

1 December 2021

HIGHLIGHTS

- As of 1 December, the Government of Indonesia reported 4 256 687 (278 new) confirmed cases of COVID-19, 143 840 (10 new) deaths and 4 104 964 recovered cases from 510 districts across 34 provinces.¹ The weekly COVID-19 incidence remained at a low level of community transmission (CT1).
- On 26 November, WHO designated the variant B.1.1.529 (Omicron) a variant of concern (VOC), on the basis of advice from WHO's Technical Advisory Group on Virus Evolution (TAG-VE). On 28 November, WHO issued [a technical brief on enhancing readiness for Omicron \(B.1.1.529\)](#) which provides priority actions for its Member States. WHO emphasized that the use of masks, physical distancing, hand hygiene, and improving ventilation of indoor spaces remain the key to reducing transmission of SARS-CoV-2, even in the context of emerging variants. WHO reiterated that it is critical to improve vaccination coverage as rapidly as possible, especially among high priority populations such as older population.

COVID-19 Situation in Indonesia

(as of 1 December 2021)



Confirmed cases
4 256 687



Deaths
143 840



Recovered cases
4 104 964



People tested
36 686 240



Total vaccinated
Fully vaccinated 96 854 540
Partially vaccinated 43 678 117



Fig. 1. Geographic distribution of confirmed COVID-19 cases reported in the last seven days per 100 000 population in Indonesia across provinces, from 25 November to 1 December 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.

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

GENERAL UPDATES

- On 29 November, the Government of Indonesia announced that the implementation of restrictions on community activities (Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)) in Java and Bali will be extended for the next two weeks. The Coordinating Minister for Maritime and Investment Affairs stated that based on the results of PPKM evaluation on 27 November, the level of PPKM in ten districts/cities, including all districts/cities in DKI Jakarta², were increased from PPKM level 1 to 2 due to the decline in contact tracing. According to the Coordinating Minister, level 1 and 2 PPKM in Java and Bali will be implemented in 31 additional districts/cities.³
- WHO designated the SARS-CoV-2 variant, B.1.1.529 (Omicron), as a variant of concern (VOC) on 26 November. Following that, on 29 November, President Joko Widodo ordered immediate implementation of necessary precautionary measures against the variant in Indonesia. The President reminded central and regional governments to stay vigilant as the spread of COVID-19 remains a threat to the world, including Indonesia.⁴ On 29 November, the Head of Public Relations and General Affairs Division of the Directorate General of Immigration, the Ministry of Law and Human Rights stated that the Directorate General has issued a temporary entry permit ban for international travellers coming from ten African countries and Hong Kong. In addition, the Directorate General of Immigration has temporarily suspended granting of visit visas and limited stay visas for citizens of these countries.⁵
- On 28 November, Indonesia received 334 620 doses of Pfizer-BioNTech and 705 600 doses of AstraZeneca COVID-19 vaccine.⁶ On 29 November, the Ministry of Health (MoH) spokesperson for COVID-19 vaccination stated that this new batch of Pfizer-BioNTech vaccine has been distributed to the Provincial Health Offices (PHOs) of West Kalimantan, South Sulawesi, Central Sulawesi, North Sulawesi, West Nusa Tenggara and East Nusa Tenggara. The new batch of AstraZeneca COVID-19 vaccine will be distributed to Bio Farma's facility in Bandung, West Java.⁷

² <https://www.cnnindonesia.com/nasional/20211130063907-20-727677/status-ppkm-dki-jakarta-naik-ke-level-2>

³ <https://nasional.tempo.co/read/1533943/ppkm-jawa-bali-diperpanjang-sejumlah-daerah-kembali-ke-level-2/full&view=ok>

⁴ <https://en.antaranews.com/news/201945/president-orders-anticipatory-measures-against-omicron-variant>

⁵ <https://en.antaranews.com/news/201985/indonesia-revises-travel-rules-over-omicron-concerns>

⁶ <https://www.liputan6.com/news/read/4723091/1-juta-lebih-dosis-vaksin-covid-19-pfizer-dan-astrazeneca-tiba-di-ri>

⁷ <https://nasional.tempo.co/read/1533695/kemenkes-kirim-334-620-dosis-vaksin-pfizer-ke-7-provinsi/full&view=ok>

SURVEILLANCE

- On 1 December, 278 new and 4 256 687 cumulative cases were reported in Indonesia. The weekly number of cases from 22 to 28 November was 2524, a decrease of 1% compared to the previous week. On 1 December, 10 new and 143 840 cumulative COVID-19 deaths were reported nationwide. The weekly number of new deaths from 22 to 28 November was 69, a decrease of 14% compared to the previous week (Fig. 2).

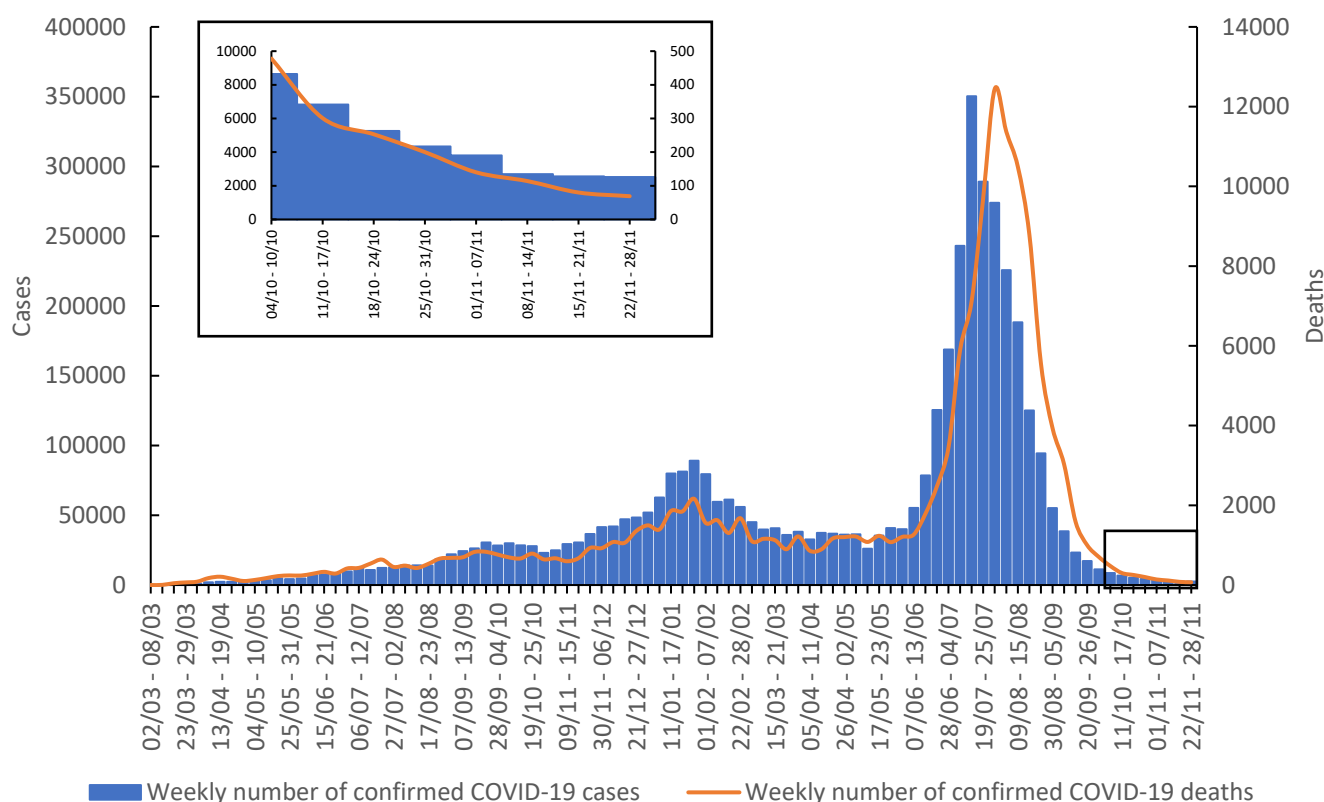


Fig. 2. Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 28 November 2021. Cases from 4 October 2021 to 28 November 2021 have been highlighted. [Source of data](#)

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 22 to 28 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 0.9, 1.1 and 0.7, respectively (Fig. 3). The weekly incidence in all regions has remained at a low level of community transmission (CT1) for the past ten to eleven weeks. Province and district level analyses are needed to evaluate these trends and identify new clusters if they arise.

