

13 October 2021

## HIGHLIGHTS

- As of 13 October, the Government of Indonesia reported 4 231 046 (1233 new) confirmed cases of COVID-19, 142 811 (48 new) deaths and 4 067 684 recovered cases from 510 districts across 34 provinces.<sup>1</sup> As of the same date, the number of people fully vaccinated per 100 total population was 21.9 nationwide; DKI Jakarta reported the highest number among all provinces (77.5). The weekly number of COVID-19 vaccine doses administered from 4 to 10 October was 9 799 135 doses.<sup>2</sup>
- As of 10 October, the weekly incidence per 100 000 population nationwide, in Java-Bali and non-Java-Bali regions was 4.3, 3.6 and 5.3, respectively. The weekly incidence remained at a low level of community transmission (CT1).

### COVID-19 Situation in Indonesia (as of 13 October 2021)



**Confirmed cases**  
4 231 046



**Deaths**  
142 811



**Recovered cases**  
4 067 684



**People tested**  
28 367 503



**Total vaccinated**  
**Fully vaccinated** 59 687 577  
**Partially vaccinated** 43 508 212



Fig. 1. Geographic distribution of confirmed COVID-19 cases reported in the last seven days per 100 000 population in Indonesia across provinces, from 7 to 13 October 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.

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

<sup>2</sup> <https://vaksin.kemkes.go.id/#/vaccines>

## GENERAL UPDATES

- On 10 October, the Ministry of Health (MoH) spokesperson for COVID-19 vaccination reported that Indonesia received an additional 2 000 700 doses of Pfizer-BioNTech COVID-19 vaccine. The vaccines arrived in the country via two points of entry (PoEs) – the Soekarno-Hatta International Airport in Tangerang, Banten and Juanda International Airport in Surabaya, East Java. The MoH spokesperson explained that these vaccines will be distributed to 12 provinces: Aceh, North Sumatra, Riau, Riau Islands, Jambi, Bengkulu, West Java, East Java, South Kalimantan, Gorontalo, West Nusa Tenggara, and East Nusa Tenggara. She said that the distribution is expected to accelerate vaccination in these provinces.<sup>3</sup>
- The Head of the Indonesian Medical Association (Ikatan Dokter Indonesia (IDI)) urged the Government of Indonesia to strengthen the health protocols at PoEs, such as international airports. He emphasized that the action is important as one of the ways to prevent the risk of another surge of cases. He also explained that health protocols need to be strictly implemented on an ongoing basis, especially for public activities. In addition, he encouraged the acceleration of COVID-19 vaccination in the country. Currently, the government aims to vaccinate 80% of the total population by the end of 2021.<sup>4</sup>
- The Government of Indonesia continues to implement strategies to accelerate COVID-19 vaccination among older people. The MoH spokesperson for COVID-19 vaccination stated that vaccination among older people was one of the top priorities in the government's vaccination programme. She also said that the government has made the vaccination rate among this target group a significant contributor to determine the level of restrictions on public activities (Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)) at subnational level. She highlighted challenges in accelerating vaccine uptake among older persons, including vaccine-related hoaxes and misinformation. In addition to ensuring the availability of vaccines at subnational level, the government has encouraged the public to support acceleration of the vaccination programme to improve coverage among this target group. The MoH spokesperson emphasized that active participation from the public and other relevant stakeholders is crucial, especially in campaigns and education for older people.<sup>5</sup>

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<sup>3</sup> <https://en.antaranews.com/news/193581/indonesia-gets-additional-two-million-finished-pfizer-vaccine-doses>

<sup>4</sup> <https://en.antaranews.com/news/193493/indonesia-urged-to-increase-airport-security-to-avert-third-wave-idi>

<sup>5</sup> <https://www.thejakartapost.com/adv/2021/10/09/people-asked-to-support-senior-citizen-vaccination-acceleration-program.html>

## SURVEILLANCE

- On 13 October, 1233 new and 4 231 046 cumulative cases were reported in Indonesia. The weekly number of cases from 4 to 10 October was 8648, a decrease of 23% compared to the previous week. On 13 October, 48 new and 142 811 cumulative number of COVID-19 deaths were reported nationwide. The weekly number of new deaths from 4 to 10 October was 478, a decrease of 32% compared to the previous week (Fig. 2).

