

Progress and Challenges with Achieving Universal Immunization Coverage

2023 WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Sources:

- Member State reports to WHO and UNICEF up to 1 July 2024
- The 2024 World Bank Development Indicators Online
- United Nations, Population Division, 2024 revision

Estimates as of July 15, 2024



World Health
Organization

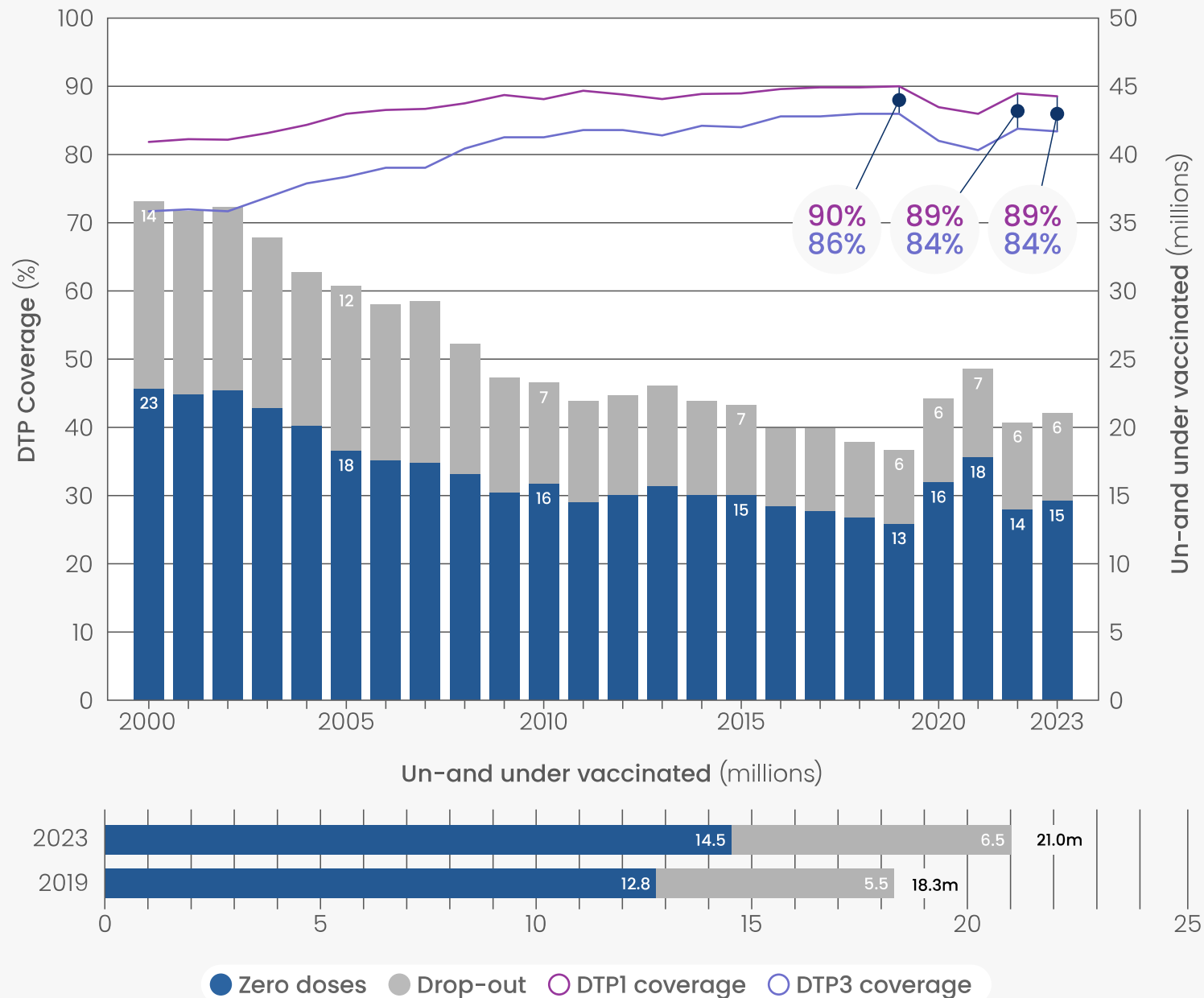


DTP immunization coverage is flat compared to 2022, and the number of “zero-dose” children is still higher than in 2019, before the pandemic

There was no meaningful change in coverage compared to 2022. Performance was not yet restored to 2019 levels – the baseline value for the Immunization Agenda 2030.

The number of completely unvaccinated children (“zero-dose”) is slightly up from last year (by 600 thousand from 13.9m to 14.5m) and is still 1.7 m higher than in 2019.

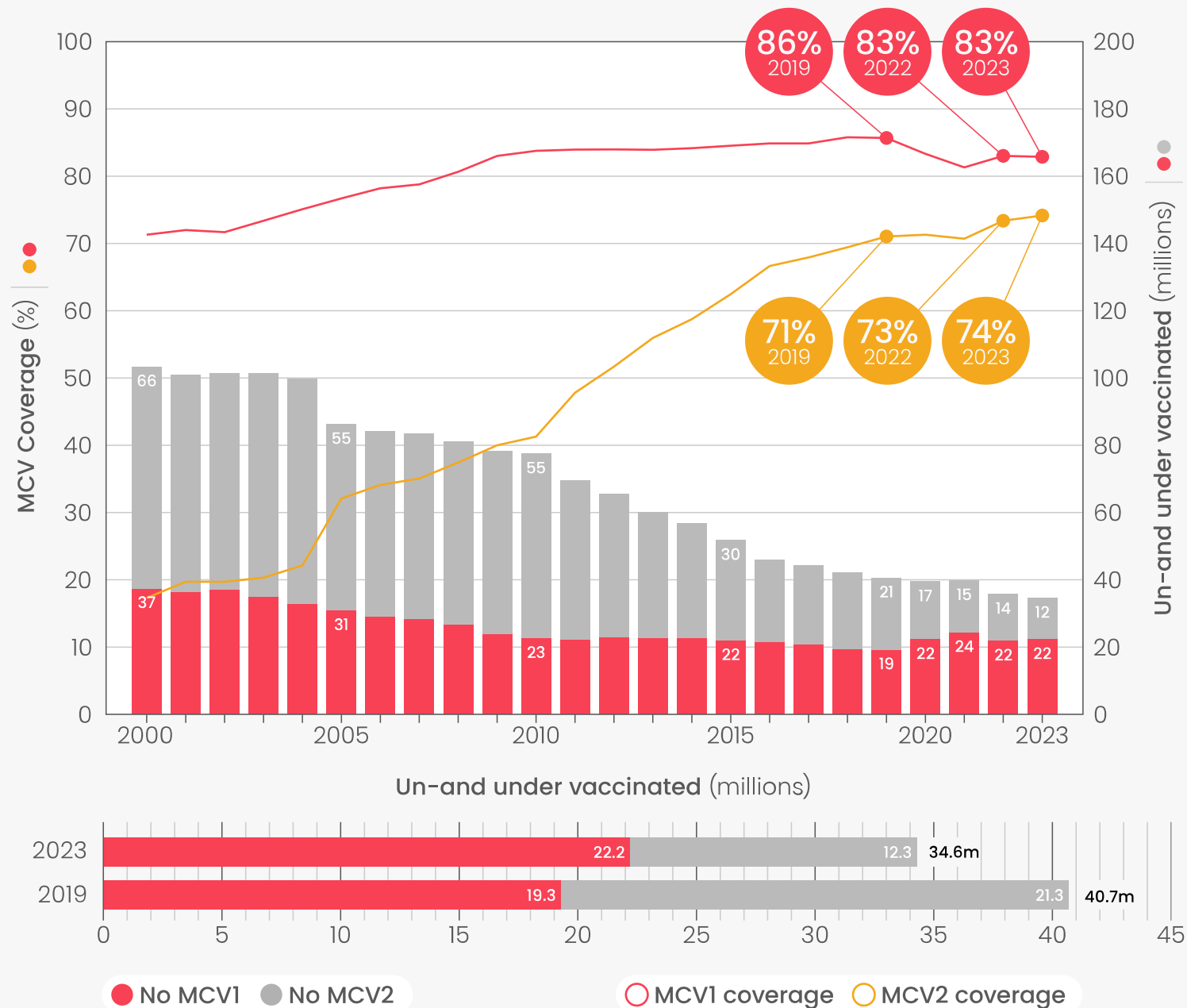
Some children also “drop out”, i.e. receive a first but not a third protective dose of DTP. The total number of un- and under-immunised children stands at 21m in 2023, 2.7m above the baseline value.



MCV immunization coverage and unimmunized children are similar to 2022 levels, not yet recovered to 2019 levels

There was no meaningful change in coverage or in the number unimmunized children for measles. Global coverage for MCV1 was not yet restored to 2019 levels, and the number of children who missed a first dose of measles vaccine in 2023 was 2.9m higher than in 2019.

Continued introduction of a second dose of measles led to further improvement in MCV2 coverage.

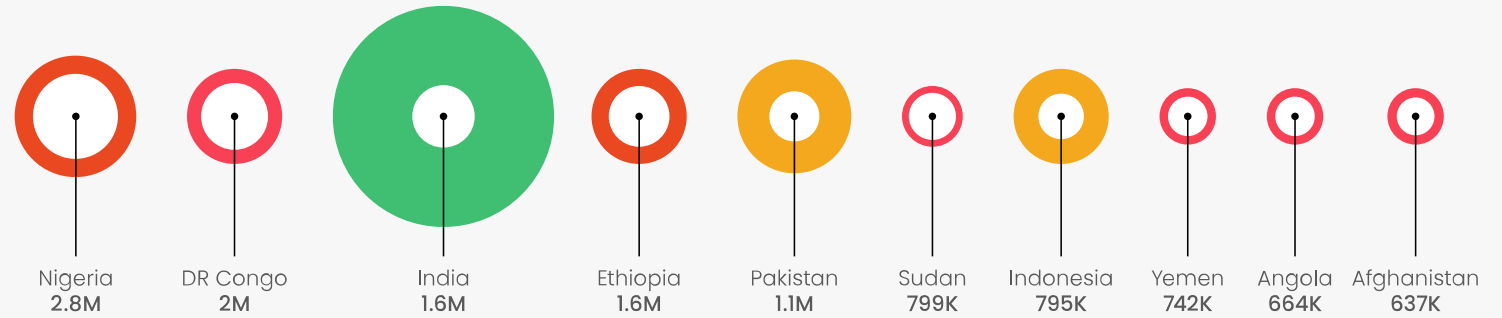


10 countries accounted for 55% of children without a measles vaccine. 3 of these are also among 10 countries with lowest MCV1 coverage.

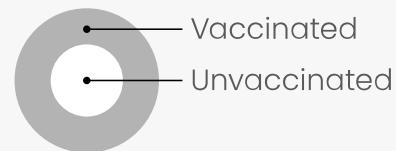
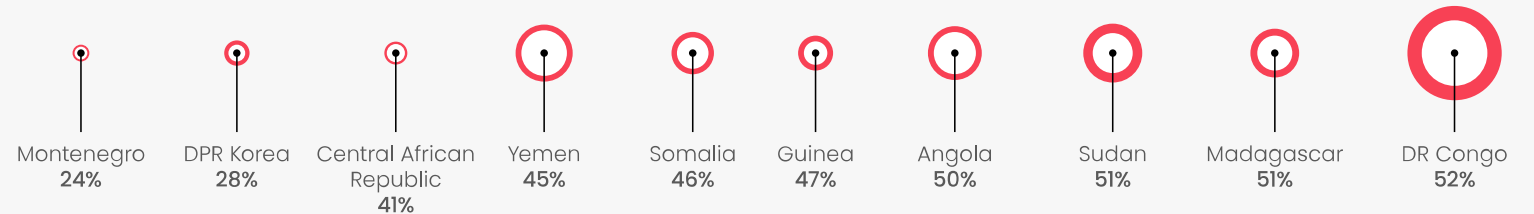
The countries with most “measles zero dose” children is a mix of those with large birth cohorts, weak health systems, or both. New in this list in 2023 are countries afflicted by conflict, like Sudan, Yemen, and Afghanistan.

Additionally, some smaller countries have even lower coverage.

No measles vaccine



Countries with lowest MCV1 coverage



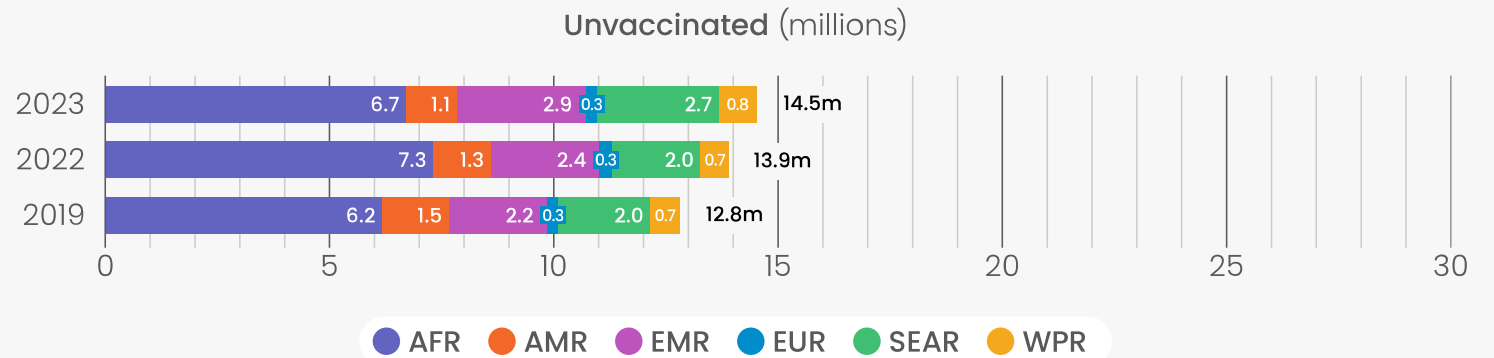
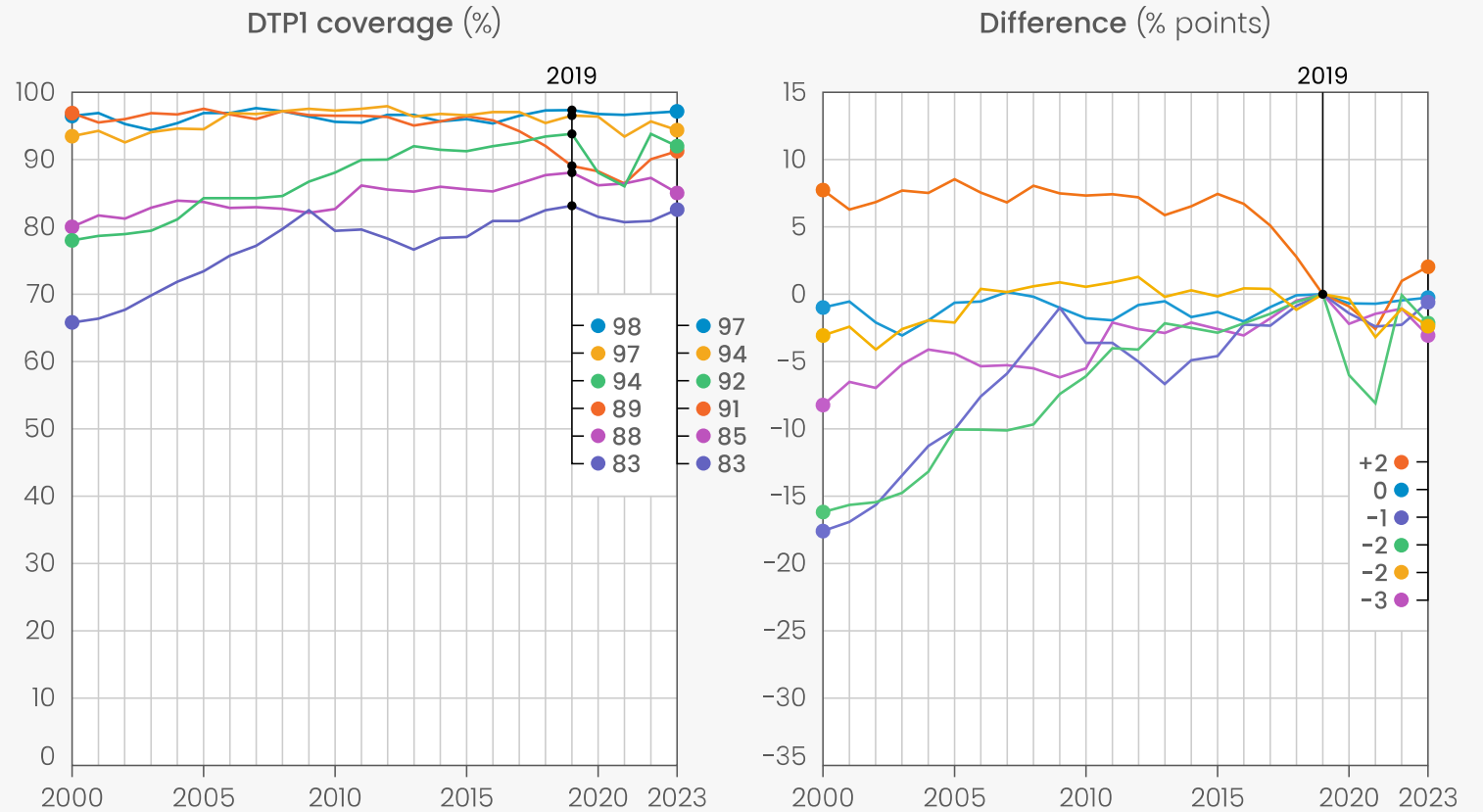
Coverage according to legend, circles sized to numbers of vaccinated and unvaccinated children.

DTP1 coverage by WHO Region

AFR saw the largest improvement although it remains the region with the lowest coverage. AMR achieves higher coverage, driven by robust recovery in select countries in the region.

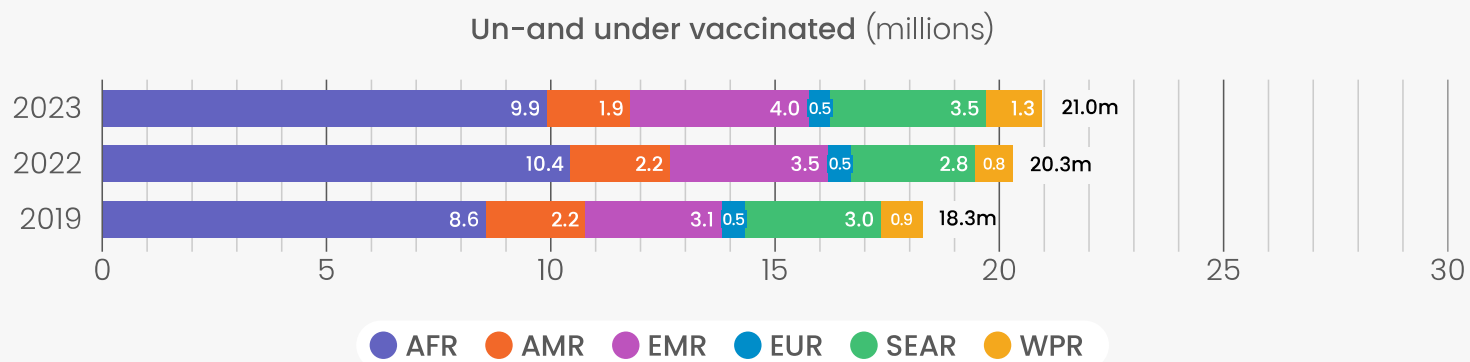
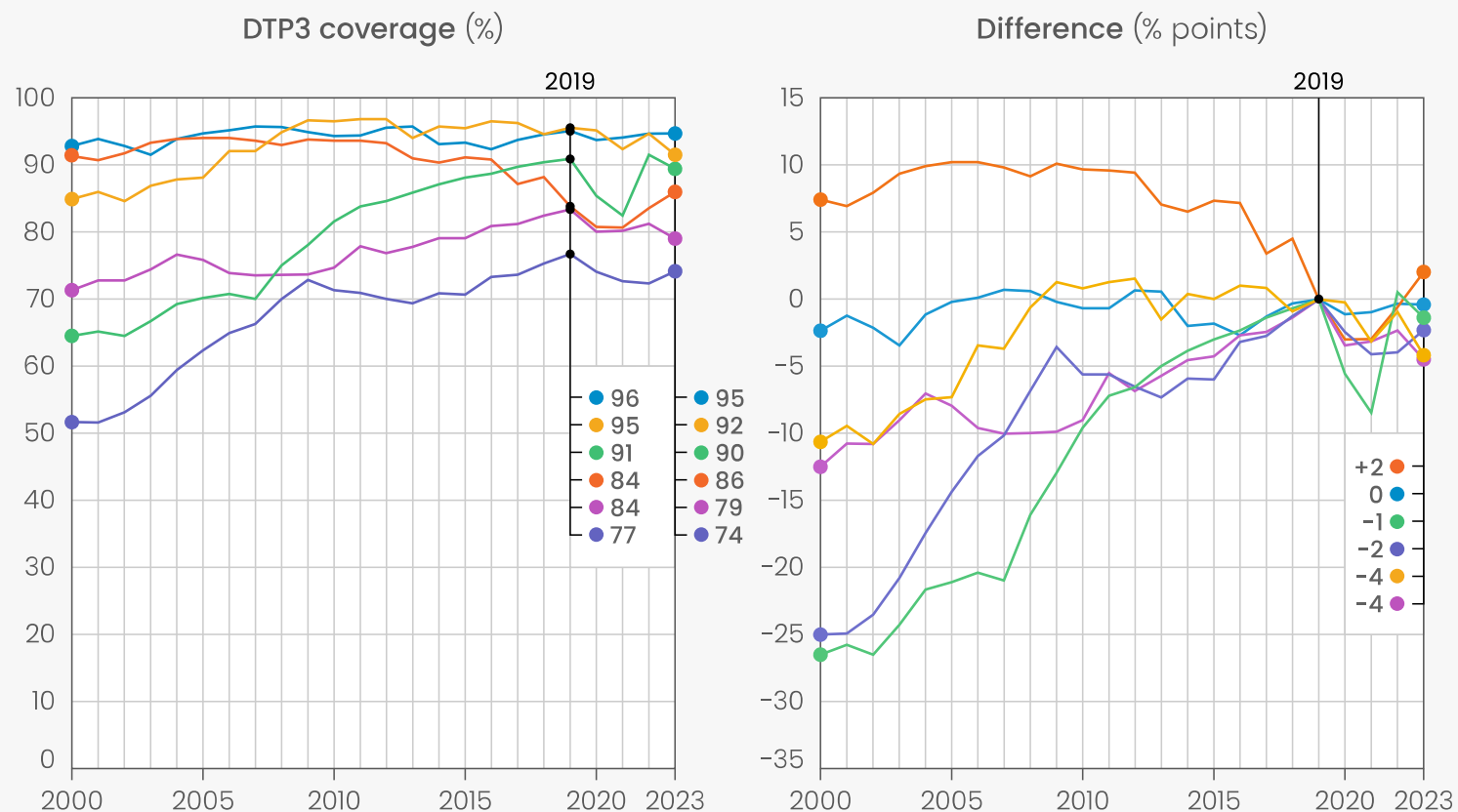
Conflict in EMR led to a concerning drop in coverage in 2022. Coverage in WPR remains high, although a longer-term erosion of historically very high coverage is apparent.

Most zero dose children reside in AFR, followed by SEAR and EMR.



DTP3 coverage by WHO Region

Similar patterns to those seen for DTPI. The African and Eastern Mediterranean regions have significantly lower DTP3 coverage, indicating issues with drop-out, and the ability to consistently provide 3 doses in the first year of life.



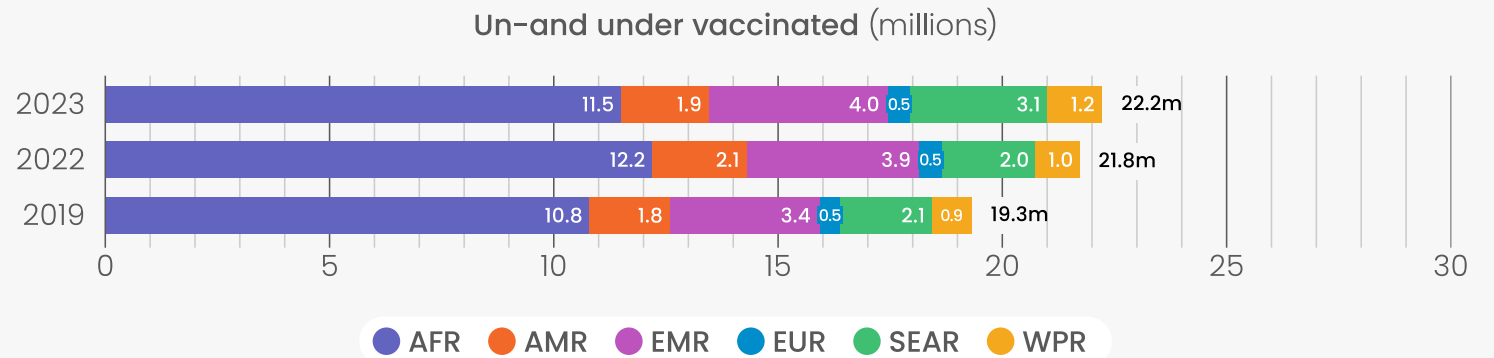
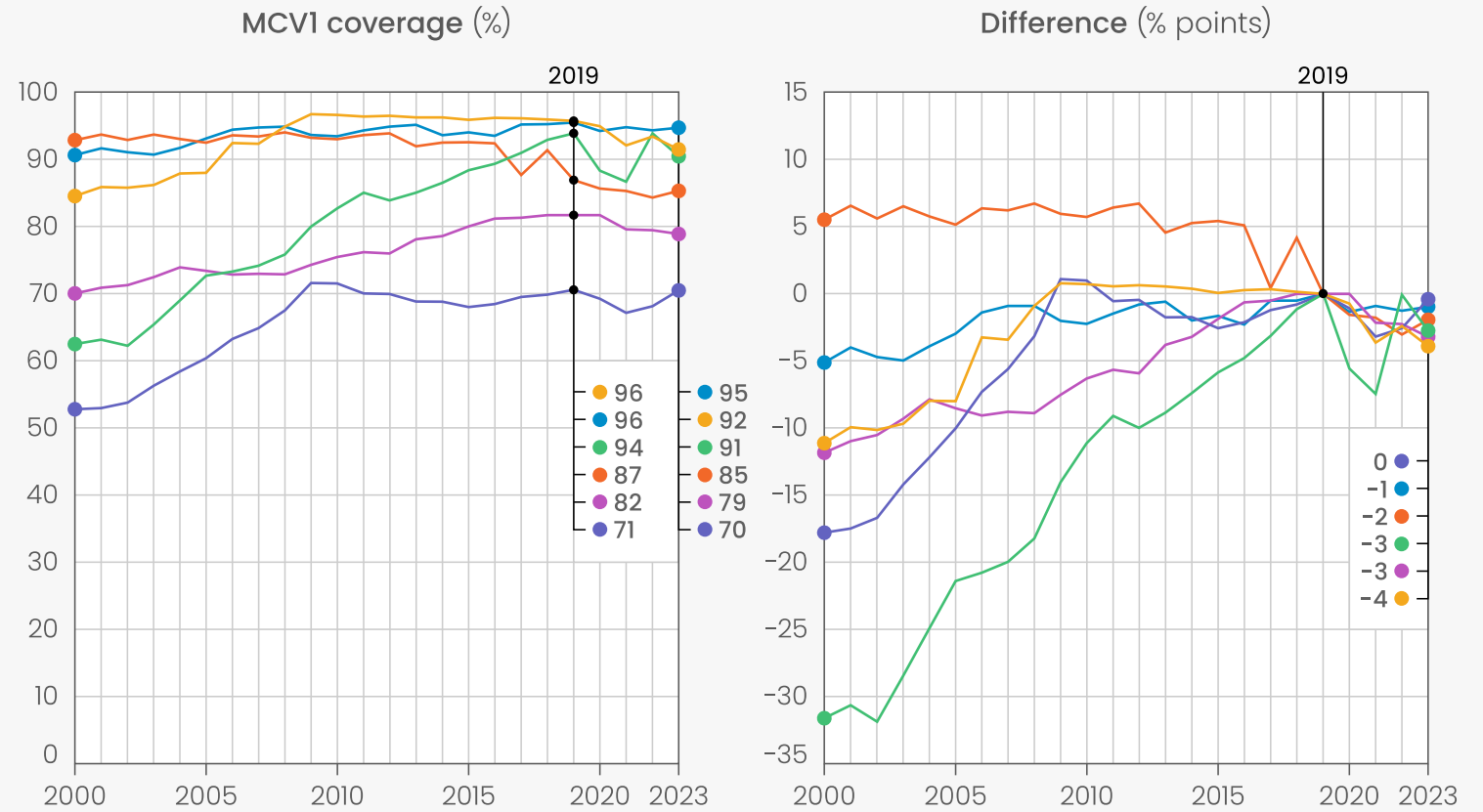
MCV1 coverage by WHO Region

Similar pattern to those seen for DTPI and DTP3, but lower coverage for MCV1 in AFR, and more modest improvements than for DTP.

Most measles unvaccinated children reside in AFR, followed by EMR and SEAR.