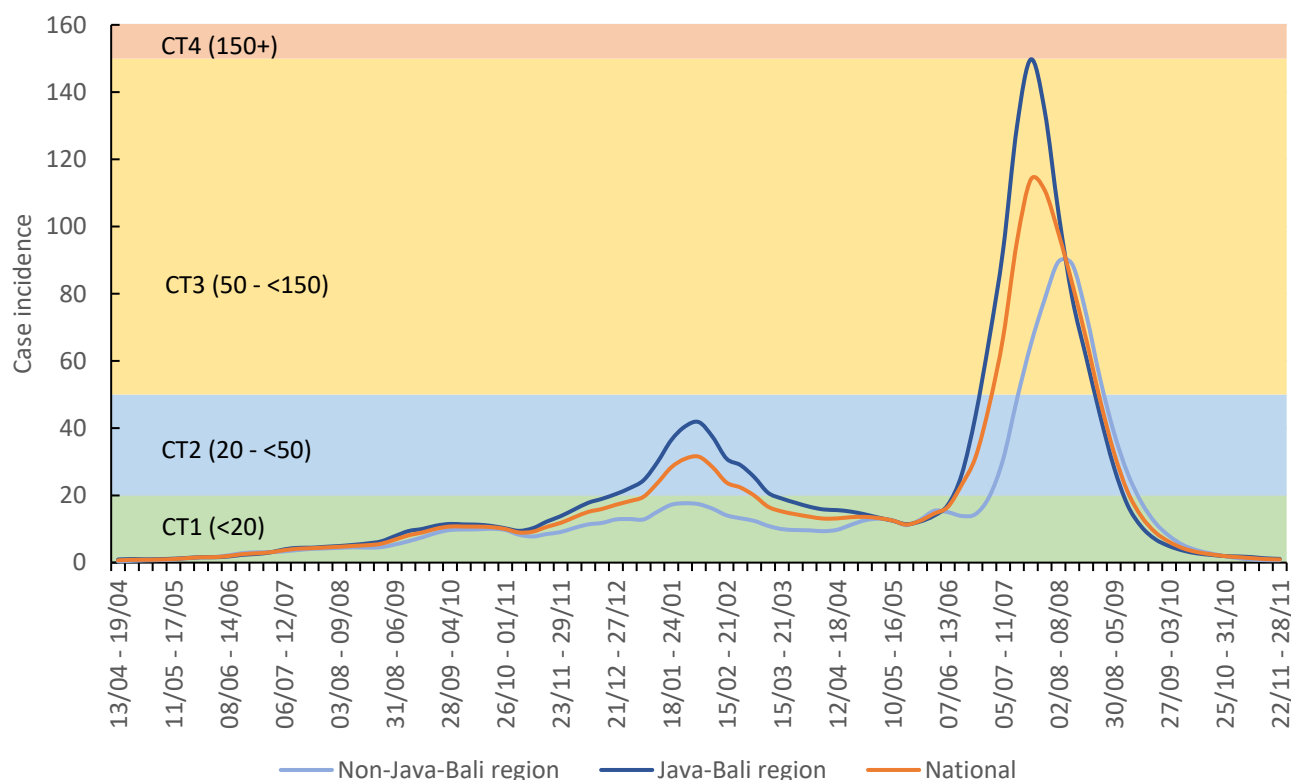


Fig. 3. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported at national and subnational levels (Java-Bali and non-Java-Bali) from 13 April 2020 (when Indonesia first reported community transmission in the country) to 28 November 2021, classified by level of 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 22 to 28 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.

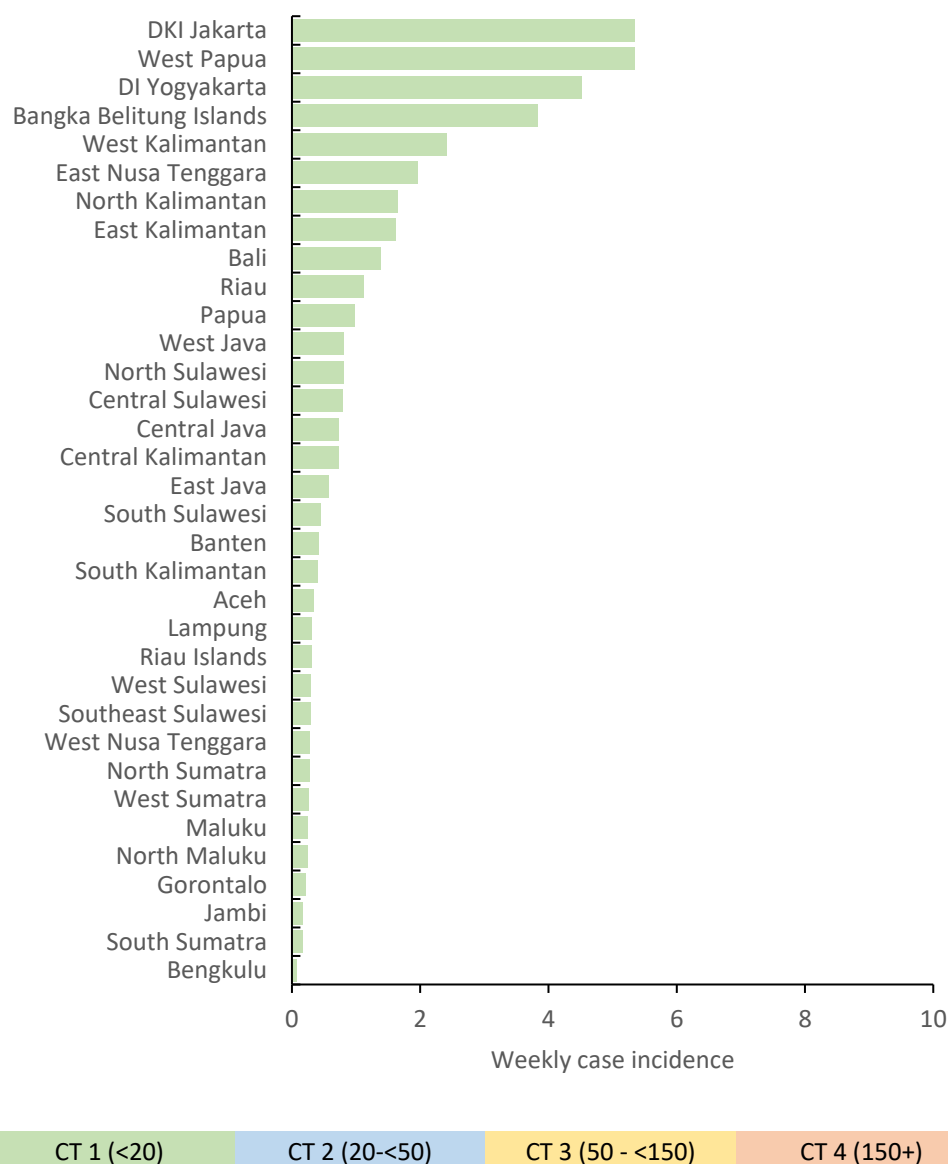


Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period by province in Indonesia during 22 to 28 November 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)

- 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](#).