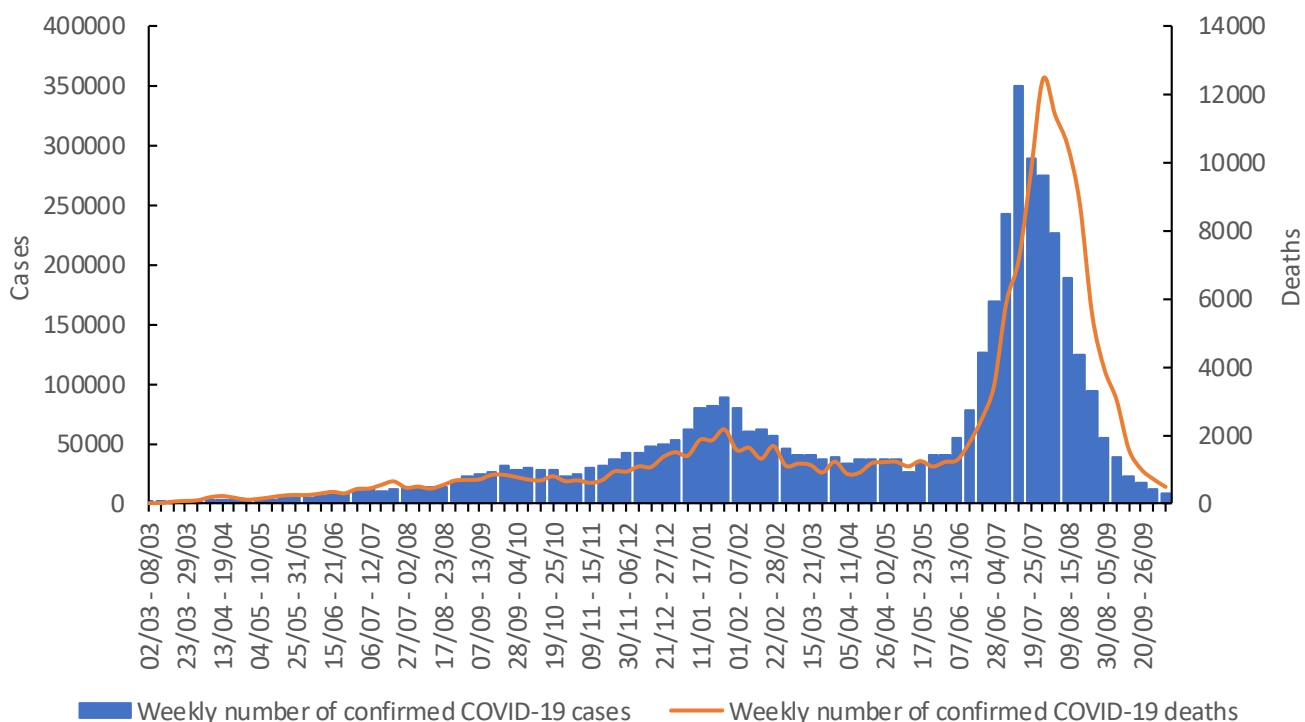


Fig. 2. Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 10 October 2021. [Source of data](#)

**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 4 to 10 October, the weekly COVID-19 incidence per 100 000 population nationwide, in Java-Bali region and in provinces outside the Java-Bali region (non-Java-Bali) was 4.3, 3.6 and 5.3, respectively (Fig. 3). The weekly incidence in Java-Bali region has remained at a low level of community transmission (CT1) for the past five weeks, while the weekly incidence nationwide and in non-Java-Bali region has remained at CT1 for the past four weeks. Province and district level analyses are needed to evaluate these trends and identify new clusters if they arise.

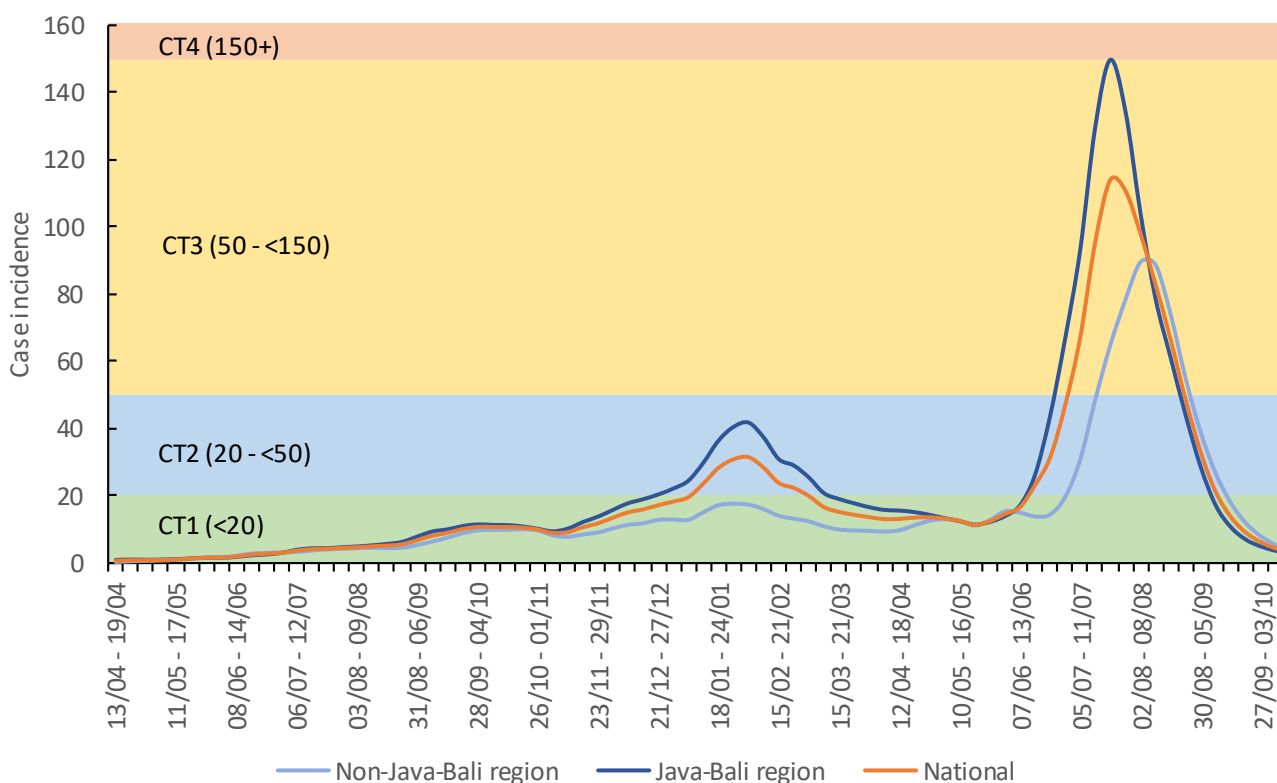


Fig. 3. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported at national and subnational levels (Java-Bali and non-Java-Bali) from 13 April 2020 (when Indonesia first reported community transmission in the country) to 10 October 2021, classified by level of community 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).

- During the week of 4 to 10 October, North Kalimantan and Bangka Belitung Islands were at a moderate level of community transmission (CT2), with an incidence of 43.0 and 23.1 per 100 000 population, respectively (Fig. 4). Based on the [WHO interim guidance](#), this means that there was a moderate risk of COVID-19 infection for the general population and a moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days. The remaining 32 provinces were at community transmission level 1 (CT1) during this reporting period (Fig. 4).

