HIGHLIGHTS

- As of 28 April, the Government of Indonesia reported 1,657,035 (5241 new) confirmed cases of COVID-19, 45,116 (177 new) deaths and 1,511,417 recovered cases from 510 districts across all 34 provinces.1

- On 24 and 25 April, WHO supported the Ministry of Health in conducting a virtual training on contact tracing for volunteers from medical students (page 16).

- WHO supported the Ministry of Health to conduct a waste management training for health workers and waste operators of Dr Mohammad Hoesin Hospital Palembang, from 19 to 22 April (page 18).

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Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 22 to 28 April 2021. Source of data

Disclaimer: The number of cases reported daily is not equivalent to the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing.

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1 https://covid19.go.id/peta-sebaran-covid19

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GENERAL UPDATES

- On 26 April, the Indonesian Child Protection Commission (Komisi Perlindungan Anak Indonesia (KPAI)) reported that COVID-19 clusters have emerged in several schools that have re-initiated face-to-face learning in West Sumatra. KPAI urged the Provincial Government and Education Office to re-evaluate the continuation of face-to-face learning in schools amid the increasing number of cases.²

- The DKI Jakarta Provincial Government requested the public to stay vigilant as COVID-19 transmission at workplaces still continues, evidenced by the increased number of office clusters observed throughout April. As of 25 April, the City Administration reported that the number of office clusters increased from 78 (157 confirmed cases) offices in the week of 5 to 11 April to 177 (426 cases) offices in the week of 12 to 18 April.³

- The Government of Indonesia has tightened travel restrictions to discourage people to return to their hometowns during Eid al-Fitr holidays and thus avert a surge of COVID-19 cases. Based on the Circular Letter issued by the Ministry of Transportation on 21 April, the restrictions will be in effect from 22 April to 5 May as well as from 18 to 24 May. During these periods, anyone traveling by plane, train and ship will be required to present a negative polymerase chain reaction (PCR) or antigen-RDT test result taken no later than 24 hours before departure.⁴

- The Minister of Health urged Indonesians to remain vigilant of the SARS-CoV-2 variant first identified in the United Kingdom (B.1.1.7). The Minister stated that this variant is now spreading in Indonesia. As of 26 April, Indonesia has reported ten confirmed COVID-19 cases of SARS-CoV-2 variant B.1.1.7. Five of the cases were reported in West Java, two in North Sumatra and one each in South Sumatra, South Kalimantan and East Kalimantan.⁵

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³ https://en.tempo.co/read/1456440/covid-19-office-clusters-in-jakarta-increase
⁵ https://go.kompas.com/read/2021/04/19/173846274/indonesias-health-minister-urges-vigilance-against-local-transmission-of-uk-covid
• On 28 April, 5241 new and 1,657,035 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days from 22 to 28 April was 5209 cases per day, compared to 5341 cases per day reported in the previous week.

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 28 April 2021. Source of data

Disclaimer: The number of cases reported daily is not the number of persons who contracted COVID-19 on that day and might be influenced by the number of people tested on that day (see Fig. 17); reporting of laboratory-confirmed results may take up to one week from the time of testing. Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis, either at the national or subnational level.
During the week from 19 to 25 April, the provinces of North Sulawesi (172%), West Sulawesi (124%), East Nusa Tenggara (83%), Aceh (73%) and West Sumatra (71%) experienced an increase in the number of weekly cases of more than 50% compared to the previous week (Fig. 3). It is critical to investigate reasons for the increase in the new confirmed cases to guide decisions on response activities and inform the adjustment of public health and social measures (PHSM).

Fig. 3. Percentage change of weekly number of confirmed cases by province during 19 to 25 April 2021 compared to the previous week. Source of data

Disclaimer: The number of weekly confirmed cases is calculated taking into consideration the daily number of reported cases. It is important to conduct further investigation if there is a substantial change in new cases, especially in provinces with a change of 50% or more. Other factors, such as testing and contact tracing, may help elucidate the reasons behind substantial changes. Additional indicators, including case incidence and mortality, should be considered to guide adjustment of PHSM.
- During the week from 19 to 25 April, the incidence\(^6\) of COVID-19 in Indonesia increased to 13.5 per 100 000 population, compared to 13.2 per 100 000 in the previous week (Fig. 4).