Focus on AFR:

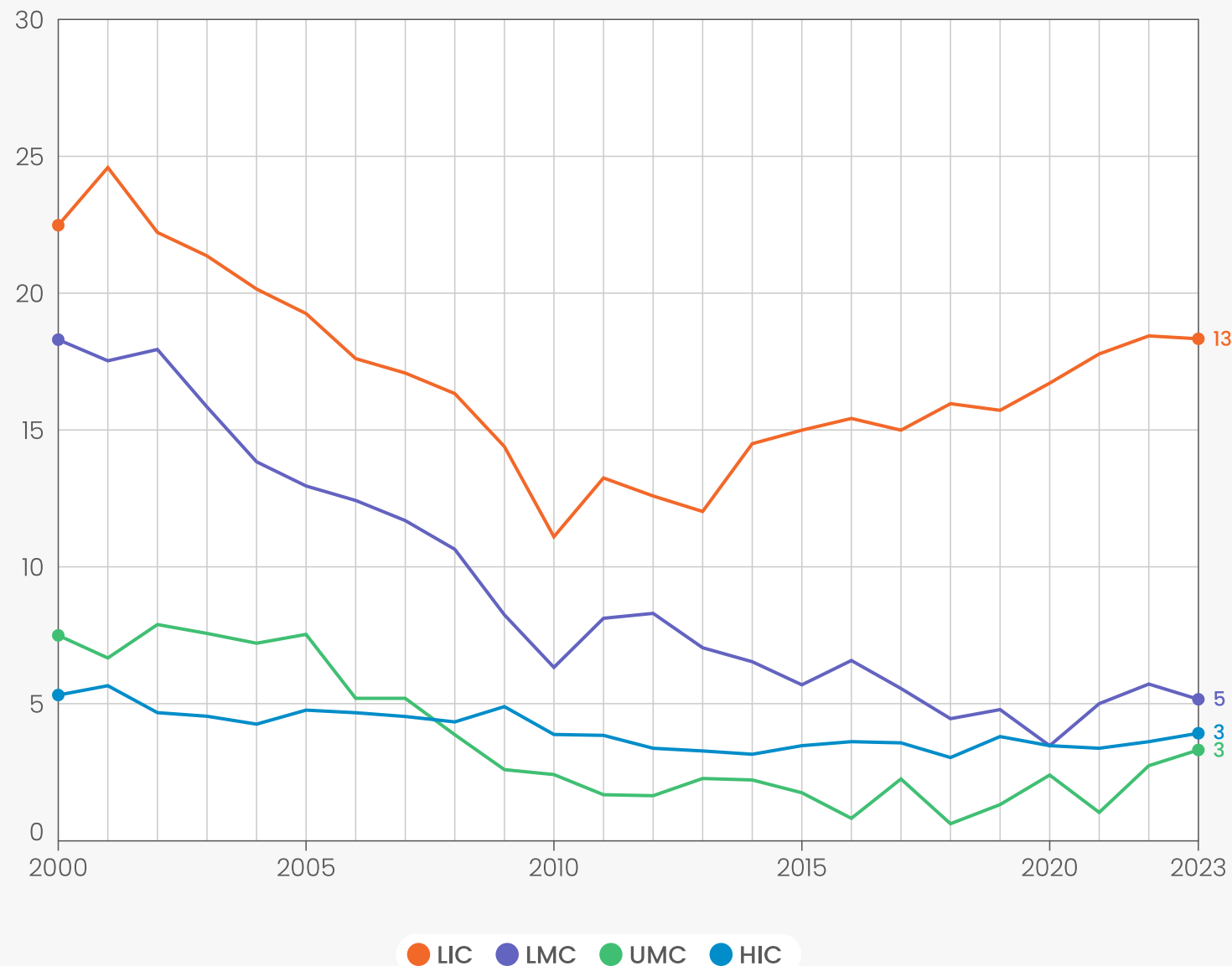
- DTPI coverage back to 2019 levels (83%)
- Total ZDC lower in 2023 vs. 2022 (6.7Mn, vs. 7.3Mn)
- Large increase in HPV vax coverage (from 25% in 2019 to 40% in 2023)
- "No MCV1" has fallen from 12.2Mn in 2022 to 11.5Mn in 2023
- "No MCV2" fallen from 8.2Mn in 2022 to 7.0Mn in 2023
- Breadth of protection has increased



Not all children who start their vaccine schedule also finish it. In LICs, 13% of children who received DTP1 drop out before receiving measles

The percentage of children who start but not finish the recommended schedule is referred to as the drop-out rate. The drop-out rate between the first dose of DTP containing vaccine and the first dose of measles is as high as 13% in low income countries.

DTP1-MCV1 dropout rate (%)



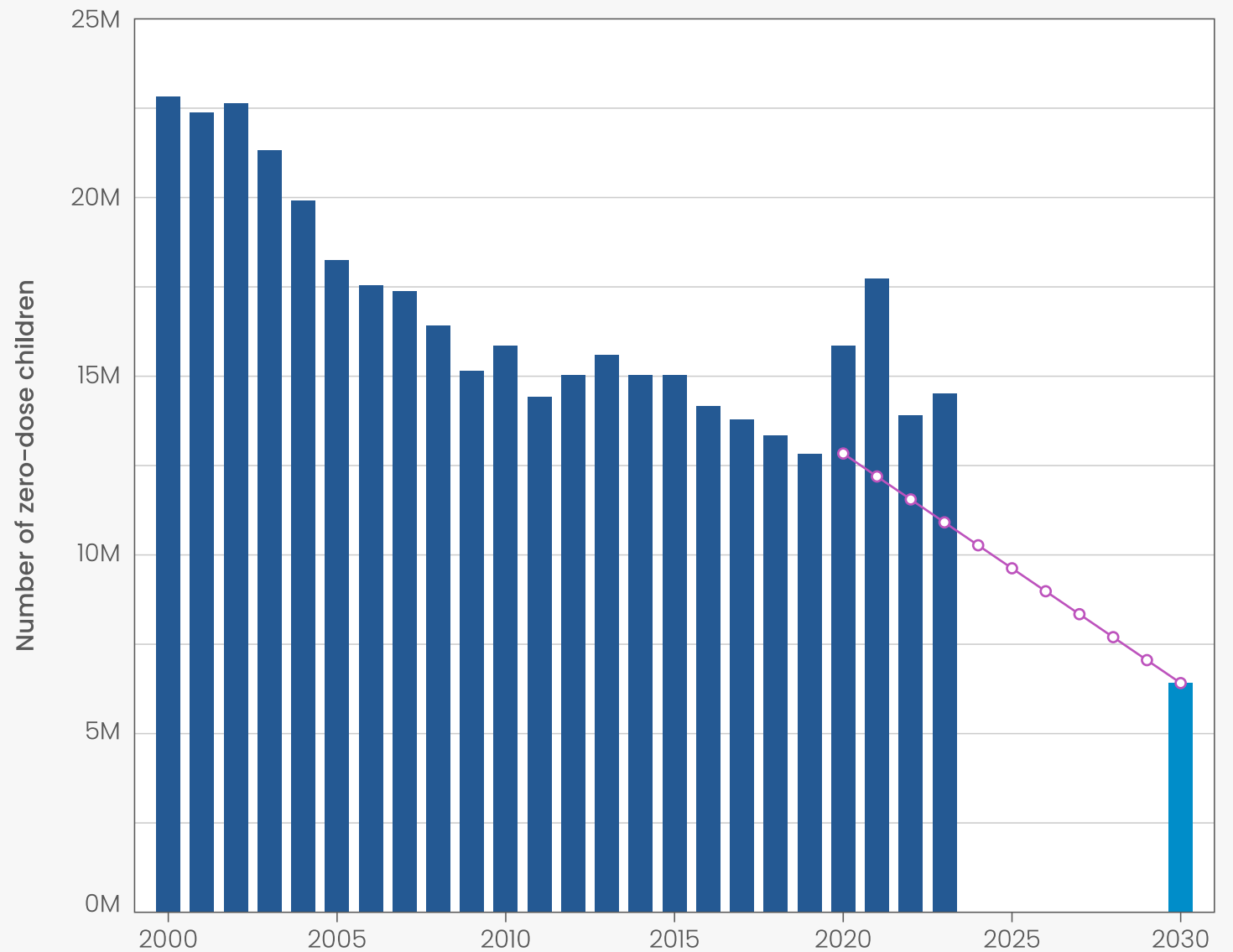
The global estimate of Zero-Dose children is off-track to achieve IA2030 goals

A key goal of the Immunization Agenda 2030 (IA2030) is to reduce the number of zero-dose children by half by 2030.

Actual achievements show that the 2023 estimate of zero-dose children is still above 2019 levels. I.e. global coverage has not fully recovered from pandemic disruptions and is not yet on track to achieve the IA2030 target.

Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2030 by half by 2030. Dark blue bars are the estimated number of zero-dose children in 2000-2030, light blue bar is the target number of zero-dose children by 2030. Line shows trajectory the country needs to be on, and points show annual goals to meet the target by 2030, assuming a linear decline.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 revision.



Measles coverage in countries with large or disruptive measles outbreaks since 2019 is too low to control further outbreaks

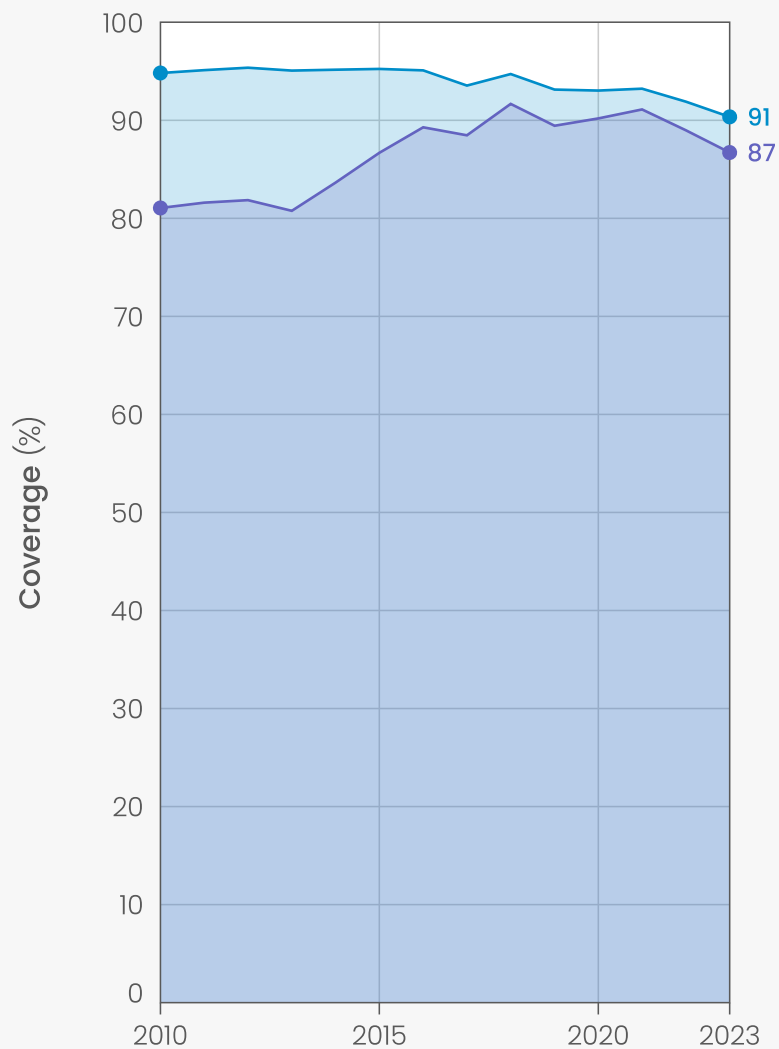
The 91 countries not experiencing measles outbreaks in the last 5 years achieve consistently higher measles vaccine coverage than the 103 countries that did experience outbreaks. Even in these countries there is a concerning recent decline.

The 103 countries experiencing outbreaks are on average achieving 10 percentage points lower coverage for a first dose of measles vaccine. These represent 75% of the global birth cohort.

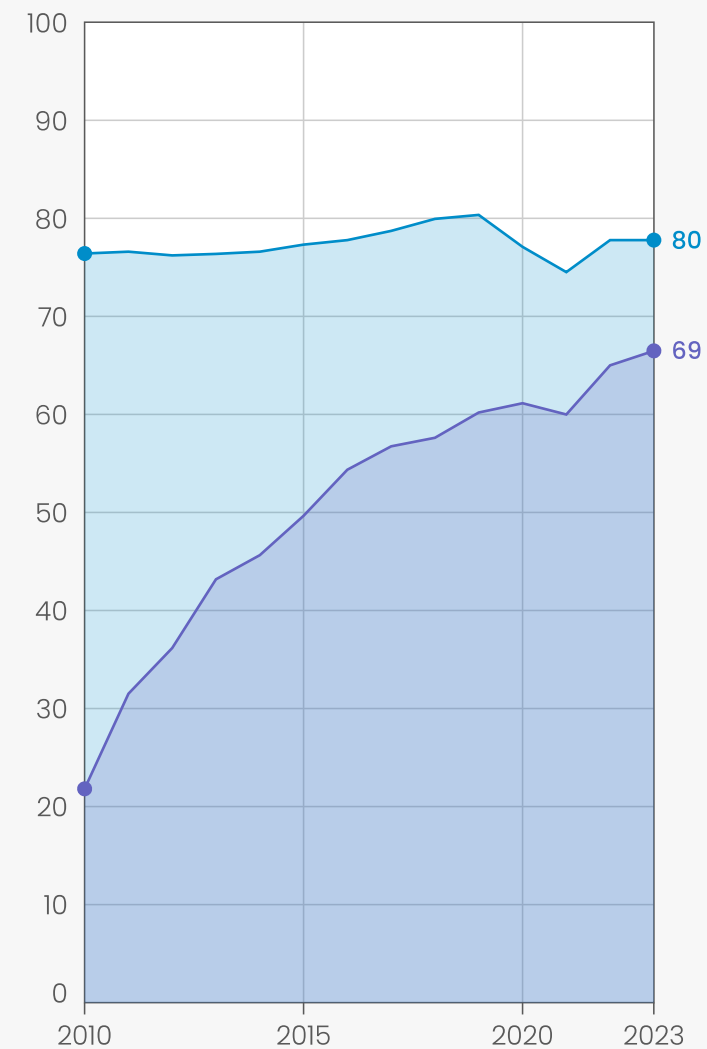
Sustained and consistent improvements in routine immunisation over time are effective at curtailing measles transmission, when combined with SIAs.



No outbreaks in the last 5 years (N=91)



Outbreaks in the last 5 years (N=103)



● MCV1 ● MCV2

Global HPV vaccine coverage among girls substantially increased

The positive trend observed since last year was confirmed and strong increases in first and final dose global HPV coverage among girls were registered in 2023.

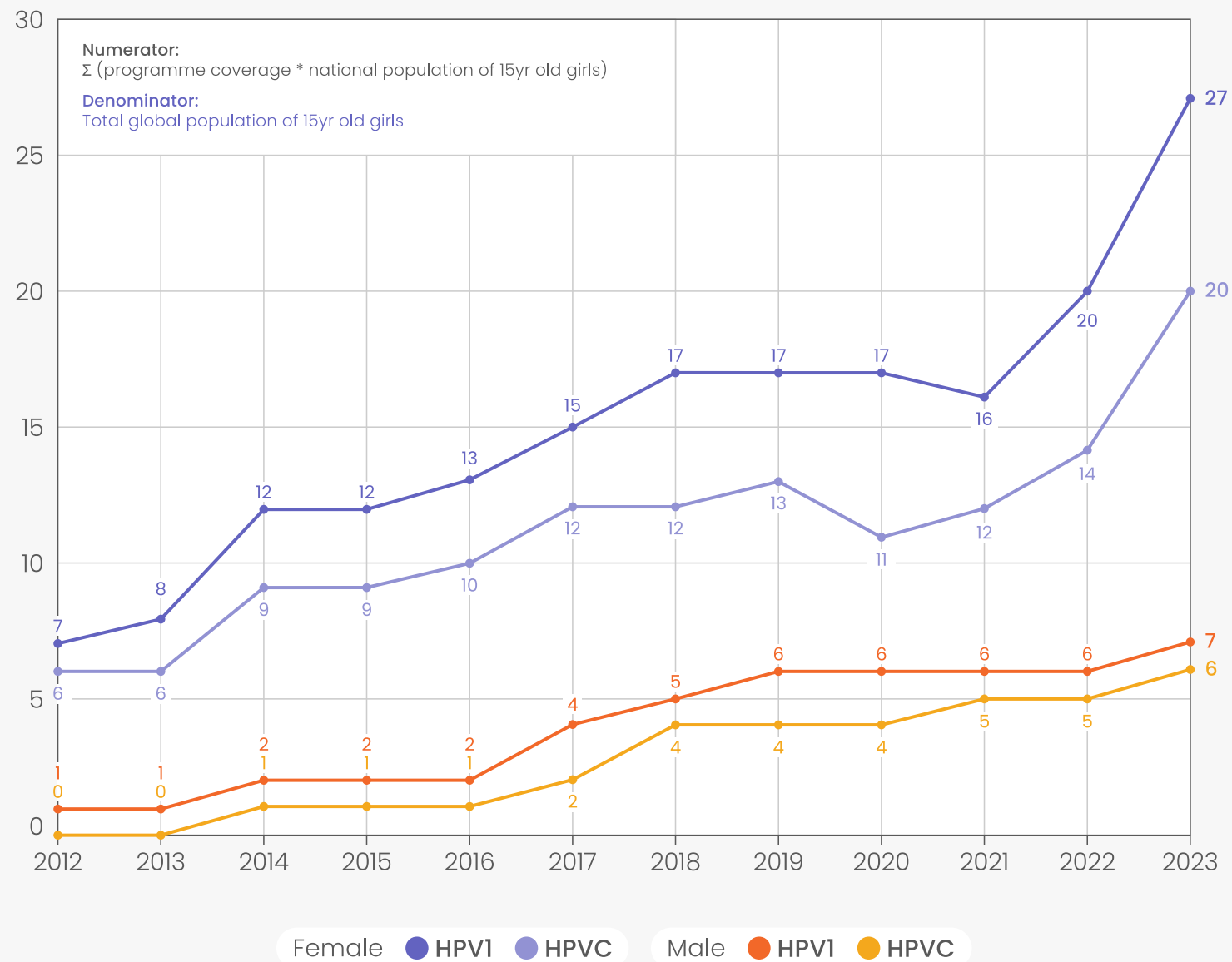
Increase in HPV coverage is driven particularly by new introductions and programme expansion combined with encouraging signs of recovery of coverage in existing programmes.

All countries are included in global and regional calculations. Countries with HPV programmes but not reporting in 2023 are flatlined based on 2022 data.

Countries where HPV vaccine has not been introduced are included in the calculation of the estimate using a value of zero.



Global HPV Vaccine Coverage (%)



HPV vaccine coverage in countries nearly restored to pre-pandemic level

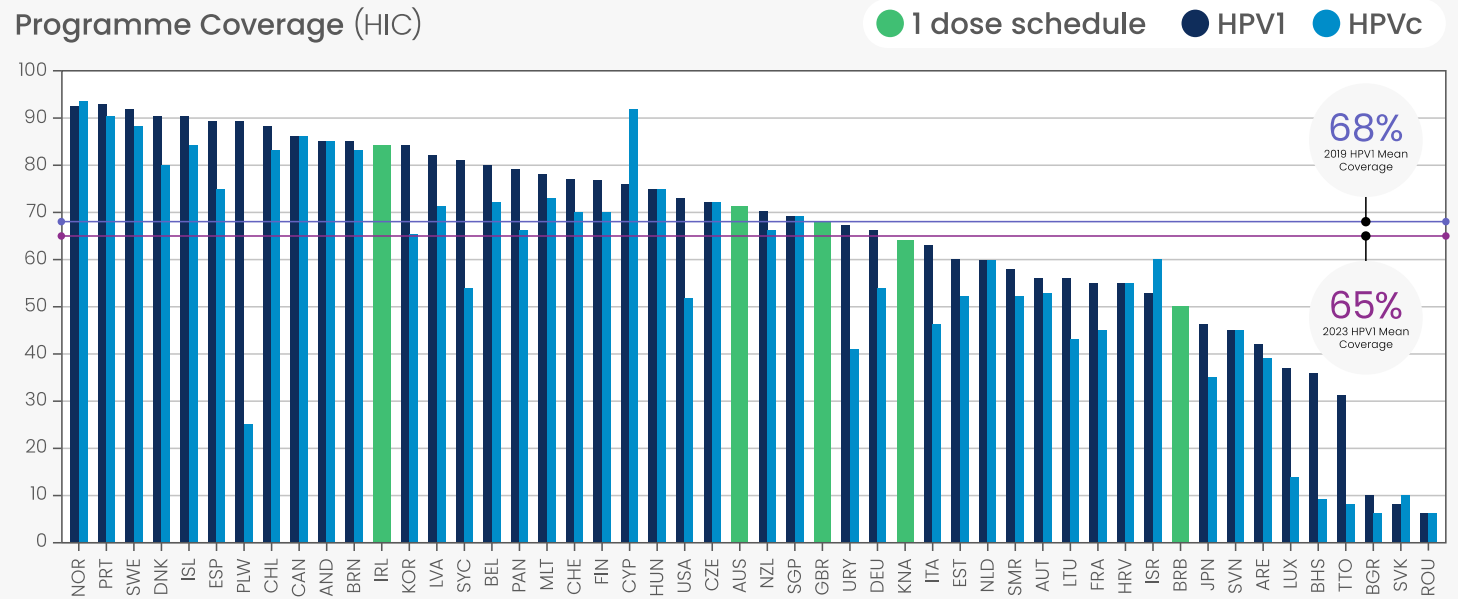
Average coverage improved in L&MIC in 2023, but still not recovered to 2019 levels. HIC continue to show stable program performance

In L&MIC mean first dose coverage increased to 59% but is still lower than that in 2019 (63%).

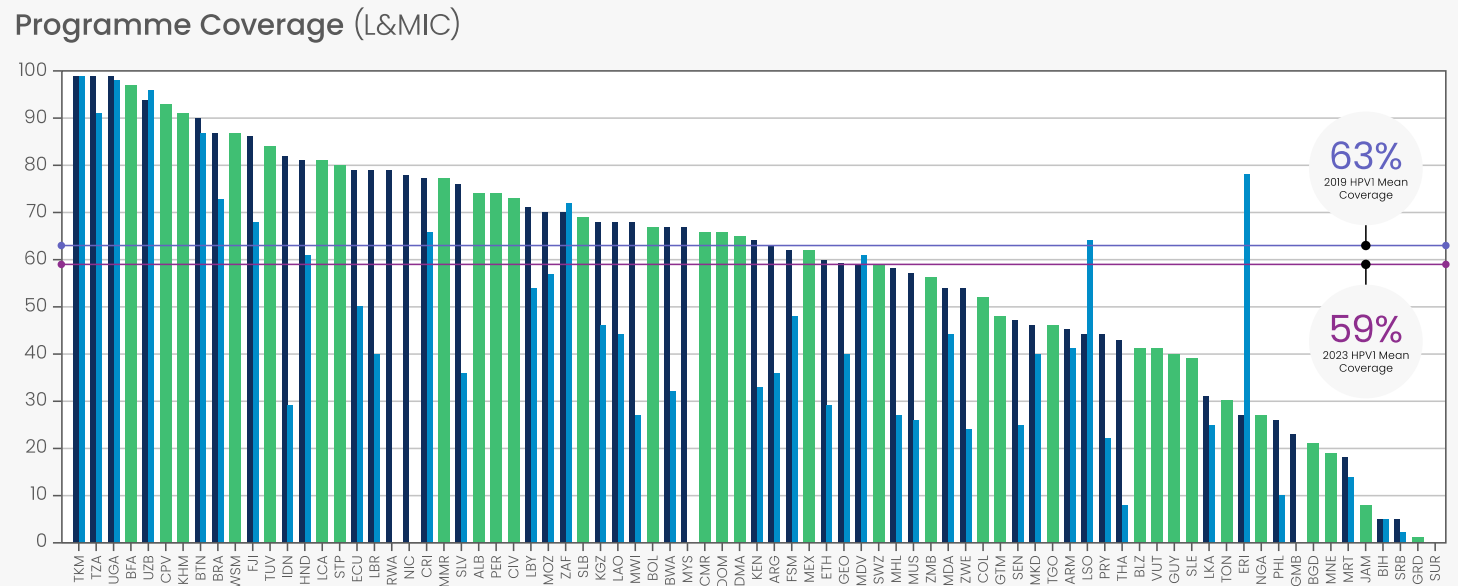
Meanwhile, HIC continue to show stable coverage (mean 65%) comparable to pre-pandemic levels. However limited signs of strengthening among low performing programmes were seen

By the end of 2023, 37 countries had started implementation of a single-dose schedule, both in higher and lower income settings.

Programme Coverage (HIC)



Programme Coverage (L&MIC)



Single-dose schedule can help to increase coverage

Strong uptake of single-dose HPV schedule has boosted HPV vaccine coverage. 37 countries started implementation of the single dose schedule in 2023.

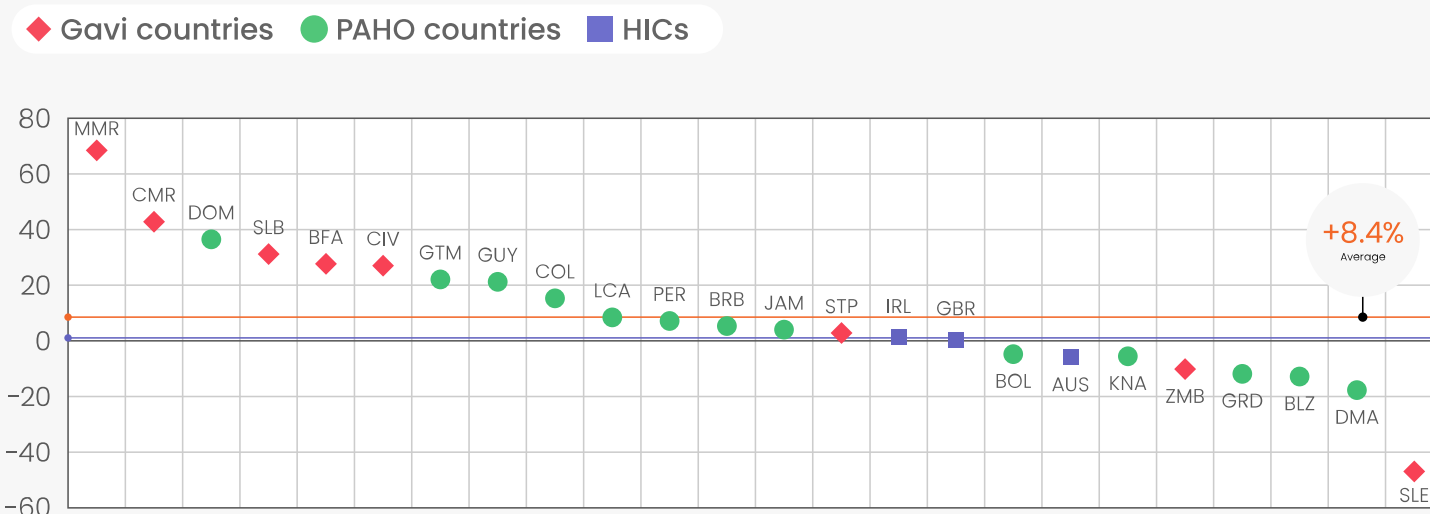
47% of the 28M girls 9–14-year-old that received a first dose of HPV globally in 2023 lived in a single-dose schedule country

By starting 1-dose schedules in 2023 an estimated 6M additional girls have been reached – through earlier introductions or additional age cohorts targeted.

Switching to single-dose increased HPV coverage in the large majority of countries – on average by 8%.

Offering catch-up possibilities in single dose programmes remains crucial to further increase coverage.

Difference in HPV1 between 2023 & 2022 (absolute % points) among countries switching from 2 to 1 dose in 2023 (n=24)

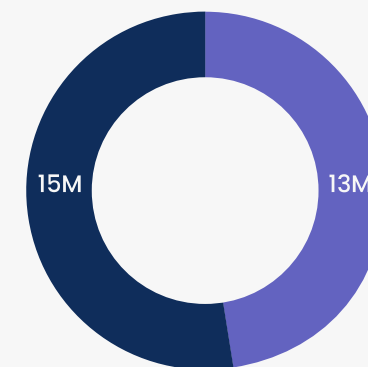
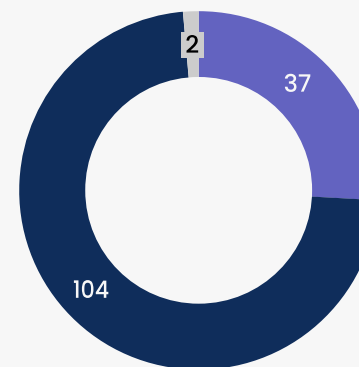


Globally, nearly half of all girls were on a single dose schedule while only 37 countries implemented the single dose schedule.

