As of 10 November, the Government of Indonesia reported 4,249,323 (480 new) confirmed cases of COVID-19, 143,592 (14 new) deaths and 4,096,194 recovered cases from 510 districts across 34 provinces. From 1 to 7 November, the weekly COVID-19 incidence remained at a low level of community transmission (CT1).

A strong public health response to the COVID-19 pandemic needs to be continued. Maintaining robust surveillance to rapidly detect and investigate suspected SARS-CoV-2 cases, and implementation of public health measures, such as timely isolation of confirmed cases and quarantine of contacts, is essential. Individuals also need to strictly apply personal protective measures such as getting vaccinated, maintaining physical distance, wearing a mask, avoiding poorly ventilated spaces, washing hands, staying home if unwell and following respiratory hygiene.

**Fig. 1.** Geographic distribution of confirmed COVID-19 cases reported in the last seven days per 100,000 population in Indonesia across provinces, from 4 to 10 November 2021. [Source of data](https://covid19.go.id/peta-sebaran-covid19)

**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.

On 8 November, Indonesia received a shipment of four million doses of Sinovac COVID-19 vaccine. Including this new vaccine arrival, the Minister of Communications and Informatics said that Indonesia has received around 365 million doses of COVID-19 vaccine as of November 2021. On 8 November, the Minister of Health stated that the Government of Indonesia is now targeting to administer a total of 300 million doses of COVID-19 vaccine, for the first and second-dose vaccination, by the end of 2021. As of 7 November, Indonesia has administered more than 200 million doses of COVID-19 vaccine to its target populations.

The National COVID-19 Task Force (Satuan Tugas (Satgas)) observed a slight increase in the number of new confirmed cases reported on 7 November, after a decline on the previous day. Satgas reported that the highest number of new confirmed cases was recorded in DKI Jakarta, with over 100 cases; followed by West Java and Central Java. However, Satgas stated that the number of active cases at national level continued to decline.

On 6 November, the Minister of Communications and Informatics stated that the government is in the process of reviewing several policies that will be implemented to anticipate an increase of cases during Christmas and new year holidays. The Minister said that one of the regulations that will continue to be implemented is limitation of operational capacity at tourism sites. The government also continues to advocate strengthening implementation and monitoring of health protocols at public places, especially places of worship, during Christmas celebrations. The Minister added that the use of the PeduliLindungi application will also be maximized as part of the efforts to monitor community mobility.

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On 10 November, 480 new and 4,249,323 cumulative cases were reported in Indonesia. The weekly number of cases from 1 to 7 November was 3,807, a decrease of 12% compared to the previous week. On 10 November, 14 new and 143,592 cumulative COVID-19 deaths were reported nationwide. The weekly number of new deaths from 1 to 7 November was 140, a decrease of 30% compared to the previous week (Fig. 2).

Fig. 2. Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 7 November 2021. [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 include those who 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. 6); 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, both at the national and subnational level.
• From 1 to 7 November, 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 1.6, 1.8 and 1.3, respectively (Fig. 3). The weekly incidence in all regions has remained at a low level of community transmission (CT1) for the past eight to nine weeks. Province and district level analyses are needed to evaluate these trends and identify new clusters if they arise.

Fig. 3. 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 7 November 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. 3) and subnational levels (Fig. 4-5).
• All provinces were at a low level of community transmission (CT1) during the week of 1 to 7 November 2021 (Fig. 4). 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.

![Graph showing weekly case incidence by province in Indonesia during 1 to 7 November 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data](who.int/indonesia)
Case incidence in all regions has continued to decline since August 2021 (Fig. 5). It is critical for each administrative level to closely monitor any possible cluster to ensure rapid response and containment of a potential outbreak. Exhaustive contact tracing for each identified case is essential to prevent the spread of infection. Details on incidence in each province are available here.

Fig. 5. 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 to 7 November 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 has remained below 2% over the past seven weeks. This proportion can be interpreted reliably only with comprehensive surveillance and testing in the order of one person tested per 1000 population per week. Since mid-May 2021, the testing rate of > 1 per 1000 population per week has been maintained; in the last eight weeks, the rate has been > 4 per 1000 population per week. It is critical to ensure the continuation of a rigorous testing strategy to rapidly identify COVID-19 cases among suspected cases and close contacts. Furthermore, it is essential to conduct a separate analysis of the testing rate based on the purpose of testing (e.g., for suspected cases, close contacts, and screening) for planning and response purposes (Table 2. Weekly Risk Assessment, page 21).

