As of 8 June, the Government of Indonesia reported 6,058,180 (520 new) confirmed cases of COVID-19, 156,628 (4 new) deaths, and 5,897,630 recovered cases from 510 districts across 34 provinces.\(^1\) During the week of 30 May to 5 June, the weekly COVID-19 incidence per 100,000 population nationwide, in Java-Bali region and in provinces outside Java-Bali region (non-Java-Bali) was 0.7, 1.1 and 0.2, respectively.

The Government of Indonesia launched the 2022 National Child Immunization Month on 18 May, with the aims of strengthening routine immunization and reducing the coverage gaps in primary immunization for children. WHO continues to support the Ministry of Health in the implementation of the National Child Immunization Month at national and subnational levels (pages 17-18).

Fig. 1. Geographic distribution of confirmed COVID-19 cases reported in the last seven days per 100,000 population in Indonesia across provinces, from 2 to 8 June 2022. 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.

\(^1\) https://covid19.go.id/peta-sebaran-covid19
**SURVEILLANCE**

**Case incidence**

- On 8 June, 520 new and 6,058,180 cumulative cases were reported in Indonesia. The weekly number of cases from 30 May to 5 June was 2,385, an increase of 31% compared to the previous week. On 8 June, 4 new deaths were reported, bringing the total reported deaths since the start of the pandemic to 156,628. The weekly number of new deaths from 30 May to 5 June was 41, a decrease of 21% compared to the previous week (Fig. 2).

![Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 5 June 2022.](image)

**Source of data**

**Disclaimer:** Prior to 10 February 2021, SARS-CoV-2 diagnosis was conducted using polymerase chain reaction (PCR). Since this date, confirmed cases also include those tested positive using nucleic acid amplification test (NAAT) (e.g. PCR) and antigen-detecting rapid diagnostic test (Ag-RDT). The number of cases reported daily is not equivalent to 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. 7). Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis, both at the national and subnational level.
During the week of 30 May to 5 June, 16 out of 34 provinces experienced an increase in the number of cases (Fig. 3). It is important to note that public health and social measures (PHSM), such as the use of well-fitting masks, physical distancing, ventilation of indoor spaces, and hand hygiene should continue to be implemented throughout the country.

**Fig. 3.** Percentage change of weekly number of confirmed cases by province during 30 May to 5 June 2022, compared to the previous week. [Source of data](who.int/indonesia)

**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, mortality, response capacities, vaccination coverage and public perception of the risk should be considered to guide adjustment of PHSM.
During the week of 30 May to 5 June, the weekly COVID-19 incidence per 100,000 population nationwide, in Java-Bali region and in provinces outside Java-Bali region (non-Java-Bali) was 0.7, 1.1 and 0.2, respectively (Fig. 4). The weekly incidence at national level, in Java-Bali region and in non-Java-Bali region continues to decrease after reaching a new peak during the week of 21 to 27 February 2022. Province and district level analyses are needed to maintain surveillance activity that focuses on identifying clusters, especially in closed and high-risk settings. Contact tracing remains critical to ensure disease containment in the community and to prevent transmission among high-risk populations.

Fig. 4. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period reported at national and subnational levels (Java-Bali and non-Java-Bali) from 13 April 2020 (when Indonesia first reported community transmission in the country) to 5 June 2022, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](https://www.who.int/indonesia)

**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](https://www.who.int/). Other epidemiological indicators also need to be evaluated to decide on the level of community transmission. This disclaimer applies to indicators to national (Fig. 4) and subnational levels (Fig. 5-6).

Priority groups for contact tracing are vulnerable people who have a higher chance of developing severe conditions if infected with COVID-19. These groups include, but are not limited to: individuals older than 60 years of age, individuals with immunocompromising diseases, those who take immunosuppressive medications, people with multiple comorbidities, pregnant women and those who are considered as vulnerable by a medical professional.
During the week of 30 May to 5 June, all provinces were at a low level of community transmission (CT1) with weekly case incidence < 20 per 100,000 population (Fig. 5). Based on the WHO interim guidance, this means that there was a low risk of COVID-19 infection for the general population and a low incidence of locally acquired, widely dispersed cases 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 30 May to 5 June 2022, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
• Case incidences at national and subnational levels increased significantly since the first week of February 2022 and continue to decrease since the peak in week of 27 February to 6 March (Fig. 6). Several provinces have recorded new peaks in incidence per 100 000 population during the Omicron surge. During the week of 30 May to 5 June, case incidence per 100 000 population in Java-Bali and Nusa Tenggara-Maluku-Papua increased slightly to 1.1 and 0.5, respectively, compared to the previous week. Details on incidence for each province are available here.

