

20 December 2022

### HIGHLIGHTS

- A cumulative number of 89 280 confirmed cases of COVID-19 were reported since the last situation report. This represents a decrease of approximately 38%. The highest number of new confirmed cases over the past month was reported on 23 November (7221 new cases). At the same time, a cumulative number of 925 deaths were reported over the past month. The highest number of new deaths was reported on 28 November (59 new deaths were on the date).<sup>1</sup>
- A decreasing trend in the number of weekly new cases and case incidence at the national level was observed over the past five weeks (Table 1). During the same period, the nationwide testing rate showed a relatively increasing trend. Since the first week of September, however, the nationwide testing rate remains below the benchmark of one person tested per 1000 population per week. As of 18 December, the testing rate was 0.84.

### COVID-19 Situation in Indonesia

(as of 20 December 2022)

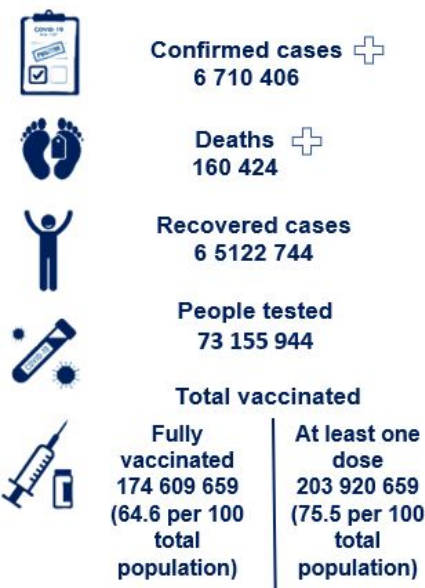


Table 1. Weekly number of confirmed cases, case incidence and people tested per 1000 population at the national level, as of 18 December 2022<sup>2</sup>.

Dates	Confirmed cases	Case incidence per 100 000 population	People tested per 1000 population
14/11 – 20/11	46 863	15.0	0.84
21/11 – 27/11	41 877	16.5	0.76
28/11 – 04/12	29 959	14.7	0.97
05/12 – 11/12	18 587	10.8	0.91
12/12 – 18/12	10 807	6.8	0.84

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

<sup>2</sup> Source of data: <https://covid19.go.id/peta-sebaran>

# SURVEILLANCE

## Case incidence

- The weekly number of new cases has significantly decreased since the third week of November ([WHO Situation Report 96](#)). A total number of 10 807 new cases were reported during the week of 12 to 18 December. This represents a decrease of 77% compared to the 46 863 weekly cases reported in Situation Report 96. During the same period, the weekly number of deaths was 174; a decrease of 37% compared to the 275 reported in Situation Report 96. The average daily new cases and deaths over the past seven days was 1544 and 25, respectively (Fig. 1)<sup>3</sup>.

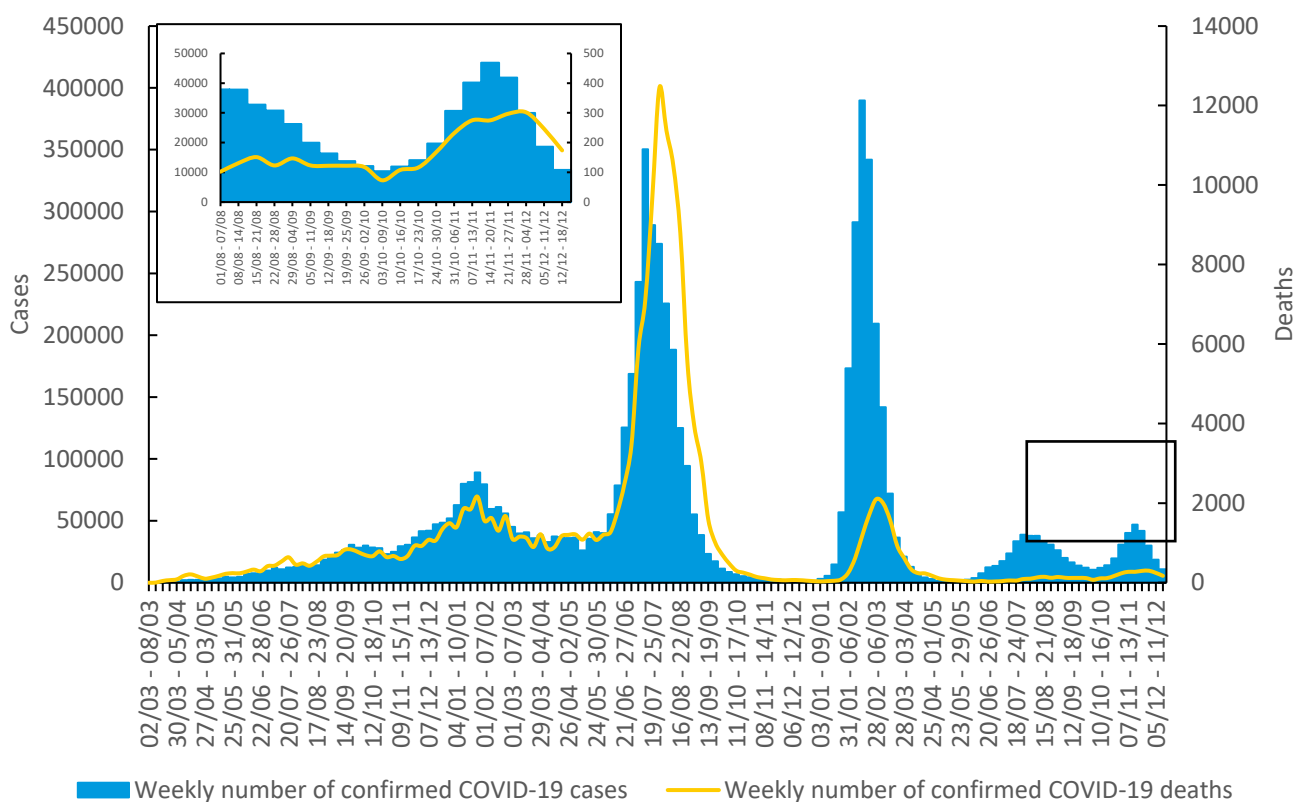


Fig. 1. Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 18 December 2022<sup>4</sup>.

<sup>3</sup> 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. 3). Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis, both at the national and subnational level.

<sup>4</sup> Source of data: <https://covid19.go.id/peta-sebaran>

- A decreasing trend in case incidence has been observed over the past three weeks both at the national level and in all regions in Indonesia. As of 18 December, the case incidence per 100 000 population was 6.8 at the national level; a significant decrease compared to 15.0 reported in [WHO Situation Report 96](#). As of the same date, the case incidence per 100 000 population at the subnational level was 10.4 in Java-Bali; 2.0 in Sumatra; 2.8 in Kalimantan; 1.6 in Sulawesi; and 1.6 in Nusa Tenggara-Maluku-Papua (Fig. 2). Details on incidence for each province are available [here](#).

