 12-23 m | 662 | 87 |
| IPV1 | Card | 59.3 | 12-23 m | 662 | 87 |
| IPV1 | Card or History | 67.2 | 12-23 m | 662 | 87 |
| IPV1 | History | 7.9 | 12-23 m | 662 | 87 |
| MCV1 | C or H <12 months | 53.5 | 12-23 m | 662 | 87 |
| MCV1 | Card | 77.8 | 12-23 m | 662 | 87 |
| MCV1 | Card or History | 86.7 | 12-23 m | 662 | 87 |
| MCV1 | History | 8.9 | 12-23 m | 662 | 87 |
| PCV1 | C or H <12 months | 6.4 | 12-23 m | 662 | 87 |
| PCV1 | Card | 5 | 12-23 m | 662 | 87 |
| PCV1 | Card or History | 6.9 | 12-23 m | 662 | 87 |
| PCV1 | History | 1.9 | 12-23 m | 662 | 87 |
| PCV3 | C or H <12 months | 3 | 12-23 m | 662 | 87 |
| PCV3 | Card | 3.4 | 12-23 m | 662 | 87 |
| PCV3 | Card or History | 3.8 | 12-23 m | 662 | 87 |
| PCV3 | History | 0.4 | 12-23 m | 662 | 87 |
| Pol1 | C or H <12 months | 92.7 | 12-23 m | 662 | 87 |
| Pol1 | Card | 83.6 | 12-23 m | 662 | 87 |
| Pol1 | Card or History | 94.8 | 12-23 m | 662 | 87 |
| Pol1 | History | 11.2 | 12-23 m | 662 | 87 |
| Pol3 | C or H <12 months | 80.3 | 12-23 m | 662 | 87 |
| Pol3 | Card | 78.2 | 12-23 m | 662 | 87 |
| Pol3 | Card or History | 81.6 | 12-23 m | 662 | 87 |
| Pol3 | History | 3.4 | 12-23 m | 662 | 87 |
| RotaC | C or H <12 months | 0.9 | 12-23 m | 662 | 87 |
| RotaC | Card | 0.8 | 12-23 m | 662 | 87 |
| RotaC | Card or History | 1.2 | 12-23 m | 662 | 87 |
| RotaC | History | 0.4 | 12-23 m | 662 | 87 |