Fig. 6. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in five regions in Indonesia (Java-Bali, Sumatra, Kalimantan, Sulawesi and Nusa Tenggara-Maluku-Papua), from 4 January 2021 to 5 June 2022, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
Test positivity proportion

- During the week of 30 May to 5 June, nationwide test positivity proportion has averaged at 0.8%. This proportion can be interpreted reliably only with comprehensive surveillance and testing in the order of at least one person tested per 1000 population per week. During the week of 30 May to 5 June, the testing rate decreased to 1.10 per 1000 population per week (Fig. 7). It is critical to ensure the continuation of a rigorous testing strategy to rapidly identify COVID-19 cases among suspected cases and close contacts (Table 2. Weekly risk assessment, page 20).

Fig. 7. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 5 June 2022, classified by level of community transmission (CT): CT1: low incidence (< 2%); CT2: moderate incidence (2% - < 5%); CT3: high incidence (5% - < 20%); CT4: very high incidence (20%+). 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.
Mortality

- During the week of 30 May to 5 June, all 34 provinces reported < 1 weekly number of confirmed COVID-19 deaths per 100 000 population (Fig. 8).

![Weekly number of confirmed COVID-19 deaths per 100 000 population](image)

Fig. 8. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 30 May to 5 June 2022, 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. Evaluation of excess mortality is also beneficial to complement information on COVID-19 death.
During the week of 30 May to 5 June, the number of confirmed COVID-19 deaths at national level, in Java-Bali and non-Java-Bali regions were 0.02, 0.02 and 0.01 per 100 000 population (Fig. 9). The number of COVID-19 deaths per 100 000 population has decreased gradually since the week of 14 to 20 March 2022.

Fig. 9. Weekly number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period reported at national level and in Java-Bali and non-Java-Bali regions, as of 5 June 2022.

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.
Variants of concern (VOCs) and Omicron

- The first Omicron case in Indonesia was reported on 16 December 2021, from a sample collected on 8 December. As of 5 June 2022, a total of 11,424 Omicron cases were reported by the Ministry of Health (MoH) to the Global Initiative on Sharing All Influenza Data (GISAID) (Fig. 10).

Fig. 10. The number of SARS-CoV-2 whole genome sequences data reported at national level from samples collected on 6 December 2021 to 5 June 2022. Source of data: Global Initiative on Sharing All Influenza Data (GISAID).

Disclaimer: Data was retrieved from GISAID (Pango v.4.0.6 PLEARN-v1.8) on 6 June 2022. The number of SARS-CoV-2 sequences is dynamic and will change when the genomic surveillance laboratory network submits new data to GISAID. Caution is needed in interpreting the graph as it depends on the genomic surveillance sampling strategy implemented in the country (e.g., targeted sampling for international travellers, random sampling from the community).
• As of 5 June, Indonesia reported 43 Omicron lineages (from the parent lineage of B.1.529) (Fig. 11). The lineages of BA.2, BA.2.3, and BA.1.1 have been the most dominant in Indonesia over the past weeks. Based on the currently available evidence, the BA.2 lineage share many mutation characteristics with BA.1 lineage. However, it does not carry the Spike 69-70 deletion associated with S-gene target failure.

![Fig. 11. Omicron lineages in Indonesia. Source of data: Global Initiative on Sharing All Influenza Data (GISAID).](image)

**Disclaimer:** Data was retrieved from GISAID (Pango v.4.0.6 PLEARN-v1.8) on 6 June 2022. The number of SARS-CoV-2 sequences is dynamic and will change when the genomic surveillance laboratory network submits new data to GISAID.
On 5 June, the reported number of COVID-19 cases hospitalized in DKI Jakarta was 196, a decrease from 201 cases one week prior. On the same date, the reported number of cases in self-isolation increased from 722 to 1011 cases (Fig. 12).