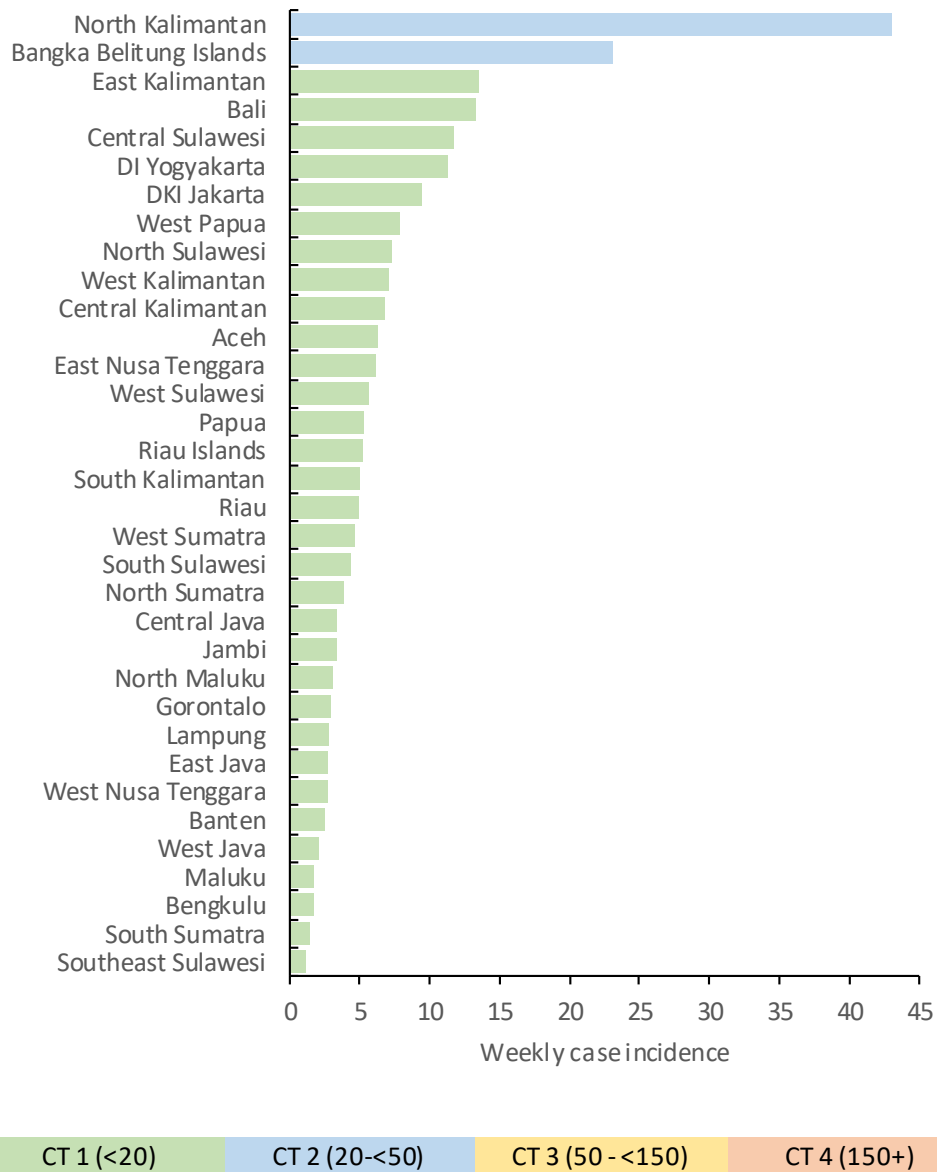


Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two week period by province in Indonesia during 4 to 10 October 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

- Case incidence in all regions continued to decline over the past nine weeks (Fig. 5). It is critical for each administrative level to closely monitor any possible cluster to ensure rapid response and containment of an outbreak in time. Exhaustive contact tracing activities for each identified case are essential to prevent the spread of infection. Details on incidence in each province are available [here](#).