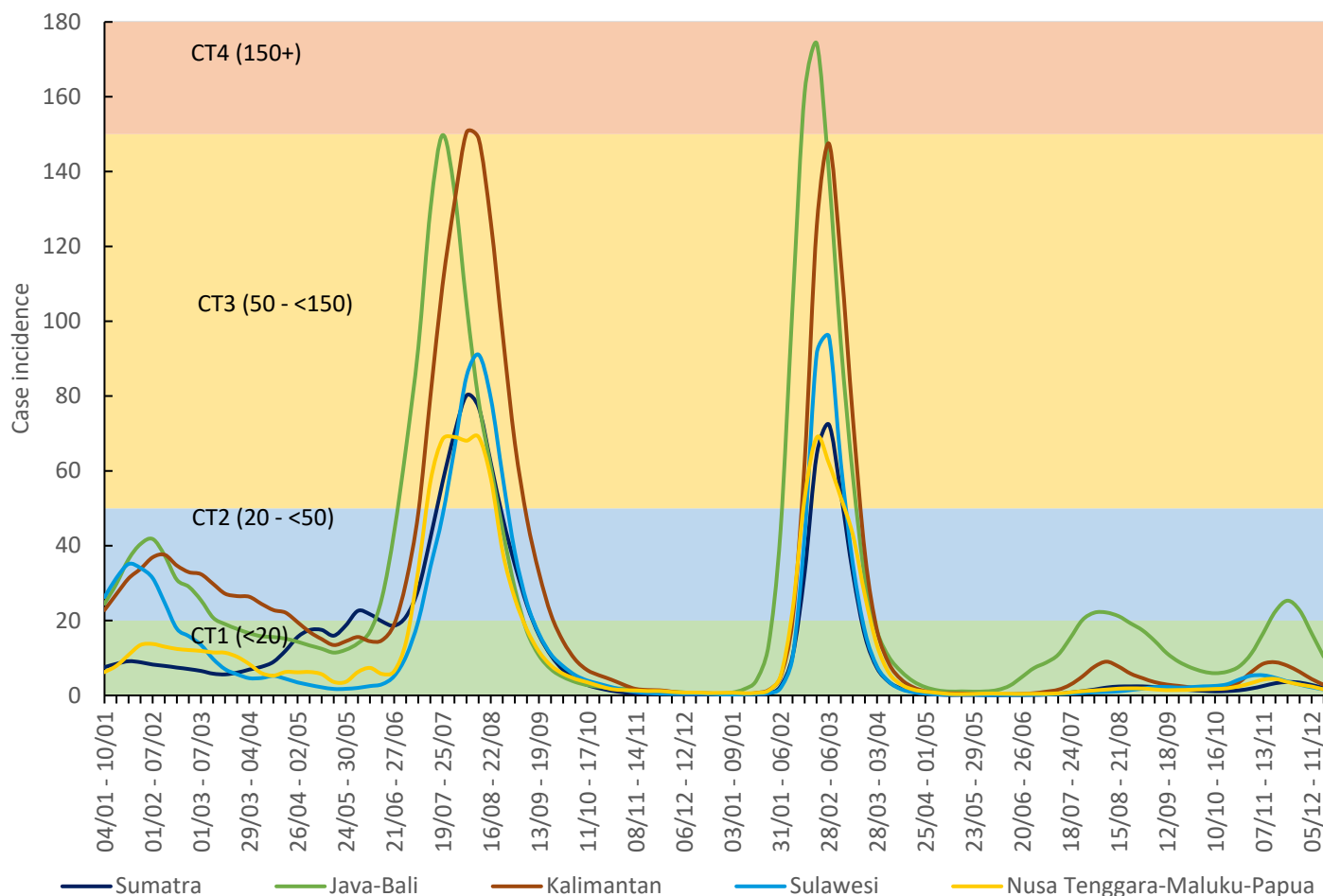


Fig. 2. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in five regions in Indonesia (Java-Bali, Sumatra, Kalimantan, Sulawesi and Nusa Tenggara-Maluku-Papua), from 4 January 2021 to 18 December 2022, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence<sup>5</sup>.

<sup>5</sup> Source of data: <https://covid19.go.id/peta-sebaran>

## Test positivity proportion

- An increasing trend in nationwide test positivity proportion was observed since the first week of October (3 to 9 October) through November with the highest proportion (20.5%) was reported during the week of 14 to 20 November (WHO Situation Report 96). During the week of 12 to 18 December, the nationwide test positivity proportion declined to 4.8%. At the same time, however, the testing rate remained below the benchmark of one person tested per 1000 population per week (Fig. 3)<sup>6</sup>. Considering that a lower number of tests performed may indicate a lower number of cases detected, it is important to note that the current trends of reported COVID-19 cases and deaths should be interpreted with caution.