Fig. 12. Number of COVID-19 cases hospitalized and in self-isolation in DKI Jakarta, from 1 September 2020 to 5 June 2022. Source of data

On 5 June, bed occupancy rate (BOR) at national level remained at 1%\(^3\) compared to the previous week\(^4\). BOR in intensive care units (ICU) also plateaued at 2% compared to one week prior.

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WHO continues to translate and share important health messages on its [website](#) and social media platforms – [Twitter](#) and [Instagram](#) – and has recently published:

**Infographics:**
- [COVID-19 Vaccine Fact](#)

**Myth-busters**
- Myths and facts: Hepatitis Hoax

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![WHO infographics on 'COVID-19 Vaccine Facts', June 2022](image)

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[who.int/indonesia](#)
As of 8 June, 414,808,569 vaccine doses have been administered in the national COVID-19 vaccination campaign. On the same date, 167,884,596 people out of 270,203,917 total population (62.1 per 100 total population) have been fully vaccinated; 200,698,327 people (74.3 per 100 total population) have received at least one dose of the vaccine (Fig. 14). On the same date, 47,106,760 people out of 270,203,917 total population (17.4 per 100 total population) have received a booster dose. Nationwide, 53.7 per 100 total population of older people have been fully vaccinated; 66.6 per 100 total population have received at least one dose of the vaccine and 17.9 per 100 total population have received a booster dose.

Fig. 14. Number of people fully vaccinated, number of people received at least one dose and number of people received a booster dose of COVID-19 vaccine per 100 total population by province in Indonesia, as of 8 June 2022. Source of data

Source of population data: 2020 Census result, Central Bureau of Statistics

Disclaimer: Data are recorded based on the location of the vaccination site. Total population is calculated based on provincial data (national identification number (Nomor Induk Kependudukan (NIK)).
Table 1. COVID-19 vaccination by each target population in Indonesia, as of 8 June 2022. Source of data

<table>
<thead>
<tr>
<th>Target population</th>
<th>Total target population</th>
<th>Number of partially vaccinated</th>
<th>%</th>
<th>Number of fully vaccinated</th>
<th>%</th>
<th>Number of booster</th>
<th>%</th>
<th>Number of unvaccinated</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health workers</td>
<td>1 468 764</td>
<td>52 490</td>
<td>3.6</td>
<td>1 978 028</td>
<td>134.7</td>
<td>1 630 049</td>
<td>111.0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>21 553 118</td>
<td>3 455 412</td>
<td>16.0</td>
<td>14 410 870</td>
<td>66.9</td>
<td>4 811 273</td>
<td>22.3</td>
<td>3 686 836</td>
<td>17.1</td>
</tr>
<tr>
<td>Essential public service workers</td>
<td>17 327 167</td>
<td>1 537 744</td>
<td>8.9</td>
<td>16 725 194</td>
<td>96.5</td>
<td>6 959 357</td>
<td>40.2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General population</td>
<td>141 211 181</td>
<td>19 945 223</td>
<td>14.1</td>
<td>94 747 257</td>
<td>67.1</td>
<td>32 566 764</td>
<td>23.1</td>
<td>26 518 701</td>
<td>18.8</td>
</tr>
<tr>
<td>Adolescents aged 12-17</td>
<td>26 705 490</td>
<td>3 481 848</td>
<td>13.0</td>
<td>21 880 659</td>
<td>81.9</td>
<td>616 628</td>
<td>2.3</td>
<td>1 342 983</td>
<td>5.0</td>
</tr>
<tr>
<td>Children aged 6-11</td>
<td>26 400 300</td>
<td>4 281 400</td>
<td>16.2</td>
<td>17 031 163</td>
<td>64.5</td>
<td></td>
<td></td>
<td>5 087 737</td>
<td>19.3</td>
</tr>
<tr>
<td>Gotong Royong scheme*</td>
<td>58 761</td>
<td>1 103 835</td>
<td>517 775</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** General population includes vulnerable groups (e.g., persons with disabilities and marginalized groups); total number vaccinated includes eligible target population with Gotong Royong scheme. *The Gotong Royong scheme does not have a separate total target population from the government vaccination programme.