Number of countries that have HPV vaccine, by schedule

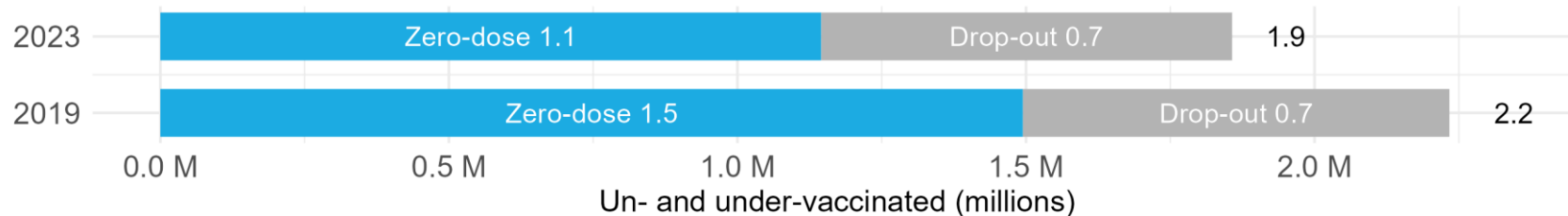
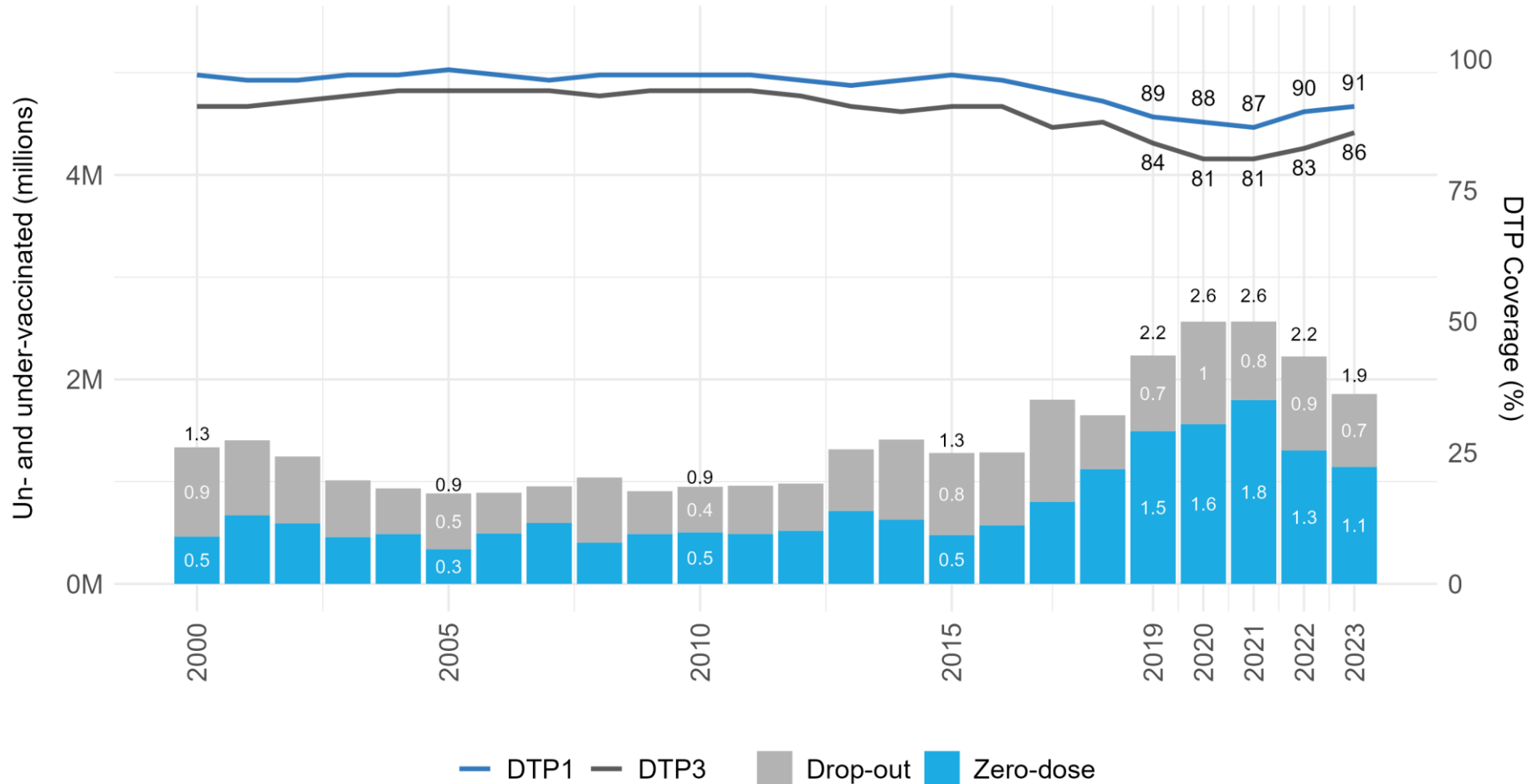
Number of 9-14 year old girls who received first dose in 2023, by schedule

- 1 dose schedule
- 2 dose schedule
- Others



Regional Results

Estimated coverage and number of un- and under-vaccinated children for DTP, AMR, 2000-2023



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 revision

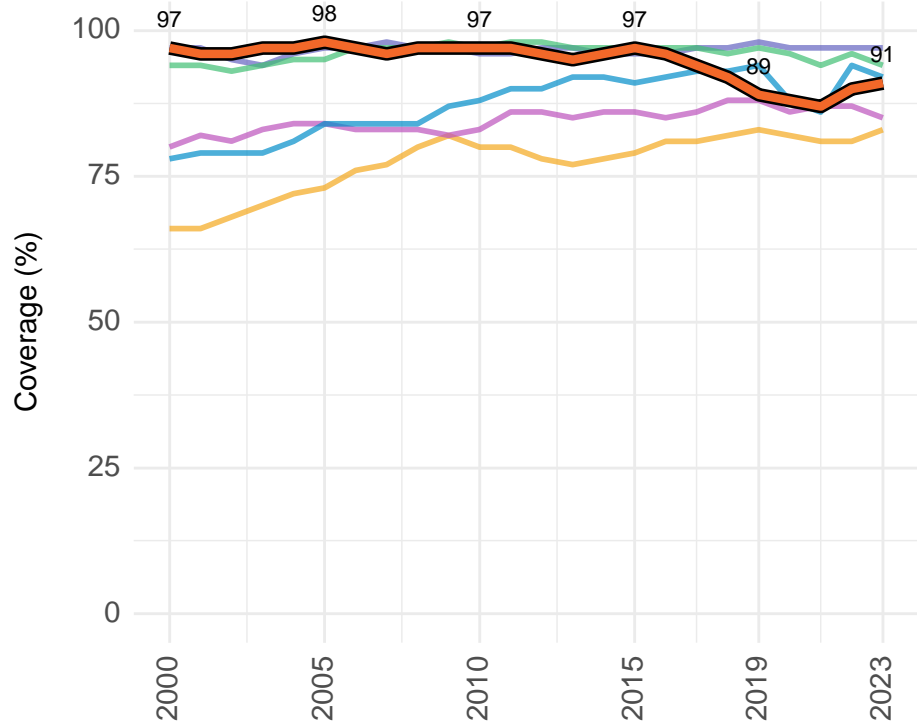
The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

This chart shows diphtheria, tetanus and pertussis-containing vaccine first (DTP1) and third dose (DTP3) coverage trends, the number of zero-dose children and DTP drop-out.

In 2023, DTP1 coverage remained relatively constant within 1% at 91%. The number of children missing out on any vaccination (zero-dose children) improved from 1,304,000 in 2022 to 1,145,000 in 2023.

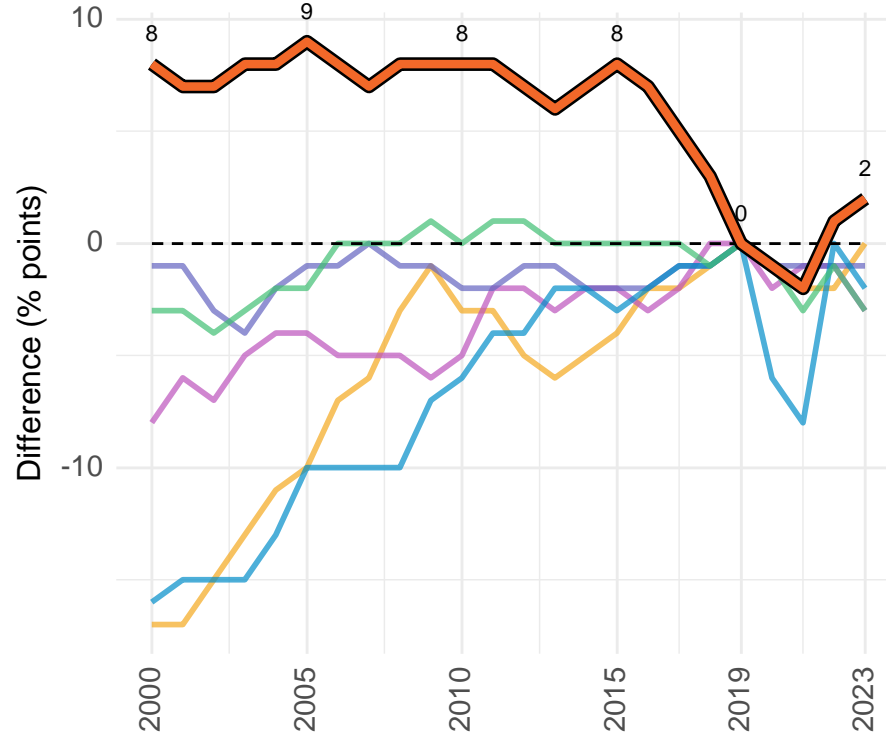
DTP3 coverage increased at 86% in 2023, leaving 1,857,000 children vulnerable to vaccine-preventable diseases.

DTP1 coverage, the Americas, 2000-2023



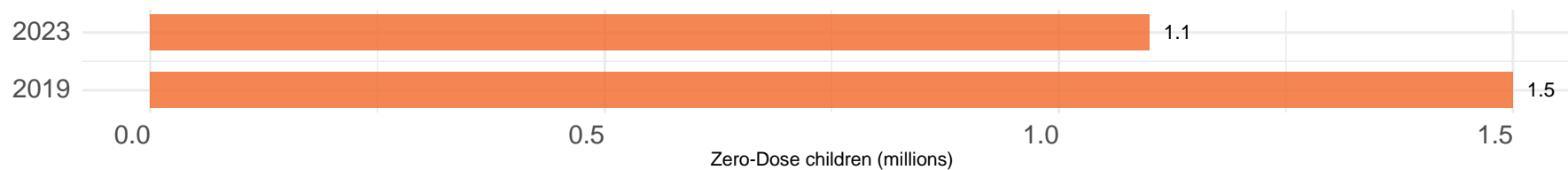
AFR EMR SEAR
the Americas EUR WPR

DTP1 coverage difference compared to 2019, the Americas



AFR EMR SEAR
the Americas EUR WPR

Number of zero-dose children, the Americas, 2019 and 2023



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 revision

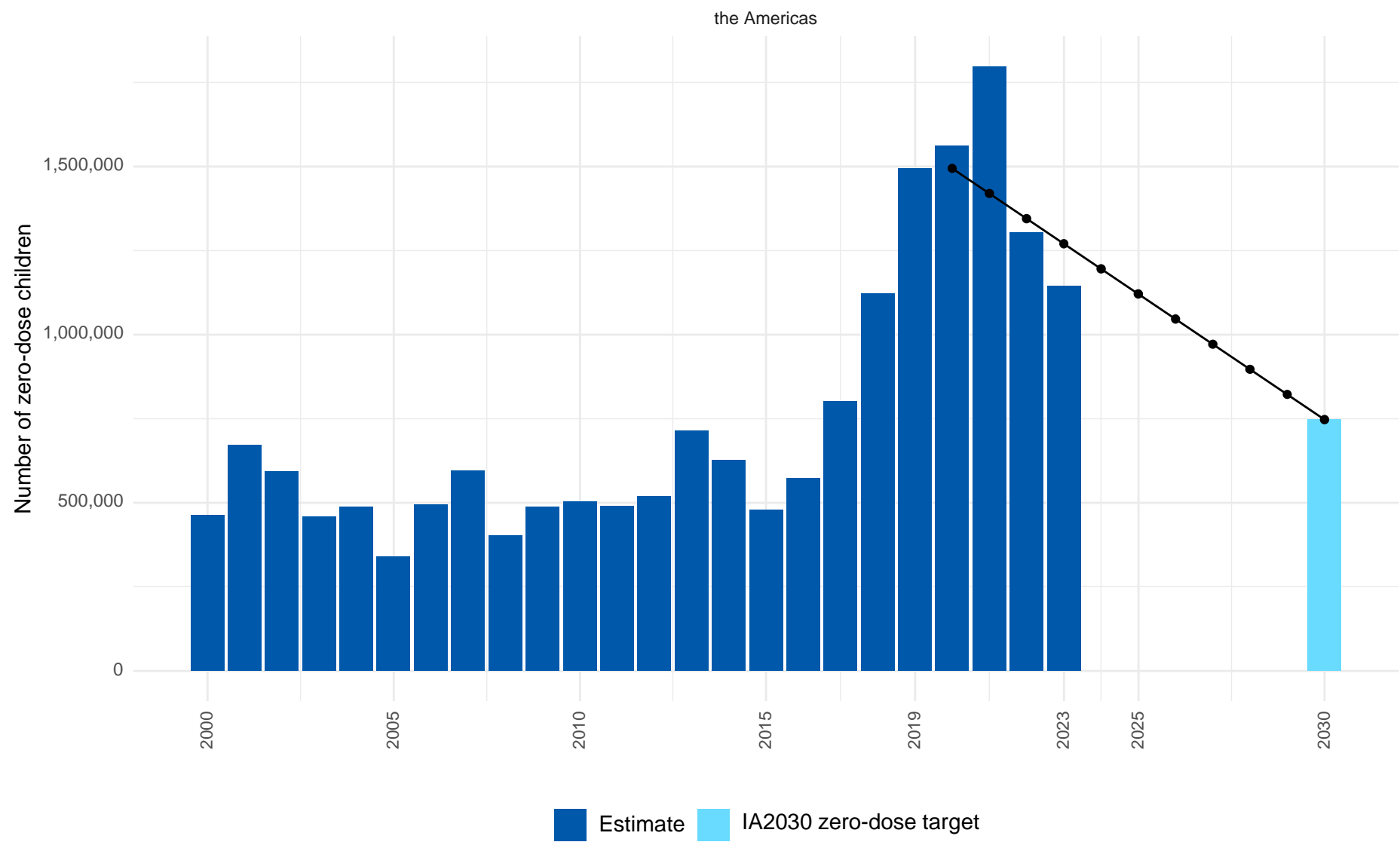
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

In 2023, the Americas ranked number 4 out of 6 WHO regions, with DTP1 coverage of 91%.

DTP1 coverage (91%) was 2 percentage points higher than in 2019 (89%).

This equates to 1,145,000 zero-dose children in 2023 compared to 1,495,000 zero-dose children in 2019.

Estimated number of zero-dose children, 2000-2030 and target by 2030, the Americas



The Immunization Agenda 2030 (IA2030) aims to leave no one behind with immunization and calls on all countries to reduce the number of zero dose children by half by 2030.

- This chart shows:
- Estimated number of zero-dose children in 2000-2023 (dark blue bars)
 - Zero-dose target by 2030 (light blue bar)
 - Annual goals to reach the 2030 target based on a linear trajectory (points)

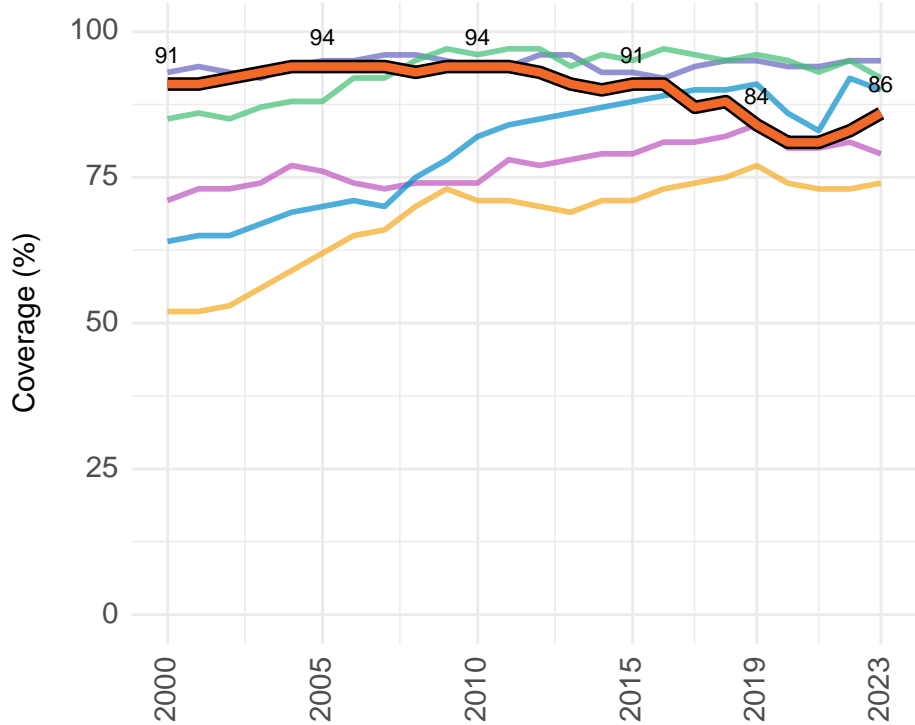
In 2023, the number of zero-dose children was approximately -10% lower than the annual goal.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 revision.

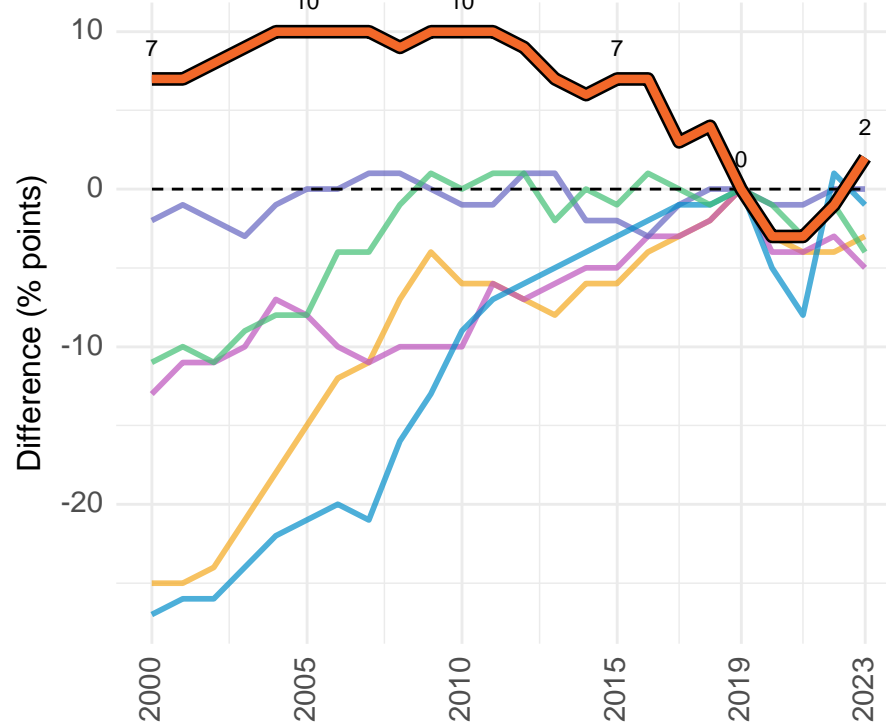
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DTP3 coverage, the Americas, 2000-2023



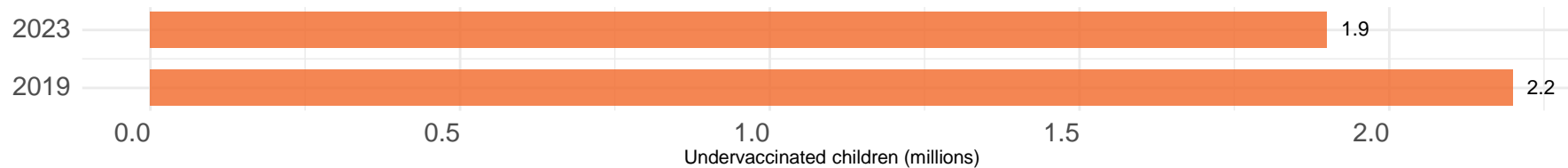
DTP3 coverage difference compared to 2019, the Americas



AFR EMR SEAR
the Americas EUR WPR

AFR EMR SEAR
the Americas EUR WPR

Number of un- and undervaccinated children, the Americas, 2019 and 2023



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 revision

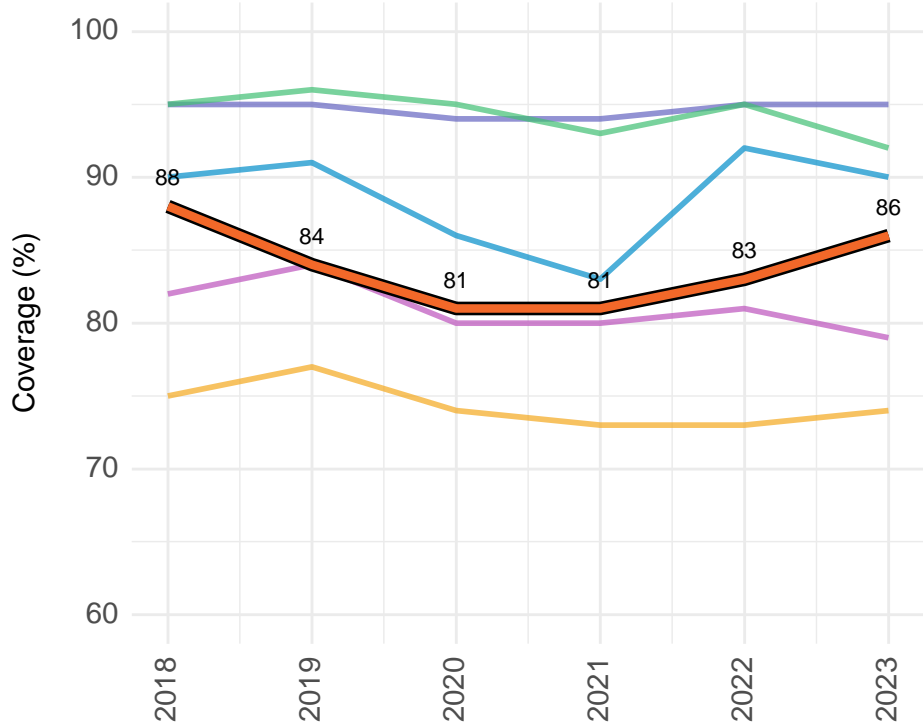
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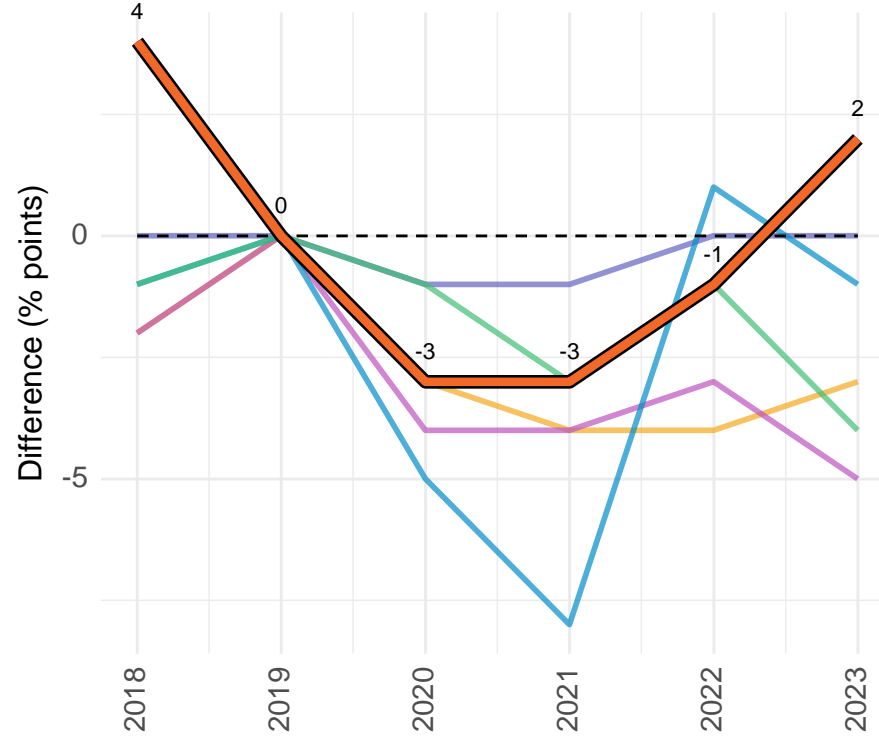
This equates to 1,857,000 undervaccinated children in 2023 compared to 2,234,000 undervaccinated children in 2019.

DTP3 coverage, the Americas, 2018-2023



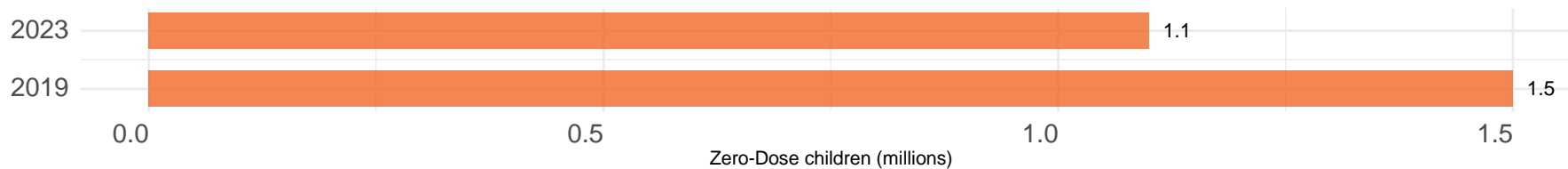
AFR EMR SEAR
the Americas EUR WPR

DTP3 coverage difference compared to 2019, the Americas



AFR EMR SEAR
the Americas EUR WPR

Number of zero-dose children, the Americas, 2019 and 2023



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 revision

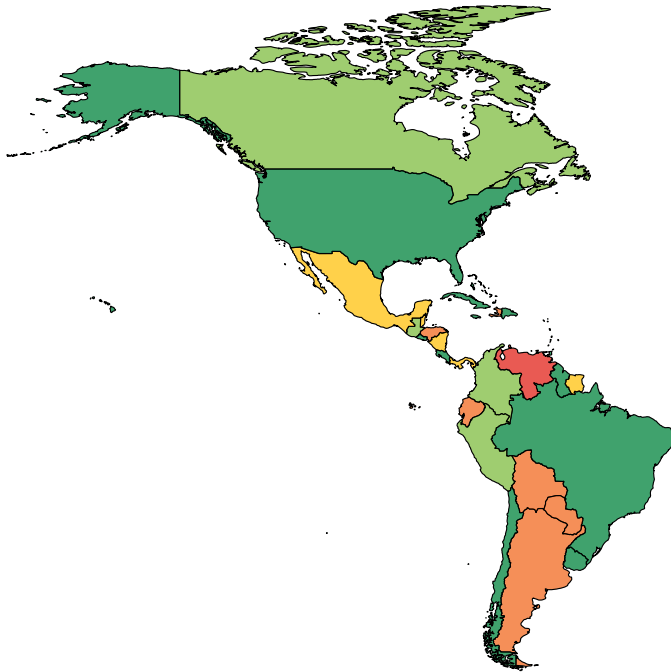
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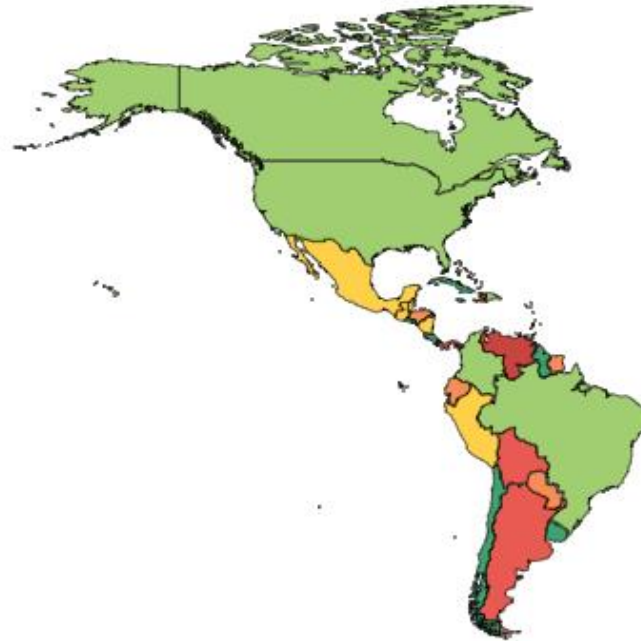
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DTP1 coverage, the Americas, 2023



DTP3 coverage, AMR, 2023



DTP1 Coverage (%) ■ 60-69 ■ 70-79 ■ 80-89 ■ 90-94 ■ >=95

Source: WHO/UNICEF estimates of national immunization coverage, 2023 revision

Note: This map is stylized and based on an approximate scale.

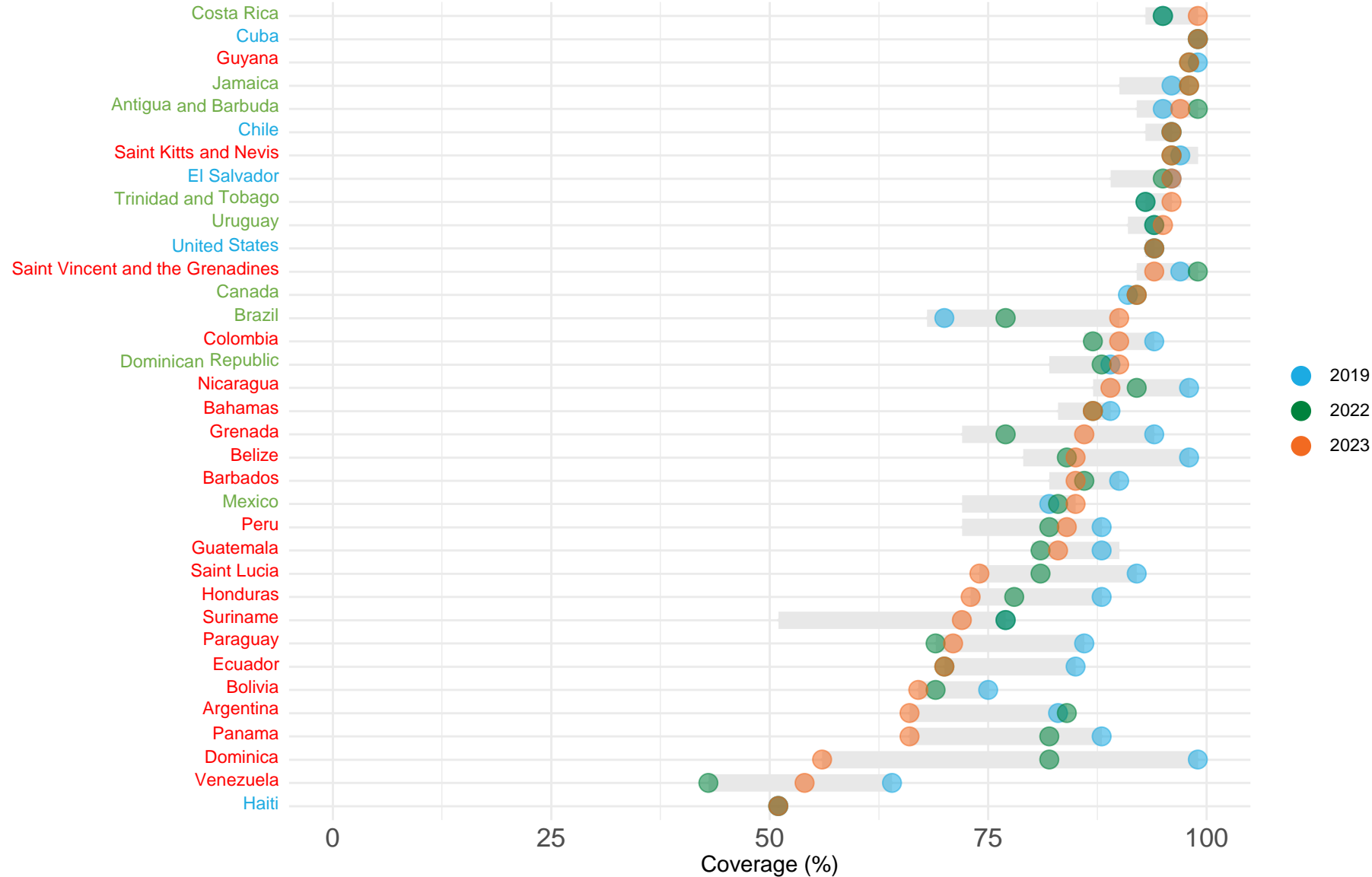
This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

There were 23 (66%) countries that achieved DTP1 of 90% or higher, accounting for 8,907,000 (67%) of the total cohort.

6 out of 35 (17%) countries had DTP3 coverage below 70% in 2023, accounting for approximately 1,494,000 (11%) of the total annual cohort of surviving infants in the region.

There were 16 (46%) countries that achieved DTP3 of 90% or higher, accounting for 7,991,000 (61%) of the total cohort.

DTP3 coverage, by country, the Americas, 2019-2023



This chart shows the range of DTP3 coverage across years 2019 to 2023 (grey bars), and coverage in specific years (dots), by country. The chart can be used for assessing recovery to pre-pandemic levels and progress beyond 2019.

In 2022, 19 (out of 35) countries had lower coverage than in 2019.