2015 Tunisia Multiple Indicator Cluster Survey 2018

Tunisia - survey details

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen | Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 95.9 | 24-35 m | 655 | 87 | MCV1 | History | 16.6 | 24-35 m | 655 | 87 |
| BCG | Card | 78.3 | 24-35 m | 655 | 87 | MCV2 | C or H <12 months | 71.5 | 24-35 m | 655 | 87 |
| BCG | Card or History | 96.3 | 24-35 m | 655 | 87 | MCV2 | Card | 63.3 | 24-35 m | 655 | 87 |
| BCG | History | 18.1 | 24-35 m | 655 | 87 | MCV2 | Card or History | 74.5 | 24-35 m | 655 | 87 |
| DTP1 | C or H <12 months | 91.9 | 24-35 m | 655 | 87 | MCV2 | History | 11.3 | 24-35 m | 655 | 87 |
| DTP1 | Card | 77.2 | 24-35 m | 655 | 87 | PCV1 | C or H <12 months | 3.9 | 24-35 m | 655 | 87 |
| DTP1 | Card or History | 93.5 | 24-35 m | 655 | 87 | PCV1 | Card | 2.8 | 24-35 m | 655 | 87 |
| DTP1 | History | 16.3 | 24-35 m | 655 | 87 | PCV1 | Card or History | 4.3 | 24-35 m | 655 | 87 |
| DTP3 | C or H <12 months | 82.5 | 24-35 m | 655 | 87 | PCV1 | History | 1.5 | 24-35 m | 655 | 87 |
| DTP3 | Card | 73.6 | 24-35 m | 655 | 87 | PCV3 | C or H <12 months | 1.8 | 24-35 m | 655 | 87 |
| DTP3 | Card or History | 82.5 | 24-35 m | 655 | 87 | PCV3 | Card | 2.1 | 24-35 m | 655 | 87 |
| DTP3 | History | 8.8 | 24-35 m | 655 | 87 | PCV3 | Card or History | 2.1 | 24-35 m | 655 | 87 |
| HepB1 | C or H <12 months | 91.9 | 24-35 m | 655 | 87 | PCV3 | History | 0 | 24-35 m | 655 | 87 |
| HepB1 | Card | 77.2 | 24-35 m | 655 | 87 | Pol1 | C or H <12 months | 91.8 | 24-35 m | 655 | 87 |
| HepB1 | Card or History | 93.5 | 24-35 m | 655 | 87 | Pol1 | Card | 75.8 | 24-35 m | 655 | 87 |
| HepB1 | History | 16.3 | 24-35 m | 655 | 87 | Pol1 | Card or History | 92.8 | 24-35 m | 655 | 87 |
| HepB3 | C or H <12 months | 82.5 | 24-35 m | 655 | 87 | Pol1 | History | 17 | 24-35 m | 655 | 87 |
| HepB3 | Card | 73.6 | 24-35 m | 655 | 87 | Pol3 | C or H <12 months | 78.2 | 24-35 m | 655 | 87 |
| HepB3 | Card or History | 82.5 | 24-35 m | 655 | 87 | Pol3 | Card | 74 | 24-35 m | 655 | 87 |
| HepB3 | History | 8.8 | 24-35 m | 655 | 87 | Pol3 | Card or History | 80.6 | 24-35 m | 655 | 87 |
| HepBB | C or H <12 months | 74.7 | 24-35 m | 655 | 87 | Pol3 | History | 6.6 | 24-35 m | 655 | 87 |
| HepBB | Card | 75.1 | 24-35 m | 655 | 87 | RotaC | C or H <12 months | 0.5 | 24-35 m | 655 | 87 |
| HepBB | Card or History | 75.1 | 24-35 m | 655 | 87 | RotaC | Card | 0.4 | 24-35 m | 655 | 87 |
| HepBB | History | 0 | 24-35 m | 655 | 87 | RotaC | Card or History | 0.5 | 24-35 m | 655 | 87 |
| Hib1 | C or H <12 months | 91.9 | 24-35 m | 655 | 87 | RotaC | History | 0.2 | 24-35 m | 655 | 87 |
| Hib1 | Card | 77.2 | 24-35 m | 655 | 87 | | | | | | |
| Hib1 | Card or History | 93.5 | 24-35 m | 655 | 87 | | | | | | |
| Hib1 | History | 16.3 | 24-35 m | 655 | 87 | | | | | | |
| Hib3 | C or H <12 months | 82.5 | 24-35 m | 655 | 87 | | | | | | |
| Hib3 | Card | 73.6 | 24-35 m | 655 | 87 | | | | | | |
| Hib3 | Card or History | 82.5 | 24-35 m | 655 | 87 | | | | | | |
| Hib3 | History | 8.8 | 24-35 m | 655 | 87 | | | | | | |
| IPV1 | C or H <12 months | 58.5 | 24-35 m | 655 | 87 | | | | | | |
| IPV1 | Card | 55.5 | 24-35 m | 655 | 87 | | | | | | |
| IPV1 | Card or History | 69.9 | 24-35 m | 655 | 87 | | | | | | |
| IPV1 | History | 14.4 | 24-35 m | 655 | 87 | | | | | | |
| MCV1 | C or H <12 months | 89.5 | 24-35 m | 655 | 87 | | | | | | |
| MCV1 | Card | 73.7 | 24-35 m | 655 | 87 | | | | | | |
| MCV1 | Card or History | 90.3 | 24-35 m | 655 | 87 | | | | | | |

| 2014 Tunisian Health Examination Survey-2016 | | | | | | | | | | | |
|--|---------------------|----------|------------|--------|------------|---------|---------------------|----------|------------|--------|------------|
| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen | Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
| BCG | Card or History | 99 | 18-29 m | 437 | 84 | | | | | | |
| MCV1 | Card or History | 93.9 | 18-29 m | 437 | 84 | | | | | | |

| 2010 Tunisie Enquête par grappes à indicateurs multiples (MICS 4), 2011-2012 | | | | | | | | | | | |
|--|---------------------|----------|------------|--------|------------|---------|---------------------|----------|------------|--------|------------|
| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen | Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
| BCG | C or H <12 months | 98.1 | 18-29 m | - | 84 | | | | | | |