**Disclaimer:** Vaccination coverage greater than 100% is due to differences in actual number versus estimated number of target population. Ongoing data cleaning process may also have an impact on the change of vaccination coverage.
The weekly number of COVID-19 vaccine doses administered from 30 May to 5 June was 1,549,888, a 13.8% decrease compared to 1,798,427 doses in the previous week. By age group, the highest number of doses administered was for vaccination of people above 18 years; followed by adolescents aged 12 to 17 years, children aged 6 to 11 years and older people (Fig. 15).

Fig. 15. Number of weekly vaccine doses administered by age group. Data as of 8 June 2022, accessed at 7:30 PM. Source of data

Note: People aged 18 – 59 years calculation = health workers + essential public service workers + general population + people who received vaccination through Gotong Royong scheme. Doses administered calculation = Dose 1 + Dose 2.

To achieve the target of at least 70% of the total population fully vaccinated (189,142,742 people) by June 2022, the weekly target of second-dose vaccination administered is 5,314,536 doses.
• The COVID-19 pandemic has significantly disrupted many essential health services, including routine immunization. Disruptions in the supply chain, activity restrictions, repurposing of budget and human resources, as well as increased workload of health workers were the main factors adversely affecting implementation of several routine immunization services at the peak of the pandemic.\(^5\) This has resulted in a significant decline in complete routine immunization coverage for children. In total, around 675 000 children across Indonesia are at higher risk of vaccine-preventable diseases such as diphtheria, tetanus, measles, rubella and polio.\(^6\)

• As part of the efforts to strengthen routine immunization and reduce the coverage gaps in primary immunization for children, and under the framework of the World Immunization Week 2022, the Government of Indonesia launched the 2022 National Child Immunization Month (Bulan Imunisasi Anak Nasional (BIAN) 2022) on 18 May. Together with the Minister of Health, WHO Representative to Indonesia attended the official kick-off ceremony, held in Tanjung Pinang, Riau Islands.

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\(^6\) Ministry of Health routine immunization administrative report as of May 2022
• BIAN is scheduled to be implemented in two phases. Phase one of BIAN is being conducted in provinces outside Java and Bali, with a target coverage of 95% for measles-rubella supplementary immunization activities (MR SIA) and 80% for catch-up vaccination. The second phase will be implemented in provinces in Java and Bali starting August 2022. Following the national kick-off ceremony, WHO continues to provide technical and financial support to MoH to ensure the successful implementation of BIAN. As of the first week of June 2022, WHO has supported MoH in conducting monitoring and advocacy activities in several provinces, including North Sumatra, Lampung, Banten, West Java, East Java, West Kalimantan, East Kalimantan, South Kalimantan, South Sulawesi, North Sulawesi, Central Sulawesi, North Maluku, Papua, and West Papua.

![Image](https://example.com/image.png)

Fig. 17. WHO field team in South Sulawesi assisted the Ministry of Health in conducting socialization of offline and online reporting and recording system for BIAN, organized by the District Health Office of Makassar on 24 May 2022. Credit: WHO/Sifat Jahan

• At national level, WHO continues to provide technical assistance to MoH in monitoring routine immunization data reporting and recording. As of 7 June, MR SIA vaccination has been administered to more than 4.9 million children nationwide. On the same date, more than 100 000 children have received catch-up vaccinations for oral poliovirus vaccine (OPV), inactivated polio vaccine (IPV) and Pentabio (DPT-HB-Hib).
The overall funding request for WHO operations and technical assistance for 2022/23 is US$ 12 million, based on estimated needs as of June 2022 (Fig. 18).

Fig. 18. WHO funding situation for COVID-19 response, June 2022.