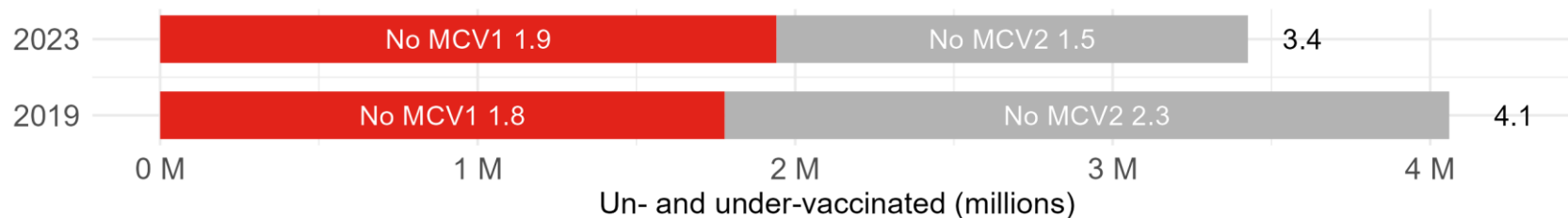
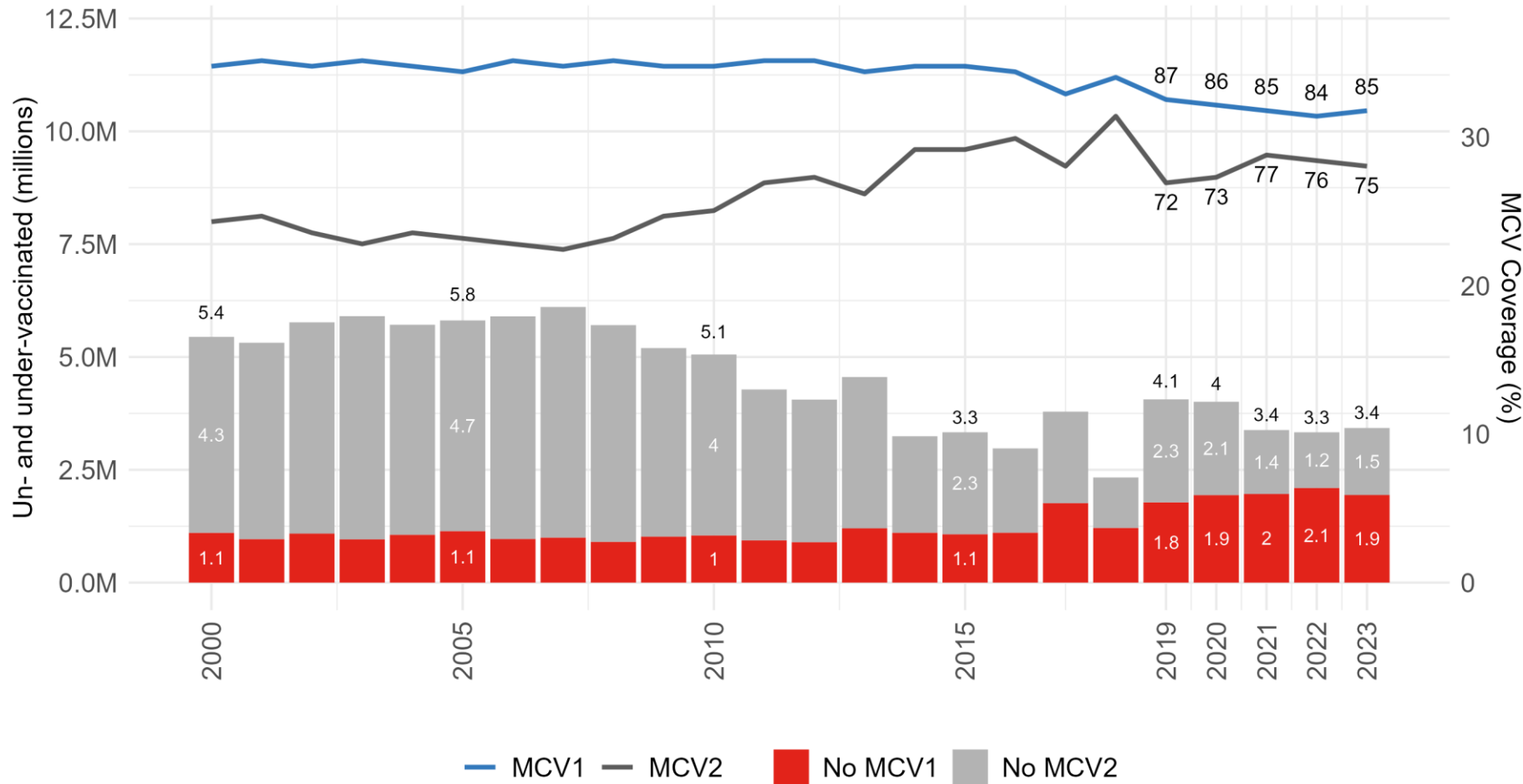
In 2023, 11 countries had lower DTP3 coverage than in 2022.

In 2023, 20 countries had lower coverage than in 2019.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 revision.

Note: The grey bar spans vaccine coverage across all years 2019-2023 and the dots represent coverage in specific years. Countries are arranged by high to low coverage in 2023 and coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019. An asterisk (*) indicates countries aiming to catch-up children missed since 2019 through a Big Catch-up Plan, supported by financing from The Gavi Alliance.

Estimated coverage and number of un- and under-vaccinated children for MCV, AMR, 2000-2023



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 revision

Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

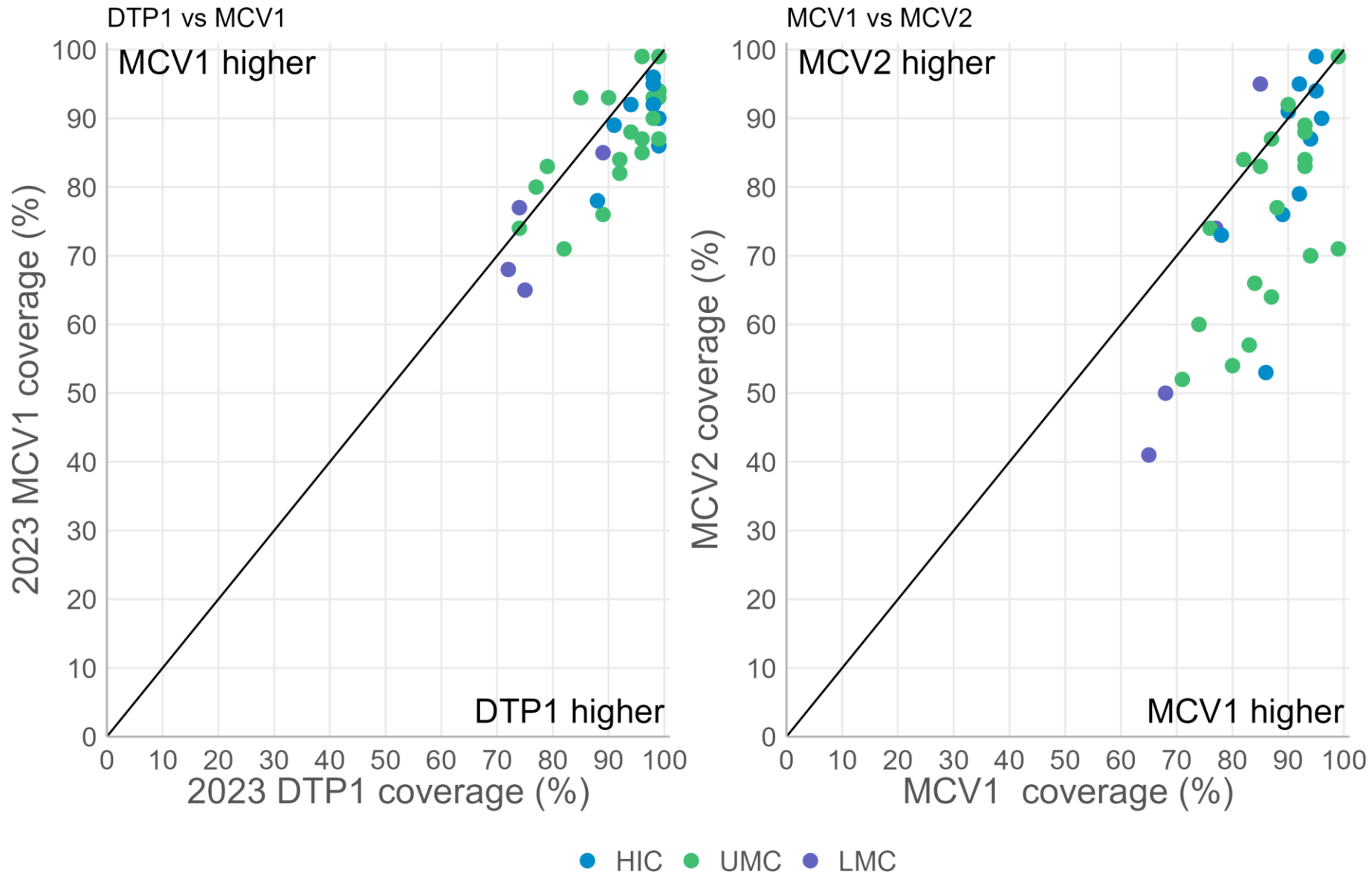
The percentage of children receiving MCV1 – typically at 9 or 12 months – remained relatively constant at 85%. This is lower than in 2019, where coverage was 87%.

1,941,000 children missed their routine first dose of measles vaccine.

MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage remained relatively constant at 75% in 2023.

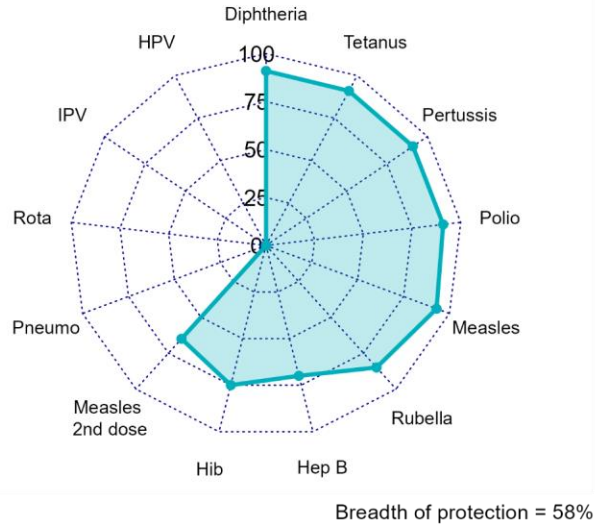


Coverage differences DTP1-MCV1 and MCV1-MCV2

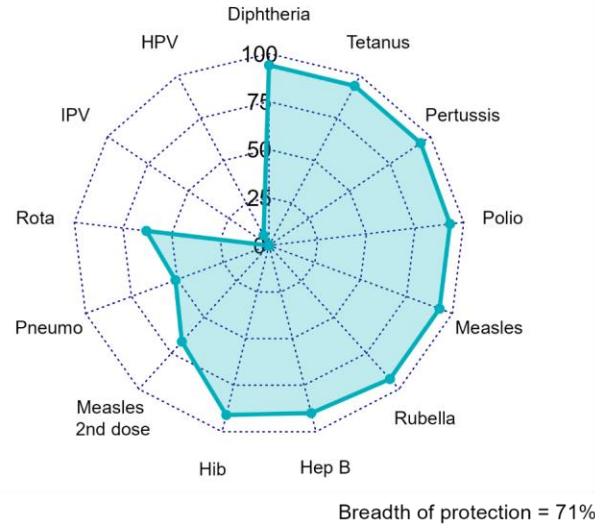


Breadth of Protection, the Americas, 2000-2023

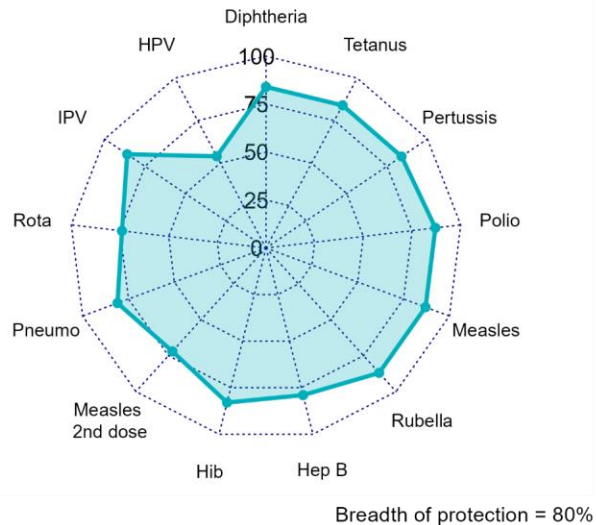
2000



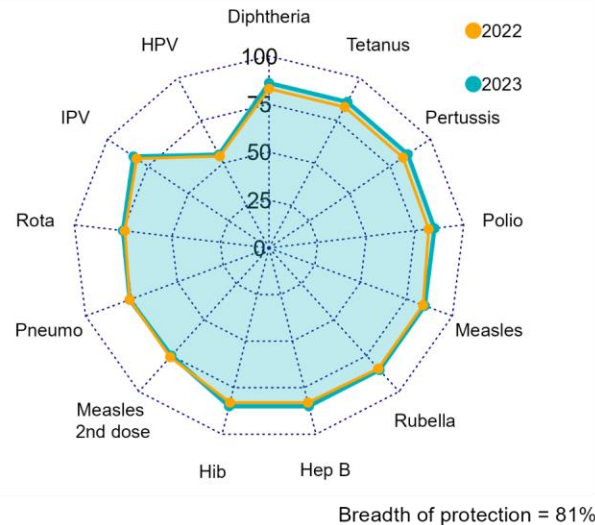
2010



2019



2023



Breadth of protection (BOP) is a combination of the number of vaccines in a country's national immunization programme and the coverage achieved for each vaccine.

The spider diagram displays the BOP (shaded area) and vaccine coverage (points) against the 13 diseases, by year.

BOP increased from 58% in 2000 to 81% in 2023. This increase since 2000 is a result of incremental improvement in introducing new vaccines and expanding vaccination services to previously missed populations.

Enhancing BOP now depends partly on improving the coverage of HPV, MCV2, ROTAC, and PCV3 - vaccines with coverage less than 80% in 2023.

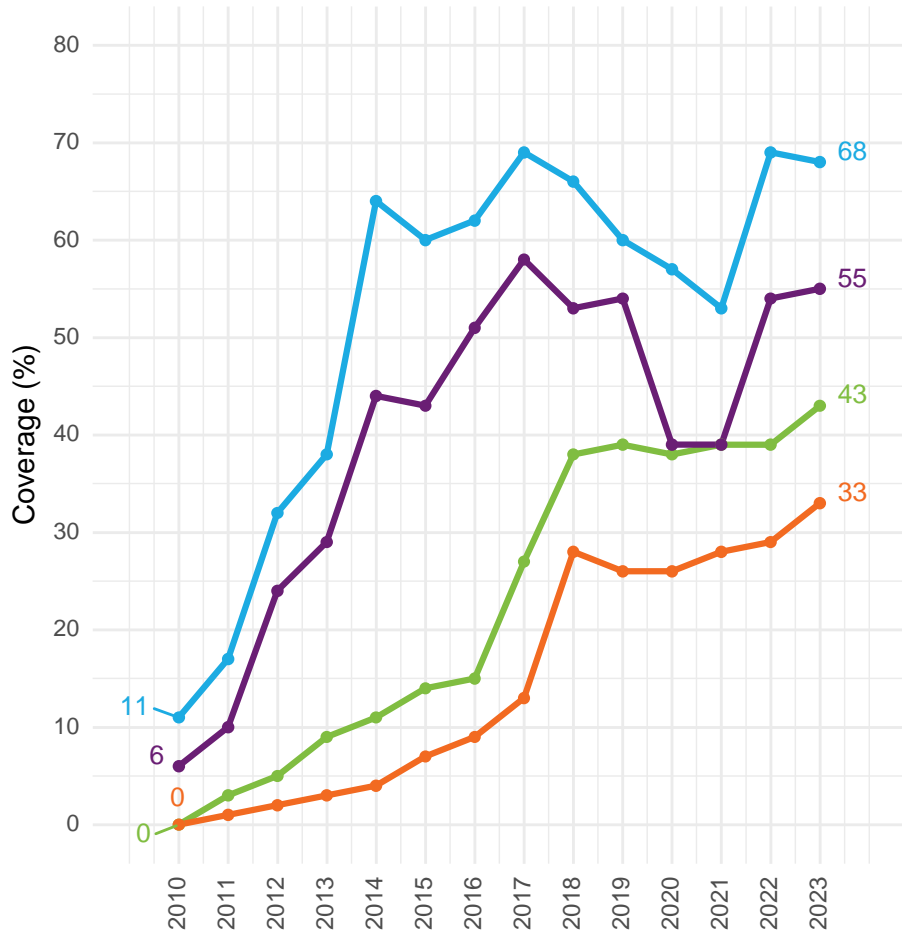


WUENIC 2023 revision

$$\text{Breadth of protection} = ((\text{DTP3} \times 3) + \text{HepB3} + \text{Hib3} + \text{IPV1} + \text{MCV1} + \text{MCV2} + \text{PCV3} + \text{POL3} + \text{RCV1} + \text{RotaC} + \text{HPV}) / 13$$

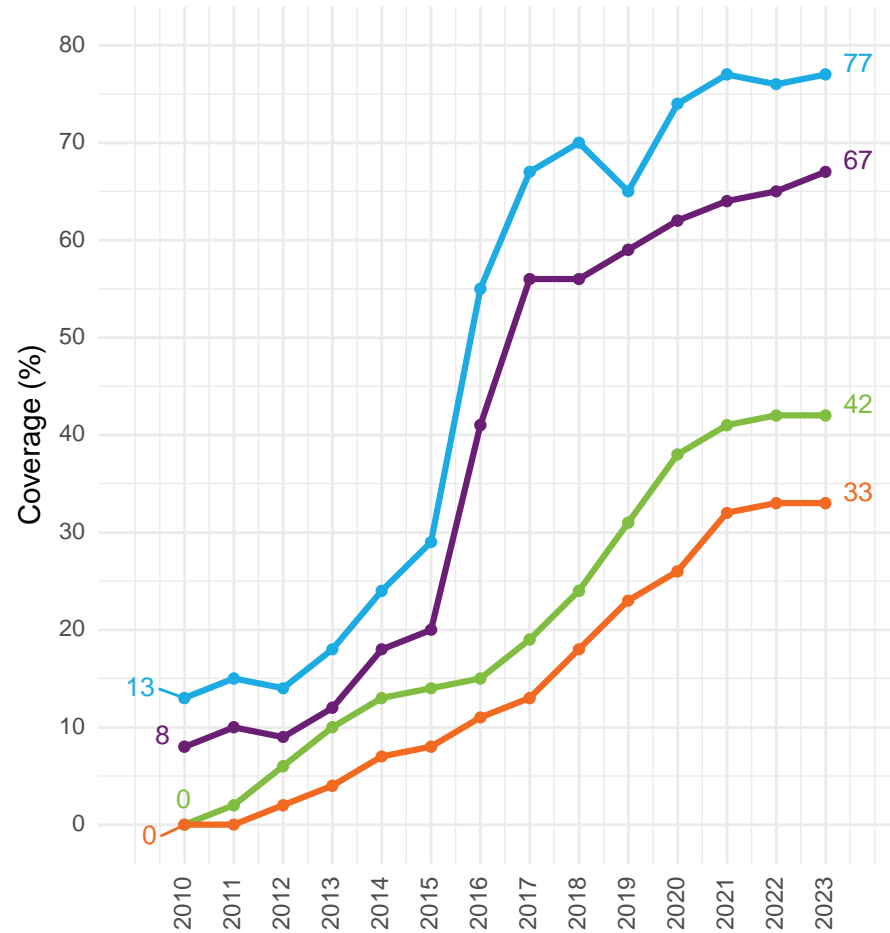
Human Papillomavirus Vaccine (HPV) Coverage, the Americas, 2010-2023

HPV programme coverage



— HPV1 Females — HPVc Females
— HPV1 Males — HPVc Males

HPV coverage by age 15



— HPV1 Females, by age 15 — HPVc Females, by age 15
— HPV1 Males, by age 15 — HPVc Males, by age 15

Programme coverage is vaccination coverage according to the national schedule and the programmes eligibility criteria for each calendar year (short-term performance, SDG reporting).

Coverage by age 15 is the proportion of population turning 15 in the reporting year that have been vaccinated against HPV at any time between ages 9 to 14 (long-term performance).

In 2023, first dose (HPV1) coverage among girls decreased to 68% and last dose (HPVc) coverage increased to 55%.

First dose coverage among boys increased to 43% and last dose coverage increased to 33%.

HPV was available in 32 countries for girls and 19 for boys. Countries that have not introduced it, particularly low and middle income countries with the highest burden of cervical cancer, are included in aggregates with coverage of 0%.

Increasing coverage relies on reaching more girls and boys in existing programmes and introducing HPV vaccine in countries that have not yet introduced it, particularly low and middle income countries with the highest burden of cervical cancer.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 revision.

Note: All countries are included in global and regional calculations. Countries where HPV vaccine has not been introduced are included using a value of zero for the estimate.

Where to find data and background information on immunization coverage estimates and related data

WUENIC and the annual immunization data reported by countries are available on [WHO and UNICEF Immunization data portals](#)

- www.who.int/data/immunization
- <https://data.unicef.org/topic/child-health/immunization/>

WHO and UNICEF coverage estimates [methods](#) and [country profiles](#):

- <https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/who-unicef-estimates-of-national-immunization-coverage>
- <https://worldhealthorg.shinyapps.io/wuenic-trends/>

For more information on the [Immunization Agenda 2030](#), please visit

- www.immunizationagenda2030.org/

For more information on “[Big Catch-Up](#)”, please visit

- www.who.int/news/item/24-04-2023-global-partners-announce-a-new-effort-the-big-catch-up-to-vaccinate-millions-of-children-and-restore-immunization-progress-lost-during-the-pandemic
- www.who.int/publications/i/item/9789240075511
- www.gavi.org/vaccineswork/one-year-big-catch-what-progress

- [Interim 2024 MI4A Public Vaccine Purchase Dataset](#) available through WHO’s [Market Information for Access Initiative](#). The dataset includes price, procurement and volume information reported to WHO and UNICEF. It is published to improve market transparency and increase equitable access to vaccines and immunization coverage. MI4A has released an interim dataset of data reported by countries as of 26 June 2024. WHO will release the final version of the dataset in September 2024.

- www.who.int/publications/m/item/interim-2024-mi4a-public-vaccine-purchase-dataset

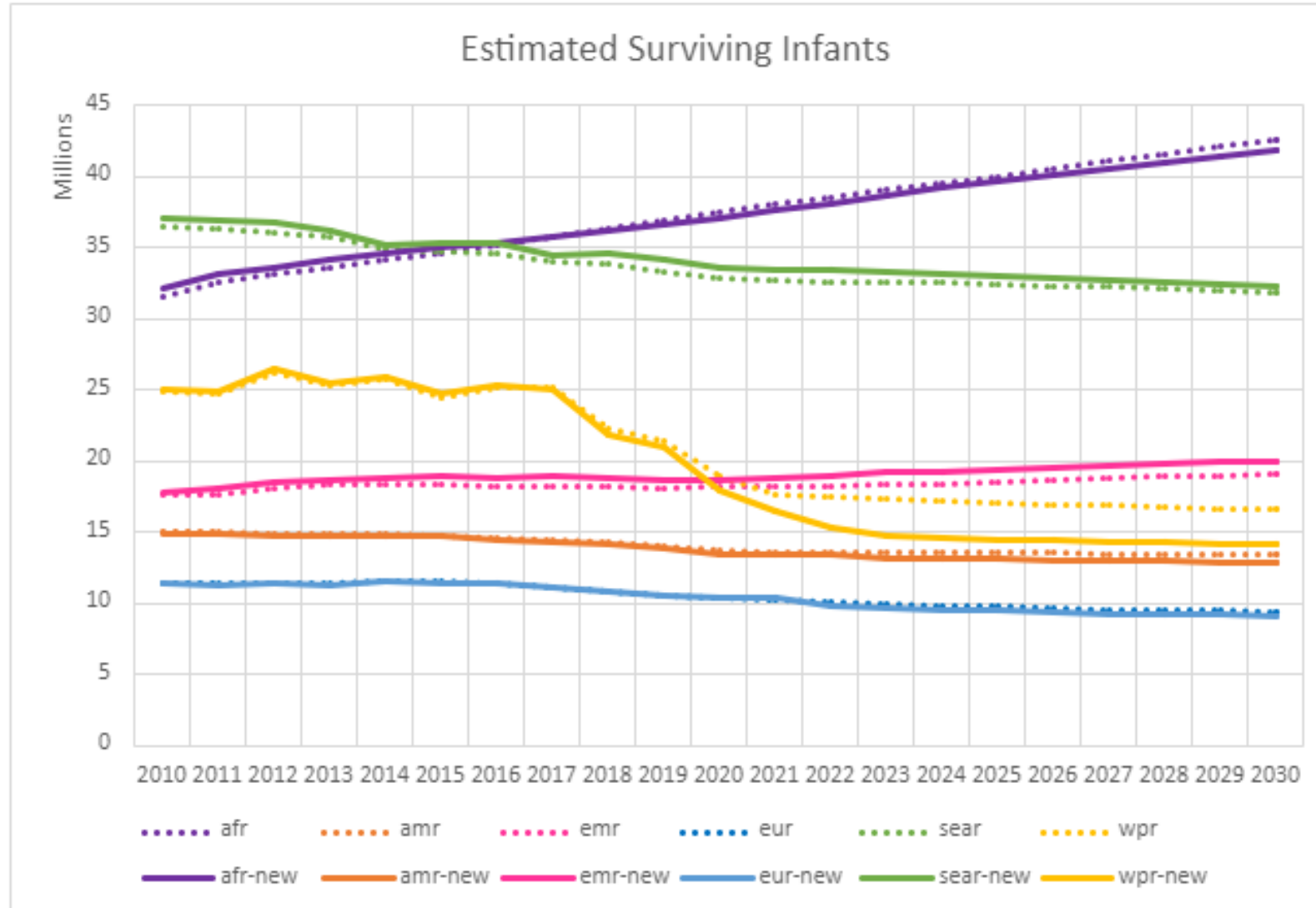
- The [WHO expenditure dashboard](#) describes key concepts and associated indicators underpinning Sustainable Financing for Immunization. The preliminary data are available here:

- <https://who-f4i-dev.proto.qclear.app/>

- The brief “[Access to Immunization in Middle-Income Countries: Immunization Agenda 2030 in-depth review](#)” highlights immunization performance in middle-income countries, from 2019 to 2022, visualizing progress towards IA2030 Impact Goals and Strategic Priority indicators. The brief also reviews four bottlenecks slowing progress and highlights major initiatives supporting middle-income countries.

- <https://www.immunizationagenda2030.org/resources/62-unequal-access-to-immunization-in-middle-income-countries-immunization-agenda-2030-in-depth-review>

WPP 2024 to be released on 11 July 2024 a revision of country population estimates, impacting WUENIC time series estimates



Proceso JRF-2024, calidad y uso de los datos

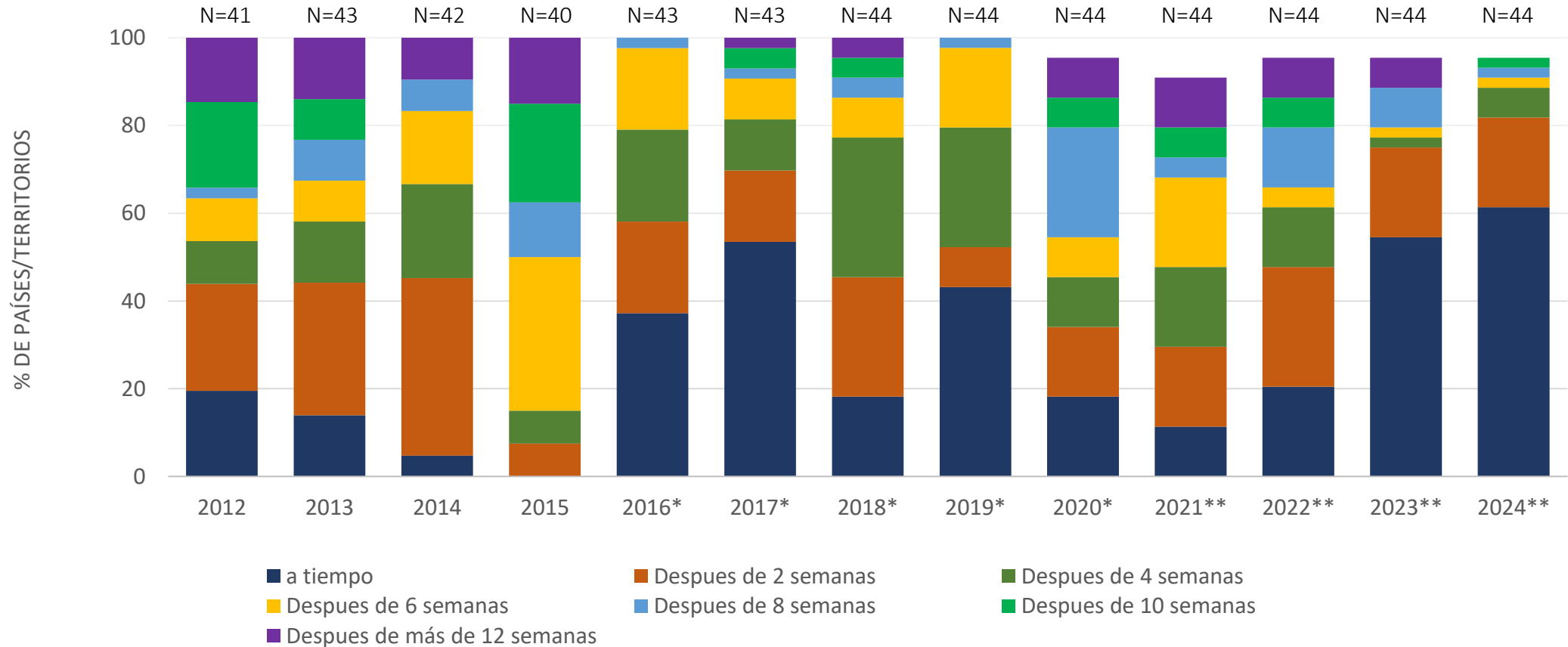
¿Cómo nos fue en el eJRF 2024?

Julio, 2024



OPS

OPORTUNIDAD: porcentaje de países y territorios con entrega esperada de JRF para la fecha establecida, 2012-2024***



| Año | Nº Países que no enviaron sus datos |
|------|-------------------------------------|
| 2024 | 2 |
| 2023 | 2 |
| 2022 | 2 |
| 2021 | 4 |
| 2020 | 2 |

**Fecha de entrega para 2021-2024: 30 de abril (eJRF).

* Fecha de entrega para 2016-2020: 15 de abril.
Fecha de entrega para 2012-2015: 15 de marzo.