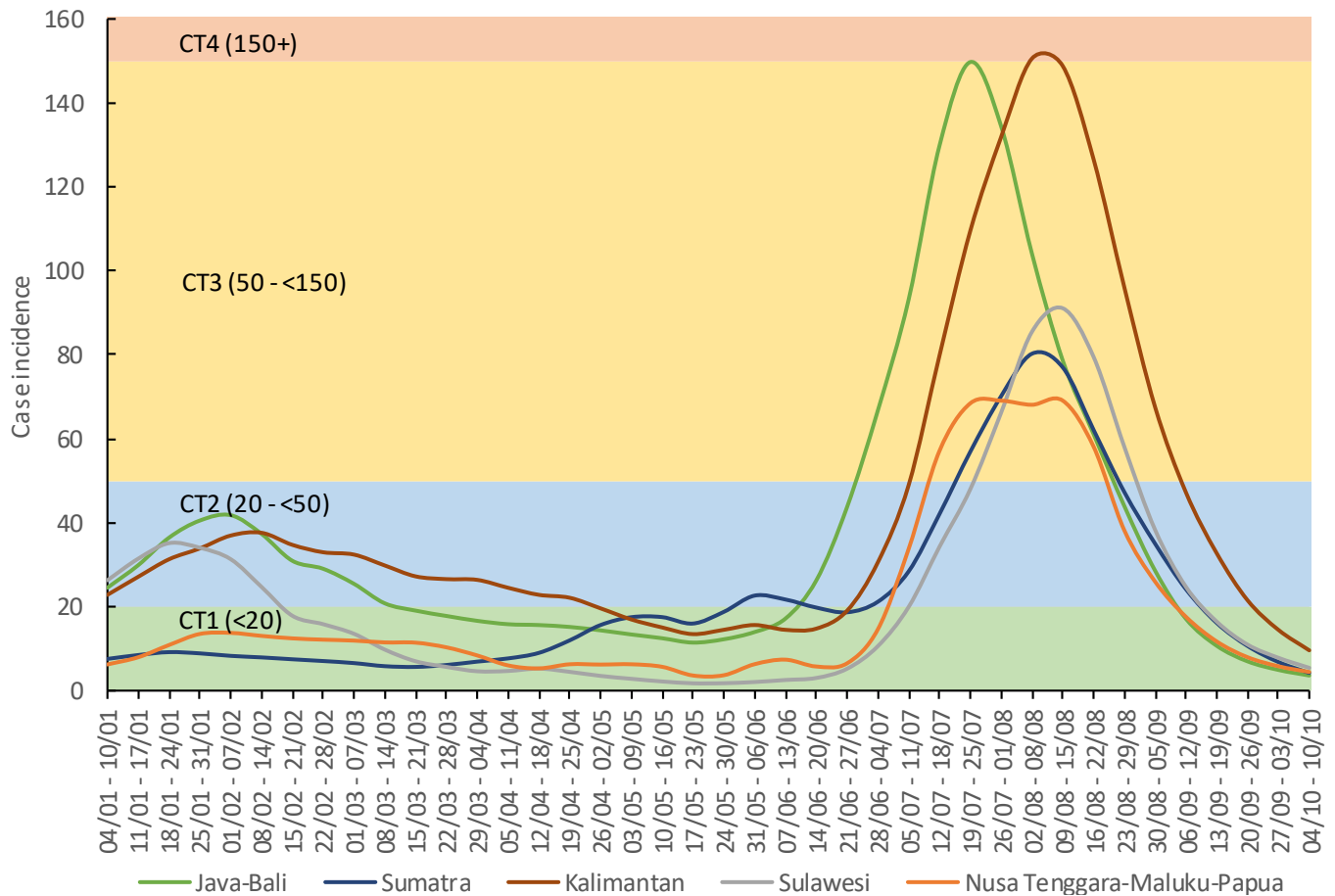


Fig. 5. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in five regions in Indonesia (Java-Bali, Sumatra, Kalimantan, Sulawesi and Nusa Tenggara-Maluku-Papua), from 4 January to 10 October 2021, classified by level of community transmission (CT1): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

- Nationwide test positivity proportion has remained below 2% in the last two weeks. This proportion can be interpreted reliably only with comprehensive surveillance and testing rate 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 four 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 separate analysis of 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 18).

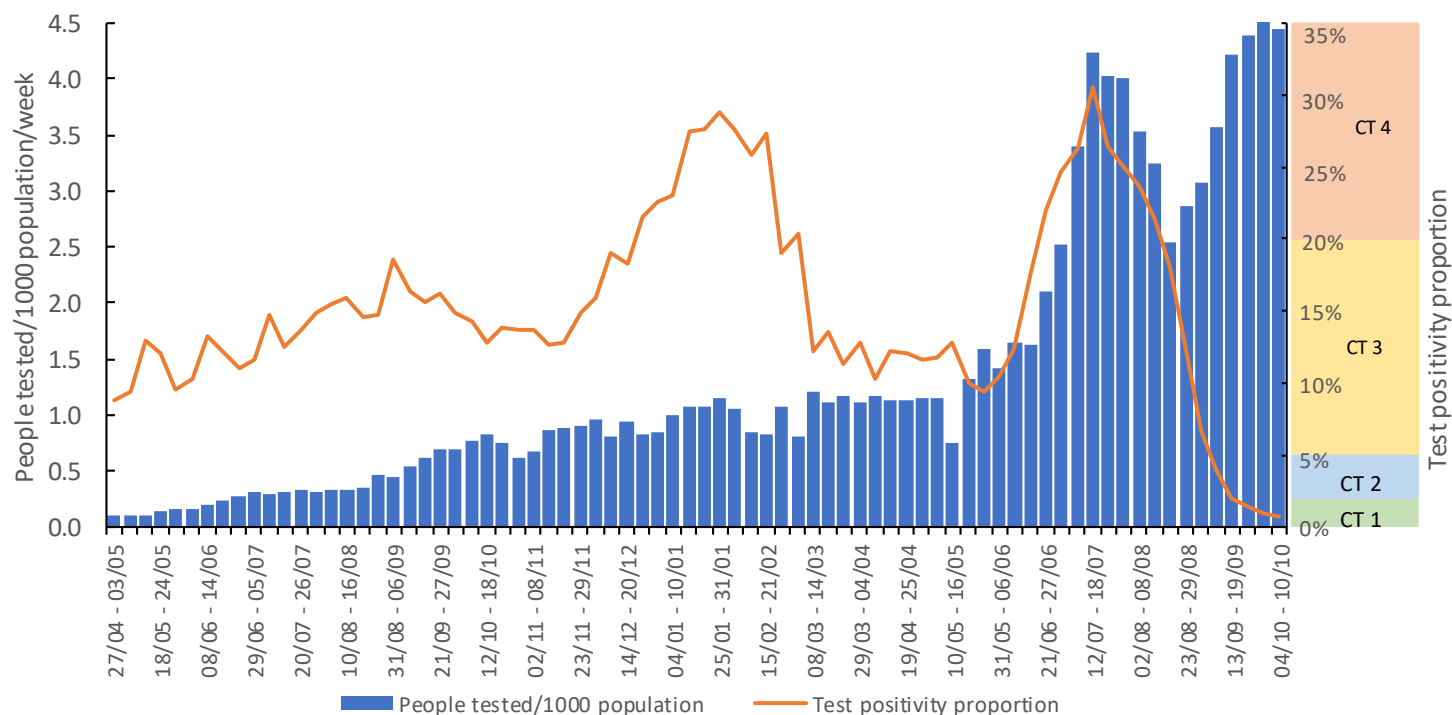


Fig. 6. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 10 October 2021, classified by level of community transmission (CT): CT1: low incidence (< 2%); CT2: moderate incidence (2% - < 5%); CT3: high incidence (5% - < 20%); CT4: very high incidence (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 4 to 10 October, the weekly number of confirmed COVID-19 deaths per 100 000 population in five provinces was at the moderate level of community transmission (CT2): Papua (1.5), North Kalimantan (1.2), Aceh (1.2), Bangka Belitung Islands (1.1) and Bali (1.0). During the same period, the weekly number of confirmed COVID-19 deaths in the remaining 29 provinces was < 1 death per 100 000 population, corresponding to low level of community transmission (CT1) (Fig. 7).