Data presented in this situation report have been taken from publicly available data from the MoH (https://infeksiemerging.kemkes.go.id; https://vaksin.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.
# WEEKLY RISK ASSESSMENT

## Table 2. Weekly risk assessment, 30 May-6 June 2022

<table>
<thead>
<tr>
<th>Province</th>
<th>Case incidence trend</th>
<th>Incidence per 100 000 population</th>
<th>Death per 100 000 population</th>
<th>Testing rate (per 1000 population per week)</th>
<th>Weekly positivity proportion in the last 7 days (%)</th>
<th>Fully vaccinated % among all population</th>
<th>Fully vaccinated % among older population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceh</td>
<td>Decrease</td>
<td>0.0</td>
<td>0.00</td>
<td>0.3</td>
<td>0.05%</td>
<td>59.4%</td>
<td>68.9%</td>
</tr>
<tr>
<td>North Sumatra</td>
<td>Decrease</td>
<td>0.1</td>
<td>0.00</td>
<td>0.7</td>
<td>0.21%</td>
<td>63.0%</td>
<td>71.4%</td>
</tr>
<tr>
<td>West Sumatra</td>
<td>Decrease</td>
<td>0.1</td>
<td>0.00</td>
<td>0.6</td>
<td>0.35%</td>
<td>58.1%</td>
<td>78.1%</td>
</tr>
<tr>
<td>Riau</td>
<td>Decrease</td>
<td>0.1</td>
<td>0.01</td>
<td>0.6</td>
<td>0.05%</td>
<td>60.0%</td>
<td>56.2%</td>
</tr>
<tr>
<td>Jambi</td>
<td>Decrease</td>
<td>0.1</td>
<td>0.01</td>
<td>0.5</td>
<td>0.22%</td>
<td>57.8%</td>
<td>55.3%</td>
</tr>
<tr>
<td>South Sumatra</td>
<td>Decrease</td>
<td>0.1</td>
<td>0.00</td>
<td>0.7</td>
<td>0.15%</td>
<td>56.6%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Bengkulu</td>
<td>Decrease</td>
<td>0.0</td>
<td>0.02</td>
<td>0.6</td>
<td>0.00%</td>
<td>57.1%</td>
<td>58.2%</td>
</tr>
<tr>
<td>Lampung</td>
<td>Decrease</td>
<td>0.2</td>
<td>0.02</td>
<td>0.7</td>
<td>0.05%</td>
<td>53.4%</td>
<td>56.3%</td>
</tr>
<tr>
<td>Bangka Belitung Islands</td>
<td>Decrease</td>
<td>0.0</td>
<td>0.00</td>
<td>0.9</td>
<td>0.00%</td>
<td>64.5%</td>
<td>65.3%</td>
</tr>
<tr>
<td>Riau Islands</td>
<td>Decrease</td>
<td>0.2</td>
<td>0.02</td>
<td>1.4</td>
<td>0.06%</td>
<td>73.7%</td>
<td>71.2%</td>
</tr>
<tr>
<td>DKI Jakarta</td>
<td>Decrease</td>
<td>7.5</td>
<td>0.05</td>
<td>4.4</td>
<td>2.27%</td>
<td>101.4%</td>
<td>95.4%</td>
</tr>
<tr>
<td>West Java</td>
<td>Decrease</td>
<td>0.6</td>
<td>0.03</td>
<td>1.2</td>
<td>0.56%</td>
<td>64.9%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Central Java</td>
<td>Decrease</td>
<td>0.3</td>
<td>0.03</td>
<td>0.8</td>
<td>0.33%</td>
<td>65.1%</td>
<td>67.6%</td>
</tr>
<tr>
<td>DI Yogyakarta</td>
<td>Decrease</td>
<td>1.5</td>
<td>0.04</td>
<td>1.7</td>
<td>1.20%</td>
<td>81.7%</td>
<td>76.3%</td>
</tr>
<tr>
<td>East Java</td>
<td>Decrease</td>
<td>0.4</td>
<td>0.02</td>
<td>0.9</td>
<td>0.60%</td>