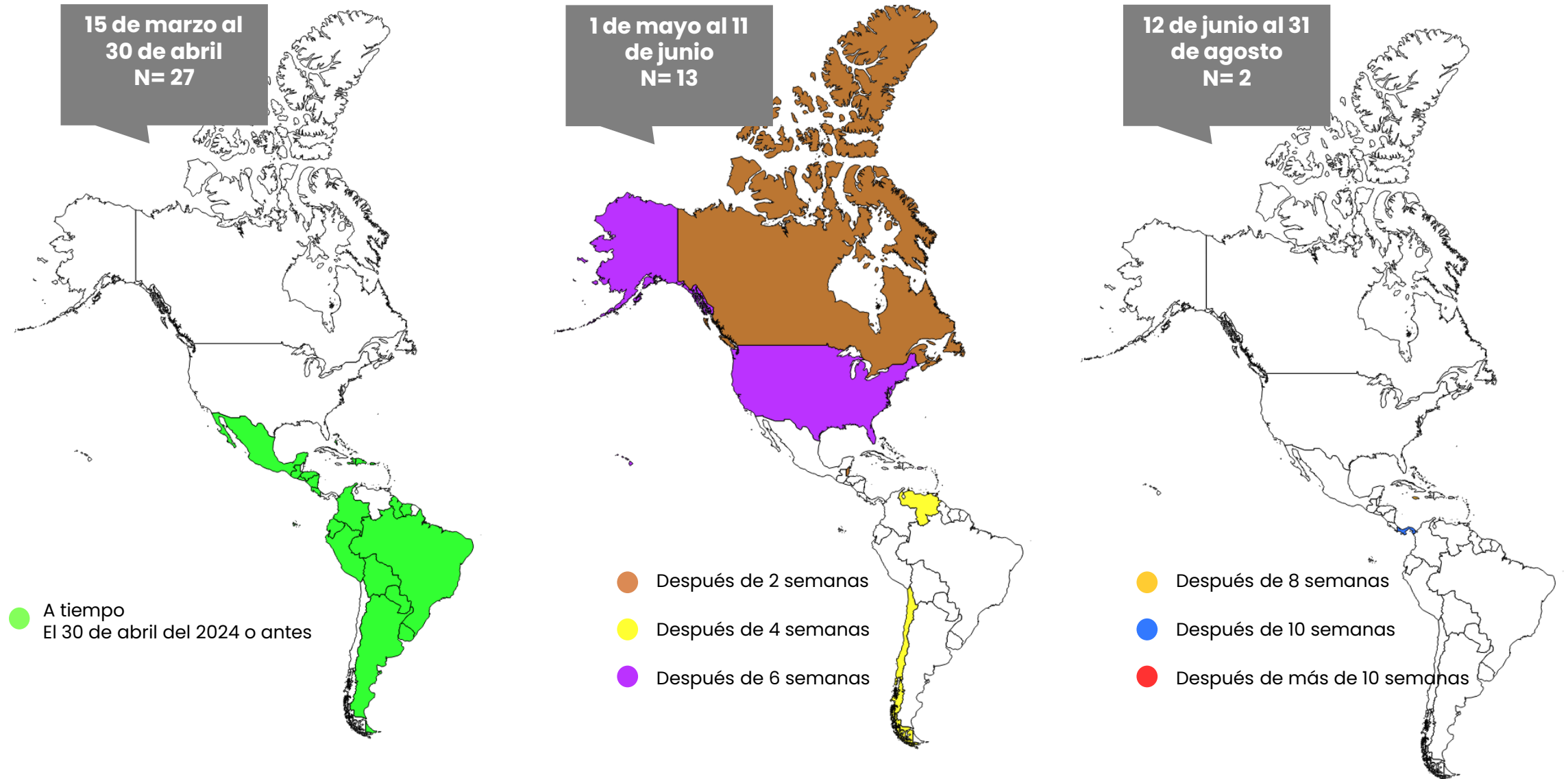
Fuente: Informes de los países a CIM/OPS.

***Datos actualizados al 28 de junio del 2024.

OPS



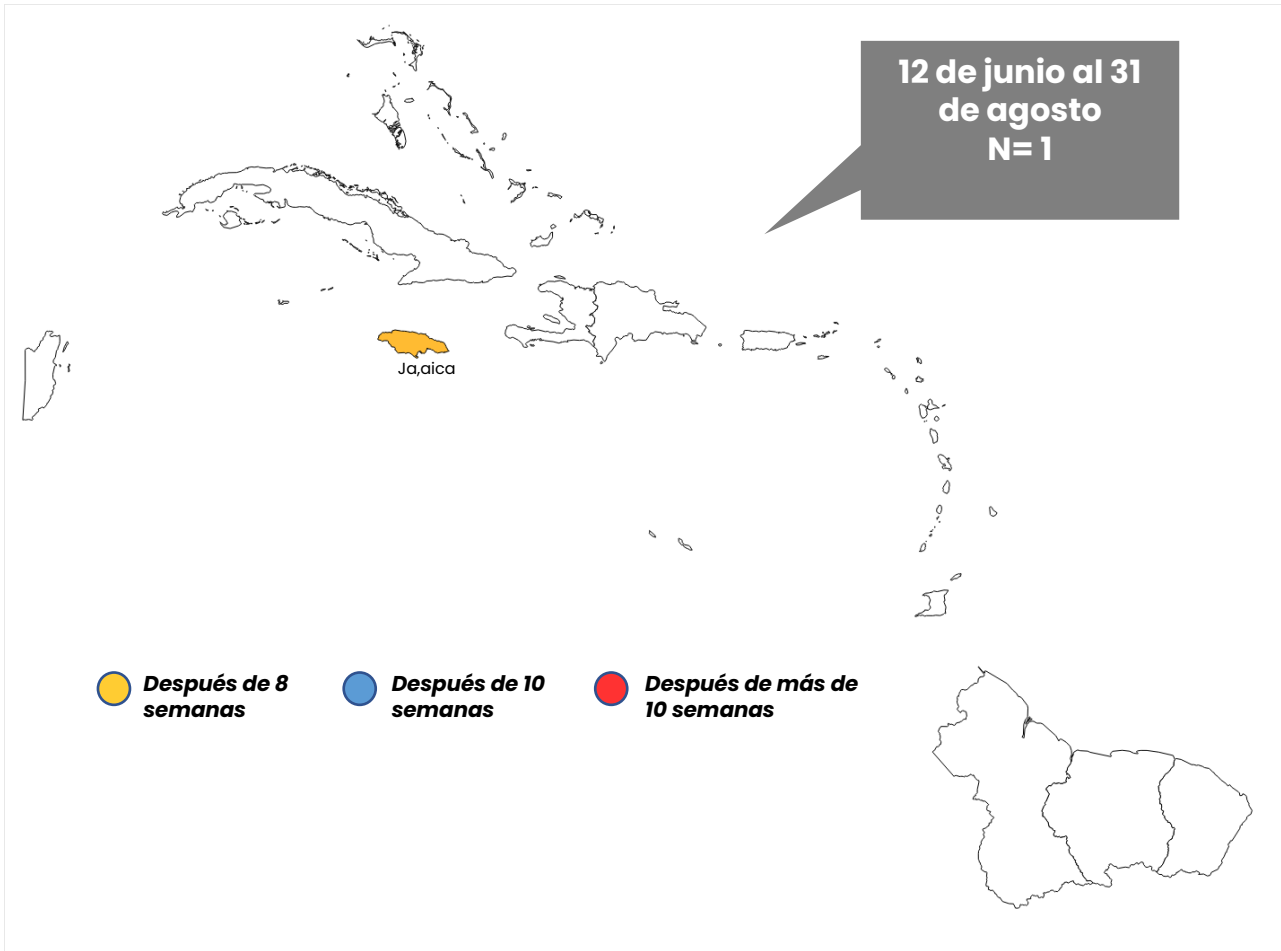
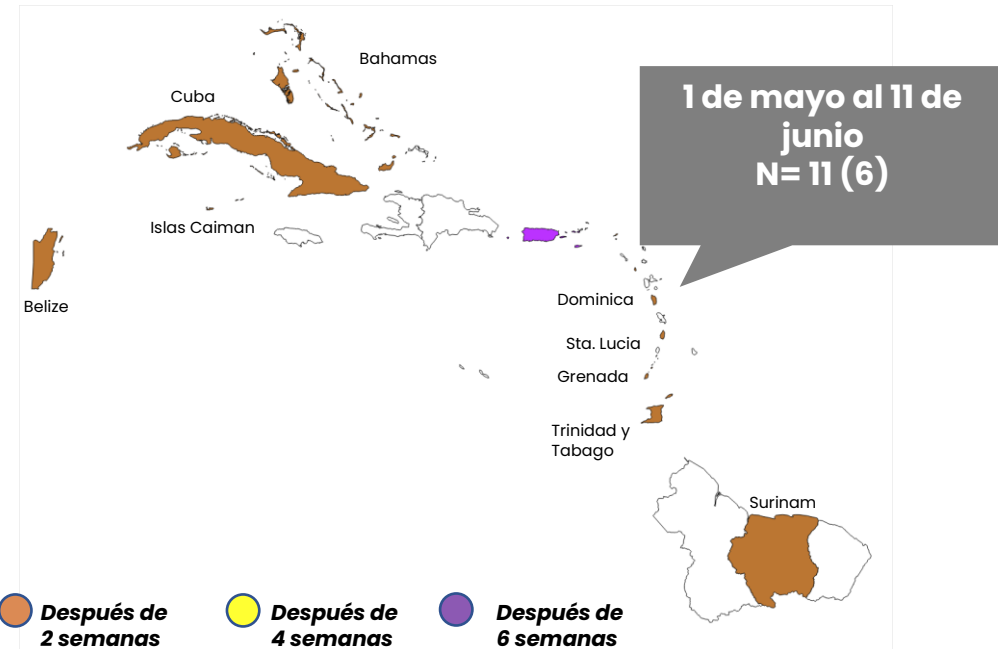
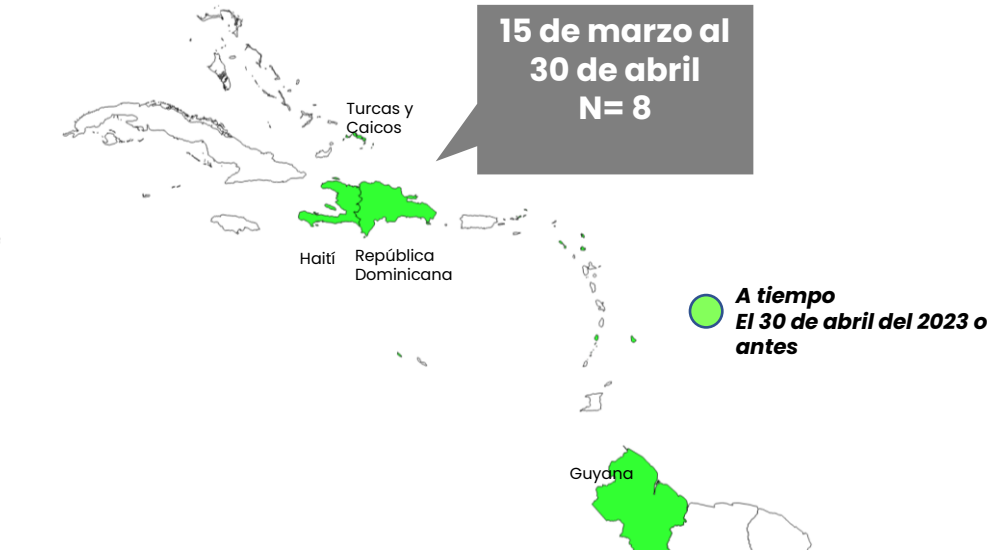
Oportunidad: Entrega quincenal a través del eJRF, países de América del norte y Latinoamérica, 2024*



Fuente: Informes de país a través del Formulario electrónico para la notificación conjunta de la OMS/UNICEF (eJRF), 2024.

*Datos hasta el 28 de junio del 2024

Oportunidad: Entrega quincenal a través del eJRF, el Caribe, 2024*



Fuente: Informes de país a través del Formulario electrónico para la notificación conjunta de la OMS/UNICEF (eJRF), 2024.

*Datos hasta el 28 de junio del 2024

Número de veces que formularios eJRF fueron enviados, 2024

| | |
|-----------|--|
| 0 (2) | Curaçao, Sint Maarten |
| 1 (12) | Costa Rica, Cuba, Guyana, Haiti, Jamaica, Montserrat, Panamá, Paraguay, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, USA |
| 2 (27) | Aruba, Anguilla, Antigua and Barbuda, Argentina, Bahamas, Belize, Bermuda, Bolivia, Brasil, Canada, Cayman Islands, Colombia, Chile, Dominica, Rep. Dominicana, Ecuador, El Salvador, Granada, Guatemala, Honduras, México, Perú, Saint Kitts and Nevis, Saint Lucia, Turks and Caicos, Uruguay, Venezuela |
| 3 (3) | Barbados, BVI, Nicaragua. |

OPS

Estado de registro eJRF 2024

68%

Revisión finalizada

0%

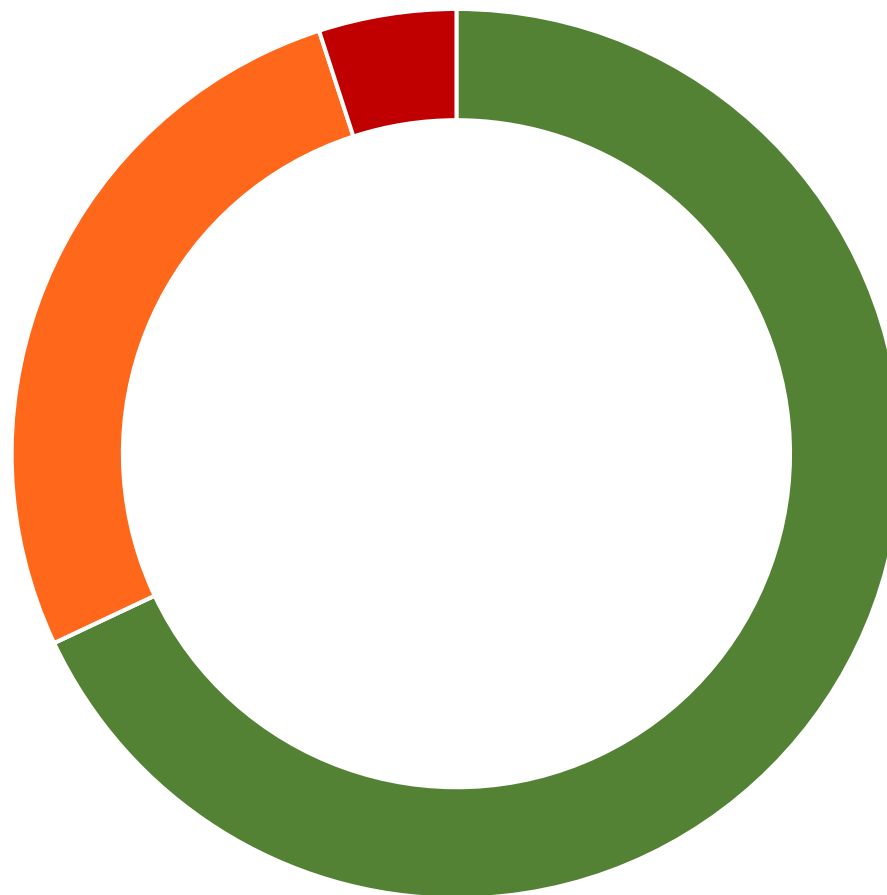
En revisión

27%

En progreso después de revisión

5%

En progreso, sin enviar el JRF



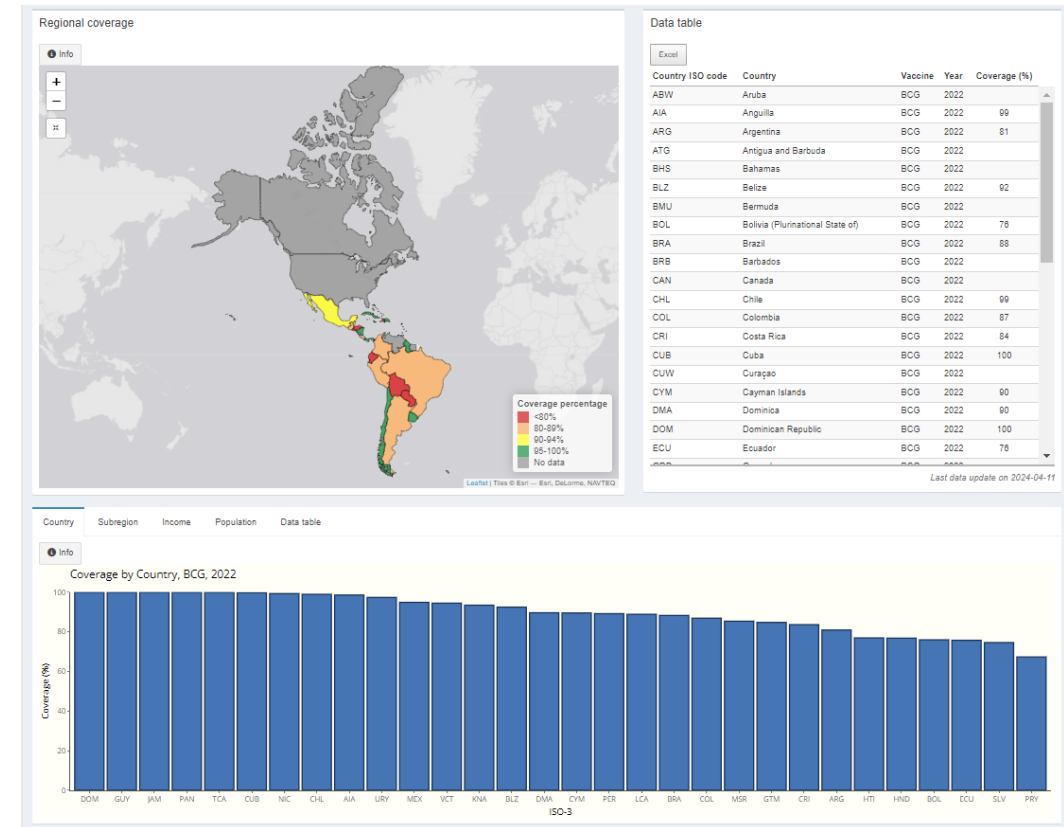
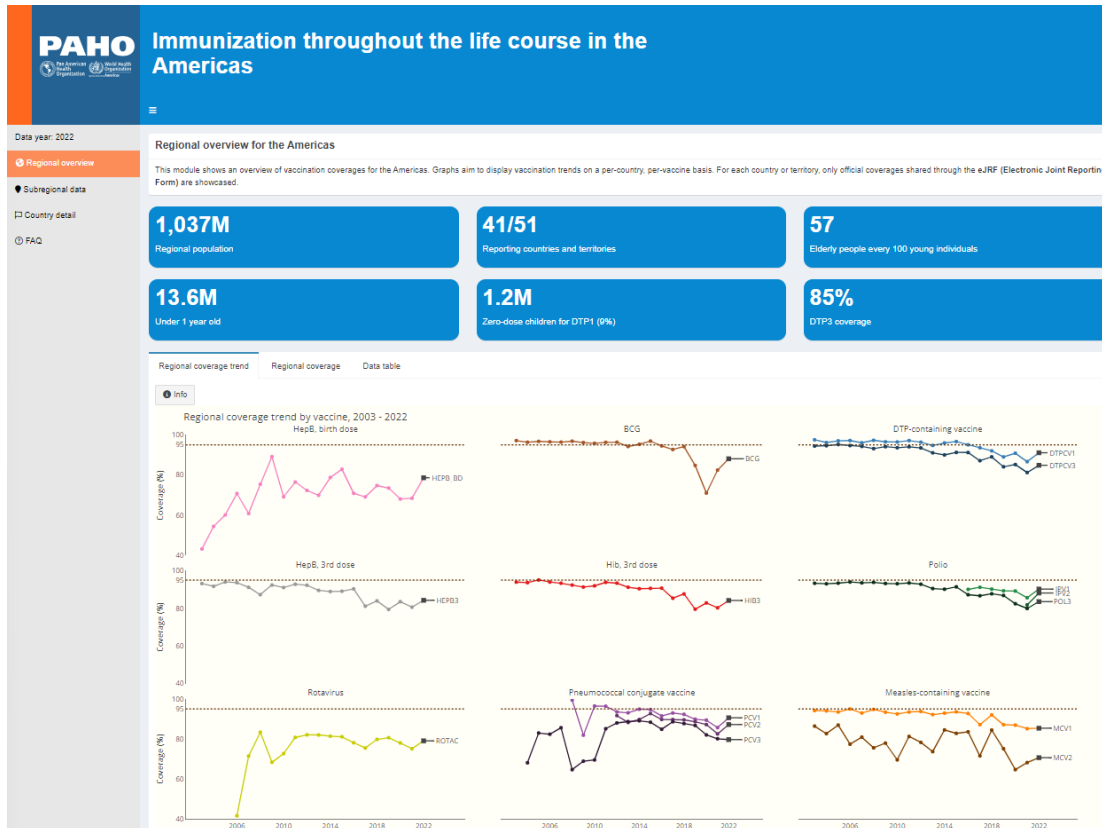
■ Revisión finalizada ■ En revisión ■ En progreso después de revisión ■ En progreso, sin envío del JRF

OPS

Dashboard de vacunación de rutina



<https://paho-cim.shinyapps.io/immunization-dashboard/>



OPS

Uso de datos desde OPS

Boletín de Polio

Programa de Inmunización Integral (CIPI)

Vigilancia de la Parálisis Flácida Aguda en las Américas

Semana que termina el 24 de febrero del 2024.

Tabla No.1 Casos PFA esperados y reportados, 2024

| Sub-región | País | Población <15 años* | Casos PFA esperados | Casos PFA reportados 2024# |
|--------------|------|---------------------|---------------------|----------------------------|
| AND | BOL | 3,530,417 | 35 | 0 |
| | COL | 11,121,985 | 111 | 18 |
| | ECU | 4,880,846 | 49 | 7 |
| | PER | 8,247,508 | 82 | 9 |
| | VEN | 7,603,501 | 76 | 0 |
| BRA | BRA | 43,505,408 | 435 | 0 |
| | CHI | 1,053,428 | 11 | 0 |
| | GTM | 6,033,787 | 60 | 0 |
| | HND | 3,026,923 | 30 | 5 |
| CAP | NIC | 1,846,204 | 18 | 0 |
| | PAN | 1,156,102 | 12 | 1 |
| | SLV | 1,704,629 | 17 | 6 |
| CAR | CAR | 1,786,300 | 18 | 0 |
| | CUB | 1,766,424 | 18 | 0 |
| LAC | DOM | 2,973,499 | 30 | 1 |
| | HTI | 3,707,407 | 37 | 1 |
| MEX | MEX | 33,108,878 | 331 | 86 |
| NOA | CAN | 6,016,879 | 60 | 0 |
| | LUSA | 80,854,773 | 808 | NR |
| | ARG | 11,095,716 | 111 | 0 |
| SOC | CHL | 3,626,085 | 36 | 10 |
| | PRY | 2,070,528 | 21 | 8 |
| | URY | 703,696 | 7 | 0 |
| Total | | 221,281,702 | 2212 | 150 |

* Pobl. estimada 2022, Naciones Unidas rev. 2019. NR = No reportó



Boletín biSemanal, febrero

Sarampión, Rubéola, y Síndrome de Rubéola Congénita

Programa de Inmunización Integral (CIPI)

Vigilancia del Sarampión, Rubéola y Síndrome de Rubéola Congénita en las Américas

Semana que termina el 24 de febrero del 2024

Tasa de notificación de casos sospechosos de sarampión y rubéola por 100.000 habitantes por subregión. América Latina y el Caribe, 2019-2023*

| Subregión | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|--------------|-------------|-------------|-------------|-------------|
| AND | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| BRA | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| CAP | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| CAR | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| LAC | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| NOA | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| SOC | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Total** | 14.13 | 1.52 | 1.44 | 2.32 | 2.25 |

* Datos hasta 1 de marzo del 2024.

<https://www.paho.org/es/tag/boletin-inmunizacion>

<https://www.paho.org/es/inmunizacion/datos-estadisticas-inmunizacion>

Perfil de país de sarampión, rubéola y síndrome de rubéola congénita (SRC)

Perfil de país de sarampión, rubéola y síndrome de rubéola congénita (SRC)

Ecuador



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Epidemiología y Calidad de la Vigilancia
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Referencias

Other Formats

PDF



Introducción

El perfil de país respecto al sarampión y la rubéola tiene por objetivo facilitar el análisis de datos de los últimos cinco años. Este perfil se elaboró solo para los países que han comunicado de manera oficial a la Organización Panamericana de la Salud (OPS) datos sobre la cobertura de vacunación y la vigilancia de caso por caso, además de la información de laboratorio. Puede haber diferencias menores en los datos del perfil de país, si este cuenta con datos actualizados que no han sido informados a la OPS. El perfil se actualizará automáticamente dos veces durante el año en curso: a finales de abril (datos de vigilancia) y finales de septiembre (datos de cobertura).

Información General

Datos demográficos, 2022.

| Grupo demográfico | Población |
|-------------------|------------|
| 1 año de edad | 296,506 |
| Población total | 18,001,028 |

Últimos casos endémicos por año y enfermedad.

| Sarampión | Rubéola | SRC |
|-----------|---------|------|
| 1996 | 2004 | 2002 |

Calendario de vacunación.

| Vacuna | 1ª Dosis | 2ª Dosis | Introducción de SRP2 |
|--------|----------|----------|----------------------|
| SRP | 12 meses | 18 meses | 2015 |

Epidemiología y Calidad de la Vigilancia

Gráfico Cuadro

Distribución de casos sospechosos de sarampión y rubéola y tasa de notificación a nivel nacional, 2018-2022.

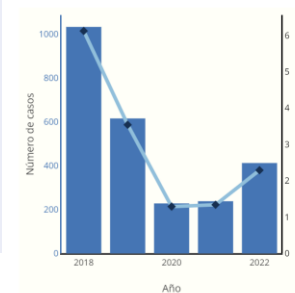
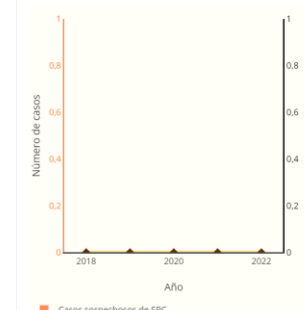


Gráfico Cuadro

Distribución de casos sospechosos de SRC y tasa de notificación a nivel nacional, 2018-2022.



Haga clic en su subregión y en el nombre de su país para acceder a información detallada sobre la cobertura de la vacuna contra Sarampión y más:

- América del Norte
- América Central y el Caribe
- América del Sur



PLAN REGIONAL DE INMUNIZACIONES 2030 (RIAP2030)

OPS



Organisation
Panaméricaine
de la Santé



Organisation
mondiale de la Santé
RÉGION DES AMÉRIQUES

Gracias

Coberturas de Vacunación en la Región de las Américas, 2023

Datos al 08 de Julio de 2024

Julio, 2024



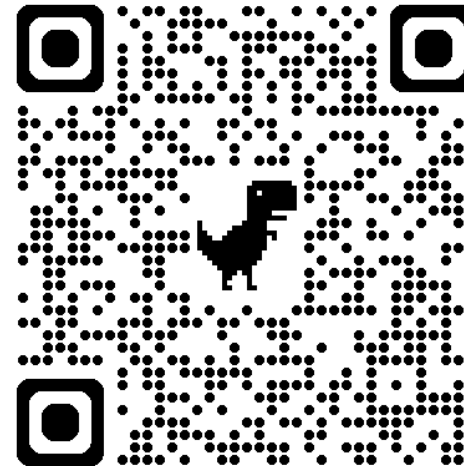
OPS

Fuentes



- Todos los datos de esta presentación provienen del Formulario conjunto para la notificación sobre la inmunización de la OPS/OMS y UNICEF (eJRF, por sus siglas en inglés)
- La fecha de corte de los datos del JRF es hasta el 08 de julio, y son extraídos del WIISE.
- Los datos de coberturas utilizados son los datos oficiales reportados por los países.

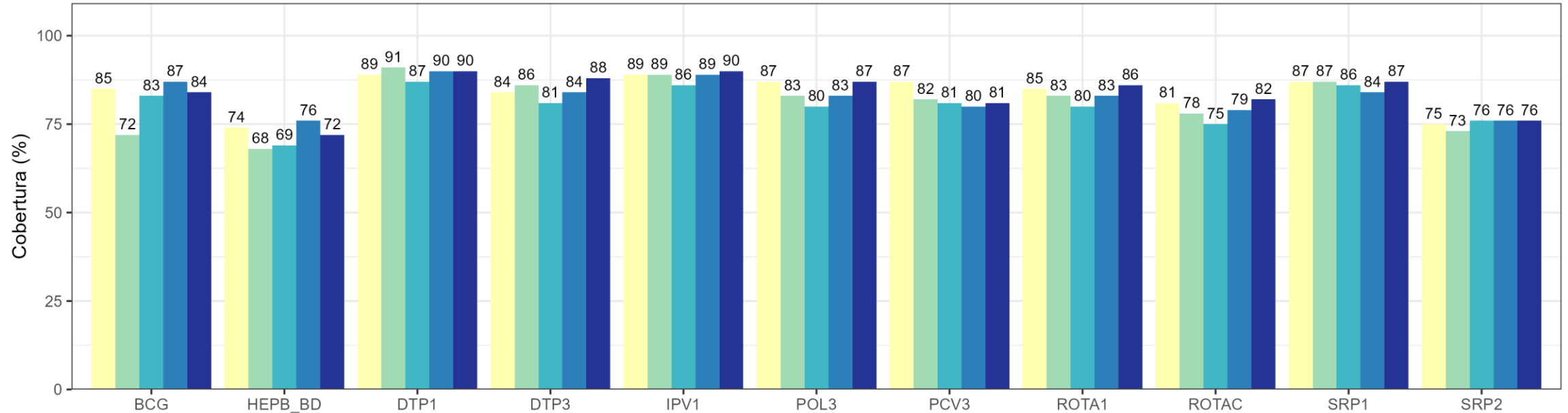
Para mayor detalle ir a: <https://paho-cim.shinyapps.io/immunization-dashboard/>



Les agradecemos a todos los países y territorios de la Región por el envío de los datos de inmunización a través del eJRF.