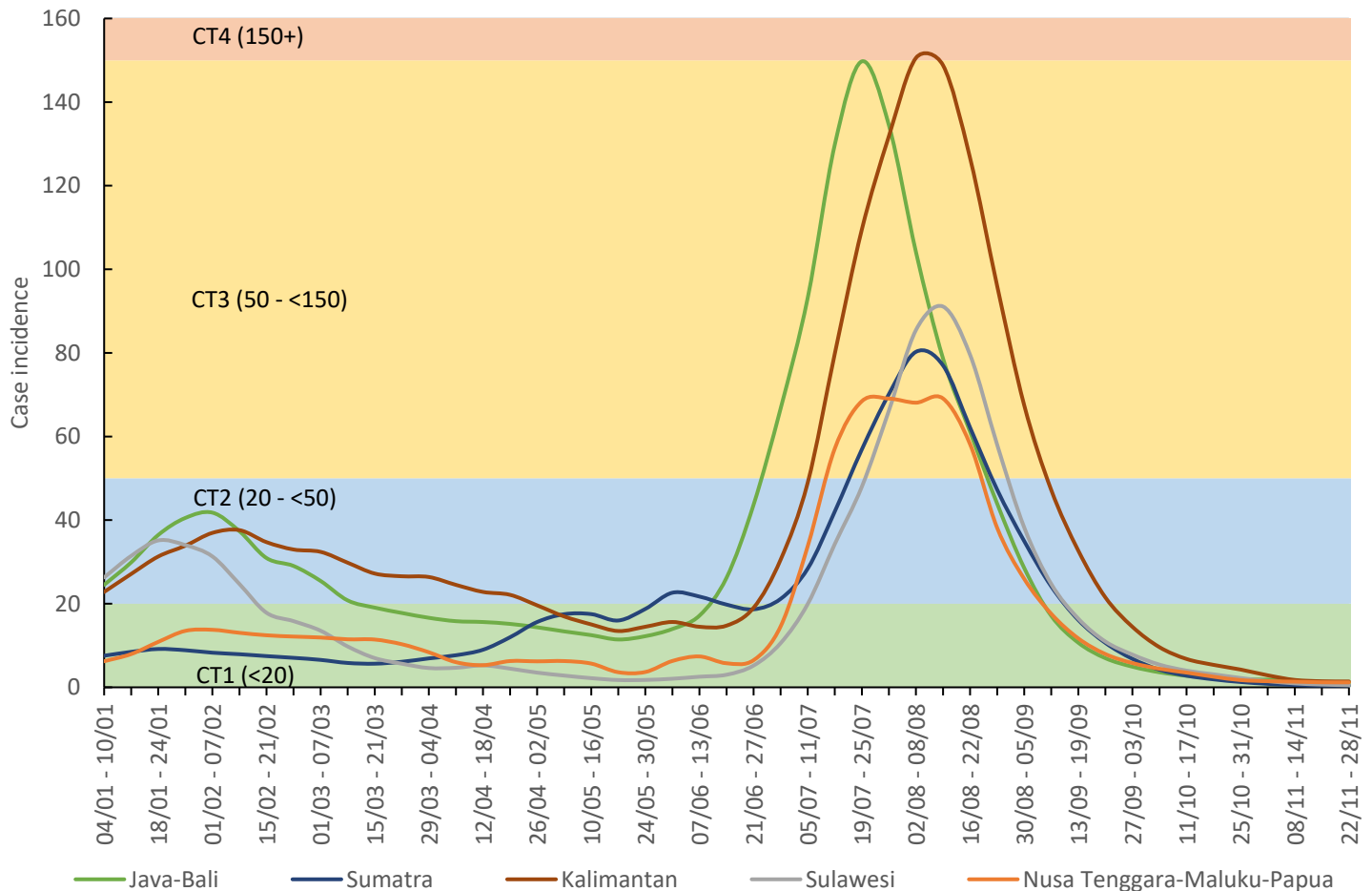


Fig. 5. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in five regions in Indonesia (Java-Bali, Sumatra, Kalimantan, Sulawesi and Nusa Tenggara-Maluku-Papua), from 4 January to 28 November 2021, classified by level of community transmission (CT): CT1: low 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 ten 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 eleven 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 (Table 2. Weekly Risk Assessment, page 21).

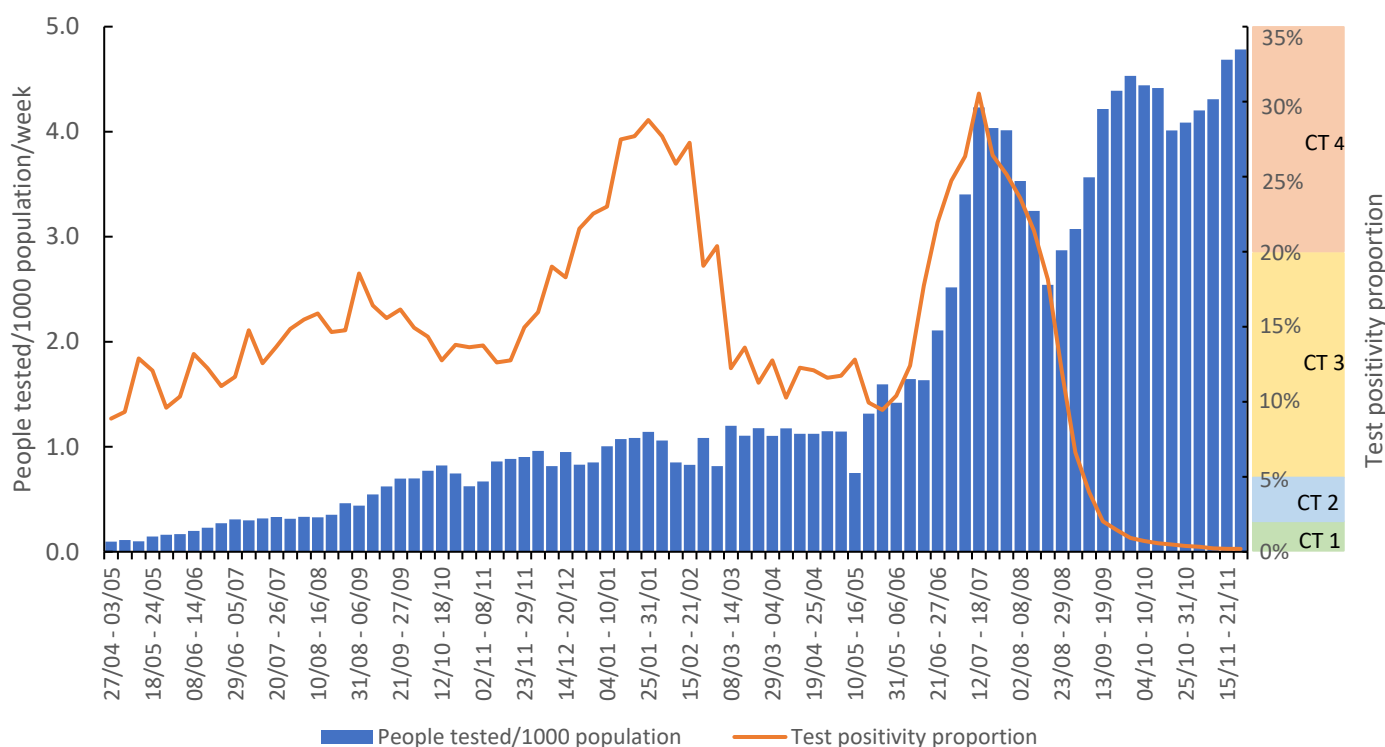


Fig. 6. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 28 November 2021, classified by level of community transmission (CT): CT1: low incidence (< 2%); CT2: moderate incidence (2% - < 5%); CT3: high incidence (5% - < 20%); CT4: very high 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 22 to 28 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).

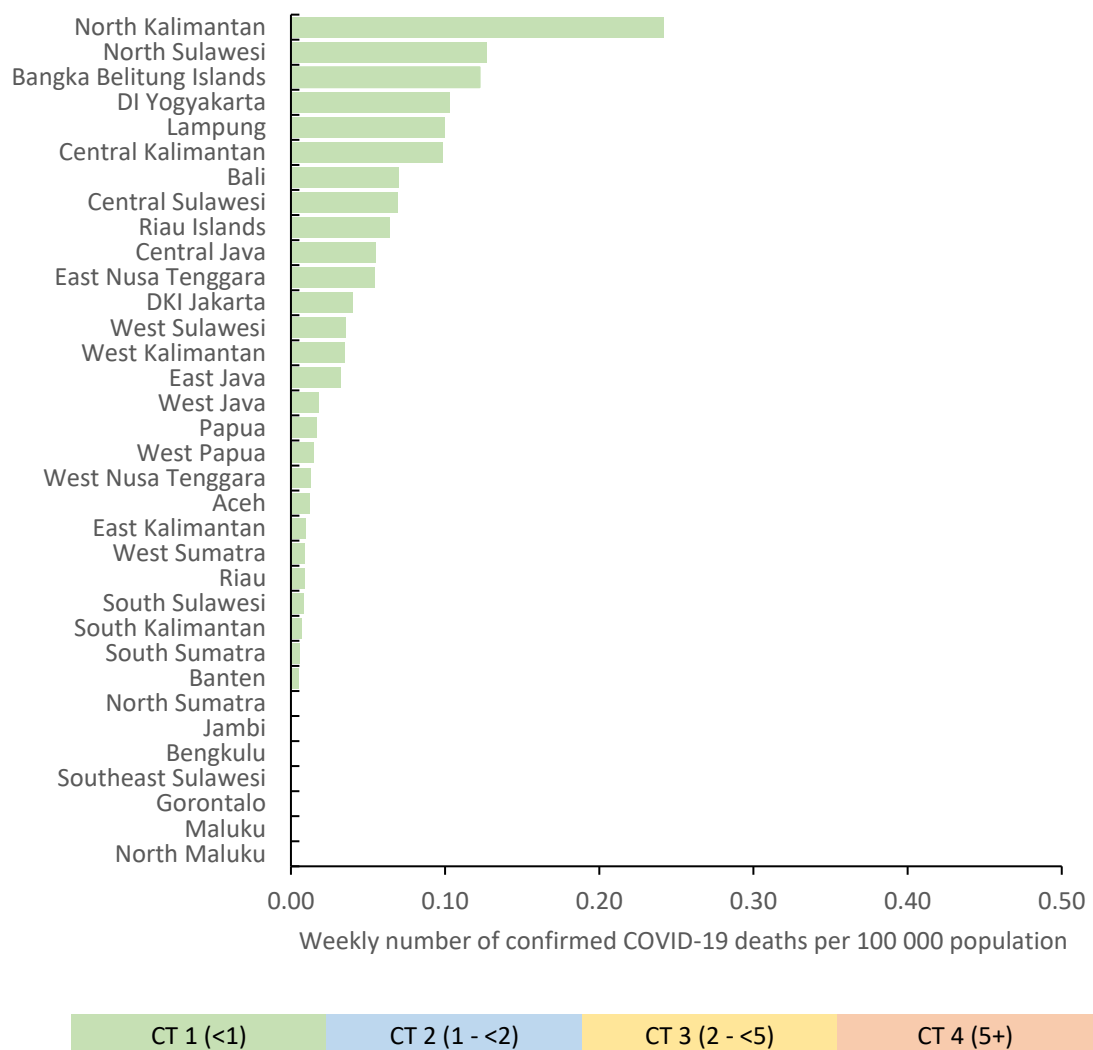


Fig. 7. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 22 to 28 November 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [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 22 to 28 November, the number of confirmed COVID-19 deaths in Indonesia was 0.03 per 100 000 population, a decrease from 0.04 in the previous week. During the same period, deaths in Java-Bali and non-Java-Bali decreased to 0.03 per 100 000 population compared to 0.04 per 100 000 population in the previous week (Fig. 8).