Fig. 6. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 7 November 2021, 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.
During the week of 1 to 7 November, the weekly number of confirmed COVID-19 deaths in all 34 provinces was < 1 death per 100 000 population, corresponding to a low level of community transmission (CT1) (Fig. 7).

Fig. 7. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 1 to 7 November 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. Evaluation of excess mortality is also beneficial to complement information on COVID-19 death.
• At the national level, during the week of 1 to 7 November, the number of confirmed COVID-19 deaths in Indonesia has remained at 0.1 per 100,000 population since the week of 18 to 24 October. Deaths in Java-Bali and non-Java Bali regions also plateaued at 0.1 per 100,000 population for the past three to four weeks (Fig. 8).

![Weekly number of confirmed COVID-19 deaths per 100,000 population at national level and in Java-Bali and non-Java-Bali regions, as of 7 November 2021. Source of data](source).

**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.
On 7 November, the reported number of COVID-19 cases hospitalized in DKI Jakarta was 220, a decrease from 271 cases one week prior. In the same time period, the reported number of cases in self-isolation slightly decreased from 686 to 653 cases (Fig. 9).

The overall bed occupancy rate (BOR) in COVID-19 referral hospitals has continued to decline. On 7 November, BOR at national level slightly decreased to 3%\(^6\) compared to 4% on 31 October\(^7\). In the same time period, BOR in intensive care unit (ICU) wards remained at 6%.

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[who.int/indonesia](https://who.int/indonesia)
As of 10 November, 209 080 925 vaccine doses have been administered in the national COVID-19 vaccination campaign; 46 529 287 people (22.3% of the target population) have been partially vaccinated\(^8\) and 81 275 819 people (39% of the target population) have been fully vaccinated. The weekly number of COVID-19 vaccine doses administered from 1 to 7 November was 9 640 595, a 21.2% decrease compared to 12 229 830 doses in the previous week. As of 10 November, the number of people fully vaccinated per 100 total population was 29.9 nationwide; DKI Jakarta reported the highest number of fully vaccinated per 100 population (82.9), followed by Bali (66.6), Riau Islands (47.4) and DI Yogyakarta (43.2) (Fig. 10).

\(^8\) Partially vaccinated: number of people who have received only the first dose of a two-dose vaccine regimen (calculated as the number of people who have received the first dose subtracted by the number of people who have received the second dose).
Table 1. COVID-19 vaccination by each target population in Indonesia, as of 10 November 2021. [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 unvaccinated</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health workers</td>
<td>1 468 764</td>
<td>111 788</td>
<td>7.6</td>
<td>1 910 444</td>
<td>130.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>21 553 118</td>
<td>3 518 757</td>
<td>16.3</td>
<td>5 742 896</td>
<td>26.6</td>
<td>12 291 465</td>
<td>57.0</td>
</tr>
<tr>
<td>Essential public service workers</td>
<td>17 327 167</td>
<td>4 801 990</td>
<td>27.7</td>
<td>23 369 128</td>
<td>134.9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General population</td>
<td>141 211 181</td>
<td>31 656 176</td>
<td>22.4</td>
<td>40 595 999</td>
<td>28.7</td>
<td>68 959 006</td>
<td>48.8</td>
</tr>
<tr>
<td>Children aged 12-17</td>
<td>26 705 490</td>
<td>6 294 882</td>
<td>23.6</td>
<td>8 579 635</td>
<td>32.1</td>
<td>11 830 973</td>
<td>44.3</td>
</tr>
<tr>
<td>Gotong Royong scheme*</td>
<td>145 104</td>
<td>1 075 943</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 versus estimated target population. Due to the ongoing data cleaning process, vaccination coverage may be temporarily affected.

- As of 10 November, more than 60% of the older population remains unvaccinated in 19 out of 34 provinces. Papua reported a proportion of unvaccinated older persons greater than 90%. From 1 to 7 November, among the older population, a declining trend in the number of vaccine doses administered was observed in seventeen provinces (Banten, Bali, East Nusa Tenggara, Papua, West Java, Central Java, Central Sulawesi, Bangka Belitung Islands, DI Yogyakarta, North Maluku, West Nusa Tenggara, East Java, North Sumatra, Gorontalo, West Kalimantan, West Sumatra and DKI Jakarta). The remaining 17 provinces showed an increasing trend in the number of vaccine doses administered; of these provinces, 5 provinces showed an increase > 25% among the older population compared to the previous week: Riau Islands, Riau, South Sumatra, Bengkulu, and Central Kalimantan.