Cobertura de vacunación en vacunas seleccionadas

Región de las Américas, 2019-2023



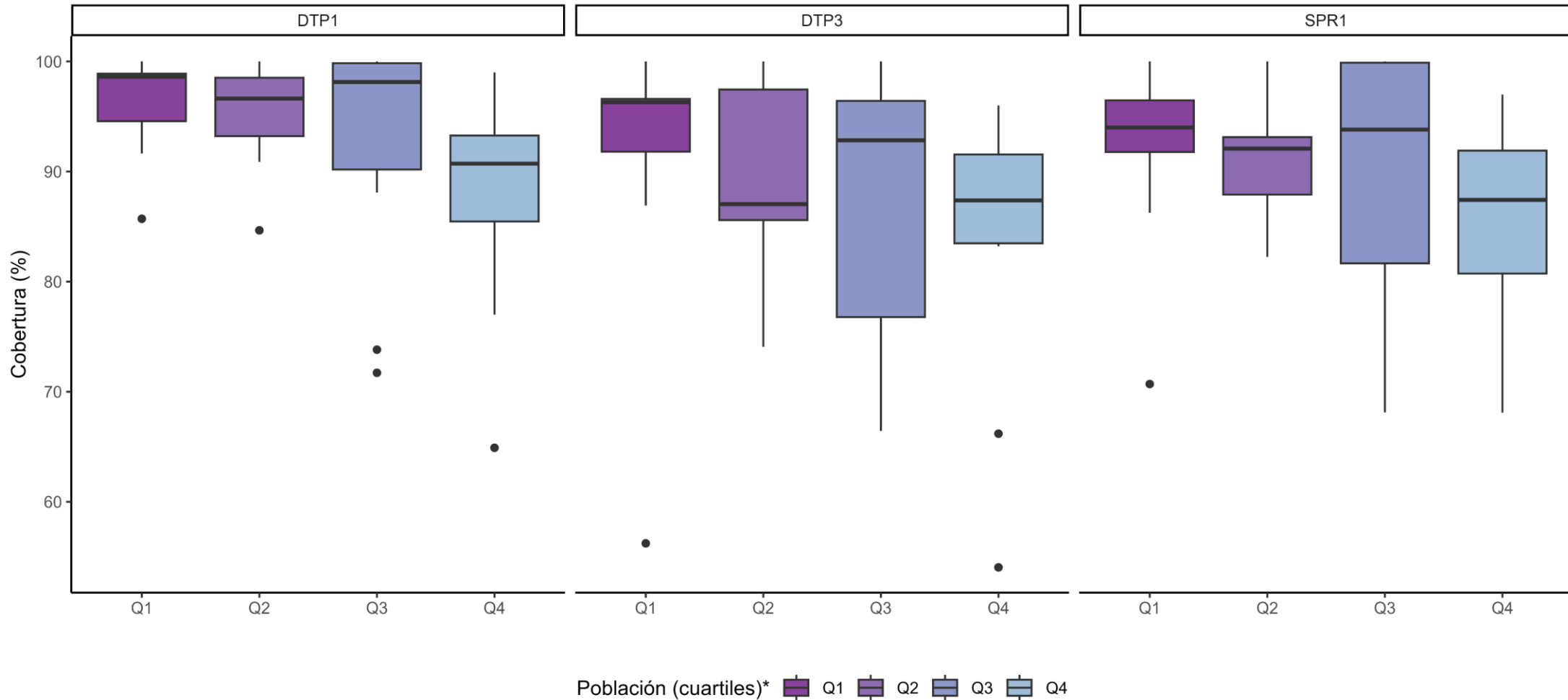
| Año | BCG | HEPB_BD | DTP1 | DTP3 | IPV1 | POL3 | PCV3 | ROTA1 | ROTAC | SRP1 | SRP2 |
|------|-----|---------|------|------|------|------|------|-------|-------|------|------|
| 2019 | 85% | 74% | 89% | 84% | 89% | 87% | 87% | 85% | 81% | 87% | 75% |
| 2020 | 72% | 68% | 91% | 86% | 89% | 83% | 82% | 83% | 78% | 87% | 73% |
| 2021 | 83% | 69% | 87% | 81% | 86% | 80% | 81% | 80% | 75% | 86% | 76% |
| 2022 | 87% | 76% | 90% | 84% | 89% | 83% | 80% | 83% | 79% | 84% | 76% |
| 2023 | 84% | 72% | 90% | 88% | 90% | 87% | 81% | 86% | 82% | 87% | 76% |

Cobertura de vacunación en vacunas seleccionadas

Países según población, 2023



Este gráfico muestra las coberturas de los países agrupados en cuartiles, según el tamaño de población objetivo de niños menores de 1 año.



Población (cuartiles)* Q1 Q2 Q3 Q4

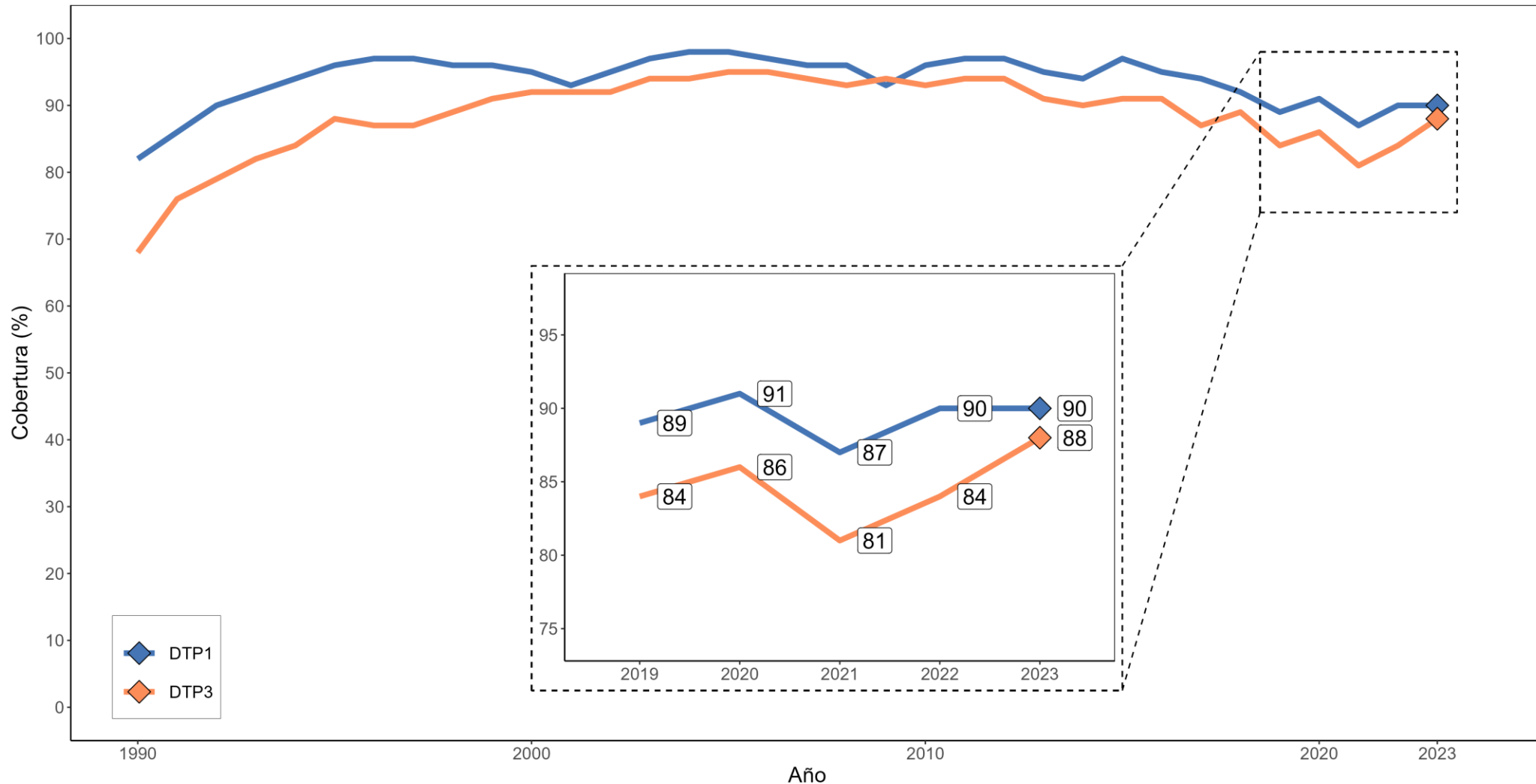
*Cuartiles en base a población de niños menores de 1 año. Q1:40-1.297, Q2:1.919-60.049, Q3:75.903-258.279 y Q4:295.512-3.736.163

Fuente: eJRF OPS/OMS y UNICEF

Fecha de corte: 08 de julio, 2024.

Cobertura de vacunación para DTP1 y DTP3

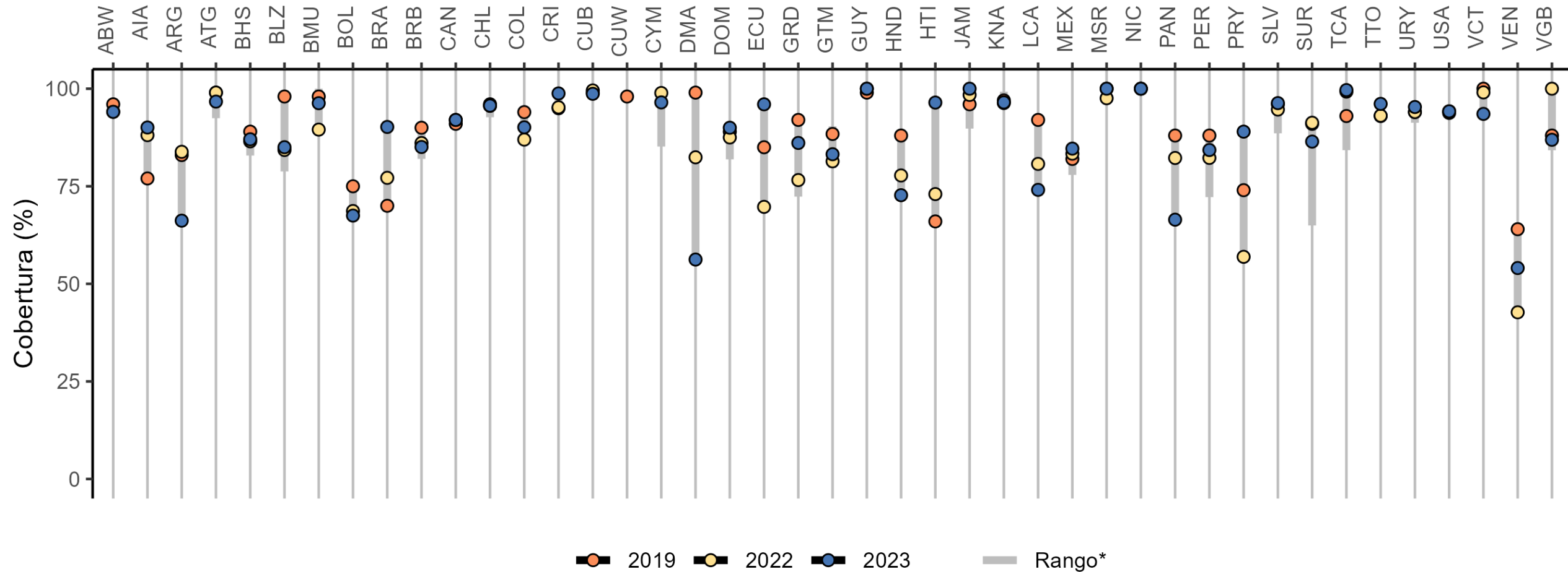
Región de las Américas, 1990-2023



Este gráfico muestra la cobertura histórica para DTP1 y DTP3 en la Región de las Américas, con especial enfoque en los años 2019 a 2023 los cuales se muestran ampliados en el recuadro.

Cobertura de vacunación para DTP3

Región de las Américas, 2019-2023



*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023

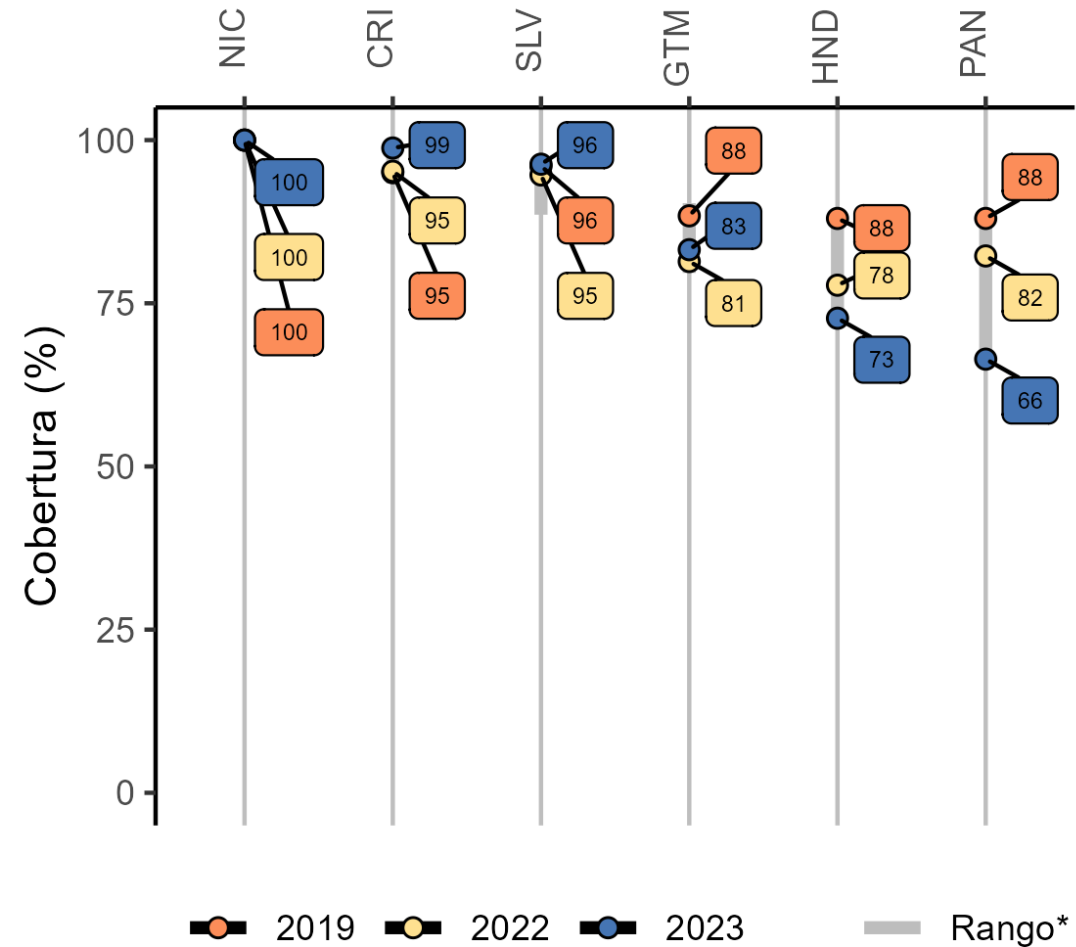
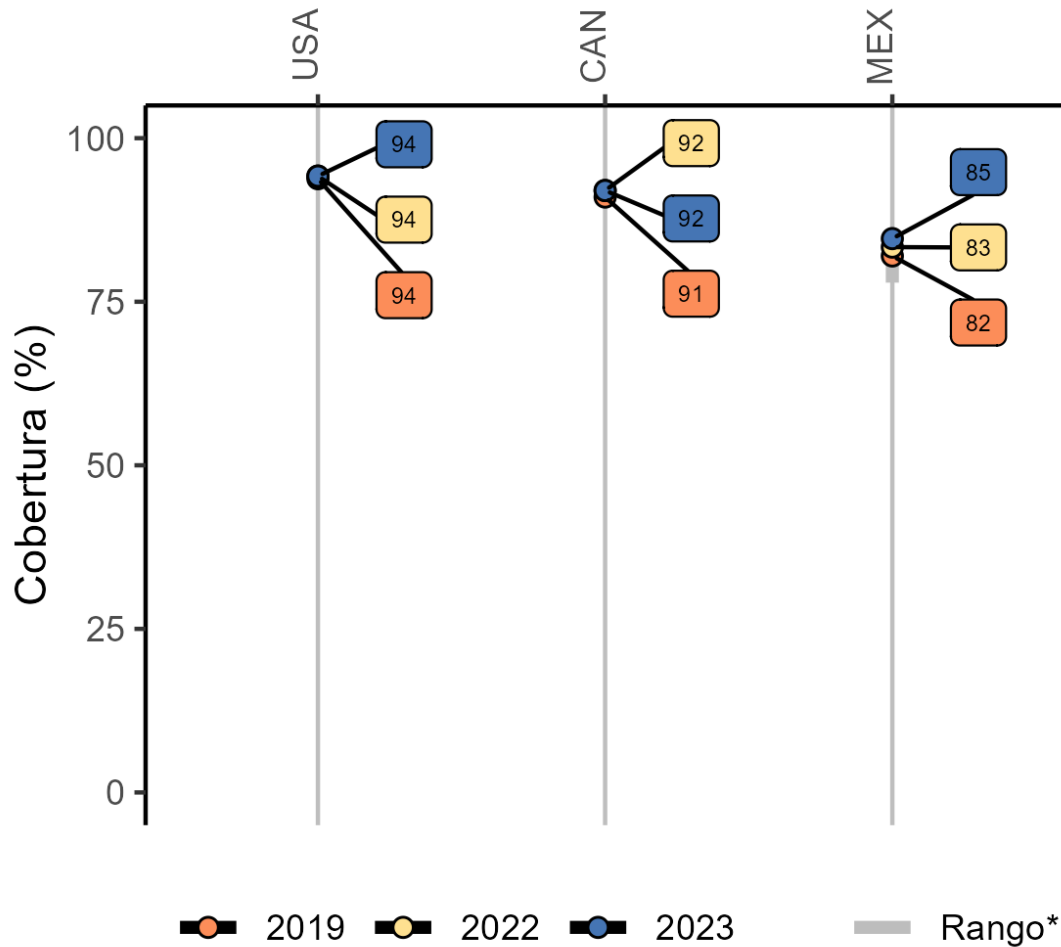
Fuente: eJRF OPS/OMS y UNICEF

Fecha de corte: 08 de julio, 2024.

Cobertura de vacunación para DTP3 por subregion

Norte América, 2019-2023

Centro América, 2019-2023



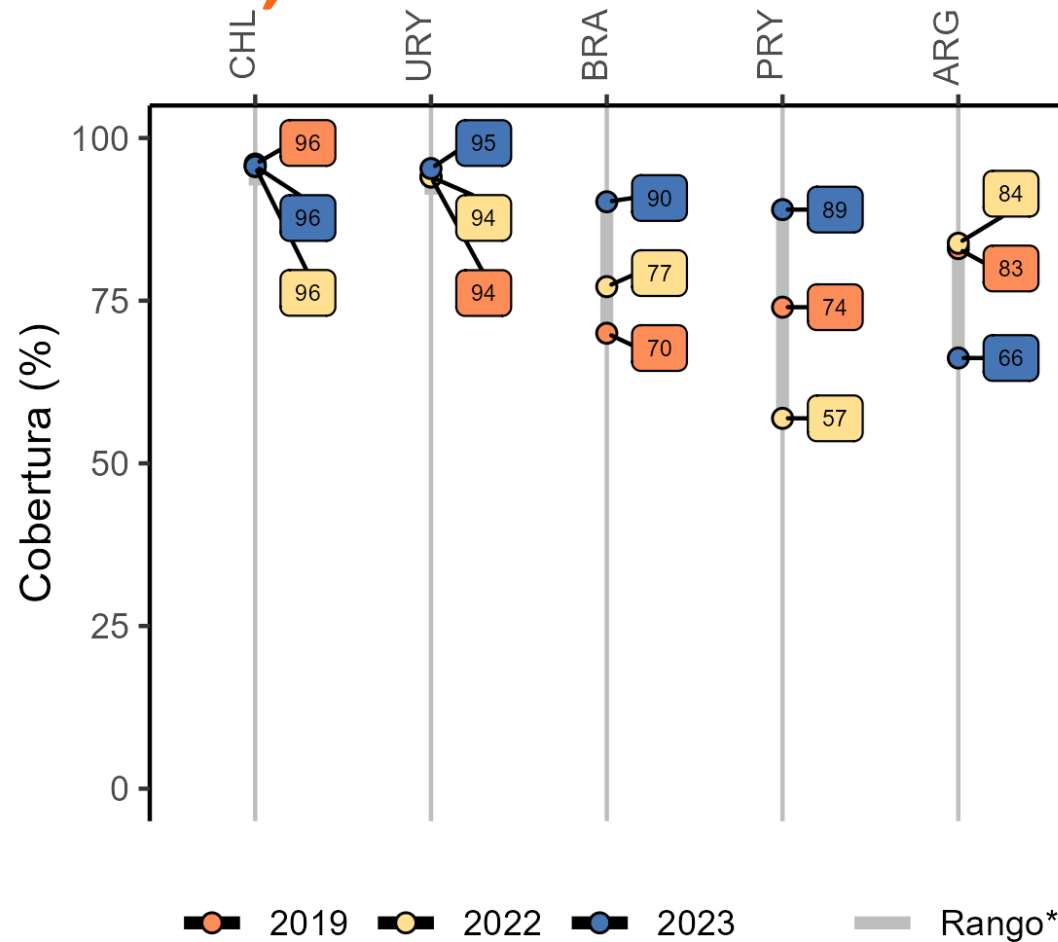
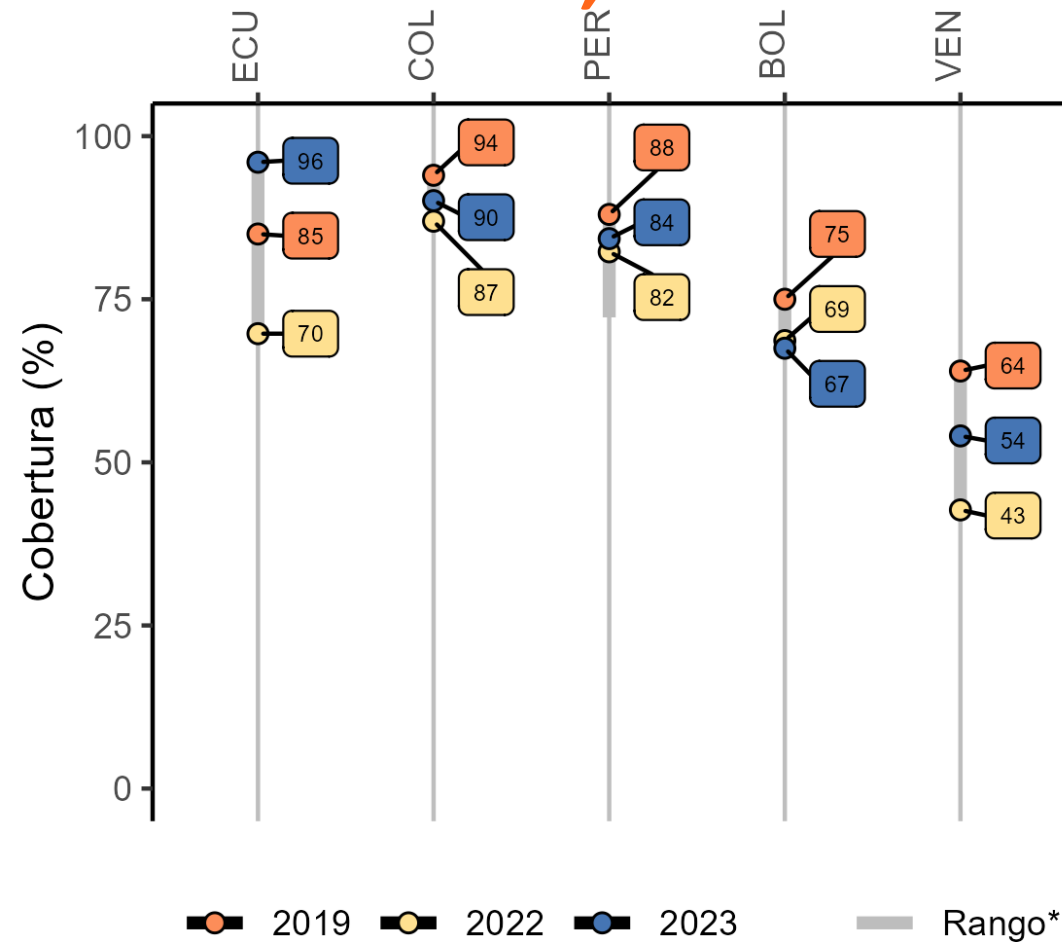
*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023

Fuente: eJRF OPS/OMS y UNICEF

Fecha de corte: 08 de julio, 2024.

Cobertura de vacunación para DTP3 por subregión

Área Andina, 2019-2023 Cono Sur, 2019-2023



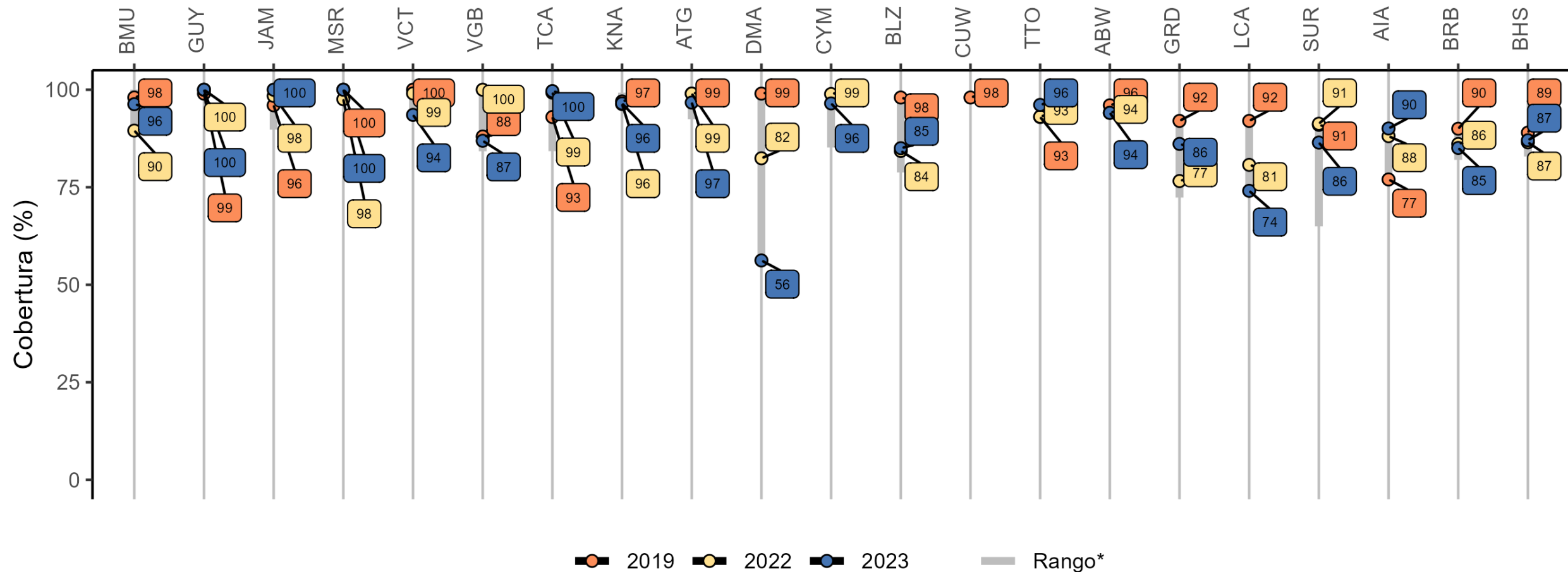
*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023

Fuente: eJRF OPS/OMS y UNICEF

Fecha de corte: 08 de julio, 2024.

Cobertura de vacunación para DTP3 por subregión

Caribe no Latino, 2019-2023



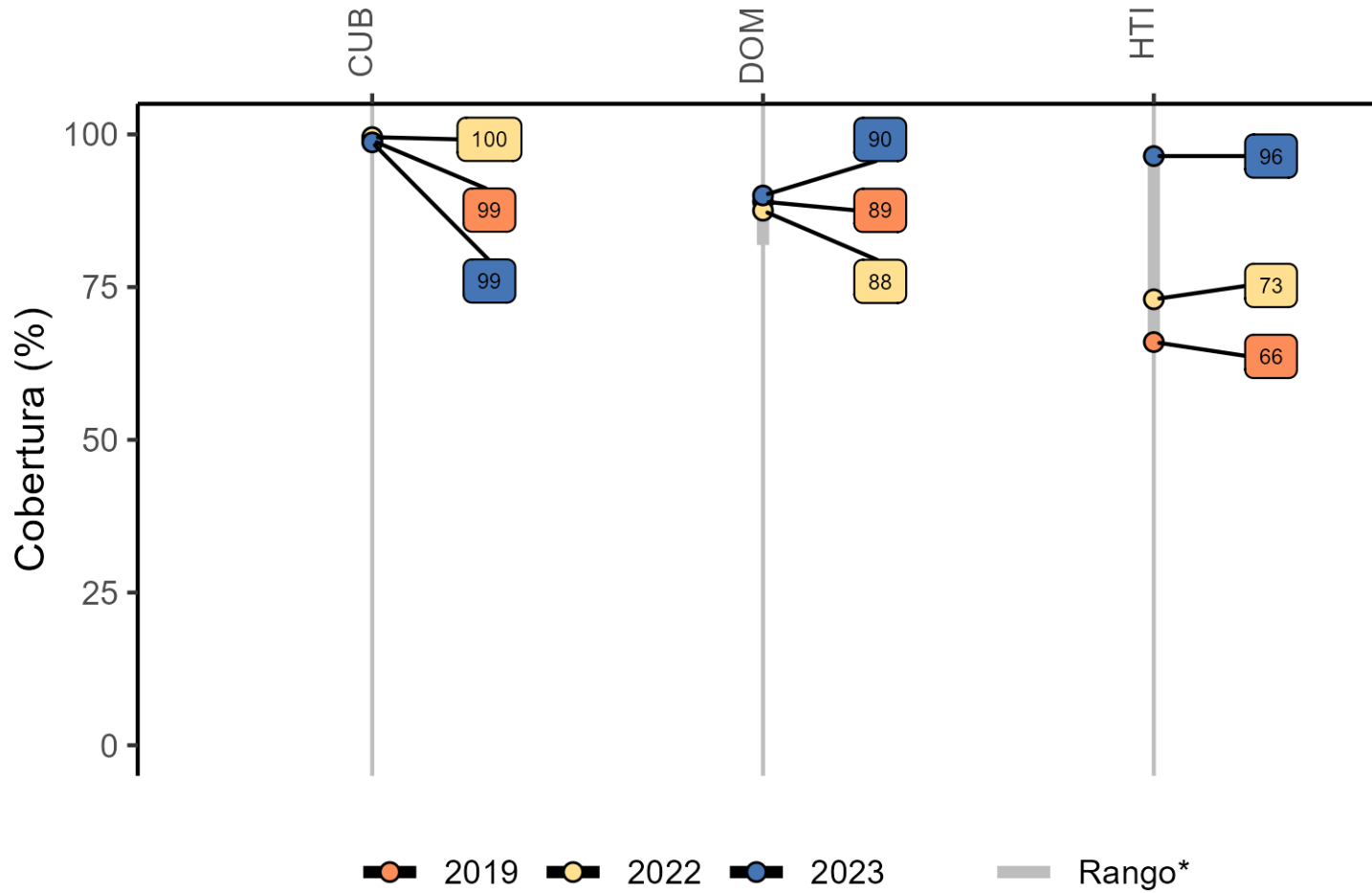
*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023

Fuente: eJRF OPS/OMS y UNICEF

Fecha de corte: 08 de julio, 2024.