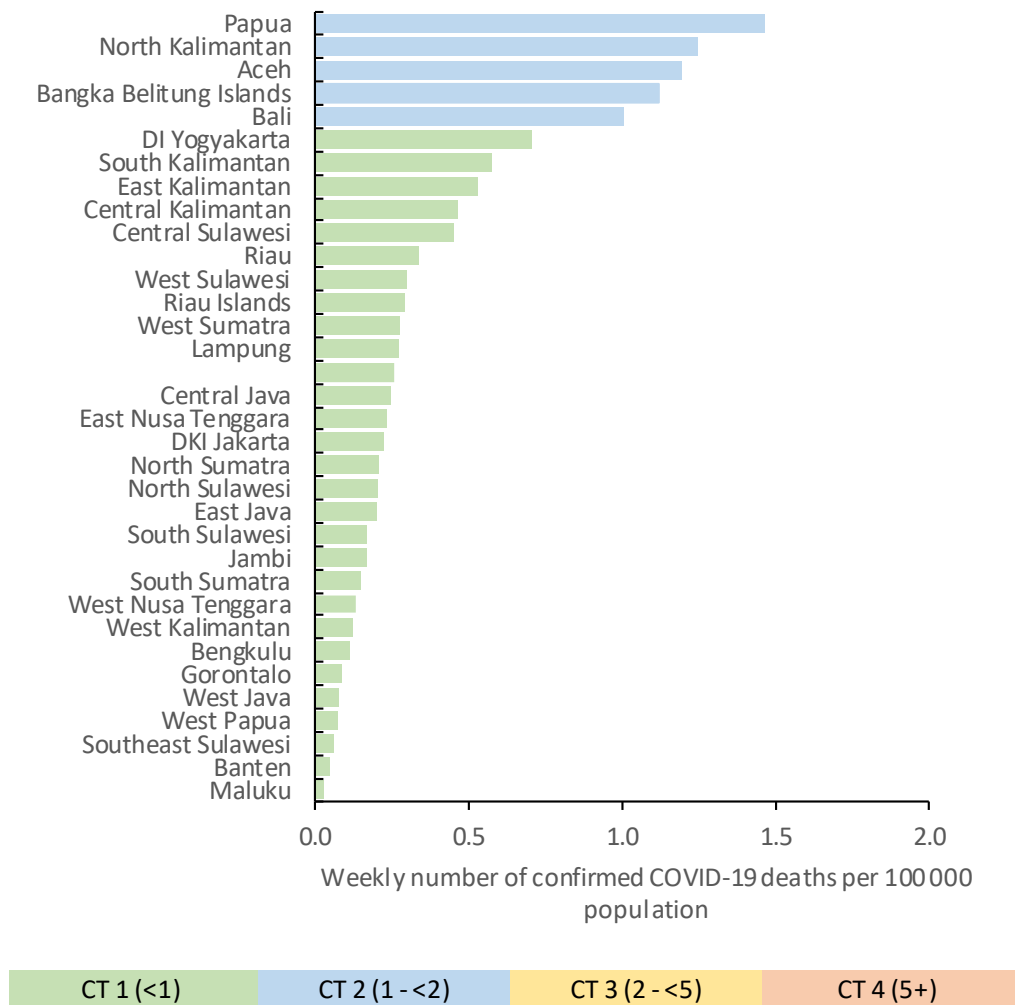


Fig. 7. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 4 to 10 October 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [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 4 to 10 October, the number of confirmed COVID-19 deaths in Indonesia was 0.3 per 100 000 population, compared to 0.4 deaths per 100 000 population in the previous week. Deaths in Java-Bali and non-Java-Bali regions also continued to show a declining trend (Fig. 8).