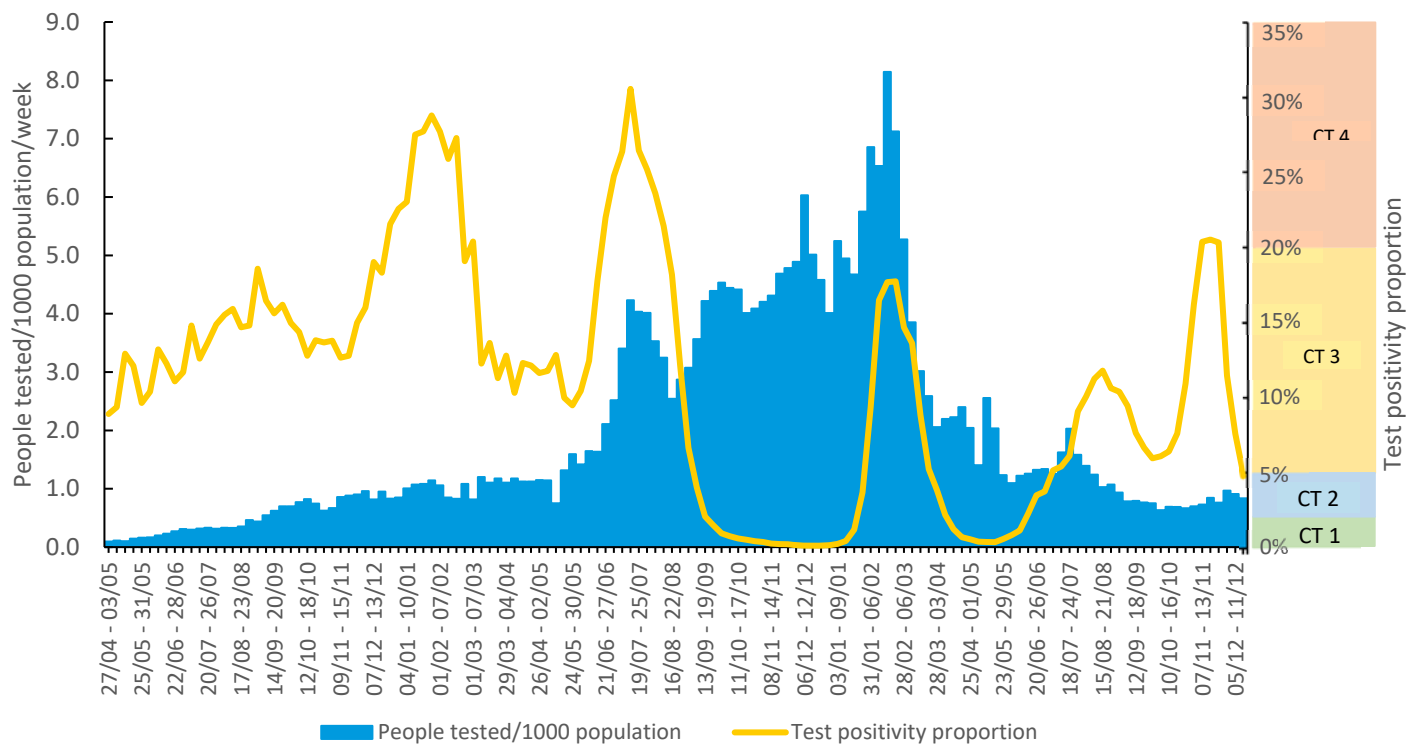


Fig. 3. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 18 December 2022, classified by level of community transmission (CT): CT1; low incidence (<2%); CT2: moderate incidence (2% - <5%); CT3: high incidence (5% - <20%); CT4: very high incidence (20%+)<sup>7</sup>.

<sup>6</sup> Caution should be exercised when interpreting the indicator presented in Figure 3 due to limitations listed in the [WHO interim guidance](#). Other epidemiological indicators also need to be evaluated to determine the level of community transmission.

<sup>7</sup> Source of data: <https://covid19.go.id/peta-sebaran>

## Mortality

- Since the last Situation Report, a gradual increase in mortality rate at the national level and in most regions of Indonesia was observed until the second week of December (5 to 11 December) (Fig. 4)<sup>8</sup>. As of 18 December, the number of confirmed deaths per 100 000 population was 0.09 at the national level; 0.11 in Java-Bali region; 0.06 in Sumatra and Kalimantan regions; and 0.04 in Sulawesi and Nusa Tenggara-Maluku-Papua regions.

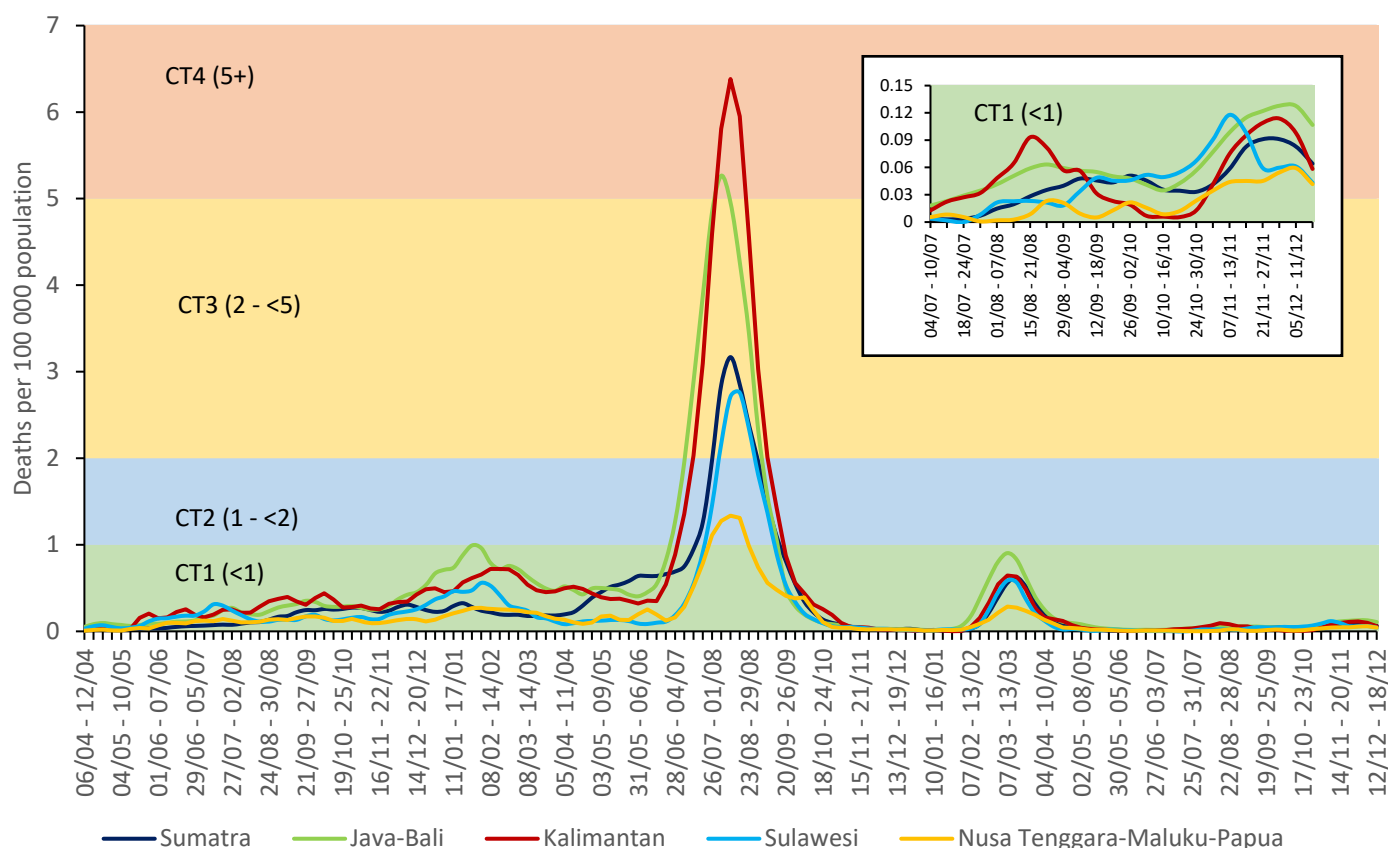


Fig. 4. Weekly number of confirmed COVID-19 deaths per 100 000 populations per week averaged over a two-week period reported at national level and in Java-Bali and non-Java-Bali regions, as of 18 December 2022<sup>9</sup>.

<sup>8</sup> Based on data availability, only confirmed COVID-19 deaths have been included in Figure 4. 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 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.