- An overall decrease in the weekly number of vaccine doses administered was observed in 26 out of 34 provinces compared to the previous week. Details of vaccination by province and target populations are available [here](#)
The COVID-19 pandemic has had a major impact on health systems globally. In many countries around the world, including Indonesia, the national health system has been challenged with the increasing demand for care of COVID-19 patients. With the prolonged pandemic, more resources have been refocused to strengthen COVID-19 response activities. This has subsequently created a significant disruption in the implementation of other essential health services. WHO has continuously emphasized the importance of maintaining essential health services during the pandemic, especially for the most vulnerable populations such as children, older persons, people living with chronic health conditions, and people living with disabilities. To support countries in strengthening the health system and ensuring the continuity of essential health services, WHO has published several guidelines and recommendations, including the WHO interim guidance ‘Maintaining essential health services: operational guidance for the COVID-19 context’.

In collaboration with the Center for Indonesia’s Strategic Development Initiatives (CISDI) – a local health think tank – WHO conducted a ‘Survey on community needs, perceptions, and demands of health care during COVID-19 pandemic’. The survey was conducted from June to August 2021 in 59 cities/districts of 15 provinces, involving more than 700 key respondents including village heads, religious/customary leaders, representatives of civil society organizations (CSOs), and health cadres. The survey aimed to identify community needs of and perceptions of access to essential health services during the pandemic, as well as to fill knowledge gaps and increase stakeholders’ understanding of health service needs in the community. The results of the survey were disseminated through a virtual session organized by CISDI on 25 October. Some of the key findings are:

i. Unmet needs of essential health services: On average, the highest percentage of unmet health needs was observed in Papua (22%); the lowest was observed in Bali (5%). Unmet needs of essential health services were most commonly observed in urgent medical care (18%), home-based long-term care (15%), planned elective surgery (14%), treatment of chronic illnesses (14%), and mental health (14%).

ii. Challenges to access essential health services: More than 25% of respondents reported difficulties for the community to access required health services prior to the COVID-19 pandemic. More than 60% of respondents observed a change

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9 Essential health services in this survey is defined as basic health services which availability has to be maintained in the community, in any situation, including services under the Individual Health Efforts Programme (Upaya Kesehatan Perorangan (UKP)) and Public Health Efforts Programme (Upaya Kesehatan Masyarakat (UKM)).
in the community behaviour in accessing health care services in the previous
tree months. Some of the challenges commonly mentioned by respondents
were: fear of contracting COVID-19 at health care facilities (44%), fear of being
intentionally misdiagnosed as COVID-19 positive (32%), facility
closures/overcapacity (14%), and fear of contracting COVID-19 when leaving
the house (14%). Around 6% of the respondents also reported discrimination
as one of the challenges in accessing health services.

iii. Perception and attitudes towards COVID-19 vaccination: 68% of respondents
reported that communities in their respective areas were willing to be
vaccinated. Provinces with low percentage of people willing to be vaccinated
were Central Java (27%), East Kalimantan (30%), Aceh (55%), West Papua
(57%), and Papua (58%). The provinces with the highest proportion of parents
who were unwilling to get their children vaccinated against COVID-19 were
Aceh, West Papua, Papua, South Kalimantan and North Sumatra. Around 80%
of the respondents cited concerns related to vaccine safety (potential adverse
events) as the main reason behind community hesitancy to get vaccinated.
Uncertainty related to vaccine effectiveness (12%) as well as comorbidities
(10%) were some of the other reasons mentioned by the respondents.

iv. Challenges in provision of community-based services: Most community health
workers (CHWs) were confident in their knowledge of COVID-19 (84%). The
majority of CHWs (86%) reported that they were aware of the risk of contracting
COVID-19 at work; around 13.8% of the CHWs perceived no/low risk of
COVID-19 infection at work. Long working hours (99%) and the obligation to
meet many people (97%) were the most frequently mentioned reasons why
CHWs considered that they were at high risk of contracting COVID-19 in the
work setting, particularly during home visits. CHWs responded that financial
support (39%), personal protective equipment (PPE) (36%), and other supplies
to provide care (18%) were some of the types of resources they need to perform
their duties. Around 42% of CHWs reported that noncommunicable disease
outreach activities were reduced or suspended during the pandemic; 40%
reported that similar disruptions were observed for routine immunization
services and outreach.