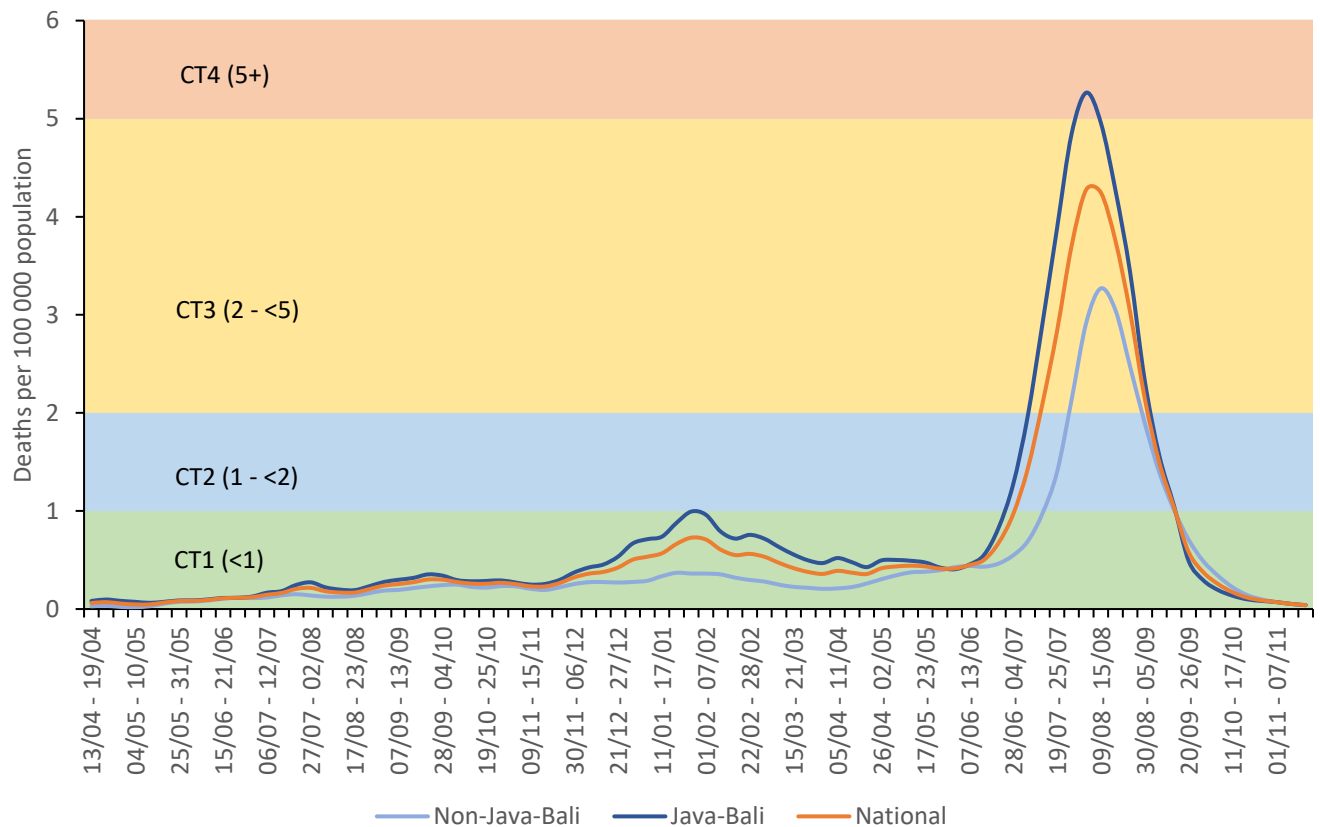


Fig. 8. Weekly number of confirmed COVID-19 deaths per 100 000 population at national level and in Java-Bali and non-Java-Bali regions, as of 28 November 2021. [Source of data](#)

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.

HEALTH OPERATIONS

- On 28 November, the reported number of COVID-19 cases hospitalized in DKI Jakarta was 183, a decrease from 200 cases one week prior. On the same date, the reported number of cases in self-isolation also decreased from 296 to 272 cases (Fig. 9).

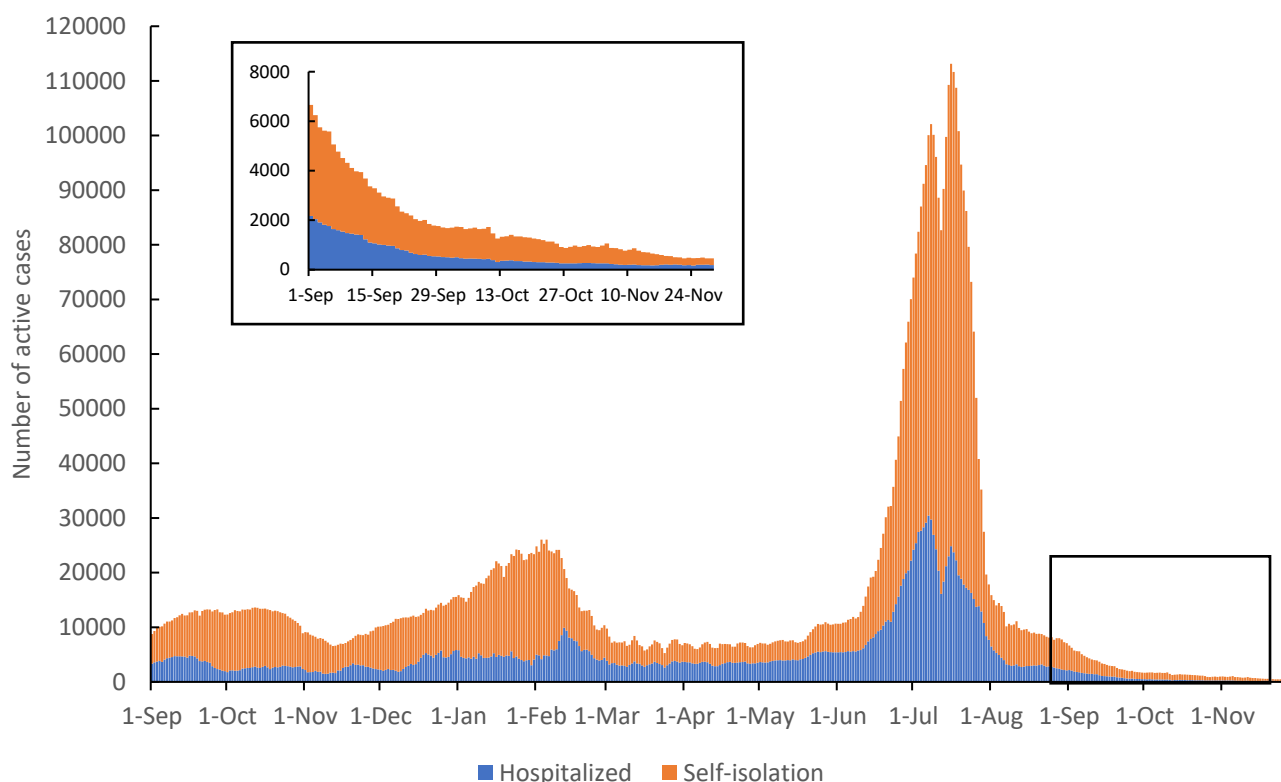


Fig. 9. Number of COVID-19 cases hospitalized and in self-isolation in DKI Jakarta, from 1 September 2020 to 28 November 2021. Cases from 1 September 2021 to 24 November 2021 have been highlighted.
[Source of data](#)

- The overall bed occupancy rate (BOR) in COVID-19 referral hospitals has been below 5% over the past six weeks. On 28 November, BOR at national level remained at 3%⁸, similar to the previous week⁹. BOR in intensive care units (ICU) plateaued at 5%.