Tunisia - survey details

| | | | | | |
|-------|-------------------|------|---------|-----|----|
| BCG | Card | 83 | 18-29 m | - | 84 |
| BCG | Card or History | 98.2 | 18-29 m | 600 | 84 |
| BCG | History | 15.2 | 18-29 m | - | 84 |
| DTP1 | C or H <12 months | 98.4 | 18-29 m | - | 84 |
| DTP1 | Card | 84 | 18-29 m | - | 84 |
| DTP1 | Card or History | 99.3 | 18-29 m | 600 | 84 |
| DTP1 | History | 15.3 | 18-29 m | - | 84 |
| DTP3 | C or H <12 months | 91.7 | 18-29 m | - | 84 |
| DTP3 | Card | 82.9 | 18-29 m | - | 84 |
| DTP3 | Card or History | 95.9 | 18-29 m | 600 | 84 |
| DTP3 | History | 13 | 18-29 m | - | 84 |
| HepB1 | C or H <12 months | 98.2 | 18-29 m | - | 84 |
| HepB1 | Card | 84.2 | 18-29 m | - | 84 |
| HepB1 | Card or History | 98.2 | 18-29 m | 600 | 84 |
| HepB1 | History | 14 | 18-29 m | - | 84 |
| HepB3 | C or H <12 months | 89.5 | 18-29 m | - | 84 |
| HepB3 | Card | 83.1 | 18-29 m | - | 84 |
| HepB3 | Card or History | 91.9 | 18-29 m | 600 | 84 |
| HepB3 | History | 8.8 | 18-29 m | - | 84 |
| MCV1 | C or H <12 months | 85.9 | 18-29 m | - | 84 |
| MCV1 | Card | 79 | 18-29 m | - | 84 |
| MCV1 | Card or History | 94.3 | 18-29 m | 600 | 84 |
| MCV1 | History | 15.3 | 18-29 m | - | 84 |
| Pol1 | C or H <12 months | 98.4 | 18-29 m | - | 84 |
| Pol1 | Card | 83.9 | 18-29 m | - | 84 |
| Pol1 | Card or History | 99.3 | 18-29 m | 600 | 84 |
| Pol1 | History | 15.5 | 18-29 m | - | 84 |
| Pol3 | C or H <12 months | 89.1 | 18-29 m | - | 84 |
| Pol3 | Card | 82.8 | 18-29 m | - | 84 |
| Pol3 | Card or History | 93.8 | 18-29 m | 600 | 84 |
| Pol3 | History | 11 | 18-29 m | - | 84 |

2005 L'enquête sur la santé et le bien-être de la mère et l'enfant MICS3, Tunisie 2006

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card or History | 98.6 | 12-23 m | 595 | - |
| DTP3 | Card or History | 99.7 | 12-23 m | 595 | - |
| HepB3 | Card or History | 99.2 | 12-23 m | 595 | - |
| Hib3 | Card or History | 99.7 | 12-23 m | 595 | - |
| Pol3 | Card or History | 99.7 | 12-23 m | 595 | - |

2004 L'enquête sur la santé et le bien-être de la mère et l'enfant MICS3, Tunisie 2006

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| MCV1 | Card or History | 98.5 | 24-35 m | 595 | - |

1999 Tunisia MICS 2000

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card or History | 97.4 | 12-23 m | 2158 | - |
| DTP3 | Card or History | 96 | 12-23 m | 2158 | - |
| HepB3 | Card or History | 87.6 | 12-23 m | 2158 | - |
| MCV1 | Card or History | 71.3 | 12-23 m | 2158 | - |
| Pol3 | Card or History | 96 | 12-23 m | 2158 | - |

Tunisia - 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>