	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	85	48	86	91	91	88	89	88	89	95	84	56
Estimate GoC	●●●	●	●	●	●	●	●	●	●	●	●	●
Official	85	NA	91	97	100	99	100	99	100	106	97	67
Administrative	85	50	91	97	108	99	100	99	NA	106	95	44
Survey	77	NA	NA	NA	NA	88	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: 2017 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.

small birth cohort. Estimate challenged by: R-

2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 88 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2011: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

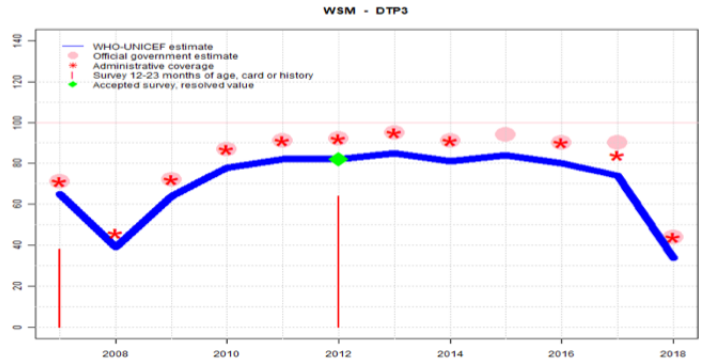
2010: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2009: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

2008: Reported data calibrated to 2007 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-S-

2007: Estimate based on coverage reported by national government supported by survey. Survey evidence of 77 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. GoC=R+ S+ D+

Samoa - DTP3



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	65	39	64	78	82	82	85	81	84	80	74	34
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	71	NA	72	87	91	92	95	91	94	90	90	44
Administrative	71	46	72	87	91	92	95	91	NA	90	84	44
Survey	38	NA	NA	NA	NA	64	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: 2017 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:

2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. WHO and UNICEF are aware of plans to conduct a MICS survey in 2019. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2017: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-

2016: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2015: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2012: Estimate of 82 percent assigned by working group. Estimate based on adjusted survey result. Samoa Demographic and Health Survey card or history results of 64 percent modifed for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 57 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2011: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2010: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2009: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

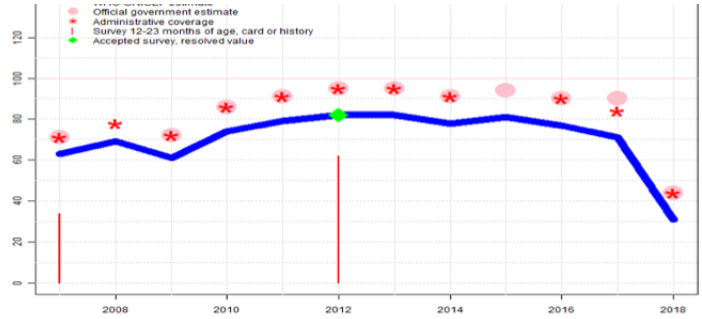
2008: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

2007: Reported data calibrated to 1997 and 2012 levels. Samoa Demographic and Health Survey 2009 results ignored by working group. Survey results inconsistent across antigens.Samoa Demographic and Health Survey 2009 card or history results of 38 percent modifed for recall bias to 57 percent based on 1st dose card or history coverage of 77 percent, 1st dose card only coverage of 38 percent and 3rd dose card only coverage of 28 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

Samoa - Pol3

Description:

2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	63	69	61	74	79	82	82	78	81	77	71	31
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	71	NA	72	86	91	95	95	91	94	90	90	44
Administrative	71	78	72	86	91	95	95	91	NA	90	84	44
Survey	34	NA	NA	NA	NA	62	NA	NA	NA	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2017 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

2018: Reported data calibrated to 2012 levels. Decline in reported coverage may be partly explained by an interruption in vaccination amid public concern following two deaths related to MMR vaccination. WHO and UNICEF are aware of plans to conduct a MICS survey in 2019. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2017: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Government official estimate based on single dose vaccine consumption. Estimate challenged by: D-R-

2016: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2015: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

2014: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2012: Estimate of 82 percent assigned by working group. Estimate based on adjusted survey result. Samoa Demographic and Health Survey card or history results of 62 percent modifed for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 57 percent. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2011: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2010: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2009: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2008: Reported data calibrated to 1997 and 2012 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

2007: Reported data calibrated to 1997 and 2012 levels. Samoa Demographic and Health Survey 2009 results ignored by working group. Survey results inconsistent across antigens.Samoa Demographic and Health Survey 2009 card or history results of 34 percent modifed for