[Figure 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported in Indonesia from 13 April 2020 (when Indonesia first reported community transmission in the country) to 25 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data]

**Disclaimer:** There are seven categories for transmission classification: (1) no (active) cases; (2) imported/sporadic cases; (3) cluster of cases; (4) community transmission 1 (CT1); (5) community transmission 2 (CT2); (6) community transmission 3 (CT3); and (7) community transmission 4 (CT4).

Caution should be exercised when interpreting this indicator due to limitations listed in the WHO interim guidance. Other epidemiological indicators also need to be evaluated to decide on the level of community transmission. This disclaimer applies to indicators at national (Fig. 4) and subnational levels (Figs. 5 to 11).

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\(^6\) Weekly incidence of COVID-19 is calculated as the number of new cases per 100 000 population per week averaged over a two-week period. Source of population data
During the week from 19 to 25 April, the incidence of COVID-19 per 100,000 population was 60.0 in DKI Jakarta and 59.9 in Bangka Belitung Islands, which corresponds to community transmission level 3 (Fig. 5). Based on WHO interim guidance, community transmission level 3 means that there is a high risk of COVID-19 infection for the general population and that a high number of locally acquired, widely dispersed cases was detected in the past 14 days.

Fig. 5. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period by province in Indonesia during 19 to 25 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

Source of data
During the week of 19 to 25 April, the weekly incidence of COVID-19 increased marginally compared to the previous week in DKI Jakarta, West Java and Central Java. In the same time period, there was a substantial decline in case incidence from 25.1 to 6.6 per 100 000 population in Banten. An in-depth analysis is required to be conducted to identify underlying causes of the sudden fall of case incidence (Figs. 6 to 11).

**Fig. 6.** Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in DKI Jakarta, from 13 April 2020 to 25 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

*Source of data*
Fig. 7. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in West Java, from 13 April 2020 to 25 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

Fig. 8. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Central Java, from 13 April 2020 to 25 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
Fig. 9. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period in DI Yogyakarta, from 13 April 2020 to 25 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

Source of data

Fig. 10. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period in East Java, from 13 April 2020 to 25 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

Source of data
Nationwide test positivity proportion increased sharply after 23 November and reached a peak of 30.5% in mid-February. Subsequently, the positivity proportion declined and stood at 12.3% on 25 April, which is considered as CT3 (high incidence) (Fig. 12). However, the percentage of positive samples can be interpreted reliably only with comprehensive surveillance and testing in the order of one person tested per 1000 population per week. This minimum case detection benchmark was achieved in DKI Jakarta and DI Yogyakarta for the last three weeks. Nevertheless, these provinces still have a test positivity rate of more than 5%, which means that transmission is still high in the community (Fig. 13).
Fig. 12. Test positivity proportion averaged over a two-week period at the national level in Indonesia, as of 25 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. 

**Source of data**

**Disclaimer:** Caution should be exercised when interpreting this indicator due to limitations listed in the WHO interim guidance. Other epidemiological indicators also need to be evaluated to determine the level of community transmission.
Fig. 13. Test positivity proportion and people tested per 1000 population per week at the national level and in select provinces.

Week 1: 05/04/21 to 11/04/21; Week 2: 12/04/21 to 18/04/21; Week 3: 19/04/21 to 25/04/21

- Benchmark: one person tested per 1000 population per week
- Threshold test positivity proportion: <5%

Source of data: Indonesia, DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Banten, West Sumatra, East Kalimantan, West Papua, Riau, Central Kalimantan, South Sumatra, Southeast Sulawesi

Note: Due to a limitation in data, other provinces could not be evaluated. For surveillance purposes, test positivity proportion is calculated as the number of confirmed cases divided by the number of people tested for diagnosis.
During the week from 19 to 25 April, Bali had the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by DI Yogyakarta, East Kalimantan, Riau and DKI Jakarta (Fig. 14).