<sup>9</sup> Source of data: <https://covid19.go.id/peta-sebaran>

## Variants of concern (VOCs) and Omicron

- As of 19 December 2022, Indonesia submitted a total of 43 942 sequences to the Global Initiative on Sharing All Influenza Data (GISAID). The proportion of the sequences and the number of confirmed cases vary between 0.02% and 19.43% (Fig. 5).<sup>10</sup>

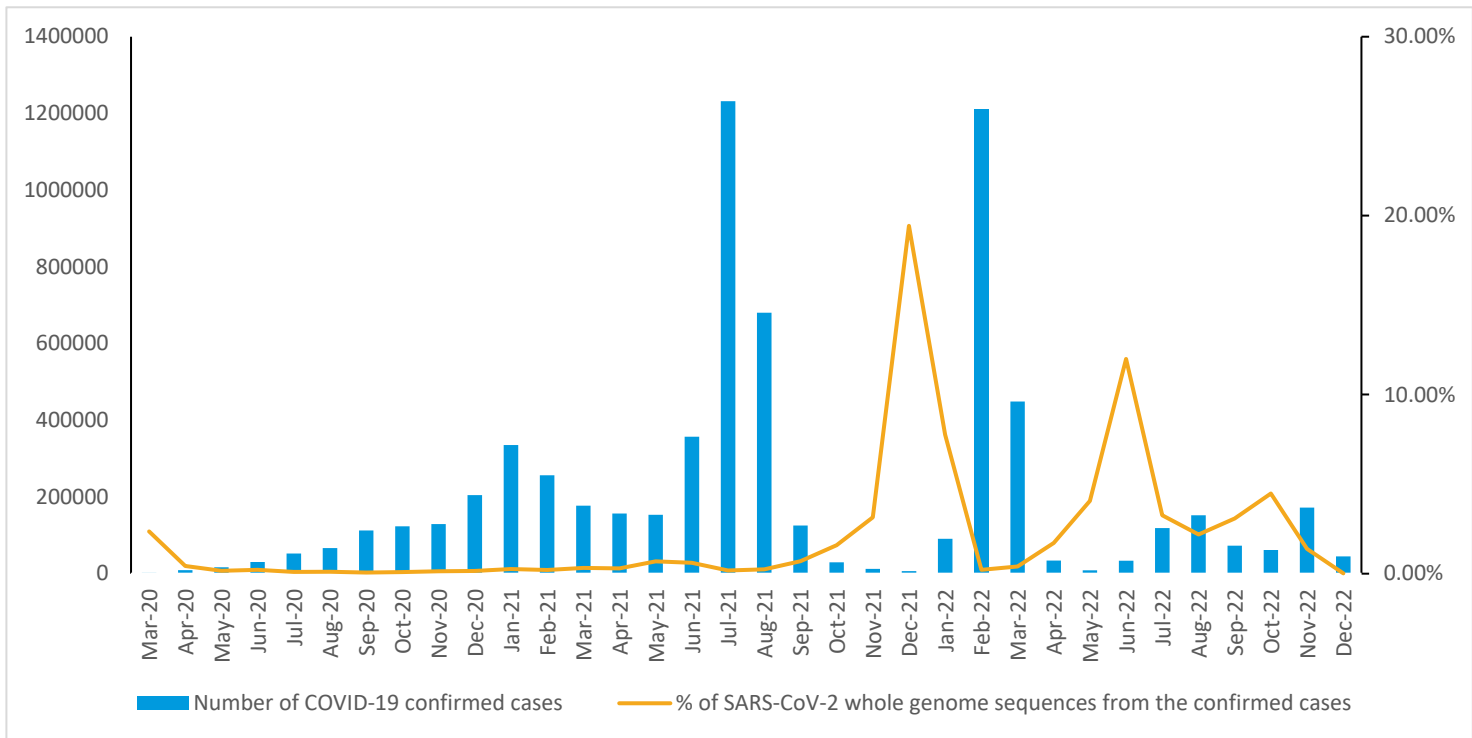


Fig. 5. Monthly proportion of whole genome sequences from confirmed COVID-19 cases reported at national level, from March 2020 to December 2022<sup>11</sup>. Source of sequences data: Global Initiative on Sharing All Influenza Data (GISAID).

As of December 2022, Indonesia reported 264 Omicron lineages from the parent lineage of B.1.1.529 (Fig. 6)<sup>12</sup>. In line with the global situation, the lineages of XBB.x and BQ.1.x have started to emerge since September 2022 as reported in WHO Weekly Epidemiological Update on COVID-19 Edition 1189. Based on the available data, there is no indication of an increase in severity ([WHO Weekly Epidemiological Update on COVID-19 Edition 116](#)) ([TAG-VE statement on Omicron sublineages BQ.1 and XBB \(who.int\)](#)).

<sup>10</sup> The sequences data presented in Figure 5 was retrieved from GISAID on 19 December 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).

<sup>11</sup> Source of data: <https://covid19.go.id/peta-sebaran>

<sup>12</sup> The data presented in Figure 6 was retrieved from GISAID on 19 December 2022. The number of SARS-CoV-2 sequences is dynamic and will change when the genomic surveillance laboratory network submits new data to GISAID.