⁸ <https://www.kemkes.go.id/downloads/resources/download/Ketersediaan-Tempat-Tidur-RS-Covid19/BOR-RS-28-NOVEMBER-2021.pdf>

⁹ <https://www.kemkes.go.id/downloads/resources/download/Ketersediaan-Tempat-Tidur-RS-Covid19/BOR-RS-21-NOVEMBER-2021.pdf>

WORLD ANTIMICROBIAL AWARENESS WEEK

- [World Antimicrobial Awareness Week \(WAAW\)](#) was observed from 18 to 24 November with the aim to increase the understanding of antimicrobial resistance (AMR) among general public, health workers and policy makers to prevent further emergence and spread of drug-resistant infections. This year's theme, 'Spread Awareness, Stop Resistance', called on One Health stakeholders, policymakers, health care providers, and the general public to be AMR awareness champions.
- To commemorate WAAW 2021, WHO and partners organized a [series of activities](#). One activity was the Go Blue for AMR campaign. The campaign called upon individuals, organisations and communities to mark the week by going blue. This involved illuminating prominent buildings/landmarks/monuments in light blue, wearing blue in WAAW events, or adjusting social media profiles to blue.

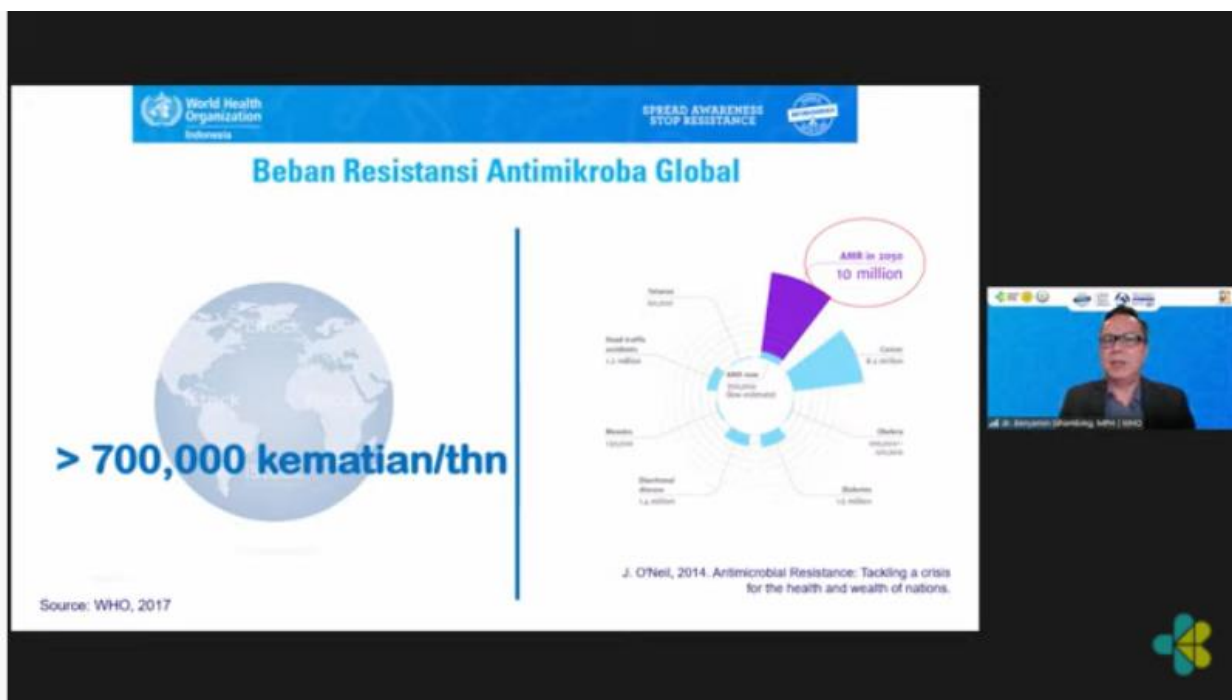


Fig. 10. Dr Benyamin Sihombing, National Professional Officer – Antimicrobial Resistance (AMR) at WHO Indonesia, presented 'Global Burden of Antimicrobial Resistance' during a virtual media briefing on World Antimicrobial Awareness Week, organized on 18 November 2021. Credit: WHO

- WHO's Regional Director for South-East Asia, Dr Poonam Khetrpal Singh, mentioned in her message on WAAW that unless urgent action is taken, by 2050 AMR will be responsible for 10 million deaths annually and cause a 3.8% reduction in annual gross domestic product (GDP) globally. AMR could force 24 million more people to extreme poverty by 2030.

- WHO Indonesia conducted the following activities during WAAW:
 - i. On 18 November, WHO partook in a media briefing organised by MoH with the Ministry of Marine Affairs and Fisheries (MMAF) and the Ministry of Agriculture (MoA). This virtual event was attended by national media and journalists, and broadcasted through MoH's YouTube channel. Presentations were delivered by the directors of MoH, MMAF and MoA, as well as the Food and Agriculture Organisation (FAO). WHO presented the global AMR burden and provided information on AMR policies.
 - ii. WHO conducted a series of online public campaigns on AMR through their social media channels.
 - iii. On 22 November, WHO participated in a seminar titled 'Tackling antimicrobial resistance during the post-pandemic period, recover faster', organized by University of Airlangga. The seminar was attended by 452 participants including doctors, pharmacists, and nurses from across Indonesia.
 - iv. On 24 November, in collaboration with FAO, WHO supported the MoA and MoH to conduct a national AMR campaign to commemorate WAAW in Bali. The event was conducted through offline and online platforms and was attended by more than 1000 participants virtually. Participants included decision makers, health professionals, media personnel, farmers, and community members.
 - v. On 24 November, WHO supported MoH, MoA and MMAF to conduct a seminar titled 'To prevent silent pandemic through One Health approach'. The seminar was attended by 330 participants including professionals, community members and farmers.



Fig. 11. WHO [infographics](https://www.who.int/infographics) on World Antimicrobial Awareness Week, November 2021.

RISK COMMUNICATION

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

[Videos:](#)

- TB & COVID-19

VACCINATION

- As of 1 December, 237 387 197 vaccine doses have been administered in the national COVID-19 vaccination campaign; 43 678 117 people (21.0% of the target population) have been partially vaccinated¹⁰ and 96 854 540 people (46.5% of the target population) have been fully vaccinated. The weekly number of COVID-19 vaccine doses administered from 22 to 28 November was 7 860 832, a 7% decrease compared to 8 454 947 doses in the previous week. As of 29 November, the number of people fully vaccinated per 100 total population was 35.6 nationwide; DKI Jakarta reported the highest number of fully vaccinated per 100 population (87.1), followed by Bali (68.1), Riau Islands (49.7) and DI Yogyakarta (46.4) (Fig. 12).

¹⁰ 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).

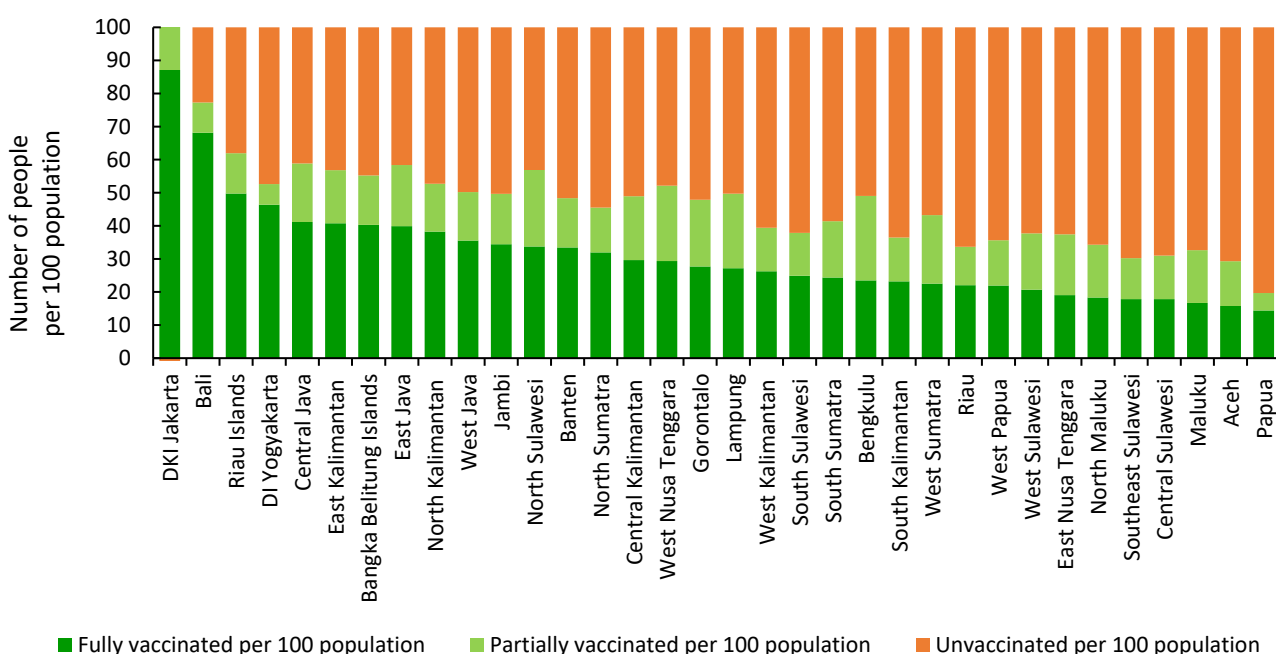


Fig. 12. Number of people fully vaccinated, partially vaccinated and unvaccinated (zero dose) for COVID-19 per 100 total population by province in Indonesia, as of 1 December 2021. [Source of data](#)

Note: Source of population data: Target population for health programme 2021, Center of Data and Information, Ministry of Health, unpublished data.