Fig. 14. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 19 to 25 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

Disclaimer: Based on data availability, only confirmed COVID-19 deaths have been included. As per WHO definition, however, death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case is a COVID-19-related death, unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g. trauma); there should be no period of complete recovery between the illness and death.
• At national level, during the week from 19 to 25 April, the number of confirmed COVID-19 deaths was 0.36 per 100 000 population\(^7\), compared to 0.37 per 100 000 in the previous week (Fig. 15).

Fig. 15. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period in Indonesia, as of 25 April 2021. [Source of data](#)

**Disclaimer:** Based on data availability, only confirmed COVID-19 deaths have been included. As per WHO definition, however, death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case is a COVID-19-related death, unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g. trauma); there should be no period of complete recovery between the illness and death. Evaluation of the level of community transmission could not be conducted due to data limitations.

• During the week from 19 to 25 April, the total number of weekly confirmed COVID-19 deaths in DKI Jakarta was 109, compared to 86 in the previous week (Fig. 16).

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\(7\) Weekly mortality of COVID-19 is calculated as the number of COVID-19 deaths per 100 000 population per week averaged over a two-week period. [Source of population data](#)
The Ministry of Health (MoH) recently published the Minister of Health Regulation Number 12 of 2021 as a technical guideline on the utilization of the Non-physical Special Allocation Budget known as Bantuan Operasional Kesehatan (BOK) or health operational funding for COVID-19 response activities. The regulation recommends using 35 to 40% of BOK funds to support COVID-19 contact tracing and testing activities, as well as procurement of personal protective equipment (PPE).

**CONTACT TRACING**

- The Ministry of Health (MoH) recently published the Minister of Health Regulation Number 12 of 2021 as a technical guideline on the utilization of the Non-physical Special Allocation Budget known as Bantuan Operasional Kesehatan (BOK) or health operational funding for COVID-19 response activities. The regulation recommends using 35 to 40% of BOK funds to support COVID-19 contact tracing and testing activities, as well as procurement of personal protective equipment (PPE).
• On 24 and 25 April, WHO supported MoH to conduct a virtual training on contact tracing, in collaboration with the Ministry of Education, Indonesia One Health University Network (INDOHUN), United States Agency for International Development (USAID) and the Association of Indonesian Medical Students Executive Boards (Ikatan Senat Mahasiswa Kedokteran Indonesia (ISMKI)). More than 1400 volunteers from medical students participated in the training. During the sessions, participants were trained on the principles of COVID-19 contact tracing, self-isolation and quarantine, communication aspects and how to use ‘Silacak’ application for contact tracing. As a follow-up of the training, participants will work directly with District Health Offices (DHOs) to support contact tracing activities in their respective areas.

HEALTH OPERATIONS

• As reported on 28 April, the daily number of people tested for COVID-19 was 41,057 and the cumulative number of people tested was 9,714,274 (Fig. 17).

Fig. 17. Daily and cumulative number of people tested for COVID-19 in Indonesia, as of 28 April 2021. Source of data
As of 28 April, the proportion of people recovered among the total confirmed COVID-19 cases was 91.2% and there were 100 502 active cases (Fig. 18).

The reported number of confirmed COVID-19 cases hospitalized in DKI Jakarta reached a peak of 9888 hospitalized cases on 12 February. The number of hospitalized cases has since decreased to 3718 on 25 April (Fig. 19).

**Fig. 18.** Daily and cumulative number of people tested for COVID-19 in Indonesia, as of 28 April 2021. *Source of data*

**Fig. 19.** Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 August 2020 to 25 April 2021. *Source of data*

**Disclaimer:** Data from Wisma Atlet are not included.
In collaboration with the United Nations Development Programme (UNDP), WHO procured four autoclaves and four incinerators for hospitals and regional laboratories in Bali, Central Java, DI Yogyakarta, Maluku, North Sulawesi, Riau Islands, South Sumatra and West Sumatra. One of the incinerators was shipped to Dr Mohammad Hoesin Hospital in Palembang, South Sumatra, on 28 February. The installation and commissioning process of the unit was completed on 8 March. As a follow-up, an in-house training for the hospital's health workers and waste operators was conducted from 19 to 22 April. The training was attended by 20 participants, including representatives from the Provincial Health Office (PHO), DHO and the Ministry of Environment and Forestry. The training aimed to instruct participants on how to operate and maintain the incinerators as well as to review and update the hospital’s existing waste management standard operating procedures (SOP).