Cobertura de vacunación para DTP3 por subregión

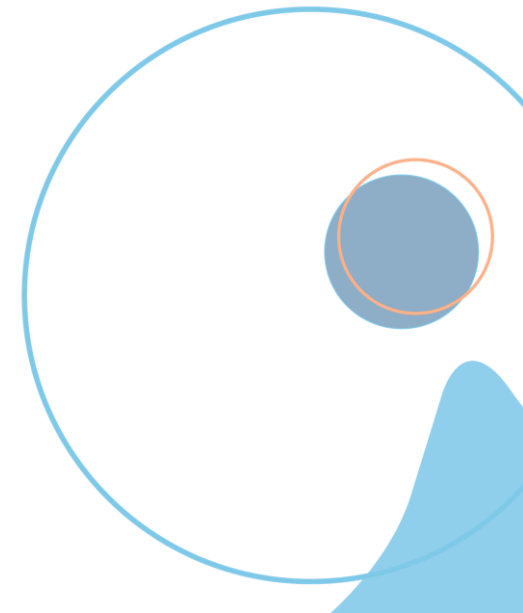
Caribe Latino, 2019-2023



*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023

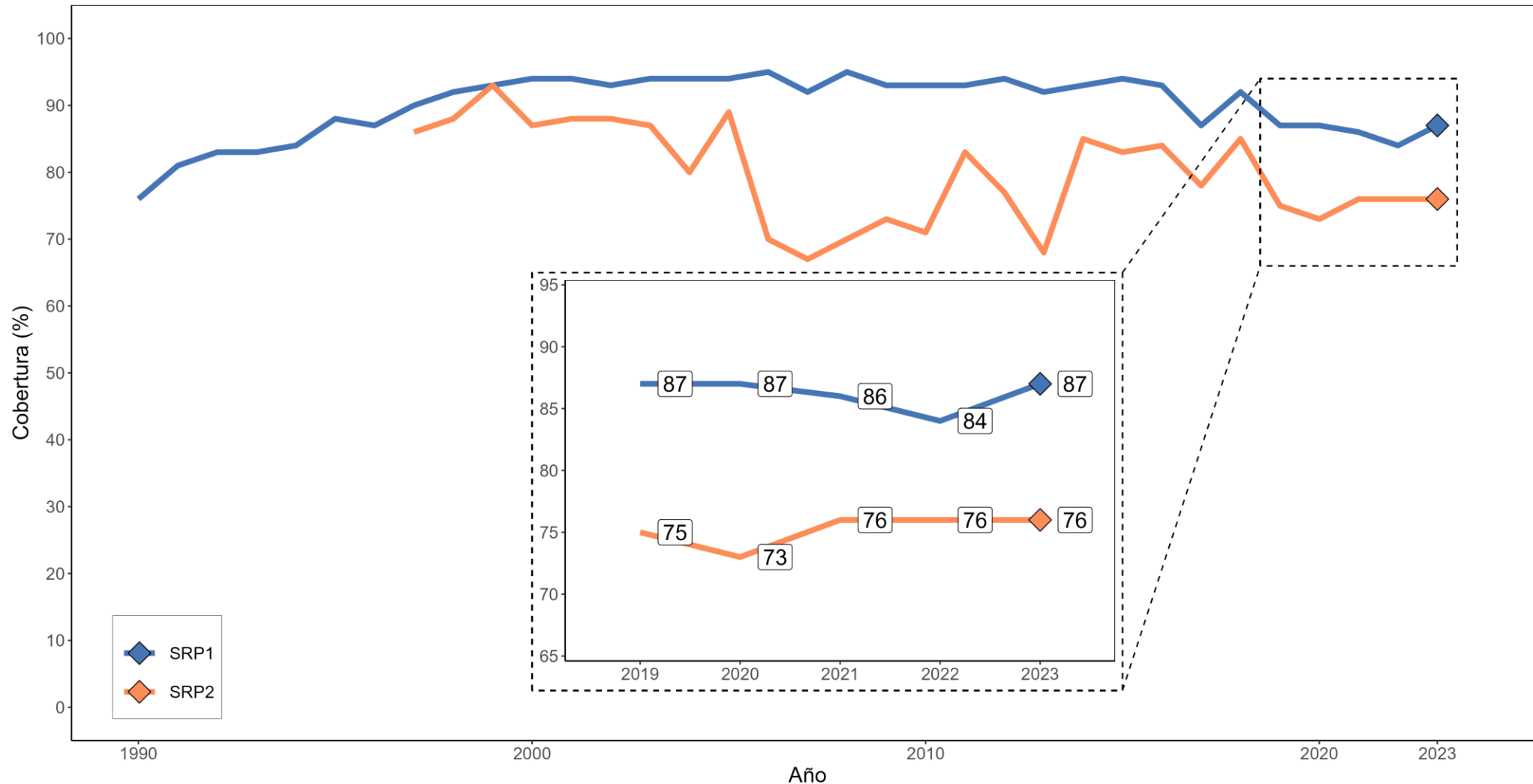
Fuente: eJRF OPS/OMS y UNICEF

Fecha de corte: 08 de julio, 2024.



Cobertura de vacunación para SRP1 y SRP2

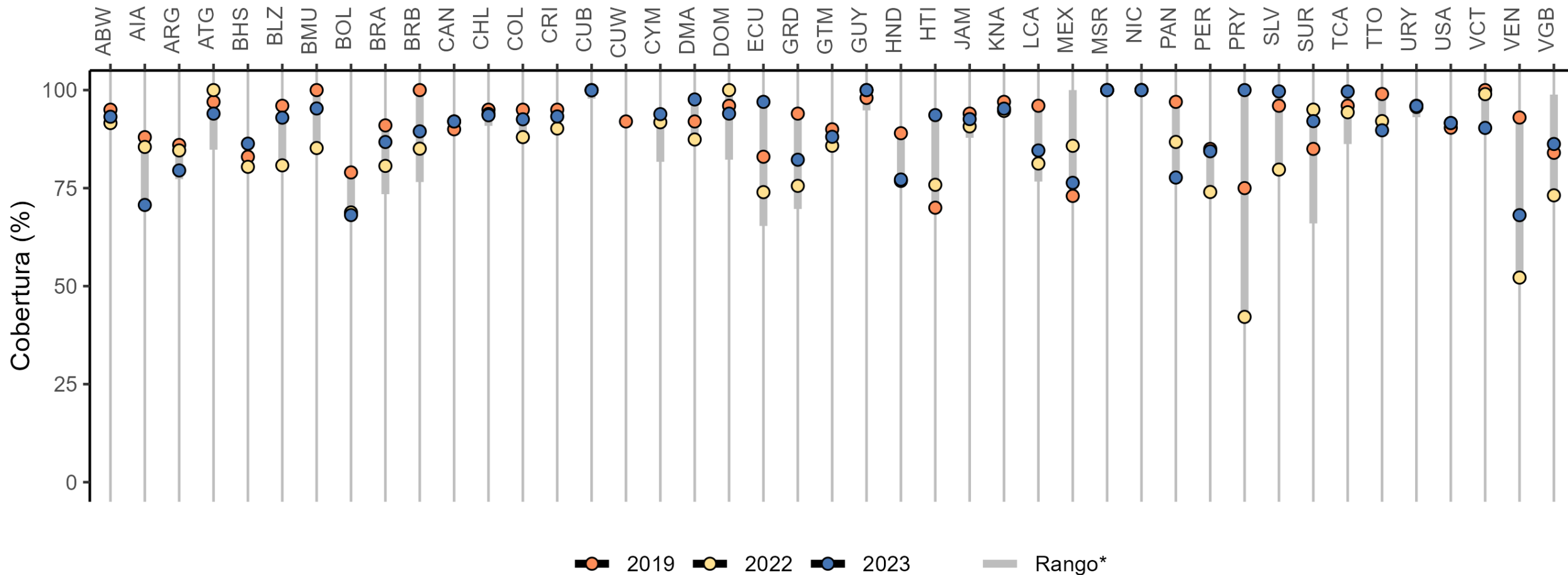
Región de las Américas, 1990-2023



Este gráfico muestra la cobertura histórica para SRP1 y SRP2 en la Región de las Américas, con especial enfoque en los años 2019 a 2023 los cuales se muestran ampliados en el recuadro.

Cobertura de vacunación para SRP1

Región de las Américas, 2019-2023



*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023

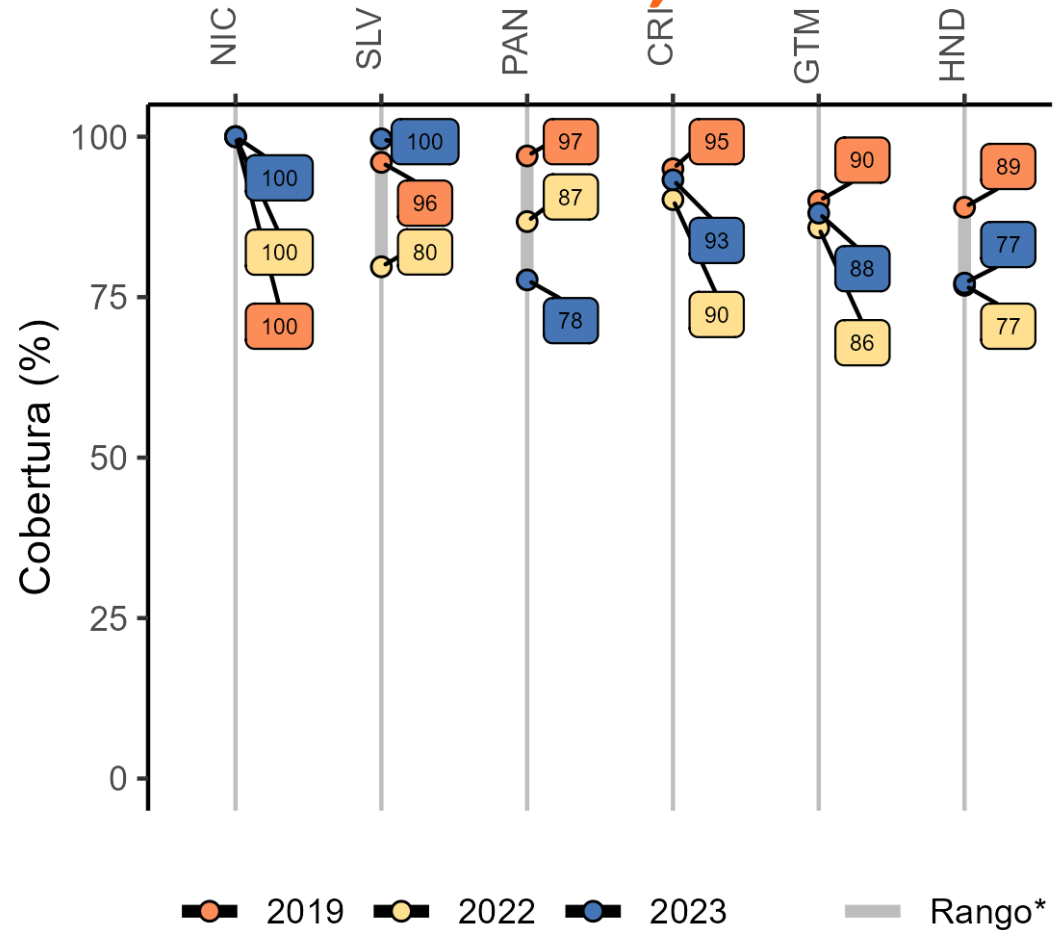
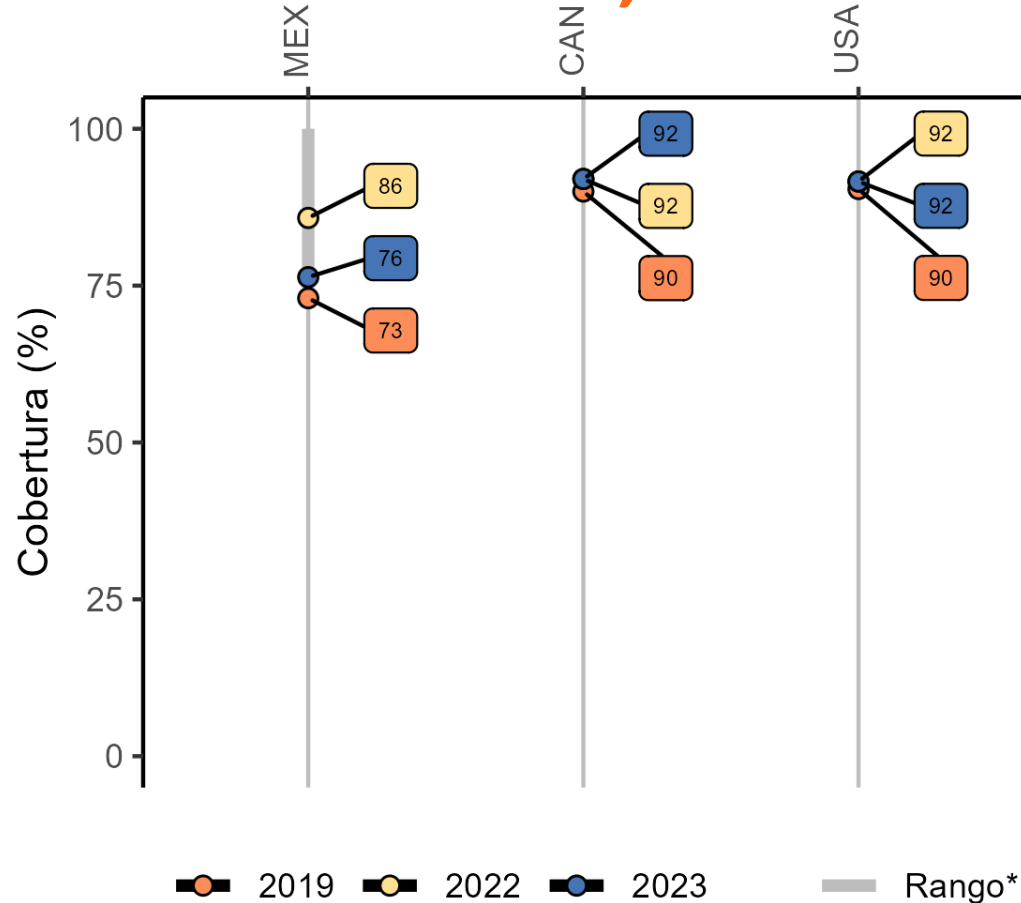
Fuente: eJRF OPS/OMS y UNICEF

Fecha de corte: 08 de julio, 2024.

Cobertura de vacunación para SRP1 por subregión

Norte América, 2019-2023

Centro América, 2019-2023



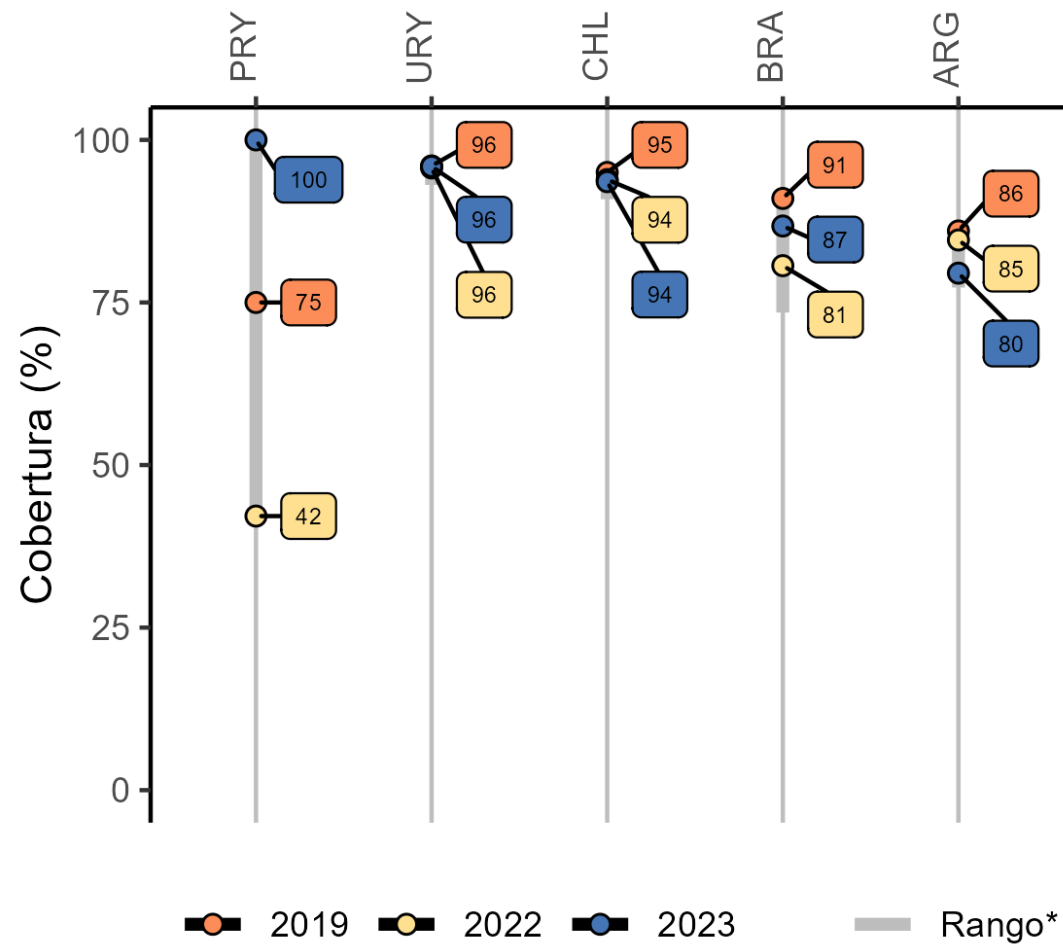
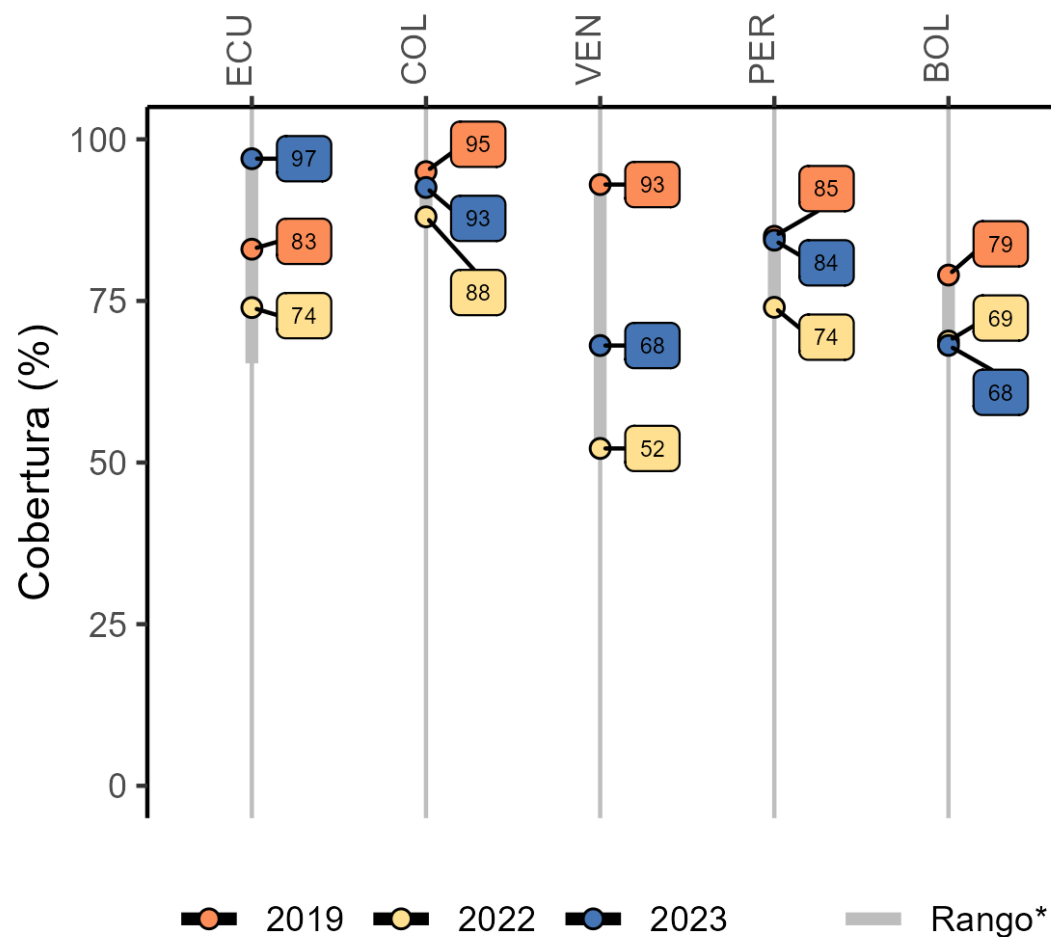
*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023

Fuente: eJRF OPS/OMS y UNICEF

Fecha de corte: 08 de julio, 2024.

Cobertura de vacunación para SRP1 por subregión

Área Andina, 2019-2023 Cono Sur, 2019-2023



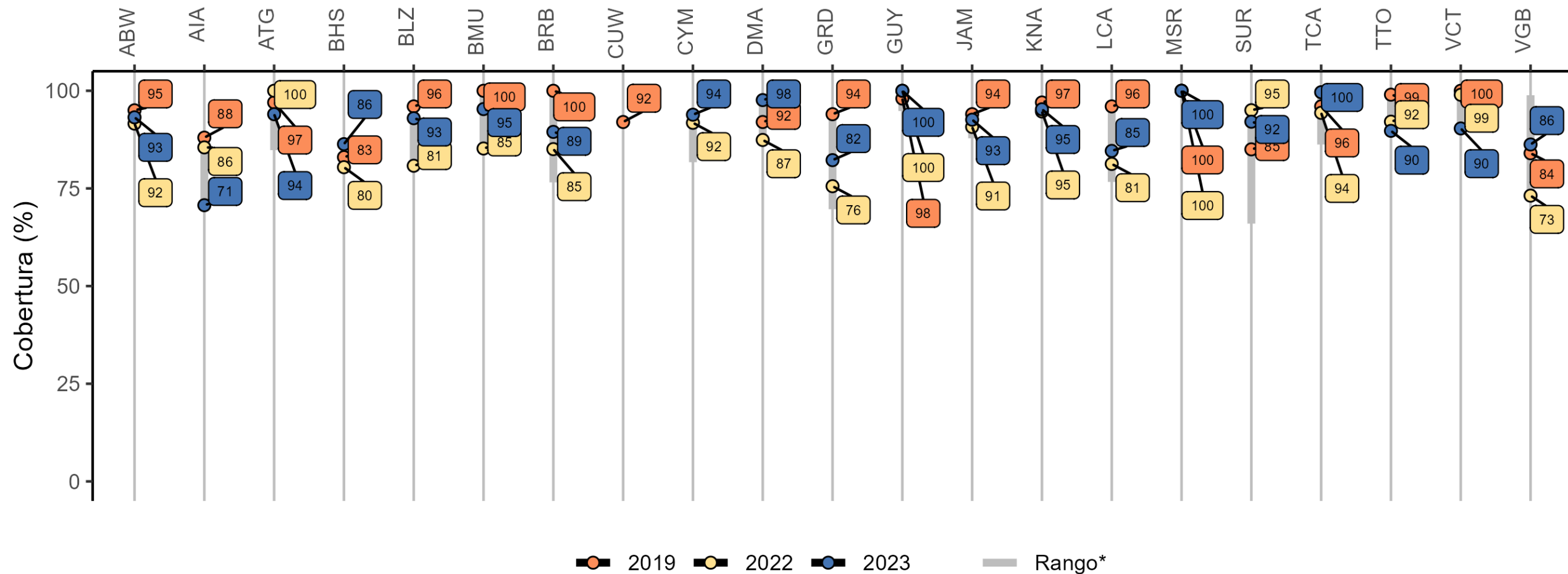
*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023

Fuente: eJRF OPS/OMS y UNICEF

Fecha de corte: 08 de julio, 2024.

Cobertura de vacunación para SRP1 por subregión

Caribe no Latino, 2019-2023



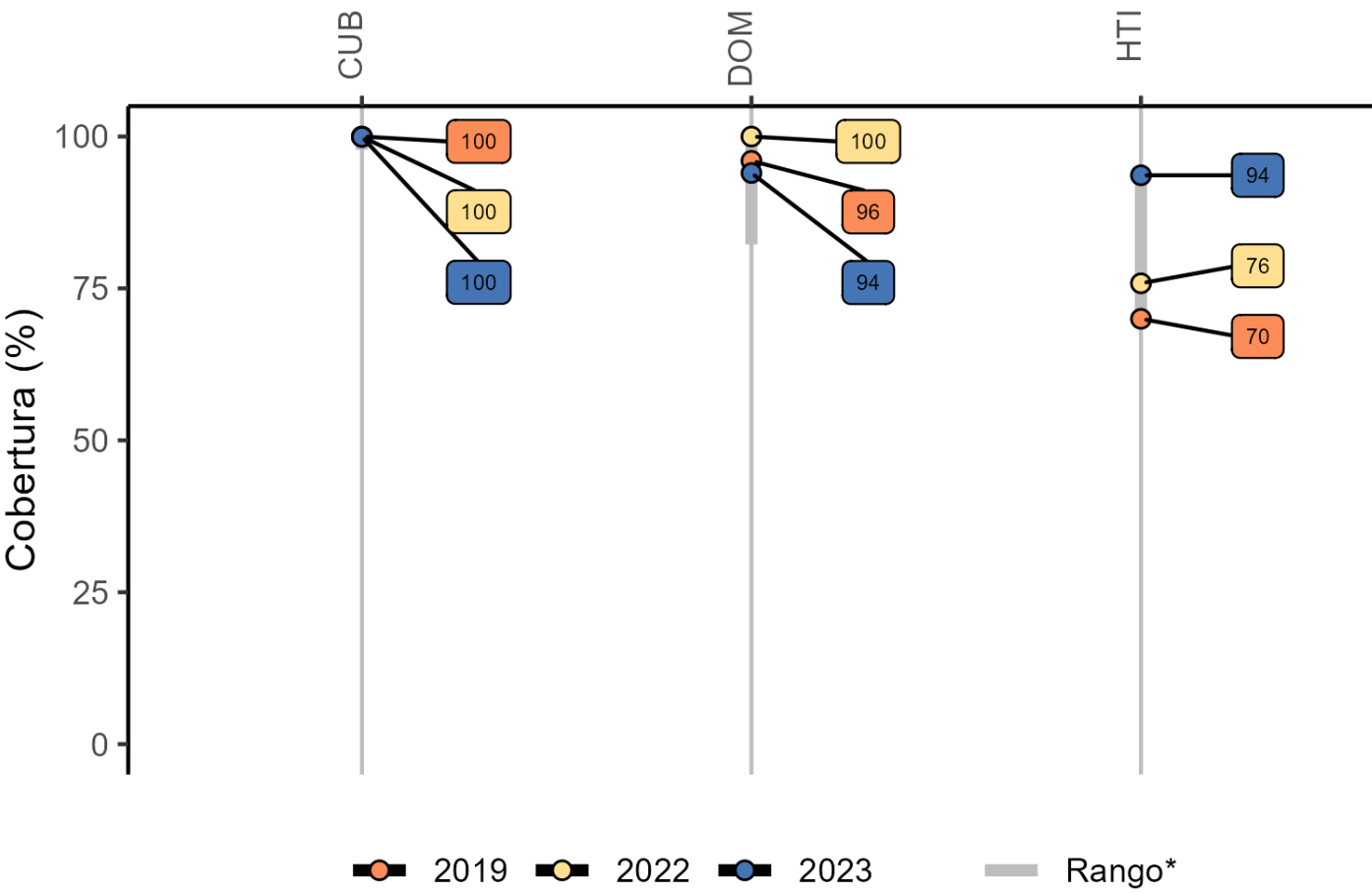
*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023

Fuente: eJRF OPS/OMS y UNICEF

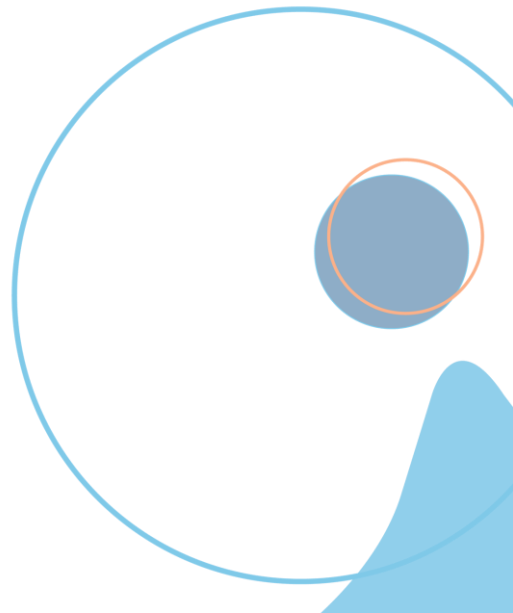
Fecha de corte: 08 de julio, 2024.