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 1 December 2021. [Source of data](#)

Target population	Total target population	Number of partially vaccinated	%	Number of fully vaccinated	%	Number of unvaccinated	%
Health workers	1 468 764	94 721	6.4	1 921 535	130.8	0	0.0
Older people	21 553 118	4 141 991	19.2	7 428 714	34.5	9 982 413	46.3
Essential public service workers	17 327 167	3 068 131	17.7	21 000 164	121.2	0	0.0
General population	141 211 181	30 566 495	21.6	50 727 345	35.9	59 917 341	42.4

Target population	Total target population	Number of partially vaccinated	%	Number of fully vaccinated	%	Number of unvaccinated	%
Children aged 12-17	26 705 490	5 701 199	21.3	14 617 380	54.7	6 386 911	23.9
Gotong Royong scheme*		104 990		1 157 581			

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 1 December, more than 60% of the older population remains unvaccinated in 16 out of 34 provinces. From 22 to 28 November, among the older population, a declining trend in the number of vaccine doses administered was observed in 18 provinces (North Kalimantan, North Maluku, Banten, West Nusa Tenggara, North Sulawesi, East Java, Riau Islands, DKI Jakarta, Papua, West Sulawesi, Jambi, West Kalimantan, South Sumatera, Central Kalimantan, Lampung, West Java, Bengkulu, and Central Sulawesi). The remaining 16 provinces showed an increasing trend in the number of vaccine doses administered; of these provinces, three provinces showed an increase > 25% among the older population compared to the previous week: East Nusa Tenggara, Bali and Gorontalo.
- An overall decrease in the weekly number of vaccine doses administered was observed in 20 out of 34 provinces compared to the previous week. Details of vaccination by province and target populations are available [here](#).

PARTNER COORDINATION

- 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 December 2021 (Fig. 13).

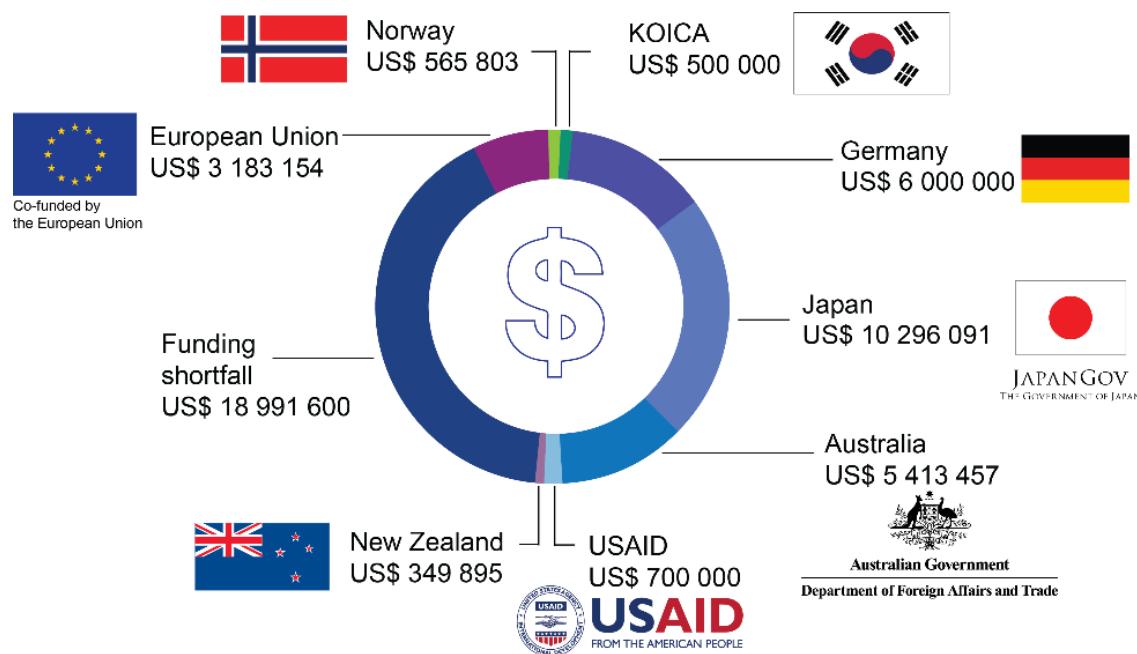


Fig. 13. WHO funding situation for COVID-19 response, December 2021.

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.

COVID-19 AND MOBILITY ANALYSIS

- 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 and Situation Reports 80 to 82](#).
- 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 27 November, are presented in Fig. 14 to 18. Updates on mobility analysis in other provinces in Java and Bali are available [here](#).

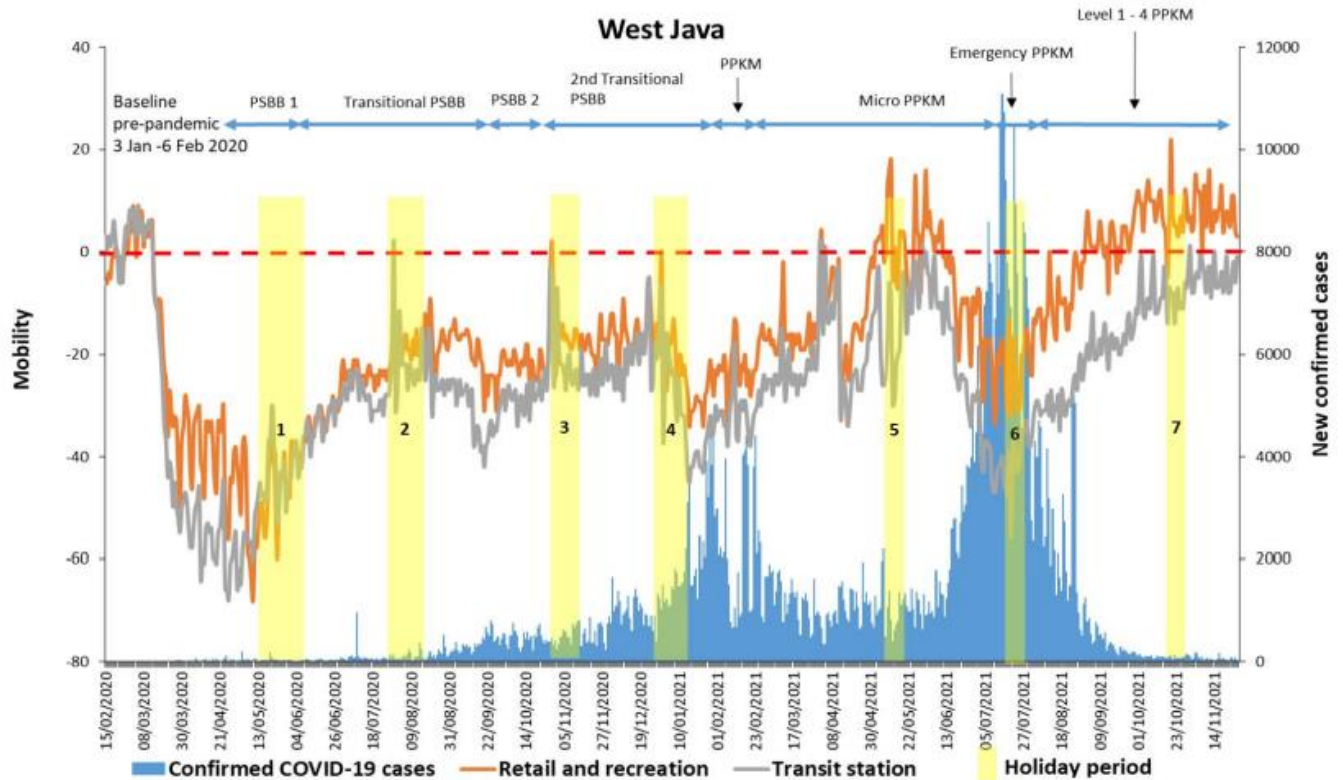


Fig. 14. Mobility analysis in West Java, as of 27 November 2021

Holiday periods: 1. Eid al-Fitr 2020; 2. Eid al-Adha 2020; 3. Mawlid (Prophet Muhammad's Birthday) 2020; 4. Christmas and New Year 2021; 5. Eid al-Fitr 2021; 6. Eid al-Adha 2021; 7. Mawlid 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. 14-18.