v. Community assets and vulnerabilities: 63% of the respondents reported an
increase in preventive health measures in the community. Public health
initiatives which were reported to have increased significantly in the previous
three months were: distribution of hygiene packages (78%), health promotion
activities (41%), provision of handwashing facilities (36%), distribution of
information/education materials on environmental health and hygiene (23%),
and support to isolated/vulnerable people (18%).
Fig. 11. Dr Shalala Ahmadova, Medical Officer for Communicable Diseases at WHO Indonesia, gave an opening remark during a virtual session to disseminate the results of the ‘Survey on community needs, perceptions, and demands of health care during COVID-19 pandemic’, organized by the Center for Indonesia’s Strategic Development Initiative (CISDI) on 25 October 2021. Credit: WHO/Yoana Anandita
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 November 2021 (Fig. 12).

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.

Fig. 12. WHO funding situation for COVID-19 response, November 2021.
Mobility analysis can be used as a proxy to monitor population mobility during the implementation of movement restriction policies. Increased mobility may lead to increased interactions among people, which may affect COVID-19 transmission. More information on movement restriction policies implemented in Indonesia and previous analyses on mobility trends in Java and Bali are available in WHO Situation Reports 63 to 73.

An increasing trend in community mobility was observed in all provinces in Java and Bali, particularly in transit stations and retail and recreation. A notable increase in community mobility in retail and recreation was observed in West Java, Central Java, DI Yogyakarta, East Java and Banten, where pre-pandemic mobility levels have been reached (Situation Report 70 (pages 19-21)). The formulation of a concrete plan is necessary to anticipate and mitigate the possible impact of increased mobility on transmission and health system capacity at national and subnational levels.

Updates on mobility analysis in West Java, Central Java, DI Yogyakarta, East Java and Banten, as of 5 November, are presented in Fig. 13 to 17. Updates on mobility analysis in other provinces in Java and Bali are available here.
Fig. 13. Mobility analysis in West Java, as of 5 November 2021


Note: The baseline day is the median value from the 5-week period from 3 January to 6 February 2020 (prior to the first reported cases in Indonesia). Mobility is calculated for the report date (unless there are gaps) and reported as a positive or negative percentage change compared to the baseline day. Source of data: mobility; cases.

Disclaimer: Mobility analysis cannot demonstrate a cause and effect relationship between mobility and COVID-19 cases; interpretation should be based on the use of proxy measures for mobility to examine association with cases. This note and disclaimer apply to Fig. 13-17.
Fig. 14. Mobility analysis in Central Java, as of 5 November 2021. *Source of data: mobility; cases.*

Fig. 15. Mobility analysis in DI Yogyakarta, as of 5 November 2021. *Source of data: mobility; cases.*
Fig. 16. Mobility analysis in East Java, as of 5 November 2021. Source of data: mobility: cases.

Fig. 17. Mobility analysis in Banten, as of 5 November 2021. Source of data: mobility: cases.
### Table 2. Weekly risk assessment by province in Indonesia, 1 to 7 November 2021.