<td>62.5%</td>
<td>64.4%</td>
</tr>
<tr>
<td>Banten</td>
<td>Decrease</td>
<td>1.5</td>
<td>0.01</td>
<td>1.4</td>
<td>1.41%</td>
<td>58.4%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Bali</td>
<td>Decrease</td>
<td>2.1</td>
<td>0.05</td>
<td>2.2</td>
<td>0.95%</td>
<td>84.3%</td>
<td>75.6%</td>
</tr>
<tr>
<td>West Nusa Tenggara</td>
<td>Decrease</td>
<td>0.1</td>
<td>0.00</td>
<td>0.4</td>
<td>0.42%</td>
<td>62.7%</td>
<td>68.9%</td>
</tr>
<tr>
<td>East Nusa Tenggara</td>
<td>Decrease</td>
<td>0.4</td>
<td>0.02</td>
<td>0.8</td>
<td>0.55%</td>
<td>51.4%</td>
<td>47.5%</td>
</tr>
<tr>
<td>West Kalimantan</td>
<td>Decrease</td>
<td>0.2</td>
<td>0.00</td>
<td>0.6</td>
<td>0.20%</td>
<td>51.3%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Central Kalimantan</td>
<td>Decrease</td>
<td>0.4</td>
<td>0.02</td>
<td>0.7</td>
<td>0.53%</td>
<td>63.6%</td>
<td>60.6%</td>
</tr>
<tr>
<td>South Kalimantan</td>
<td>Decrease</td>
<td>0.3</td>
<td>0.00</td>
<td>0.8</td>
<td>0.24%</td>
<td>59.7%</td>
<td>58.3%</td>
</tr>
<tr>
<td>East Kalimantan</td>
<td>Decrease</td>
<td>0.4</td>
<td>0.04</td>
<td>2.8</td>
<td>0.16%</td>
<td>67.7%</td>
<td>61.2%</td>
</tr>
<tr>
<td>North Kalimantan</td>
<td>Decrease</td>
<td>0.2</td>
<td>0.00</td>
<td>1.3</td>
<td>0.00%</td>
<td>62.4%</td>
<td>60.0%</td>
</tr>
<tr>
<td>North Sulawesi</td>
<td>Decrease</td>
<td>0.1</td>
<td>0.02</td>
<td>1.2</td>
<td>0.27%</td>
<td>53.3%</td>
<td>54.2%</td>
</tr>
<tr>
<td>Central Sulawesi</td>
<td>Decrease</td>
<td>0.2</td>
<td>0.01</td>
<td>0.4</td>
<td>0.55%</td>
<td>41.9%</td>
<td>35.8%</td>
</tr>
<tr>
<td>South Sulawesi</td>
<td>Decrease</td>
<td>0.2</td>
<td>0.01</td>
<td>0.8</td>
<td>0.19%</td>
<td>51.1%</td>
<td>47.4%</td>
</tr>
<tr>
<td>Southeast Sulawesi</td>
<td>Decrease</td>
<td>0.0</td>
<td>0.02</td>
<td>0.7</td>
<td>0.00%</td>
<td>48.5%</td>
<td>42.0%</td>
</tr>
<tr>
<td>Gorontalo</td>
<td>Decrease</td>
<td>0.1</td>
<td>0.09</td>
<td>0.4</td>
<td>0.40%</td>
<td>54.5%</td>
<td>47.8%</td>
</tr>
<tr>
<td>West Sulawesi</td>
<td>Decrease</td>
<td>0.2</td>
<td>0.06</td>
<td>0.5</td>
<td>0.15%</td>
<td>41.7%</td>
<td>43.9%</td>
</tr>
<tr>
<td>Maluku</td>
<td>Decrease</td>
<td>0.5</td>
<td>0.00</td>
<td>0.7</td>
<td>0.32%</td>
<td>35.9%</td>
<td>33.8%</td>
</tr>
<tr>
<td>North Maluku</td>
<td>Decrease</td>
<td>0.5</td>
<td>0.02</td>
<td>0.7</td>
<td>0.43%</td>
<td>43.9%</td>
<td>47.1%</td>
</tr>
<tr>
<td>West Papua</td>
<td>Decrease</td>
<td>3.9</td>
<td>0.00</td>
<td>1.9</td>
<td>2.53%</td>
<td>32.2%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Papua</td>
<td>Decrease</td>
<td>0.3</td>
<td>0.01</td>
<td>1.3</td>
<td>0.25%</td>
<td>15.2%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