Cobertura de vacunación para SRP1 por subregión

Caribe Latino, 2019-2023

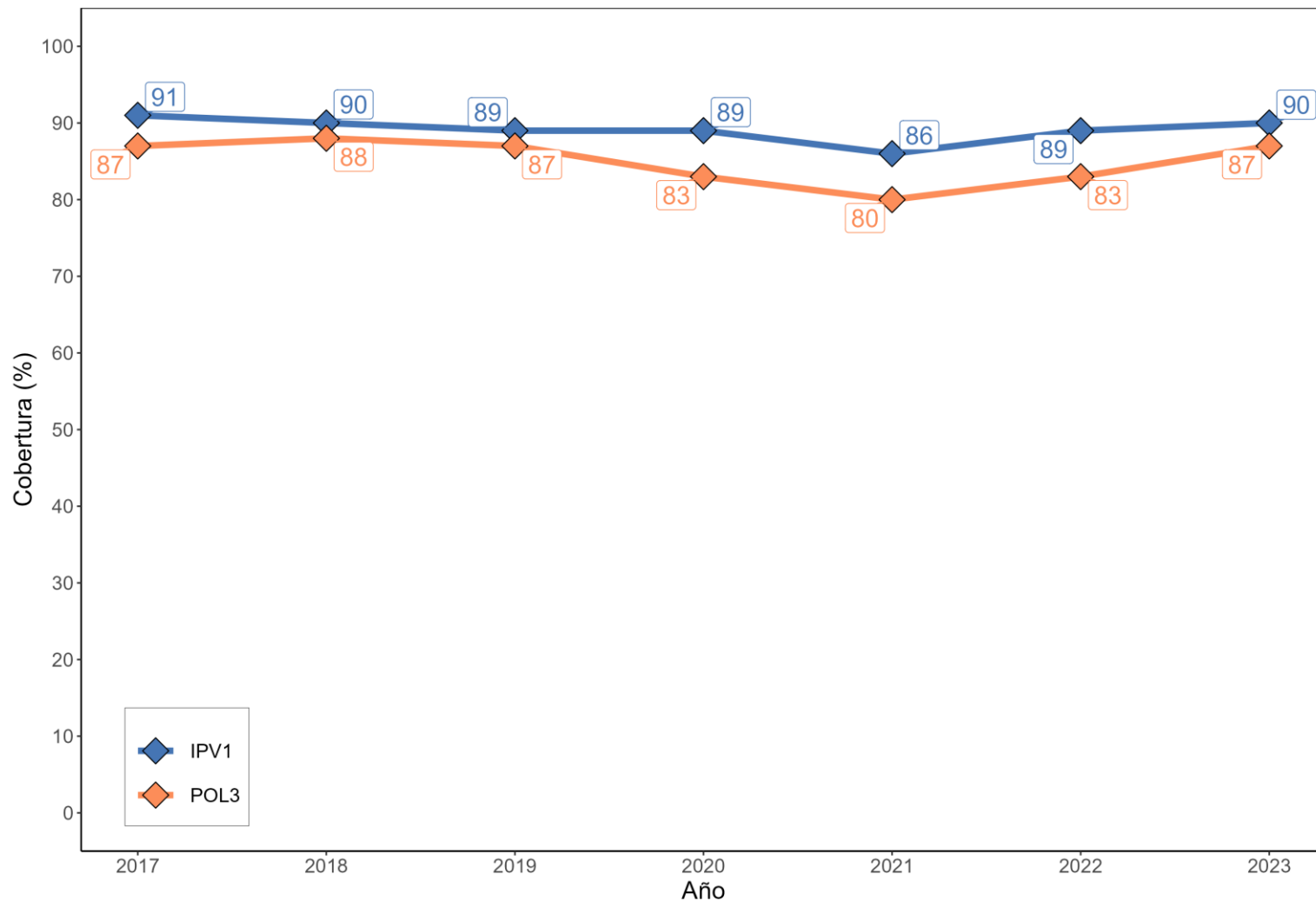


*Rango se refiere a los valores mínimos y máximos alcanzados entre 2019 y 2023
Fuente: eJRF OPS/OMS y UNICEF
Fecha de corte: 08 de julio, 2024.



Cobertura de vacunación para IPV1 y POL3

Región de las Américas, 2017-2023



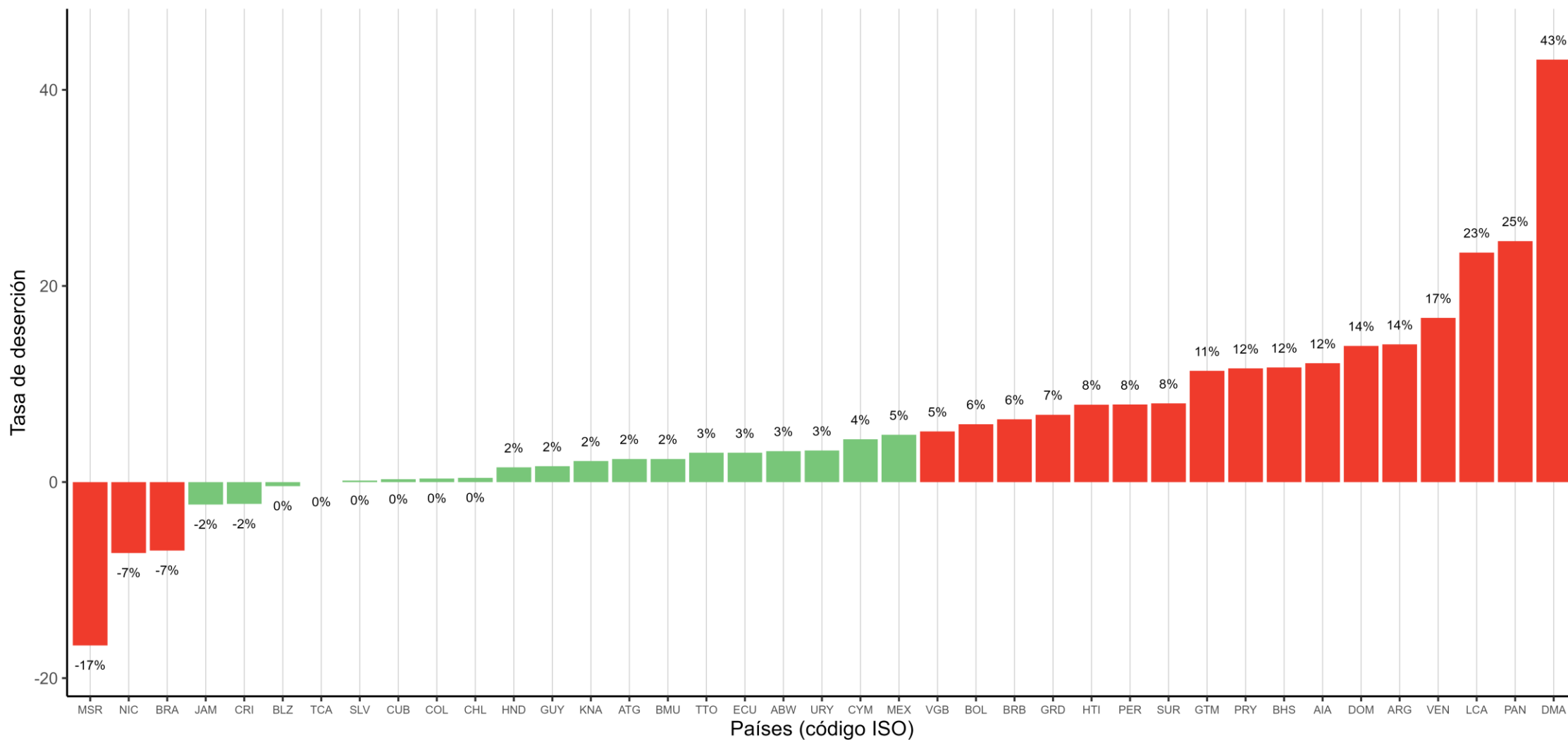
Este gráfico muestra la cobertura para IPV1 y POL3 en la Región de las Américas para los años 2017 a 2023.

Otros indicadores relevantes



Tasa de Deserción

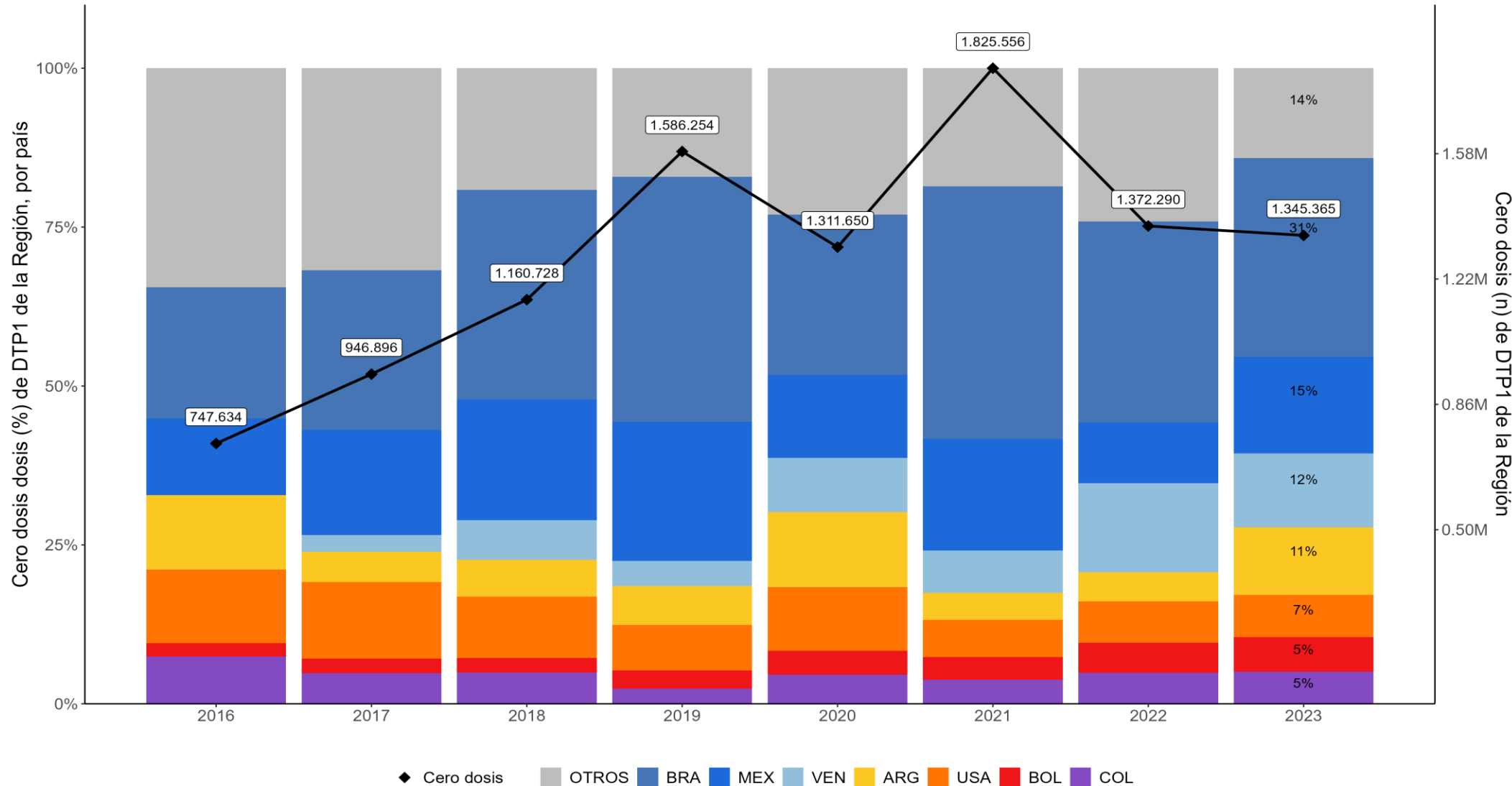
América Latina y el Caribe, 2023



Niños cero dosis

Región de las Américas, 2016 - 2023

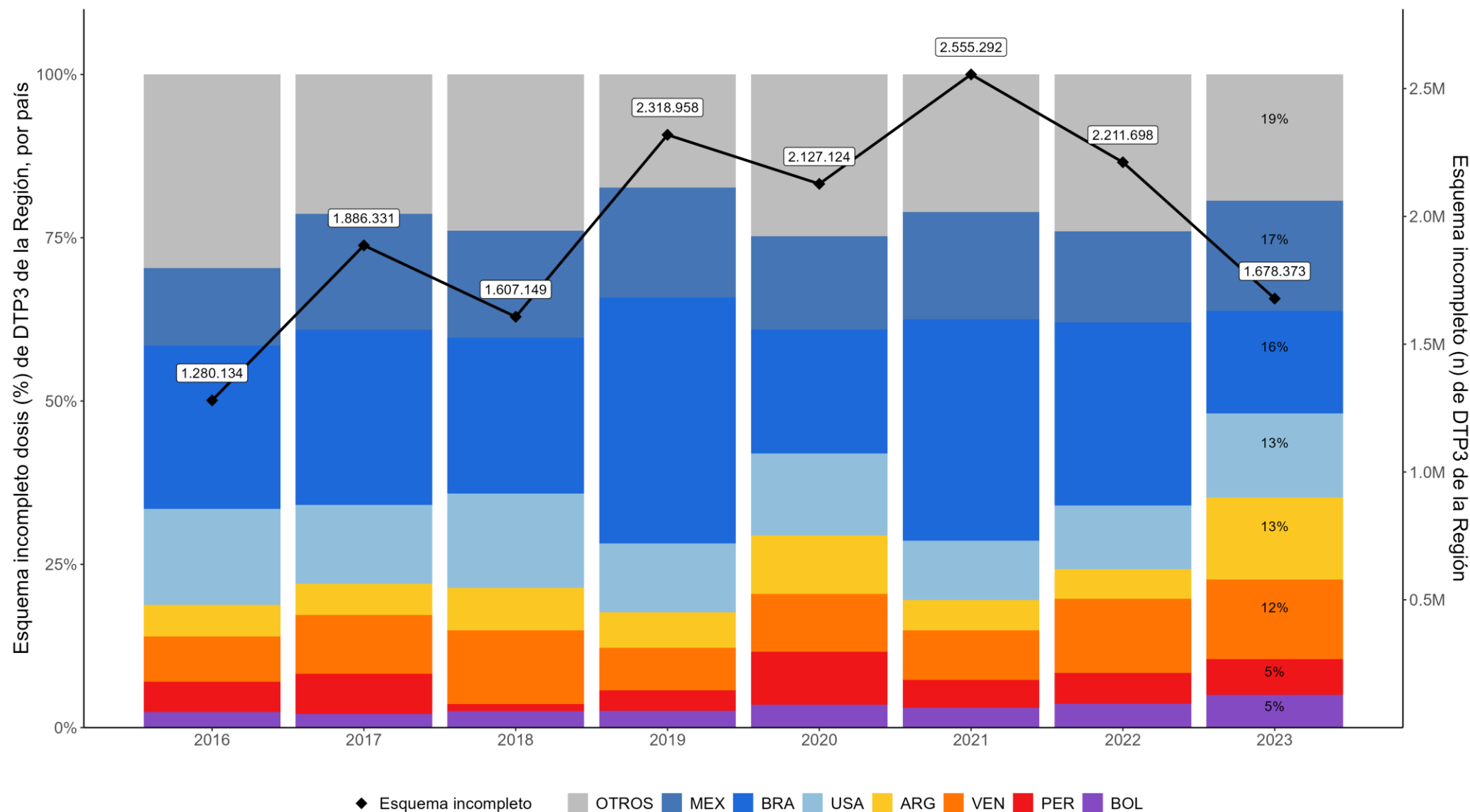
Este gráfico muestra los primeros 7 países que aportaron mayor porcentaje de niños cero dosis (niños sin la primera dosis de DPT) a la Región durante el año 2023



Niños con esquemas incompletos de DPT

Región de las Américas, 2016 - 2023

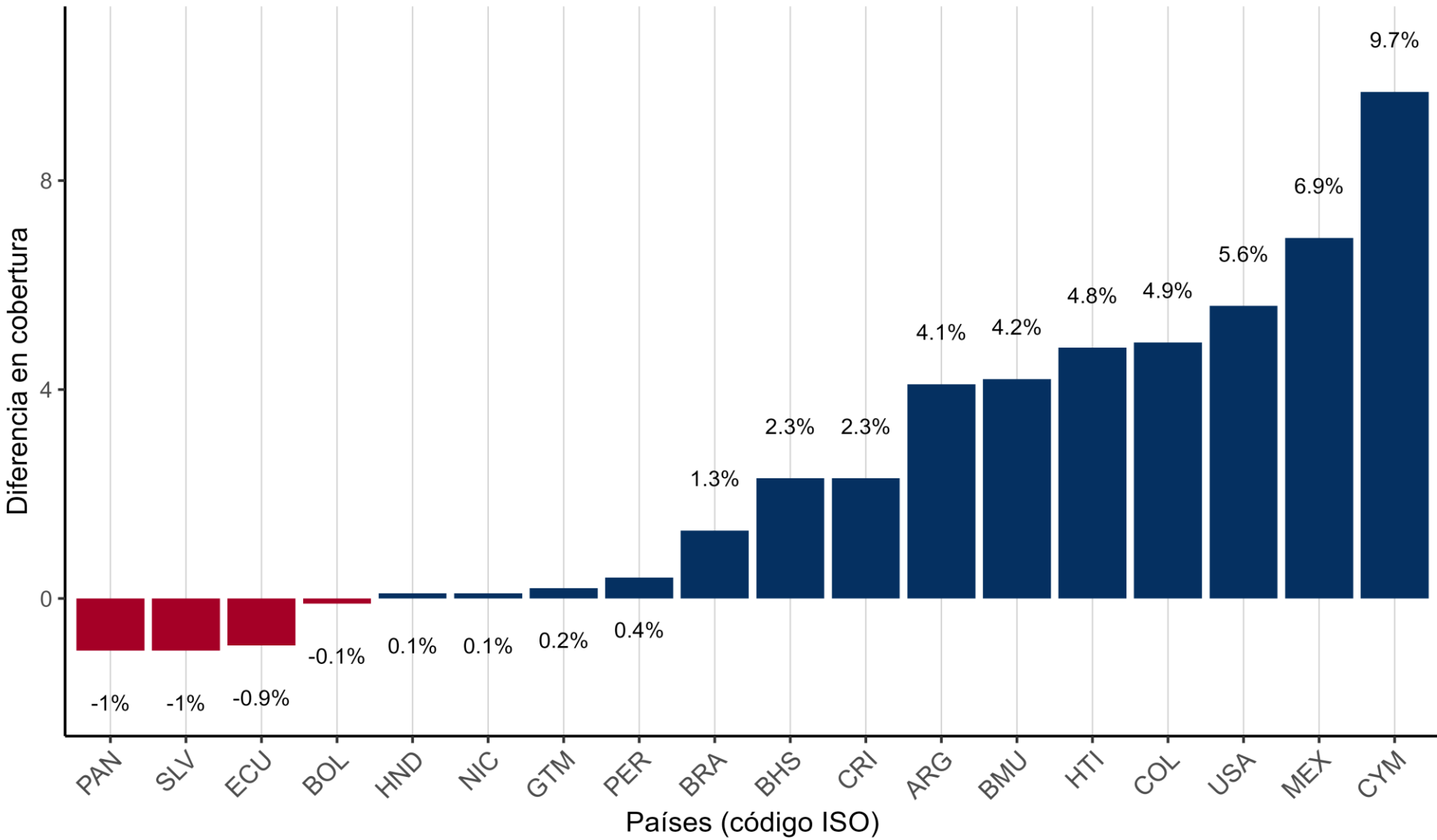
Este gráfico muestra los primeros 7 países que aportaron mayor porcentaje de niños con esquemas incompletos (niños sin la tercera dosis de DPT) a la Región durante el año 2023





Simultaneidad en cobertura entre PCV1 y ROTA1

Región de las Américas, 2023



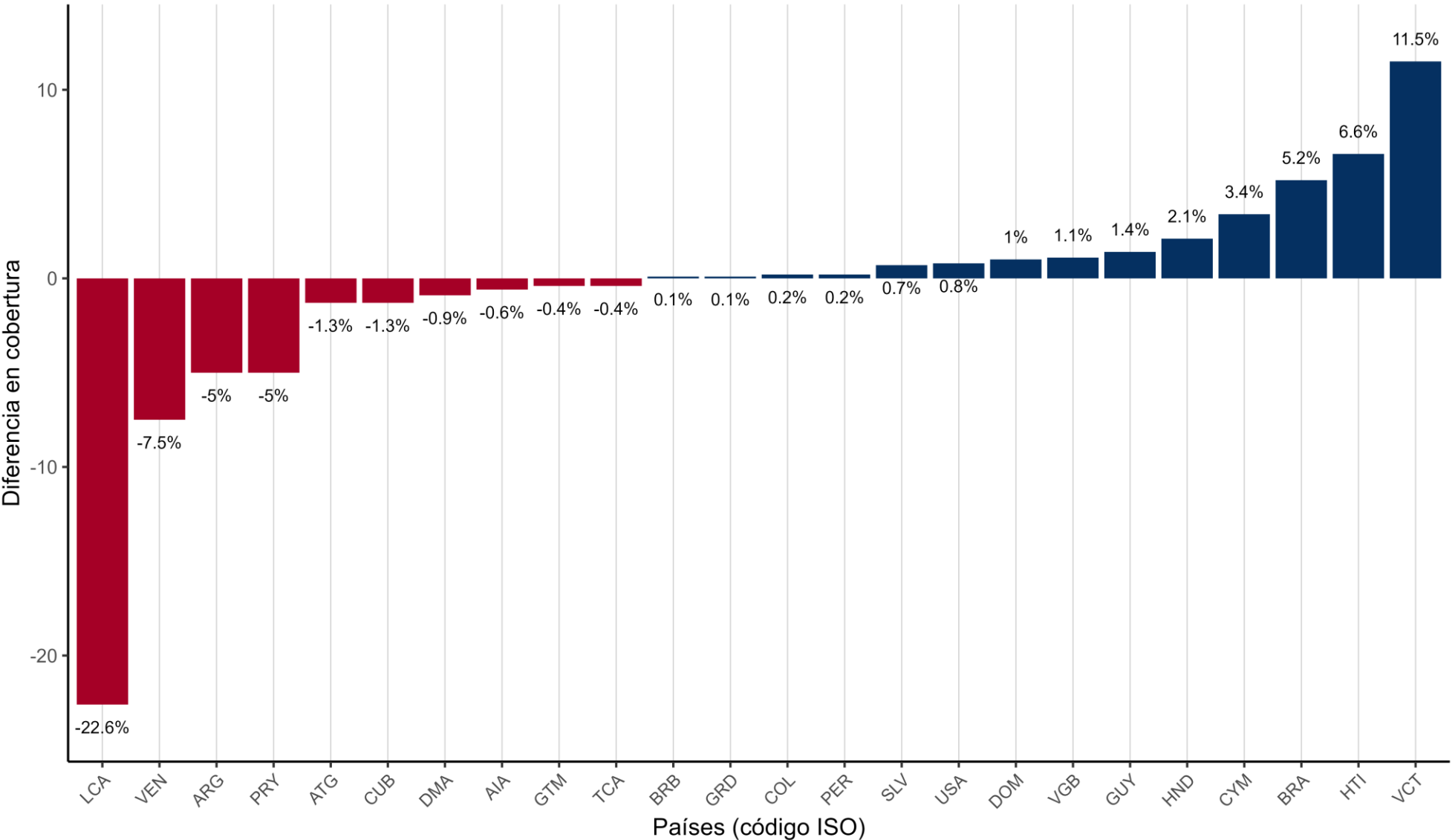
En este gráfico los valores **positivos** indican que la cobertura de PCV1 es mayor a la cobertura de ROTA1 y los **negativos** que la cobertura de ROTA1 es mayor a la cobertura de PCV1. Se omiten **DOM, GUY y PRY** por tener 0% de diferencia

Fuente: eJRF OPS/OMS y UNICEF
Fecha de corte: 08 de julio, 2024.



Simultaneidad en cobertura entre DTP3 y POL3

Región de las Américas, 2023



En este gráfico los valores **positivos** indican que la cobertura de DTP3 es mayor a la cobertura de POL3 y los **negativos** lo contrario.

Se omiten **ABW, BHS, BLZ, BMU, BOL, CAN, CHL, CRI, ECU, JAM, KNA, MEX, MSR, NIC, PAN, SUR, TTO y URY** por tener 0% de diferencia

Fuente: eJRF OPS/OMS y UNICEF
Fecha de corte: 08 de julio, 2024.

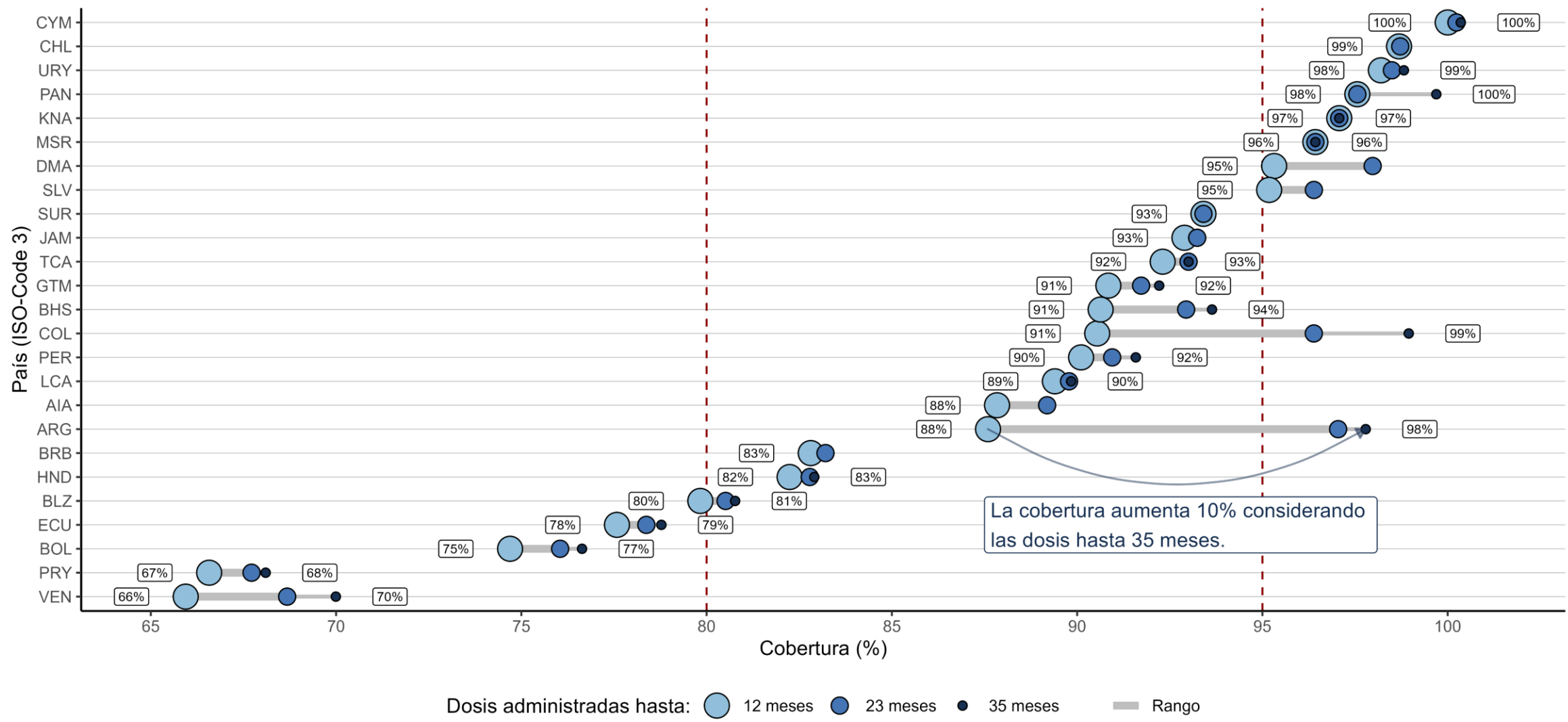
Puesta al Día





Cobertura acumulada de DTP1 para los niños que debían ser vacunados el 2021.

Países que reportan dosis de puesta al día.

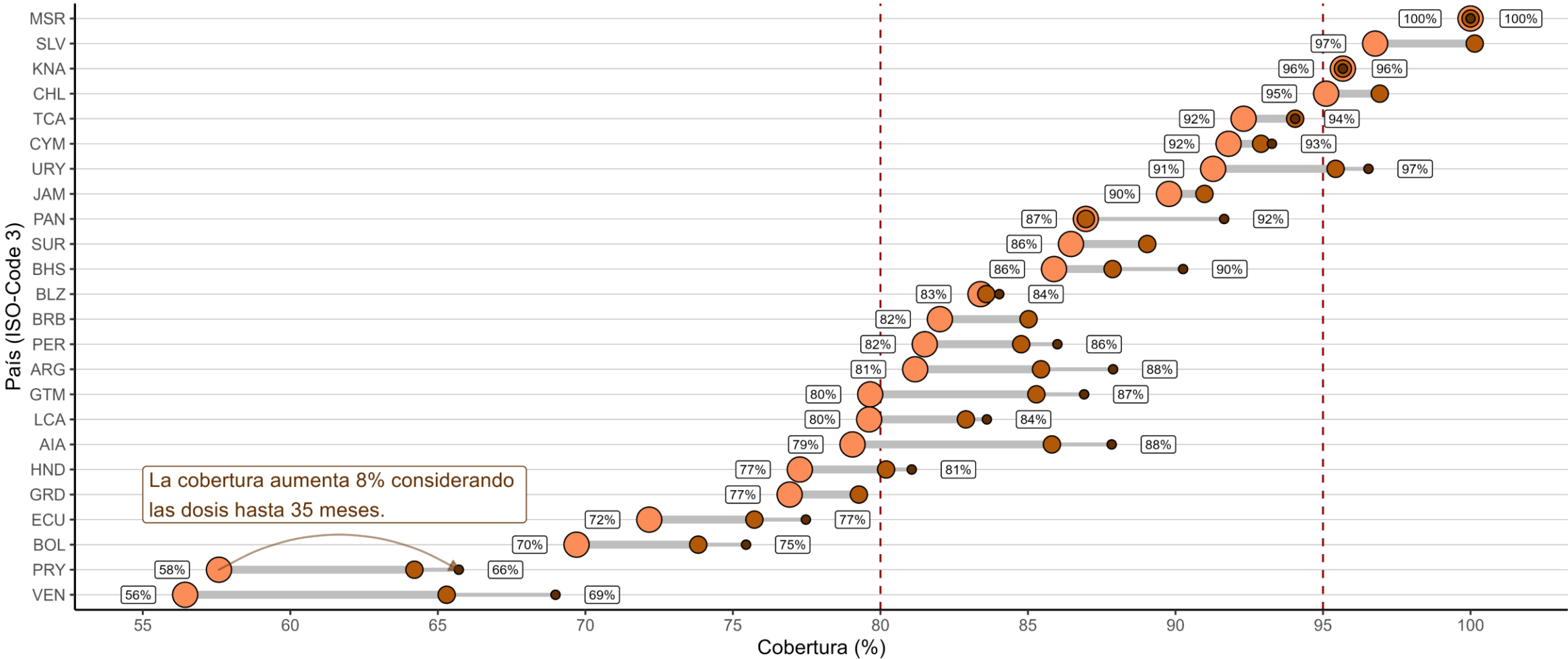


Fuente: eJRF OPS/OMS y UNICEF
Fecha de corte: 08 de julio 2024.



Cobertura acumulada de DTP3 para los niños que debían ser vacunados el 2021.

Países que reportan dosis de puesta al día.



La cobertura aumenta 8% considerando las dosis hasta 35 meses.

Dosis administradas hasta: ● 12 meses ● 23 meses ● 35 meses — Rango

Gracias