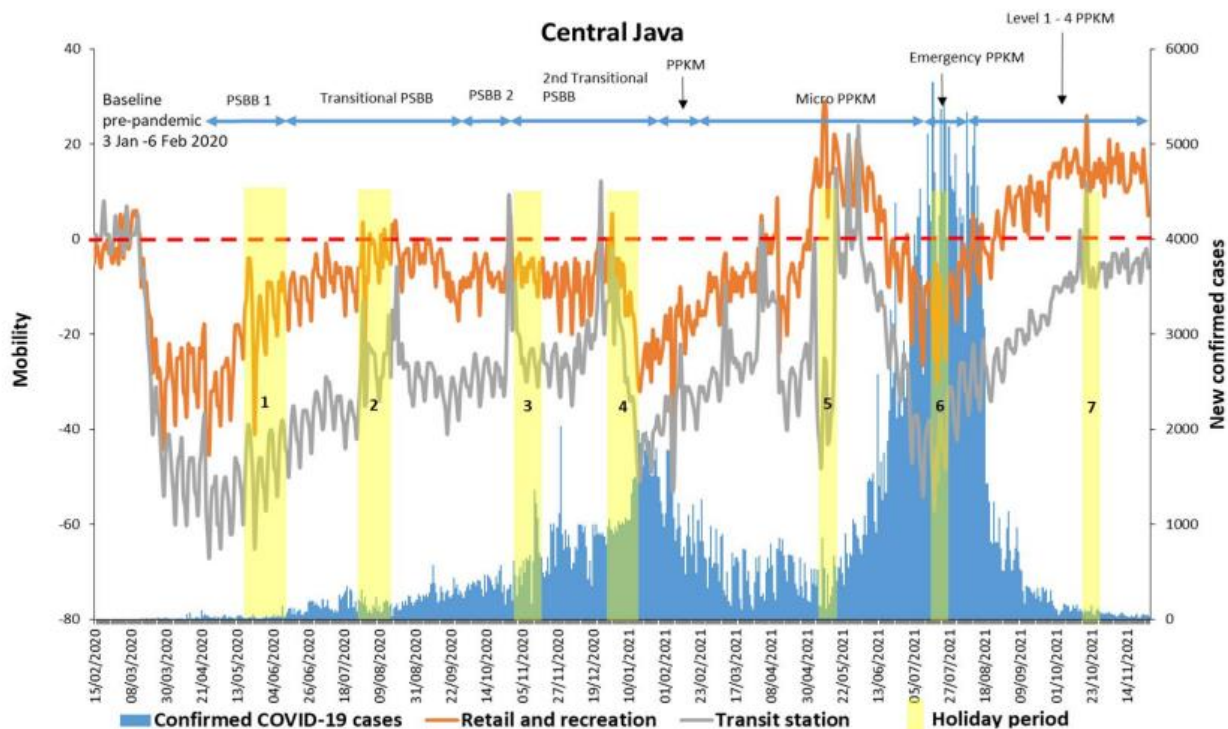


Fig. 15. Mobility analysis in Central Java, as of 27 November 2021. Source of data: [mobility](#); [cases](#).

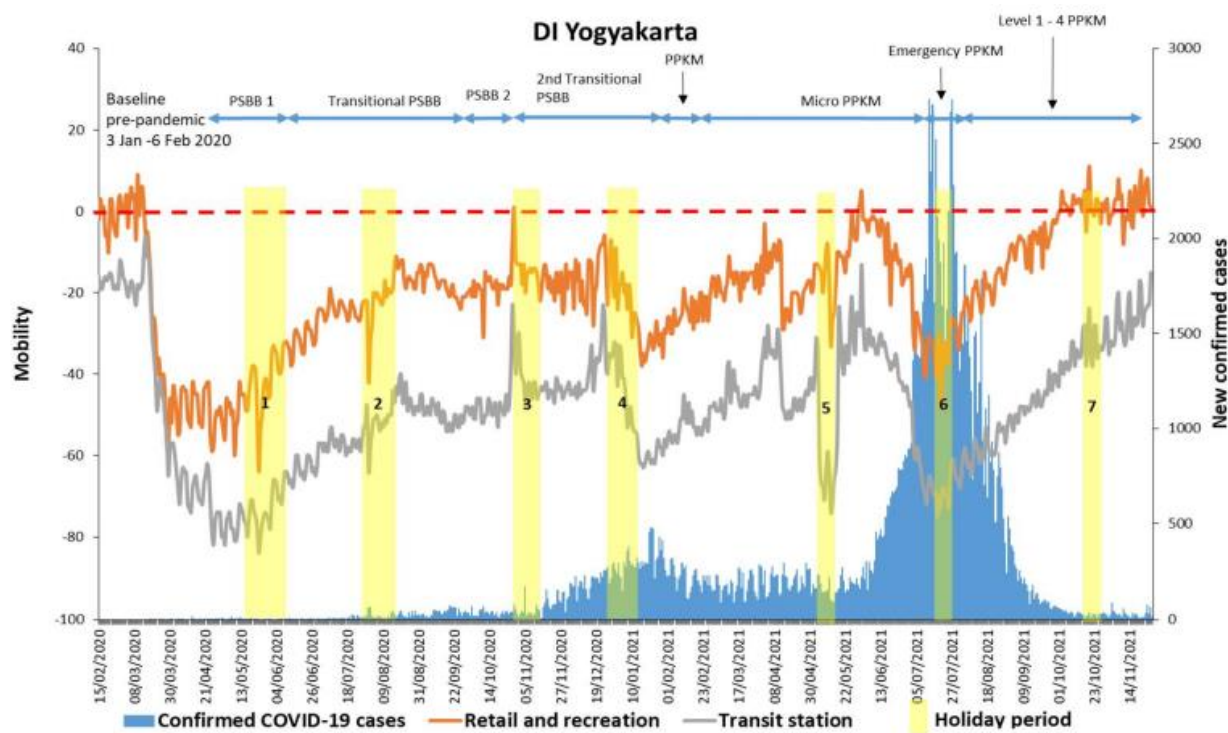


Fig. 16. Mobility analysis in DI Yogyakarta, as of 27 November 2021. Source of data: [mobility](#); [cases](#).

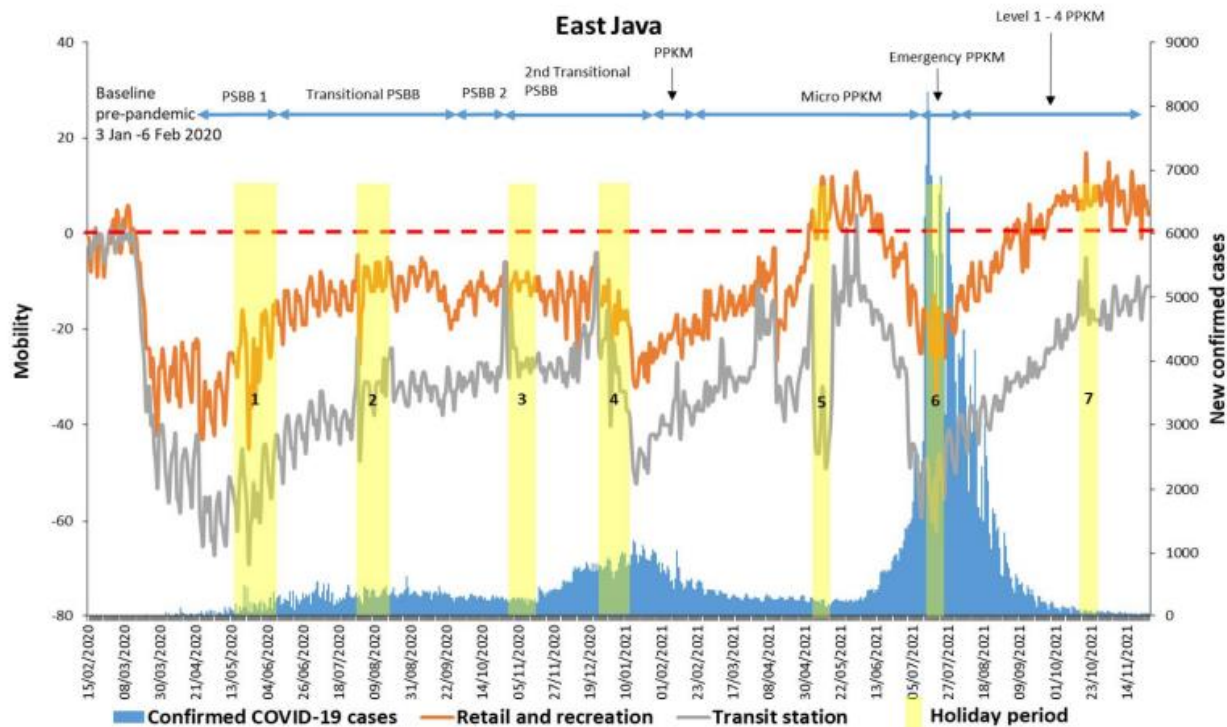


Fig. 17. Mobility analysis in East Java, as of 27 November 2021. Source of data: [mobility](#); [cases](#).