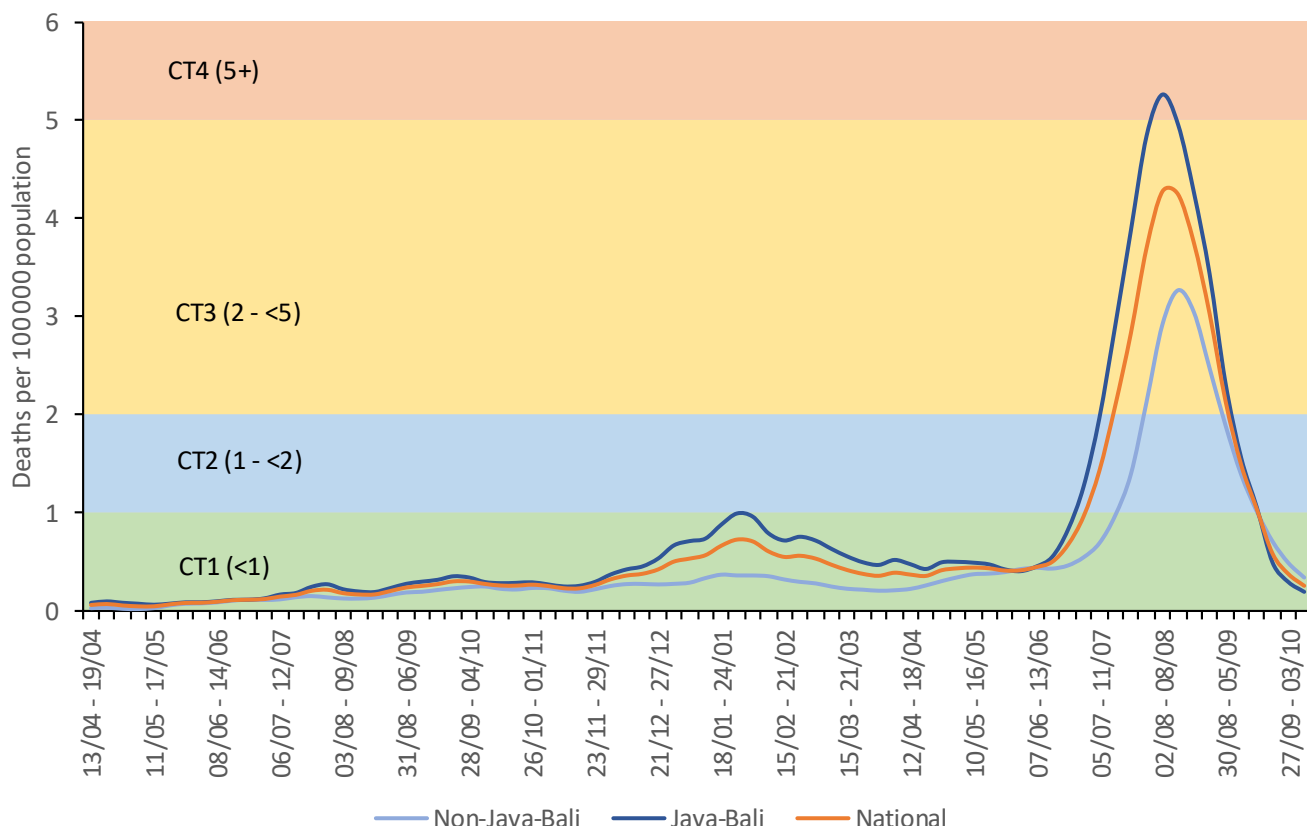


Fig. 8. Weekly number of confirmed COVID-19 deaths per 100 000 population at national level and in Java-Bali and non-Java-Bali regions, as of 10 October 2021. [Source of data](#)

**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 10 October, the reported number of COVID-19 cases hospitalized in DKI Jakarta was 438, a decrease from 500 cases one week prior. In the same time period, the reported number of cases in self-isolation increased slightly from 1235 to 1285 cases (Fig. 9).

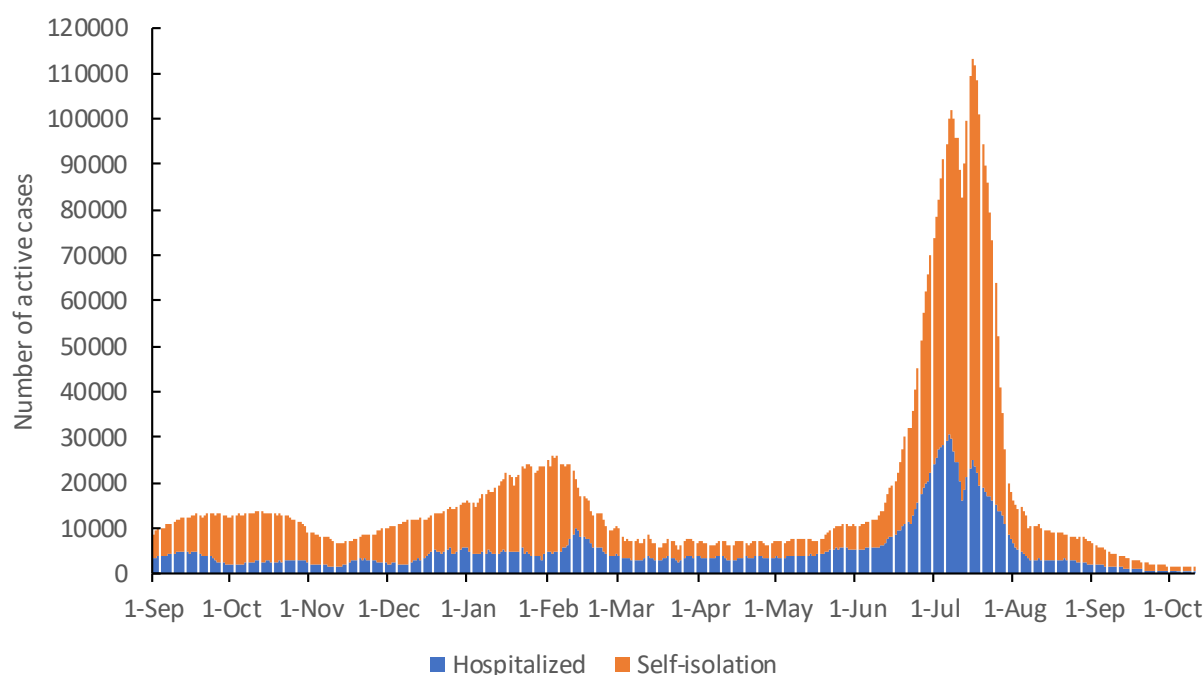


Fig. 9. Number of COVID-19 cases hospitalized and in self-isolation in DKI Jakarta, from 1 September 2020 to 10 October 2021. [Source of data](#)

- The overall bed occupancy rate (BOR) in COVID-19 referral hospitals has continued to decline. On 10 October, BOR at national level was 5% compared to 7% on 3 October.<sup>6</sup> In the same time period, BOR in intensive care unit (ICU) wards was 10% compared to 12%, respectively.<sup>7</sup>

<sup>6</sup> <https://www.kemkes.go.id/downloads/resources/download/Ketersediaan-Tempat-Tidur-RS-Covid19/BOR-RS-10-OKTOBER-2021.pdf>

<sup>7</sup> <https://www.kemkes.go.id/downloads/resources/download/Ketersediaan-Tempat-Tidur-RS-Covid19/BOR-RS-3-OKTOBER-2021.pdf>

## RISK COMMUNICATION

- The COVID-19 pandemic has had a major impact on people's mental health. Health workers, other essential workers, students, people living alone, and those with pre-existing mental health conditions, are among those who have been particularly affected. Essential services for mental, neurological and substance use disorders have been significantly disrupted. During the World Health Assembly in May 2021, governments from around the world recognized the need to scale up quality mental health services at all levels. Some countries have also identified innovative ways of providing mental health care to their populations. With the theme "Mental health care for all: let's make it a reality", during the World Mental Health Day campaign this year, WHO has developed new materials on mental health care for the public.<sup>8</sup>