Fig. 20. An in-house training on waste management for health workers and waste operators of Dr Mohammad Hoesin Hospital in Palembang, South Sumatra, organized by the Ministry of Health on 19 to 22 April. Credit: WHO/Indah Deviyanti
WHO continues to support the National Institute of Health Research and Development (NIHRD) to strengthen quality assurance systems in COVID-19 testing laboratories (more information can be found in WHO Situation Report 34 (pages 14 to 16), Situation Report 37 (page 16) and Situation Report 49 (page 16)). The submission of the EQA results was finalized on 15 March; a total of 175 out of 177 laboratories participated in the first phase of the EQA activity and submitted their panel testing results. The results of the proficiency testing was disseminated to these laboratories on 20 April. Based on the assessment conducted by the Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP), 132 laboratories (75% of 175 laboratories) managed to correctly report all the panel testing results and showed good performance. Subsequently, on 20 and 21 April, NIHRD distributed EQA panels to 134 laboratories that will participate in the second phase of the proficiency testing. A socialization workshop was conducted on 26 April.

On 24 April, WHO participated in the webinar on genome surveillance activities in Indonesia, organized by NIHRD. The webinar aimed to disseminate updated information on the SARS-CoV-2 genome surveillance activities in the country, attended by 1300 participants such as health office staff, researchers, hospital staff and the general public. During the webinar, WHO Laboratory Networks Team Lead Dr Mark Perkins presented the global situation of COVID-19 and provided an update on SARS-CoV-2 variants.

WHO is regularly translating and sharing important health messages on its website and social media platforms – Twitter and Instagram – and has recently published:

Infographics:
- Self-isolation
- How to make a fabric mask
Together with the United Nations Children’s Fund (UNICEF) and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), WHO is supporting the National Risk Communications and Community Engagement (RCCE) Working Group to advocate for the inclusion of humanitarian workers, including community health workers, in the priority target groups that receive COVID-19 vaccination. As the initial step, the first meeting with the National Board for Disaster Management (Badan Nasional Penanggulangan Bencana (BNPB)) was conducted on 23 April.

On 19 April, WHO organized a virtual session to disseminate the result of the ‘Global Study of Digital Crisis Interaction among Gen Z and Millennials’, which was conducted in 24 countries including Indonesia. The survey covered a total of 23,500 respondents aged 18 to 40, who were reached via their mobile devices between late October 2020 and early January 2021. The study was a joint assessment by the global marketing communications agency Wunderman Thompson, the University of Melbourne and the online survey provider Pollfish, in collaboration with WHO. The study found that 34.9% of the respondents from Indonesia used WHO social media channels for COVID-19 related news, information and updates. On the subject of vaccines, 44.5% of the respondents referred to WHO social media channels first to find relevant information. The study also found that WHO’s website is the most trusted source of COVID-19 related information in the country, with 41.6% of respondents considering WHO as a highly trusted source of information.
WHO is supporting MoH to conduct a virtual meeting on monitoring of the implementation of COVID-19 Intra Action Review (IAR) recommendations, from 27 to 29 April. Main objectives of the meeting are to discuss the progress made in implementation of activities of the COVID-19 national response plan, to identify challenges and chart a way forward to improve the COVID-19 response. Various directorates within MoH as well as relevant stakeholders from multiple sectors, professional organizations and partners are participating in the meeting.

Fig. 22. WHO supported a joint ‘Global Study of Digital Crisis Interaction among Gen Z and Millennials’, which was conducted in 24 countries between late October 2020 and early January 2021, including Indonesia.
As of 26 April, 18 895 949 vaccine doses have been administered in the national COVID-19 vaccination campaign; 11 872 598 people have received the first dose and 7 023 351 people have received the second dose (Fig. 23).