<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 target</th>
<th>Fully vaccinated % among older population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceh</td>
<td>Decrease</td>
<td>0.88</td>
<td>0.20</td>
<td>1.17</td>
<td>0.63%</td>
<td>17.7%</td>
<td>5.7%</td>
</tr>
<tr>
<td>North Sumatra</td>
<td>Decrease</td>
<td>0.74</td>
<td>0.04</td>
<td>5.13</td>
<td>0.09%</td>
<td>31.9%</td>
<td>25.7%</td>
</tr>
<tr>
<td>West Sumatra</td>
<td>Decrease</td>
<td>0.87</td>
<td>0.05</td>
<td>1.19</td>
<td>0.35%</td>
<td>18.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Riau</td>
<td>Decrease</td>
<td>1.17</td>
<td>0.08</td>
<td>2.55</td>
<td>0.28%</td>
<td>26.3%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Jambi</td>
<td>Decrease</td>
<td>0.31</td>
<td>0.01</td>
<td>1.84</td>
<td>0.09%</td>
<td>39.2%</td>
<td>27.5%</td>
</tr>
<tr>
<td>South Sumatra</td>
<td>Decrease</td>
<td>0.39</td>
<td>0.03</td>
<td>2.83</td>
<td>0.05%</td>
<td>25.7%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Bengkulu</td>
<td>Decrease</td>
<td>0.42</td>
<td>0.02</td>
<td>3.17</td>
<td>0.12%</td>
<td>22.3%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Lampung</td>
<td>Decrease</td>
<td>0.55</td>
<td>0.11</td>
<td>2.91</td>
<td>0.10%</td>
<td>23.6%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Bangka Belitung Islands</td>
<td>Decrease</td>
<td>0.70</td>
<td>0.52</td>
<td>7.69</td>
<td>0.74%</td>
<td>45.2%</td>
<td>37.6%</td>
</tr>
<tr>
<td>Riau Islands</td>
<td>Decrease</td>
<td>0.76</td>
<td>0.02</td>
<td>11.80</td>
<td>0.05%</td>
<td>70.5%</td>
<td>41.9%</td>
</tr>
<tr>
<td>DKI Jakarta</td>
<td>Decrease</td>
<td>6.48</td>
<td>0.05</td>
<td>12.45</td>
<td>0.53%</td>
<td>104.5%</td>
<td>83.9%</td>
</tr>
<tr>
<td>West Java</td>
<td>Decrease</td>
<td>1.40</td>
<td>0.03</td>
<td>3.50</td>
<td>0.40%</td>
<td>37.3%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Central Java</td>
<td>Decrease</td>
<td>1.53</td>
<td>0.12</td>
<td>1.83</td>
<td>0.64%</td>
<td>38.1%</td>
<td>33.6%</td>
</tr>
<tr>
<td>DI Yogyakarta</td>
<td>Decrease</td>
<td>5.46</td>
<td>0.17</td>
<td>12.62</td>
<td>0.55%</td>
<td>78.8%</td>
<td>58.8%</td>
</tr>
<tr>
<td>East Java</td>
<td>Decrease</td>
<td>1.08</td>
<td>0.08</td>
<td>4.16</td>
<td>0.22%</td>
<td>39.1%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Banten</td>
<td>Decrease</td>
<td>1.12</td>
<td>0.01</td>
<td>4.72</td>
<td>0.21%</td>
<td>41.9%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Bali</td>
<td>Decrease</td>
<td>3.53</td>
<td>0.17</td>
<td>8.75</td>
<td>0.30%</td>
<td>87.2%</td>
<td>54.5%</td>
</tr>
<tr>
<td>West Nusa Tenggara</td>
<td>Decrease</td>
<td>0.63</td>
<td>0.02</td>
<td>3.23</td>
<td>0.12%</td>
<td>27.1%</td>
<td>18.8%</td>
</tr>
<tr>
<td>East Nusa Tenggara</td>
<td>Decrease</td>
<td>2.14</td>
<td>0.09</td>
<td>4.75</td>
<td>0.40%</td>
<td>23.3%</td>
<td>11.9%</td>
</tr>
<tr>
<td>West Kalimantan</td>
<td>Decrease</td>
<td>3.23</td>
<td>0.02</td>
<td>2.68</td>
<td>0.51%</td>
<td>25.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Central Kalimantan</td>
<td>Decrease</td>
<td>1.49</td>
<td>0.11</td>
<td>3.04</td>
<td>0.25%</td>
<td>32.8%</td>
<td>27.4%</td>
</tr>
<tr>
<td>South Kalimantan</td>
<td>Decrease</td>
<td>1.08</td>
<td>0.07</td>
<td>3.50</td>
<td>0.23%</td>
<td>25.9%</td>
<td>11.8%</td>
</tr>
<tr>
<td>East Kalimantan</td>
<td>Decrease</td>
<td>3.66</td>
<td>0.19</td>
<td>15.00</td>
<td>0.20%</td>
<td>42.0%</td>
<td>30.4%</td>
</tr>
<tr>
<td>North Kalimantan</td>
<td>Decrease</td>
<td>11.44</td>
<td>0.28</td>
<td>9.28</td>
<td>0.93%</td>
<td>35.3%</td>
<td>26.0%</td>
</tr>
<tr>
<td>North Sulawesi</td>
<td>Decrease</td>
<td>1.48</td>
<td>0.05</td>
<td>4.78</td>
<td>0.22%</td>
<td>35.6%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Central Sulawesi</td>
<td>Decrease</td>
<td>2.70</td>
<td>0.16</td>
<td>3.15</td>
<td>0.52%</td>
<td>21.4%</td>
<td>10.8%</td>
</tr>
<tr>
<td>South Sulawesi</td>
<td>Decrease</td>
<td>1.45</td>
<td>0.02</td>
<td>3.50</td>
<td>0.28%</td>
<td>27.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Southeast Sulawesi</td>
<td>Decrease</td>
<td>0.38</td>
<td>0.03</td>
<td>3.87</td>
<td>0.13%</td>
<td>21.1%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Gorontalo</td>
<td>Decrease</td>
<td>1.91</td>
<td>0.00</td>
<td>3.63</td>
<td>0.02%</td>
<td>28.3%</td>
<td>12.4%</td>
</tr>
<tr>
<td>West Sulawesi</td>
<td>Decrease</td>
<td>0.94</td>
<td>0.08</td>
<td>1.77</td>
<td>0.60%</td>
<td>20.7%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Maluku</td>
<td>Decrease</td>
<td>0.27</td>
<td>0.02</td>
<td>5.91</td>
<td>0.03%</td>
<td>18.1%</td>
<td>12.5%</td>
</tr>
<tr>
<td>North Maluku</td>
<td>Decrease</td>
<td>1.30</td>
<td>0.00</td>
<td>4.29</td>
<td>0.16%</td>
<td>18.9%</td>
<td>7.1%</td>
</tr>
<tr>
<td>West Papua</td>
<td>Decrease</td>
<td>4.16</td>
<td>0.07</td>
<td>11.73</td>
<td>0.84%</td>
<td>23.8%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Papua</td>
<td>Decrease</td>
<td>1.51</td>
<td>0.01</td>
<td>6.09</td>
<td>0.17%</td>
<td>17.9%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