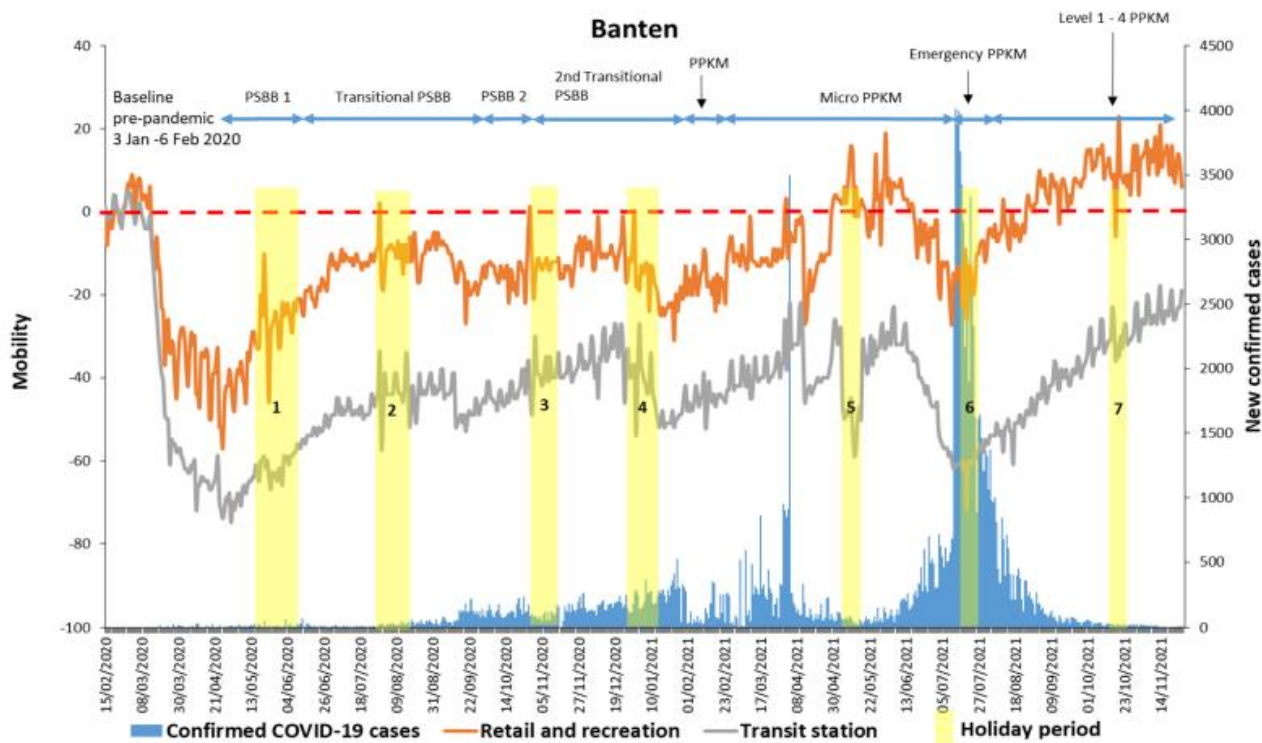


Fig. 18. Mobility analysis in Banten, as of 27 November 2021. Source of data: [mobility](#); [cases](#).

WEEKLY RISK ASSESSMENT

Table 2. Weekly risk assessment by province in Indonesia, 22 to 28 November 2021.

Province	Case incidence trend	Incidence per 100 000 population	Death per 100 000 population	Testing rate (per 1000 population per week)	Weekly positivity proportion in the last 7 days (%)	Fully vaccinated % among all target population	Fully vaccinated % among older population
Aceh	Decrease	0.3	0.01	1.79	0.06%	20.8%	10.0%
North Sumatra	Decrease	0.3	0.00	3.58	0.08%	40.3%	32.6%
West Sumatra	Decrease	0.3	0.01	2.98	0.07%	27.0%	11.1%
Riau	Decrease	1.1	0.01	3.31	1.03%	31.3%	20.6%
Jambi	Decrease	0.2	0.00	2.48	0.04%	45.6%	33.3%
South Sumatra	Decrease	0.2	0.01	3.31	0.04%	32.3%	21.7%
Bengkulu	Decrease	0.1	0.00	3.51	0.01%	28.8%	22.5%
Lampung	Decrease	0.3	0.10	3.55	0.05%	34.1%	21.1%
Bangka Belitung Islands	Decrease	3.8	0.12	9.45	0.33%	51.8%	44.9%
Riau Islands	Decrease	0.3	0.06	13.92	0.04%	74.4%	56.6%
DKI Jakarta	Decrease	5.3	0.04	16.92	0.23%	109.7%	90.7%
West Java	Decrease	0.8	0.02	4.21	0.18%	45.7%	33.2%
Central Java	Decrease	0.7	0.06	2.10	0.38%	48.8%	43.1%
DI Yogyakarta	Decrease	4.5	0.10	8.46	0.79%	85.0%	66.0%
East Java	Decrease	0.6	0.03	4.46	0.14%	47.2%	30.2%
Banten	Decrease	0.4	0.00	5.17	0.08%	46.7%	30.5%
Bali	Decrease	1.4	0.07	11.20	0.18%	89.1%	70.0%
West Nusa Tenggara	Decrease	0.3	0.01	3.62	0.07%	38.0%	27.4%
East Nusa Tenggara	Decrease	2.0	0.05	4.47	0.34%	27.1%	15.5%
West Kalimantan	Decrease	2.4	0.03	3.53	0.43%	33.2%	17.9%
Central Kalimantan	Decrease	0.7	0.10	4.39	0.12%	38.7%	30.5%
South Kalimantan	Decrease	0.4	0.01	4.52	0.14%	30.8%	15.4%
East Kalimantan	Decrease	1.6	0.01	11.31	0.11%	51.3%	37.3%
North Kalimantan	Decrease	1.6	0.24	11.35	0.16%	49.3%	37.4%
North Sulawesi	Decrease	0.8	0.13	6.16	0.12%	40.3%	33.3%
Central Sulawesi	Decrease	0.8	0.07	3.43	0.13%	25.3%	13.6%
South Sulawesi	Decrease	0.4	0.01	4.33	0.09%	30.9%	15.5%
Southeast Sulawesi	Decrease	0.3	0.00	4.25	0.04%	23.9%	10.0%
Gorontalo	Decrease	0.2	0.00	4.00	0.00%	34.1%	18.3%
West Sulawesi	Decrease	0.3	0.04	2.36	0.03%	25.6%	12.1%
Maluku	Decrease	0.2	0.00	7.14	0.01%	20.6%	14.7%
North Maluku	Decrease	0.2	0.00	6.31	0.05%	23.5%	10.2%
West Papua	Decrease	5.3	0.01	12.58	0.32%	27.0%	12.7%
Papua	Decrease	1.0	0.02	7.86	0.11%	19.0%	8.9%

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.

RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 3. Title and details of recent WHO resource materials

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

Title	Details
WHO Weekly Epidemiological Update on COVID-19 (Edition 68) , 30 November 2021	This edition includes epidemiological updates as of 28 November 2021. It also provides details on the newly designated SARS-CoV-2 Variant of Concern (VOC), Omicron (B.1.1.529), updates on the geographic distribution of VOCs, and a summary of phenotypic characteristics of VOCs based on available studies.
Living guidance for clinical management of COVID-19 , 23 November 2021	The WHO living guidance for clinical management of COVID-19 contains the organization's most up-to-date recommendations for the clinical management of people with COVID-19. This is an update to the document which was originally published on 27 May 2020 and last updated on 25 January 2021. This updated version contains two new recommendations regarding hospitalized children with Multisystem Inflammatory Syndrome (MIS-C).

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:

- [Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19](#)
- [Annexes to the recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19](#)
- [Annexes to the recommendations for use of the Pfizer-BioNTech vaccine BNT162b2 against COVID-19](#)



Infographics:

- [COVID-19 vaccines and fertility](#)
- [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](#)

Videos:

- COVID-19: Booster Shot
- COVID-19: Keeping schools safe
- Vaccines, variants & doses
- Vaccines, variants & mass gathering
- Pregnancy & COVID-19

For more information please feel free to contact: seinocomm@who.int
[WHO Indonesia Reports](#)