Fig. 23. Cumulative number of vaccine doses administered in Indonesia, from 22 January to 26 April 2021. [Source of data](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports)

Disclaimer: COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January.

As of 26 April, the number of health workers who have received the second dose of the COVID-19 vaccine (fully vaccinated) was 1 346 352 (91.7% of the target population of 1 468 764). The number of essential public service workers who have received the first dose of the vaccine was 7 967 909 (46% of the targeted 17 327 167); 4 344 278 (25.1% of the target population) have received the second dose of the vaccine. The number of older people who have received the first dose of the vaccine was 2 417 375 (11.2% of the targeted 21 553 118); 1 332 721 (6.2% of the targeted population) have received the second dose (Fig. 24).
As of 26 April, Bali had the highest coverage of the first dose vaccination administered to health workers, essential public service workers and older people amongst all provinces, followed by DKI Jakarta, DI Yogyakarta, Riau Islands and East Java. As of the same day, DKI Jakarta had the highest coverage of the second dose vaccination administered to the same priority target groups, followed by Bali, DI Yogyakarta, North Sulawesi and East Java (Fig. 25).

**Disclaimer:** COVID-19 vaccination started with health workers on 13 January. The second stage of COVID-19 vaccination started on 17 February, targeting essential public service workers and older people (above 60 years old). Published data from MoH is available starting from 22 January.

- As of 26 April, Bali had the highest coverage of the first dose vaccination administered to health workers, essential public service workers and older people amongst all provinces, followed by DKI Jakarta, DI Yogyakarta, Riau Islands and East Java. As of the same day, DKI Jakarta had the highest coverage of the second dose vaccination administered to the same priority target groups, followed by Bali, DI Yogyakarta, North Sulawesi and East Java (Fig. 25).

**Fig. 24.** Cumulative number of people who have received COVID-19 vaccine in Indonesia, as of 19 April 2021. [Source of data](#)

**Fig. 25.** COVID-19 vaccination coverage of health workers, essential public service workers and older people by province in Indonesia, as of 26 April 2021. [Source of data](#)
• On 26 April, Indonesia received an additional 3.85 million doses of AstraZeneca COVID-19 vaccine from the COVAX Facility. This second batch was received by the Minister of Foreign Affairs at Soekarno-Hatta International Airport. With the arrival of this latest batch, Indonesia has received a total of 4 965 600 doses of AstraZeneca vaccine from the COVAX Facility. As part of the Advance Market Commitment (AMC) to finance low- and middle-income countries, the COVAX Facility is set to provide around 11.7 million doses of COVID-19 vaccine to Indonesia during the first half of 2021 at no cost. This will contribute to Indonesia’s target of vaccinating at least 70% of its population by the end of 2021.

Fig. 26. Indonesia Minister of Foreign Affairs Retno Marsudi received the second batch of 3.85 million doses of AstraZeneca COVID-19 vaccine from the COVAX Facility at Soekarno-Hatta International Airport, on 26 April. Credit: Ministry of Communications and Informatics

• From 11 to 14 April, WHO supported MoH to conduct a meeting in Bogor on validation of COVID-19 vaccination data, inviting representatives from 34 provinces. Representatives from Indonesia state-owned telecommunication and network provider company PT Telkom Indonesia, National Committee on Adverse Events Following Immunization (Komite Nasional Kejadian Ikutan Pasca Imunisasi (Komnas KIPI)), UNDP and UNICEF also attended the meeting. During the meeting, participants from subnational levels shared and validated vaccination coverage data, provided information on subnational level targets and current vaccine stock levels and discussed challenges. WHO presented the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT/VRAF 2.0) which should be completed and updated on a bimonthly basis.
The overall funding request for WHO operations and technical assistance is US$ 46 million (US$ 27 million for response and US$ 19 million for recovery phase), based on estimated needs as of April 2021 (Fig. 28).

Fig. 27. WHO presented the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT/VRAF 2.0) during a meeting on validation of COVID-19 vaccination data, organized by the Ministry of Health from 11 to 14 April. Credit: WHO
Fig. 28. WHO funding situation for COVID-19 response, April 2021.