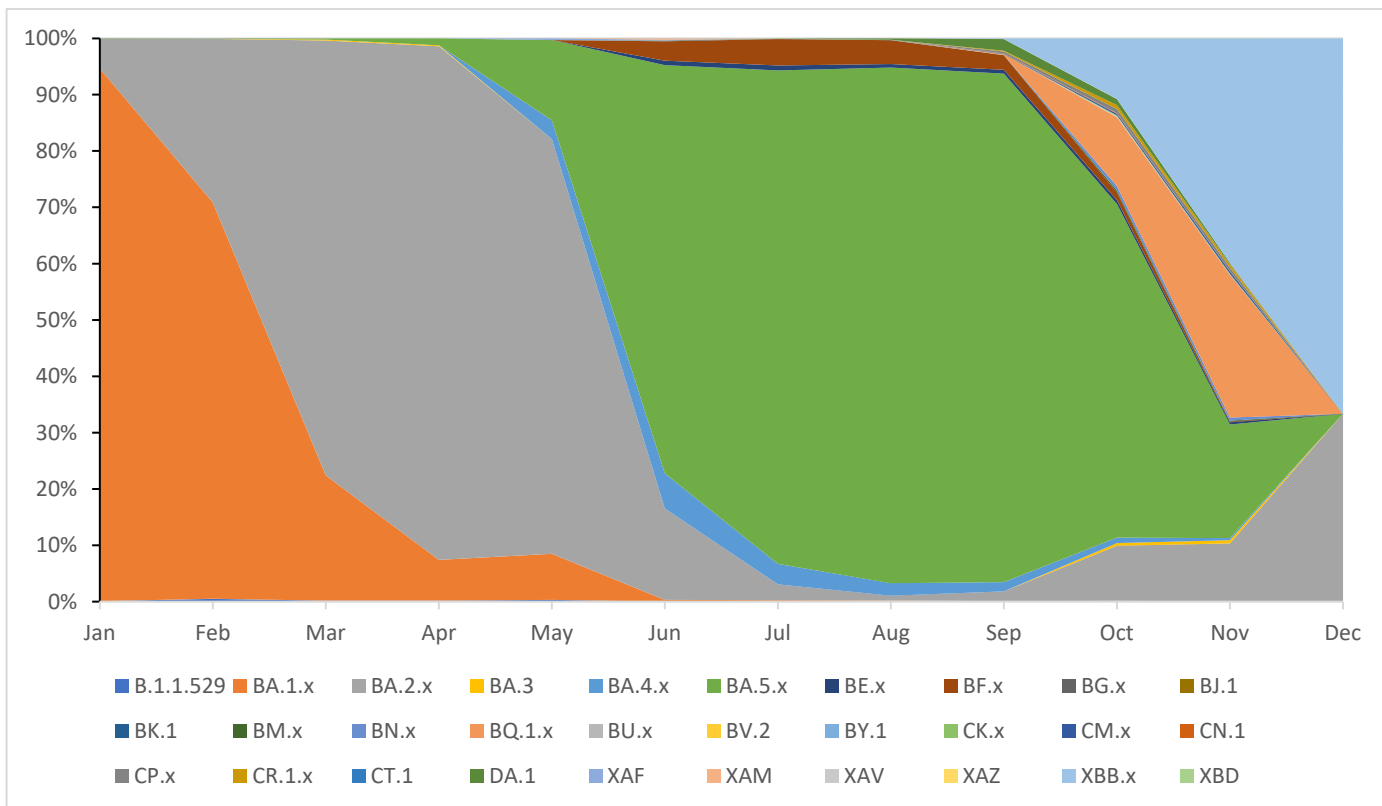


Fig. 6. Omicron lineages in Indonesia. Source of data: Global Initiative on Sharing All Influenza Data (GISAID).

## HEALTH OPERATIONS

After a moderate declining trend (see WHO Situation Report 96), the reported number of COVID-19 patients hospitalized in DKI Jakarta has been increasing since the second week of October 2022 until the fourth week of November 2022. On 18 December, 490 patients were hospitalized due to COVID-19. This represents a decrease of approximately 60% compared to 1231 hospitalized patients reported during the same period in November. A similar trend was observed for the number of cases in self-isolation. On 18 December, 4085 cases were reported to be in self-isolation. This represents a decrease of 81% compared to the 21 965 cases reported during the same period in November (Fig. 7).

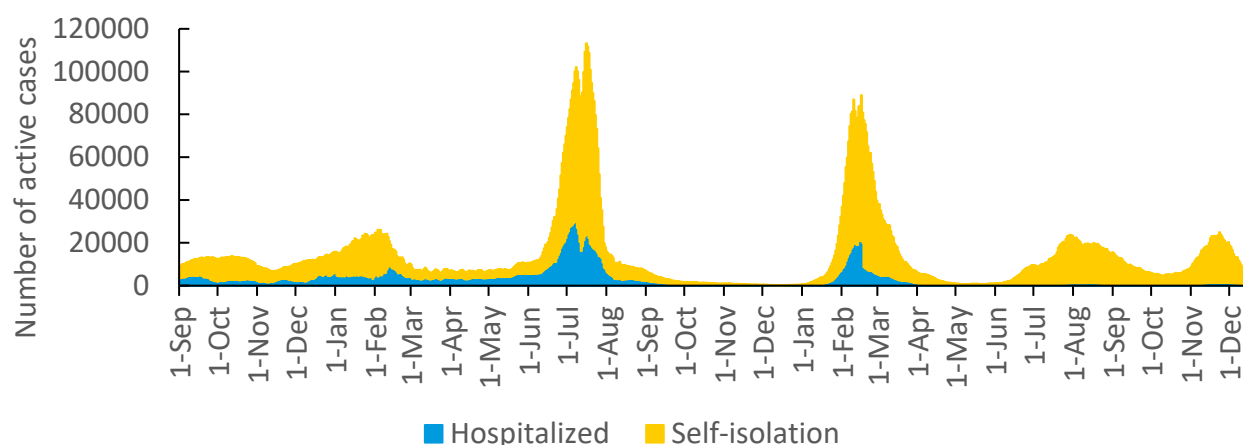


Fig. 7. Number of COVID-19 cases hospitalized and in self-isolation in DKI Jakarta, from 1 September 2020 to 18 December 2022<sup>13</sup>.

### Essential Drugs and Medicines

- WHO Indonesia is arranging for the donation of Nirmatrelvir 150mg + Ritonavir 100mg film-coated (Paxlovid® 150/100mg) with the Directorate General of Pharmacy and Medical Devices of the Ministry of Health (MoH). The donation is facilitated through the ACT-A Mechanism, with an indicative allocation of 24 096 packs for Indonesia.
- Paxlovid® is a COVID-19 treatment option for adults who do not require supplemental oxygen and who are at increased risk for progression to severe COVID-19<sup>14</sup>. WHO has recommended Paxlovid® for patients with non-severe COVID-19 who are at highest risk of developing severe disease and hospitalization, such as unvaccinated, older, or immunosuppressed patients<sup>15</sup>.

<sup>13</sup> Source of data: <https://corona.jakarta.go.id/id/data-pemantauan>

<sup>14</sup> Paxlovid® product information <https://pionas.pom.go.id/obat-baru/paxlovid-tablet-salut-selaput-100mg150mg>

<sup>15</sup> <https://www.who.int/news/item/22-04-2022-who-recommends-highly-successful-covid-19-therapy-and-calls-for-wide-geographical-distribution-and-transparency-from-originator>



## VACCINATION

- As of 19 December, 445 238 374 vaccine doses have been administered in the national COVID-19 vaccination campaign<sup>16</sup>. As of the same date, 174 609 714 people out of 270 203 917 total population (64.6%) have been fully vaccinated; 203 920 659 people (75.5%) have received at least one dose of the vaccine (Fig. 8). In comparison with previous [WHO Situation Report 96](#), the decrease is due the internal data cleaning dashboard performed by KPCPEN (Ministry of Communication and Informatics). As of 19 December, 68 000 070 people out of 270 203 917 total population (25.2%) have received a booster dose. Nationwide, 56.6% of older people have been fully vaccinated; 68.2% of older people have received at least one dose of the vaccine, 26.6% of older people have received 1<sup>st</sup> booster dose and 1.1% of older people have received a 2<sup>nd</sup> booster dose.