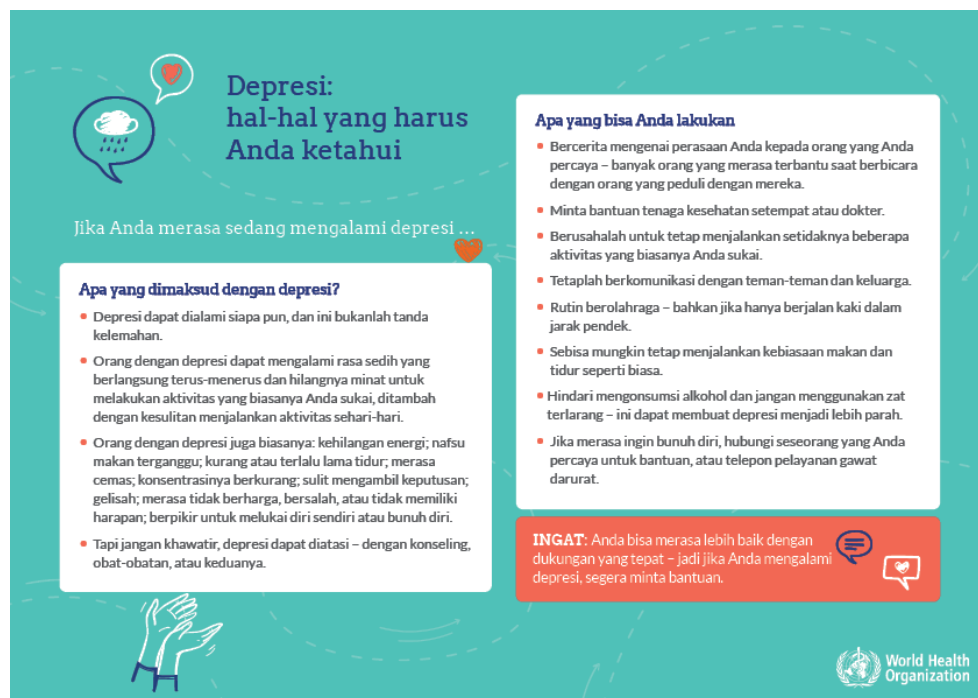


Fig. 10. WHO infographic for '[World Mental Health Day 2021](https://www.who.int/indonesia/news/campaign/world-mental-health-day-2021)', October 2021.

<sup>8</sup> <https://www.who.int/indonesia/news/campaign/world-mental-health-day-2021>

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

Infographics:

- [Rumours to bust](#)

Videos:

- Vaccines, variants & doses
- Vaccines, variants & mass gathering



Fig. 11. WHO infographics on '[Rumours to bust](#)', October 2021.

## VACCINATION

- As of 13 October, 162 883 366 vaccine doses have been administered in the national COVID-19 vaccination campaign; 43 508 212 people (20.9 % of the target population) have been partially vaccinated<sup>9</sup> and 59 687 577 people (28.7% of the target population) have been fully vaccinated. The weekly number of COVID-19 vaccine doses administered from 4 to 10 October was 9 799 135 doses, a 6.7% decrease compared to 10 504 437 doses in the previous week. As of 13 October, the number of people fully vaccinated per 100 total population was 21.9 nationwide; DKI Jakarta reported the highest number of fully vaccinated per 100 population (77.5), followed by Bali (63.6), Riau Islands (41.8) and DI Yogyakarta (32.6) (Fig. 12).

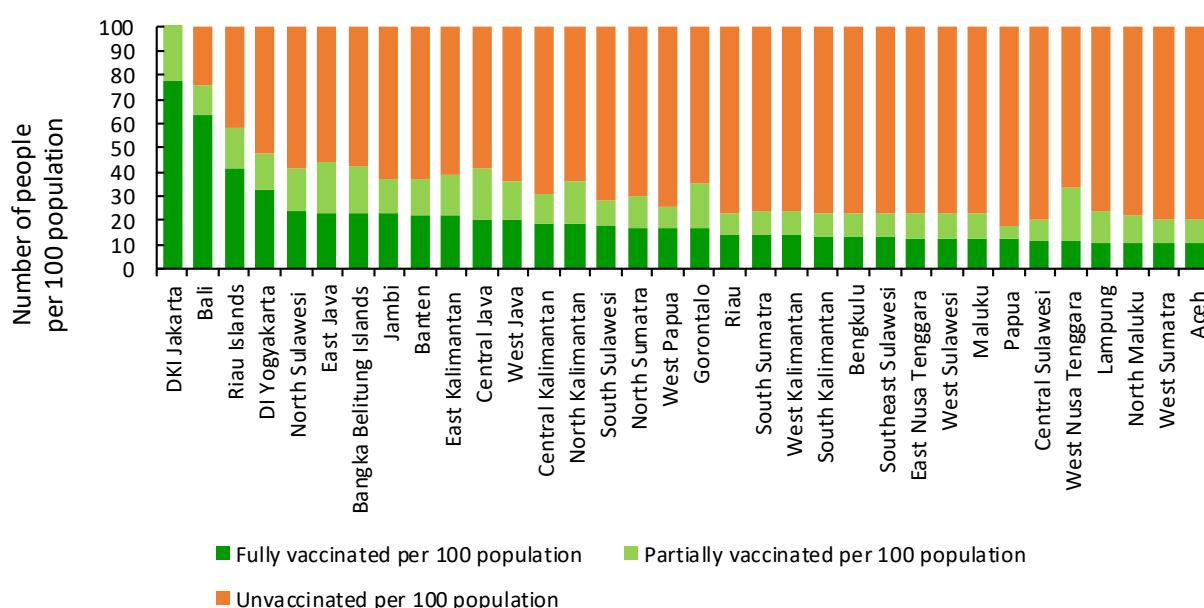


Fig. 12. Number of people fully vaccinated, partially vaccinated and unvaccinated (zero dose) for COVID-19 per 100 total population by province in Indonesia, as of 13 October 2021. [Source of data](#)

**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))).

<sup>9</sup> 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 13 October 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	132 017	9.0	1 864 086	126.9	0	0
Older people	21 553 118	2 567 393	11.9	4 683 581	21.7	14 302 144	66.4
Essential public service workers	17 327 167	6 183 758	35.7	21 760 867	125.6	0	0
General population	141 211 181	33 347 872	23.6	27 424 670	19.4	80 438 639	57.0
Children aged 12-17	26 705 490	1 100 662	4.1	3 023 018	11.3	22 581 810	84.6
Gotong Royong scheme*		175 779		929 788			

**Note:** General population includes vulnerable groups (e.g., persons with disabilities, marginalized groups, etc.); 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.