Data presented in this situation report have been taken from publicly available data from the MoH (https://infeksiemerging.kemkes.go.id), COVID-19 Mitigation and National Economic Recovery Team (KPCPEN) (http://covid19.go.id) and provincial websites. There may be differences in national and provincial data depending on the source used. All data are provisional and subject to change.
Table 1: Title and details of recent WHO resource materials

Source: https://www.who.int/

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
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<tbody>
<tr>
<td>Expanding our understanding of post COVID-19 condition: report of a</td>
<td>The first webinar entitled 'Expanding our understanding of post COVID-19 condition' was held on 9 February, under the auspices of WHO and in consultation with the International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC), Global Research Collaboration for Infectious Disease Preparedness (GloPID-R), National Institutes of Health/National Institute of Allergy and Infectious Diseases (NIH/NIAID), LongCovidSOS and patient representatives.</td>
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<tr>
<td>WHO webinar - 9 February 2021, 24 April 2021</td>
<td></td>
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<tr>
<td>WHO COVID-19 Clinical care bundle, 23 April 2021</td>
<td>This product is related to the WHO COVID-19 Living Clinical Management Guidance and WHO Living Guidelines for Therapeutics and COVID-19. This document is intended to be used by health workers caring for patients with suspected or confirmed COVID-19.</td>
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<tr>
<td>Second round of the national pulse survey on continuity of essential</td>
<td>This report presents global findings from the 135 countries and territories that participated in the second round of the ‘National pulse survey on continuity of essential health services during the COVID-19 pandemic’ conducted in January-March 2021. The findings offer critical insight from country key informants into the extent of impact of the COVID-19 pandemic on essential health services across the life course, the reasons for those disruptions and how countries are adapting strategies and approaches to maintain service delivery.</td>
</tr>
<tr>
<td>health services during the COVID-19 pandemic (interim report), 23 April 2021</td>
<td></td>
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<tr>
<td>Episode 35 of Science in 5, WHO’s series of conversations in science, 23 April 2021</td>
<td>WHO Director of Immunization, Vaccines and Biologicals Dr Katherine O’ Brien explains the types of vaccine and how to assess the risk of side effects.</td>
</tr>
<tr>
<td>Interim recommendations for use of the ChAdOx1-S [recombinant] vaccine</td>
<td>This document is an update to the interim guidance which was published on 10 February. The WHO interim recommendations on the use of the AstraZeneca – Oxford University AZD1222 vaccine against COVID-19 were developed on the basis of the advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) and the evidence summary included in the latest grading of recommendations, assessment, development and evaluations (GRADE) and evidence-to-recommendation framework tables (ETR tables) and Background document on the AZD1222 vaccine against COVID-19 developed by Oxford University and AstraZeneca.</td>
</tr>
</tbody>
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A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

Online WHO COVID-19 courses:
- COVID-19 vaccination training for health workers
- Standard precautions: Environmental cleaning and disinfection
- Management of COVID-19 in long-term care facilities
- Operational planning guidelines and COVID-19
- Clinical management of severe acute respiratory infections
- Health and safety briefing for respiratory diseases – eProtect

WHO guidance:
- Statement on the 7th meeting of the International Health Regulations (2005) Emergency Committee regarding the COVID-19 pandemic
- Disability considerations for COVID-19 vaccination: WHO and UNICEF policy brief
- Asthma and COVID-19: scientific brief
- Why are there extra doses of vaccine in the vaccine vial? (COVID-19 job aid)
- WHO COVID-19 essential supplies forecasting tool (COVID-ESFT)
- COVID-19 and mandatory vaccination: Ethical considerations and caveats (policy brief)

Infographics:
- Religious celebration
- Contact tracing
- COVID-19 new variants
- COVID-19 vaccines and vaccination

Questions and answers:
- COVID-19: Vaccines
- COVID-19: Vaccine research and development
- COVID-19: Vaccine access and allocation

Videos:
- Science in 5: Evolution of the SARS-CoV-2 virus
- Time to abide (1-10)
- COVID-19 virus variants

For more information please feel free to contact: seinocomm@who.int
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