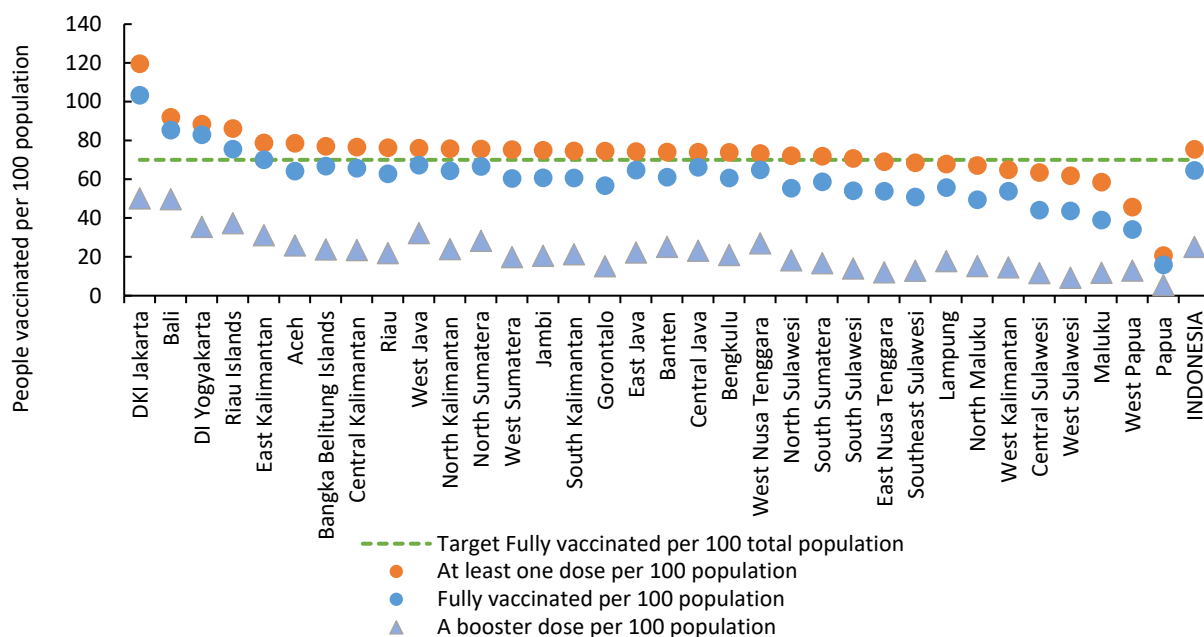


Fig. 8. Number of people vaccinated, number of people that received at least one dose, and number of people that received a booster dose of COVID-19 vaccine per 100 total population by province in Indonesia, as of 19 December 2022<sup>17,18</sup>

<sup>16</sup> Data presented in Figure 8 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))).

<sup>17</sup> Data by province as of 21 November 2022 was accessed at 05:25 PM ([source of data](#)). Data of doses administered as of 21 November 2022 was accessed on 22 November 2022 at 4:30 AM ([source of data](#)).

<sup>18</sup> Source of population data: [2020 Census result, Central Bureau of Statistics](#).

- As of 19 December, only five out of 34 provinces have achieved the global target of at least 70% of the total population fully vaccinated: DKI Jakarta, Bali, DI Yogyakarta, Riau Islands and East Kalimantan.
- By province, 32 out of 34 provinces recorded a higher number of fully vaccinated people among population < 60 years of age compared to those ≥ 60 years of age. Out of those 32 provinces, only eight recorded a gap of below 10% between the number of fully vaccinated people among the aforementioned target populations: West Java, West Sulawesi, Aceh, West Nusa Tenggara, Banten, North Maluku, Lampung and Papua (Fig. 9). Considering that older people are among those at a higher risk of developing serious illnesses from COVID-19, it is important that efforts to improve vaccination coverage are focused on vaccinating this target group.

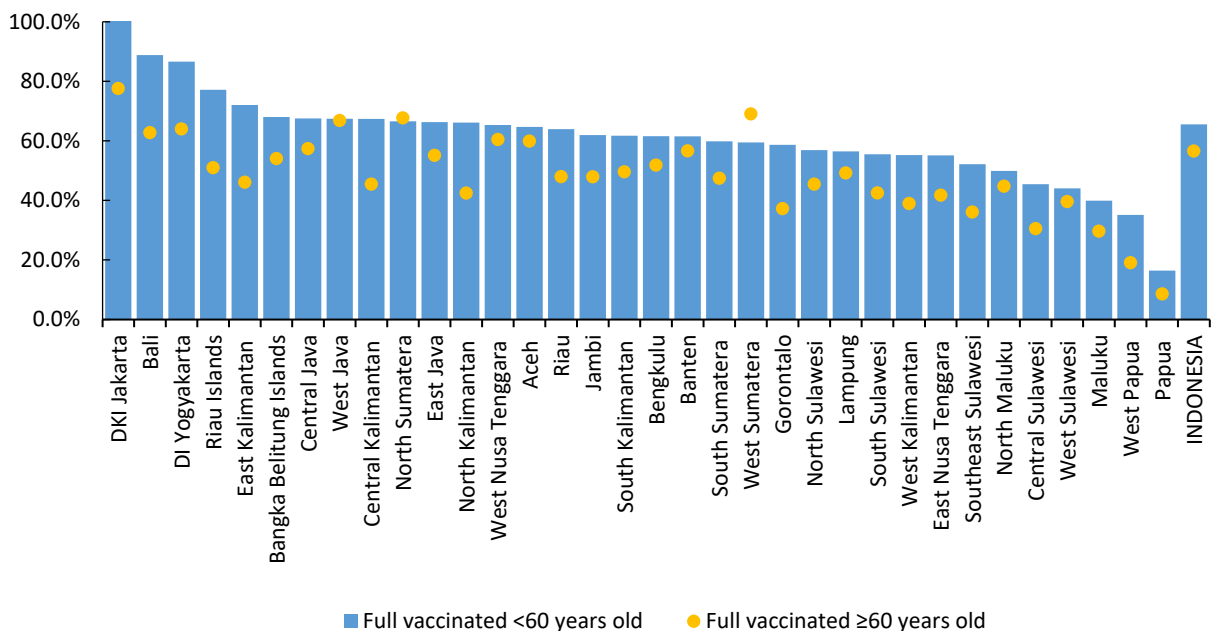


Fig. 9. Number of people fully vaccinated per 100 total population by province and age group in Indonesia, as of 19 December 2022<sup>19,20</sup>

<sup>19</sup> Source of data: <https://vaksin.kemkes.go.id/#/vaccines>

<sup>20</sup> Source of population data: [2020 Census result, Central Bureau of Statistics](https://www.bps.go.id/)

Table 2. COVID-19 vaccination by target population in Indonesia, as of 20 December 2022<sup>21,22</sup>