**Note:** Case incidence trend considers the trend of cases over the last three weeks. Case incidence is marked as light red if > 150 per 100 000 population and orange if between 50 to 150. Death is marked as light red if > 5 per 100 000 population and orange if between 2 and 5. The testing rate is marked as yellow if it is less than 1/1000 population. Test positivity proportion is marked as light red if ≥ 20% and yellow if between 5% and 20%. The proportion of those fully vaccinated among older population is marked as light red if < 20%, orange if between 20% and 50%, yellow if between 50% and 80% and green if the vaccination rate > 80%. Target population for vaccination includes health workers, essential public service workers, older persons, vulnerable populations and people aged 18 years and above, children aged 6-11 years and adolescents aged 12-17 years. Vaccination coverage greater than 100% is due to differences in actual number versus estimated number of target population.
## Table 3. Title and details of recent WHO resource materials

Source: [https://www.who.int/](https://www.who.int/)

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim recommendations for the use of the Janssen Ad26.COV2.S (COVID-19) vaccine, 6 June 2022</td>
<td>These WHO interim recommendations on the use of the Janssen Ad26.COV2.S (COVID-19) vaccine were developed on the basis of advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) and the evidence summary included in <a href="https://www.who.int">Background document on the Janssen Ad26.COV2.S (COVID-19) vaccine</a>. This document has been updated on 6 June 2022.</td>
</tr>
<tr>
<td>Annexes to the interim recommendations for use of the Janssen Ad26.COV2.S vaccine, 6 June 2022</td>
<td>These are the annexes to WHO interim recommendations for use of the Janssen Ad26.COV2.S vaccine against COVID-19. Annexes 1-6 contain tables that summarize the grading of recommendations, assessment, development and evaluations (GRADE). Annexes 7-9 contain the SAGE evidence-to-recommendation framework tables (ETR tables). This document has been updated on 6 June 2022.</td>
</tr>
<tr>
<td>COVID-19 and mandatory vaccination: Ethical considerations, 30 May 2022</td>
<td>This document identifies and articulates important ethical considerations that should be explicitly evaluated and discussed through ethical analysis by governments and/or institutional policy makers who may be considering mandates for COVID-19 vaccination. It aims to identify and articulate salient ethical considerations so that policy makers may engage with them; it does not aim to fully explain or address these ethical considerations and issues. This document updates a policy brief initially published in April 2021 in response to changes in the COVID-19 vaccine landscape, including authorization of vaccines for children and additional information about, and experiences with, vaccination mandates for COVID-19.</td>
</tr>
</tbody>
</table>
A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

Online WHO COVID-19 courses:

- Clinical management of patients with COVID-19: General considerations
- 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:

- Infection prevention and control in the context of coronavirus disease (COVID-19): a living guideline
- COVID-19 Vaccine Introduction and deployment Costing tool (CVIC tool) - Version 2.3
- Accelerating COVID-19 Vaccine Deployment
- Consolidated Report of country success stories in mitigating the impact of the COVID-19 pandemic on TB services
- Explainer for COVAX Allocation Phase 2
- Annex for Phase 2 of COVAX Allocation Framework
- Environmental surveillance for SARS-CoV-2 to complement public health surveillance - Interim guidance

Infographics:

- Back to work
- Celebrations
- Ramadhan and COVID-19 2022
- Mental health and COVID-19
- Be a hero
- Good ventilation
- Waste management
- Do it all
Questions and answers:

- Monkeypox
- Coronavirus disease (COVID-19): Mask
- Coronavirus disease (COVID-19): Contact tracing
- How to talk about vaccines
- COVID-19: Vaccines
- COVID-19: Vaccine research and development

Videos:

- COVID-19: Omicron
- Omicron and COVID-19
- Omicron and reinfection
- Diabetes & COVID-19

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

WHO Indonesia Reports