**Source of data:** Cases, deaths and testing; vaccination

**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 and children aged 12-17 years. Vaccination coverage greater than 100% is due to differences in actual versus estimated 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>WHO Weekly Epidemiological Update on COVID-19 (Edition 65), 9 November 2021</td>
<td>This edition includes epidemiological updates as of 7 November 2021. It also provides an update on SARS-CoV-2 variants, including the current geographic distribution of Variants of Concern (VOCs).</td>
</tr>
<tr>
<td>Injection safety in the context of coronavirus disease (COVID-19) vaccination (Policy brief), 5 November 2021</td>
<td>This policy brief synthesizes WHO guidance and policy in the context of the extraordinary increase in global injections resulting from COVID-19 immunization campaigns. It recalls injection safety progress, recommendations and practices, and highlights the need to actively reinforce and integrate these areas into immunization and into efforts to ensure continuity of other health services. It calls the attention to information on specialized syringes for certain COVID-19 vaccines and solutions for possible supply shortages.</td>
</tr>
<tr>
<td>Key planning recommendations for mass gatherings in the context of COVID-19 (Interim guidance), 4 November 2021</td>
<td>This is the fourth version (third update) of the interim document which was first published on 14 February 2020 and last updated on 29 May 2020. This document is intended to provide guidance to host governments, health authorities and national or international event organizers on taking decisions related to holding mass gatherings in the context of COVID-19 pandemic, as well as on decreasing the risks of SARS-CoV-2 transmission and strain on health systems associated with such events.</td>
</tr>
<tr>
<td>Interim recommendations for use of the Bharat Biotech BBV152 COVAXIN® vaccine against COVID-19 (Interim guidance), 3 November 2021</td>
<td>These WHO interim recommendations for use of the BBV152 COVAXIN vaccine were developed on the basis of advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) at its meeting on 5 October 2021. The guidance is based on the evidence presented in the Background document on the Bharat Biotech BBV152 COVAXIN® (COVID-19) vaccine, and the annexes which include the grading of recommendations, assessment, development and evaluations (GRADE) and the evidence to recommendation framework tables (ETR tables).</td>
</tr>
<tr>
<td>Annexes to the interim recommendations for use of the Bharat Biotech BBV152 COVAXIN® vaccine against COVID-19, 3 November 2021</td>
<td>These are the annexes to WHO interim recommendations for the use of the Bharat Biotech BBV152 COVAXIN® vaccine against COVID-19. The GRADE and ETR tables included in these annexes are updated as recommendations are updated.</td>
</tr>
</tbody>
</table>
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:
- Interim recommendations for use of the inactivated COVID-19 vaccine BIBP developed by China National Biotec Group (CNBG), Sinopharm
- Interim recommendations for an extended primary series with an additional vaccine dose for COVID-19 vaccination in immunocompromised persons

Infographics:
- Blood clots and COVID-19 vaccines
- Rumours to bust
- Back to school (for parents)

Questions and answers:
- How to talk about vaccines
- COVID-19: Vaccines
- COVID-19: Vaccine research and development
- COVID-19: Vaccine access and allocation

Videos:
- Vaccines, variants & doses
- Vaccines, variants & mass gathering
- Pregnancy & COVID-19
- Post COVID-19 condition

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