Target population	Total target population	Number of partially vaccinated	%	Number of fully vaccinated	%	Number of 1 <sup>st</sup> booster <sup>23</sup>	%	Number of 2 <sup>nd</sup> booster <sup>24</sup>	%	Number of unvaccinated	%
Health workers	1 468 764	54 817	3.7	2 011 580	137.0	1 803 216	122.8	798 673	54.4	0	0
Older people	21 553 118	3 109 522	14.4	15 190 297	70.5	7 132 804	33.1	300 766	1.4	3 253 299	15.1
Essential public service workers	17 327 167	1 235 599	7.1	17 056 779	98.4	9 588 657	55.3			0	0
General population	141 211 181	17 567 288	12.4	99 325 200	70.3	47 343 163	33.5			24 318 693	17.2
Adolescents aged 12-17	26 705 490	3 218 422	12.1	22 305 933	83.5	1 422 911	5.3			1 181 135	4.4
Children aged 6-11	26 400 300	4 086 196	15.5	17 598 254	66.7					4 715 850	17.9
Gotong Royong scheme*		60 347		1 121 671		707 713					

- During the week of 12 to 18 December, an increase in the percentage of COVID-19 vaccines administered for the primary dose<sup>25</sup> was observed in vaccination for children aged 6 to 11 years (1.0%) compared to the previous week. However, a decline was observed for adolescents aged 12 to 17 years (10.5%), general population aged 18 to 59 years (26.6%) and older people (43.6%). During the same period, a percentage decline in vaccines administered for booster doses was observed for all target populations. In general, the weekly vaccine administration was dominated by productive-age groups and focused on booster doses (Fig. 10).
- As of 22 November, Indonesia has begun implementing a second booster for older populations who received their last dose more than six months ago with both homologous and heterologous doses in line with the regimen recommendation for the first booster.

<sup>21</sup> General population in Table 2 includes vulnerable groups (e.g. persons with disabilities and marginalized groups). The total number of people vaccinated includes the eligible target population in the Gotong Royong scheme (\*the Gotong Royong scheme does not have a separate total target population from the government vaccination programme). Vaccination coverage greater than 100% is due to differences in the actual number versus the estimated number of the target population. Ongoing data cleaning may also have an impact on the change in vaccination coverage.

<sup>22</sup> Source of data: <https://pen-prod.udata.id/page/index>

<sup>23</sup> First booster vaccine is currently ineligible for children aged 6-11 years.

<sup>24</sup> Second booster vaccine is currently eligible for health workers only.

<sup>25</sup> Primary dose = dose 1 + dose 2.

- Indonesia has granted EUA for four new COVID-19 vaccines: Covaxin (BB), IndoVac, INAVac, and AWcora.
- The COVID-19 vaccination post-introduction evaluation (cPIE) has been underway since Oct 2022 with WHO support and in collaboration with UNICEF and CHAI. Data collection took place in Nov-Dec 2022, and six representative provinces (12 districts) were visited.

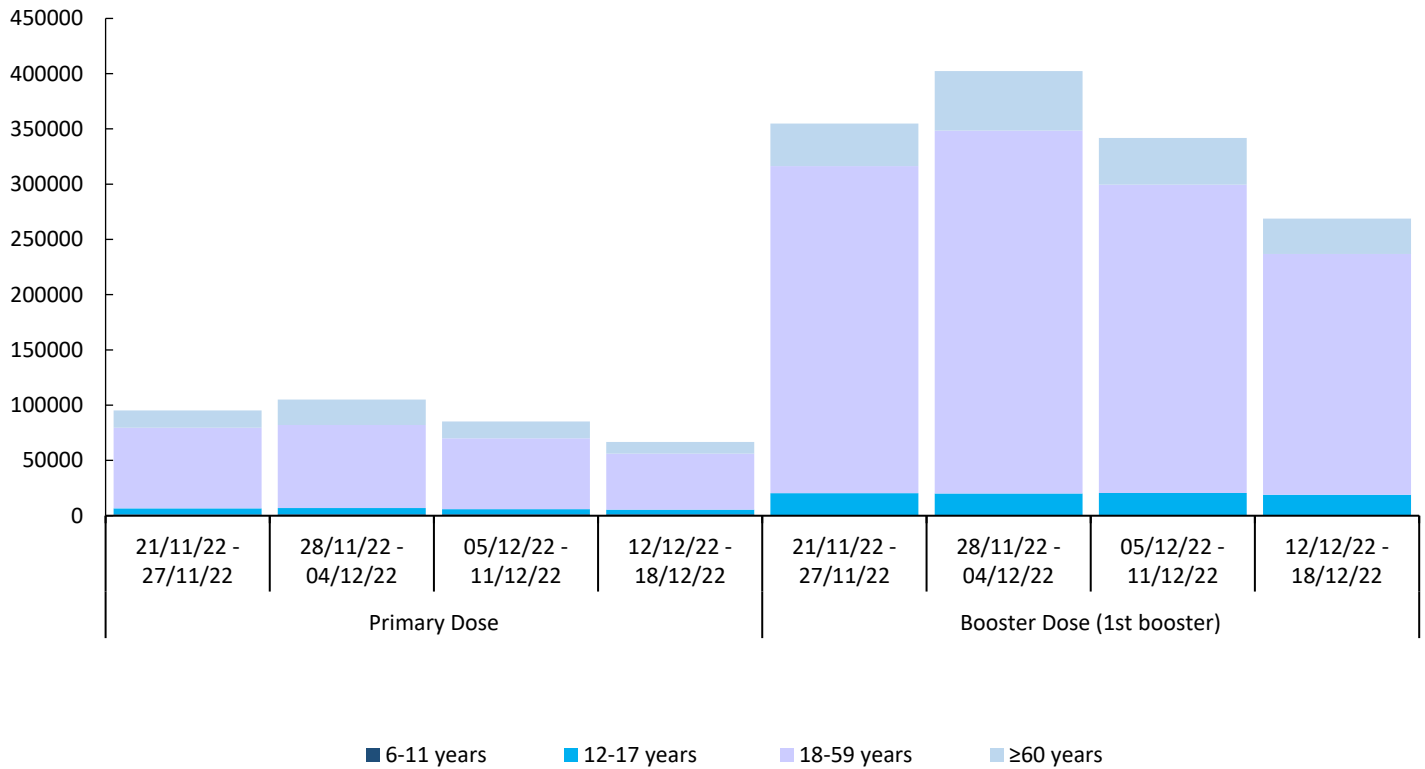


Fig. 10. Number of weekly vaccine doses administered by age group. Data as of 19 December 2022; accessed on 20 December 2022 at 8.30 AM<sup>26</sup>.

<sup>26</sup> Source of data: <https://pen-prod.udata.id/page/index>

## PARTNER COORDINATION

- The overall funding request for WHO operations and technical assistance for 2022-2023 is US\$ 12 million for 2022 (Fig. 11).

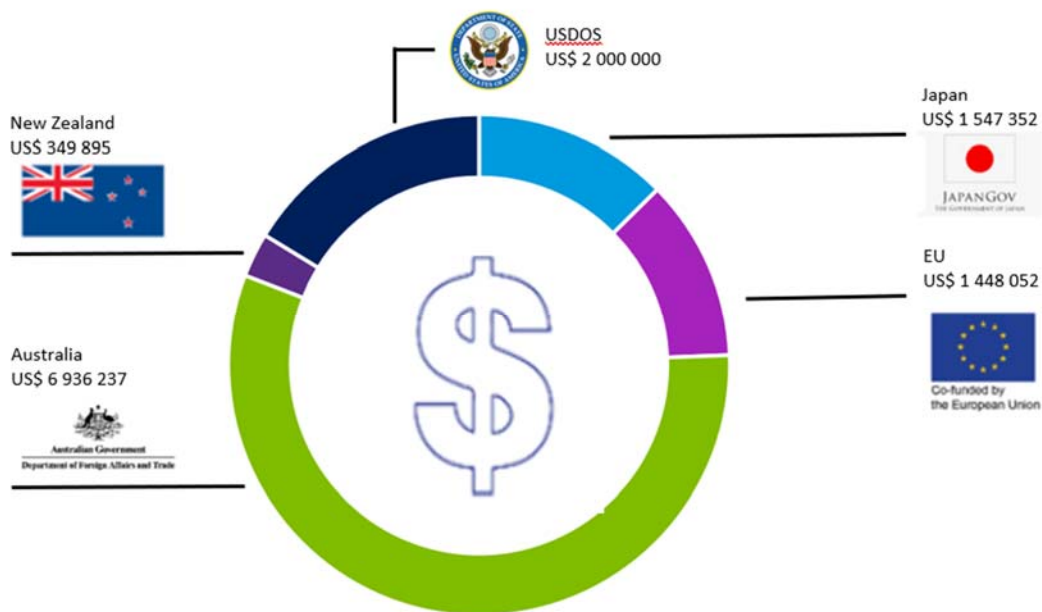


Fig. 11. WHO funding situation for COVID-19 response, December 2022.

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 3. Weekly risk assessment, 12 to 18 December 2022.<sup>27</sup>

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 population	Fully vaccinated % among older population
Aceh	Decrease	0.7	0.0	0.1	3.44%	64.3%	75.4%
North Sumatra	Decrease	2.2	0.1	0.5	2.60%	66.7%	77.6%
West Sumatra	Decrease	1.1	0.1	0.2	2.49%	60.5%	81.7%
Riau	Decrease	2.0	0.1	0.4	2.73%	62.9%	62.2%
Jambi	Decrease	1.3	0.0	0.3	3.03%	60.8%	60.5%
South Sumatra	Decrease	1.4	0.1	0.5	1.67%	58.7%	58.9%
Bengkulu	Decrease	2.8	0.0	0.8	3.30%	60.8%	65.0%
Lampung	Decrease	3.1	0.1	0.5	4.98%	55.8%	60.5%
Bangka Belitung Islands	Decrease	4.5	0.3	0.8	7.09%	66.8%	68.6%
Riau Islands	Decrease	2.6	0.0	0.7	1.46%	75.6%	73.4%
DKI Jakarta	Decrease	62.7	0.3	4.3	7.53%	103.4%	97.3%
West Java	Decrease	8.9	0.0	1.0	5.54%	67.4%	87.5%
Central Java	Decrease	3.0	0.1	0.4	4.42%	66.3%	69.6%
DI Yogyakarta	Decrease	7.4	0.2	1.2	3.76%	83.0%	79.2%
East Java	Decrease	4.3	0.1	0.7	3.44%	64.8%	67.6%
Banten	Decrease	14.2	0.0	1.5	5.05%	61.2%	74.9%
Bali	Decrease	5.7	0.3	1.6	1.88%	85.4%	76.8%
West Nusa Tenggara	Decrease	0.7	0.0	0.2	2.37%	64.9%	71.8%
East Nusa Tenggara	Decrease	1.9	0.1	0.5	2.28%	53.9%	49.6%
West Kalimantan	Decrease	3.1	0.0	0.4	5.46%	53.9%	48.9%
Central Kalimantan	Decrease	3.7	0.1	0.5	5.11%	65.8%	63.8%
South Kalimantan	Decrease	1.8	0.0	0.6	2.20%	60.8%	63.0%
East Kalimantan	Decrease	2.9	0.1	2.1	0.73%	70.1%	68.4%
North Kalimantan	Decrease	3.7	0.2	0.9	1.56%	64.5%	62.5%
North Sulawesi	Decrease	3.3	0.1	0.5	3.74%	55.5%	56.0%
Central Sulawesi	Decrease	3.5	0.0	0.2	14.30%	44.2%	38.0%
South Sulawesi	Decrease	1.0	0.0	0.4	1.64%	54.1%	52.2%
Southeast Sulawesi	Decrease	0.9	0.0	0.2	1.49%	51.0%	45.3%
Gorontalo	Stable	0.9	0.0	0.2	3.14%	56.8%	50.2%
West Sulawesi	Decrease	0.8	0.0	0.3	1.84%	43.7%	47.8%
Maluku	Decrease	0.2	0.1	0.3	0.00%	39.0%	36.5%
North Maluku	Decrease	1.2	0.0	0.2	3.70%	49.5%	53.5%
West Papua	Decrease	4.4	0.1	1.0	3.69%	34.2%	24.8%
Papua	Decrease	2.5	0.0	0.7	1.94%	16.0%	12.4%

<sup>27</sup> 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 is > 80%. Target population for vaccination includes health workers, essential public service workers, older people, 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 the actual number versus the estimated number of target population

## RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 4. Title and details of recent WHO resources.<sup>28</sup>

Title	Details
<a href="#">WHO Weekly Epidemiological Update on COVID-19 (Edition 118)</a> , 16 November 2022	This edition includes epidemiological updates as of 13 November 2022. It also provides an update on the circulating SARS-CoV-2 variants of concern (VOCs).
<a href="#">How to manage COVID-19 vaccines without VVM at vaccination service?</a> (COVID-19 Vaccine Job Aid), 27 October 2022	This job aid explains how WHO Emergency Use Listing (EUL) COVID-19 vaccines without vaccine vial monitor (VVM) should be handled at the vaccination site to ensure that safe and potent vaccines are administered. This is the updated version of the job aid that was first published in May 2021.

<sup>28</sup> Source: <https://www.who.int/>

## 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:

- [Management and safe disposal of COVID-19 vaccination waste at health facility level](#)

Infographics:

- [COVID-19 Appropriate Behaviour](#)
- [COVID-19 Risk Perception](#)
- [COVID-19 Vaccine Fact](#)
- [Back to work](#)
- [Good ventilation](#)
- [Waste management](#)



Questions and answers:

- [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:

- Mental Health
- Omicron sub variant risk
- COVID-19: Omicron
- Omicron and reinfection

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