- As of 13 October, more than 60% of the older population remains unvaccinated in 28 out of 34 provinces. Three provinces reported a proportion of unvaccinated older populations greater than 90%: West Sumatra, Papua and Aceh. Among the older population, a declining trend in the number of vaccine doses administered was observed in 14 provinces (West Nusa Tenggara, Riau, Riau Islands, East Java, North Sulawesi, North Maluku, Gorontalo, Banten, South Sulawesi, North Sumatra, Bengkulu, Central Sulawesi, Papua and Bali). From 4 to 10 October, the provinces which showed an increase of > 25% of doses administered among the older population compared to the previous week were: Maluku (29.0%), East Kalimantan (31.7%), Bangka Belitung Islands (35.1%), Central Kalimantan (35.7%), West Sulawesi (36.8%) and Lampung (60.0%).
- An overall decrease in the weekly trend of vaccine doses administered was observed in 17 out of 34 provinces compared to the previous week. Details of vaccination by province and target populations are available [here](#).



- On 7 October, WHO participated in a webinar on acceleration of COVID-19 vaccination, organized by IDI. During the [webinar](#), WHO presented 'The Role of Medical Doctors in COVID-19 Vaccination in the Context of Global Perspective' and highlighted the importance of ensuring the capacity of medical doctors to facilitate the COVID-19 vaccination process, especially among the older population. Medical doctors also play an important role in managing infodemic, including hoaxes and misinformation related to COVID-19 vaccination for those with comorbidities and/or older persons.

**Strategi meningkatkan keterlibatan dokter vaksinasi COVID-19**

**Engage health worker**

- Kontribusi pendapat
- Champions and social norms*
- Organisasi profesi

**Motivate, support and acknowledge, health workers**

- Kondisi tempat kerja dan manajemen
- Kesehatan mental dan kesejahteraan
- Insentif, *rewards* dan *public recognition*
- Kejelasan tujuan dan tanggungjawab

Major Health Care Professional Organizations Call for COVID-19 Vaccine Mandates for All Health Workers

Indonesia Country Office

World Health Organization Indonesia

Fig. 13. WHO highlighted the importance of strengthening the capacity of medical doctors to facilitate the COVID-19 vaccination process among the older population during a webinar held by the Indonesian Medical Association, 7 October 2021. Credit: WHO/Olivi Silalahi

## PARTNER COORDINATION

- On 11 October, WHO participated in the sixth United Nations (UN) in Indonesia Townhall Meeting in 2021, which virtually connected over 450 colleagues from UN organizations across the country. In commemoration of World Mental Health Day on 10 October, WHO provided background information and updates on mental health in Indonesia. WHO emphasized the need to raise awareness on mental health issues, advocate against social stigma surrounding mental health and mobilize efforts supporting mental health during the pandemic.

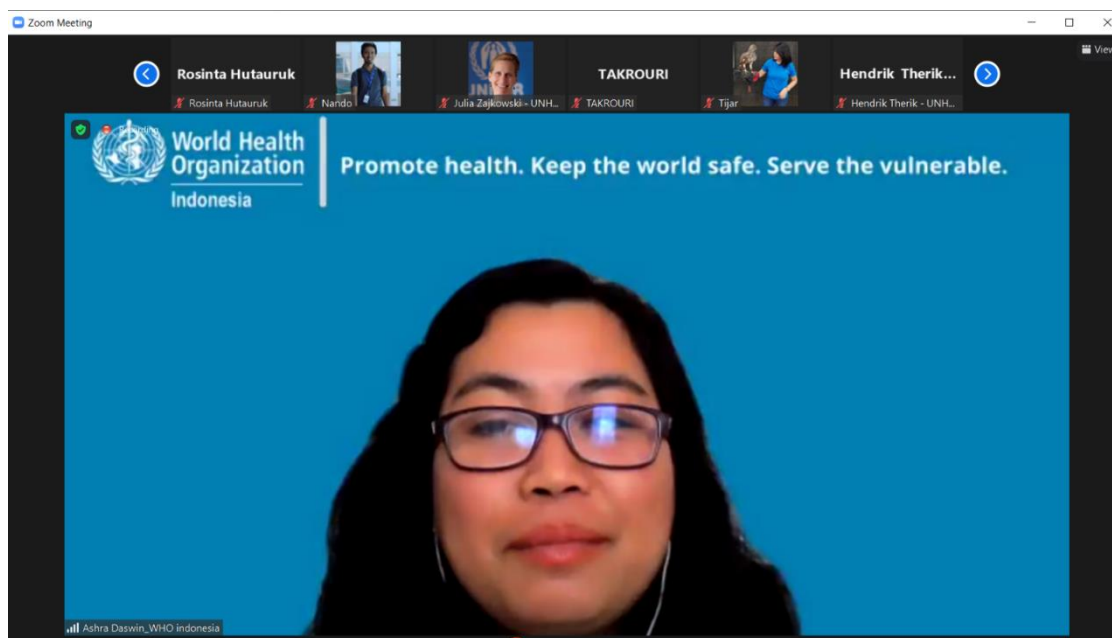


Fig. 14. Dr Ashra Daswin, WHO National Professional Officer for Mental Health and Substance Abuse, presents the importance of mental health during the pandemic, Sixth United Nations in Indonesia Townhall Meeting, 11 October 2021. Credit: WHO



- 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 October 2021 (Fig. 15).

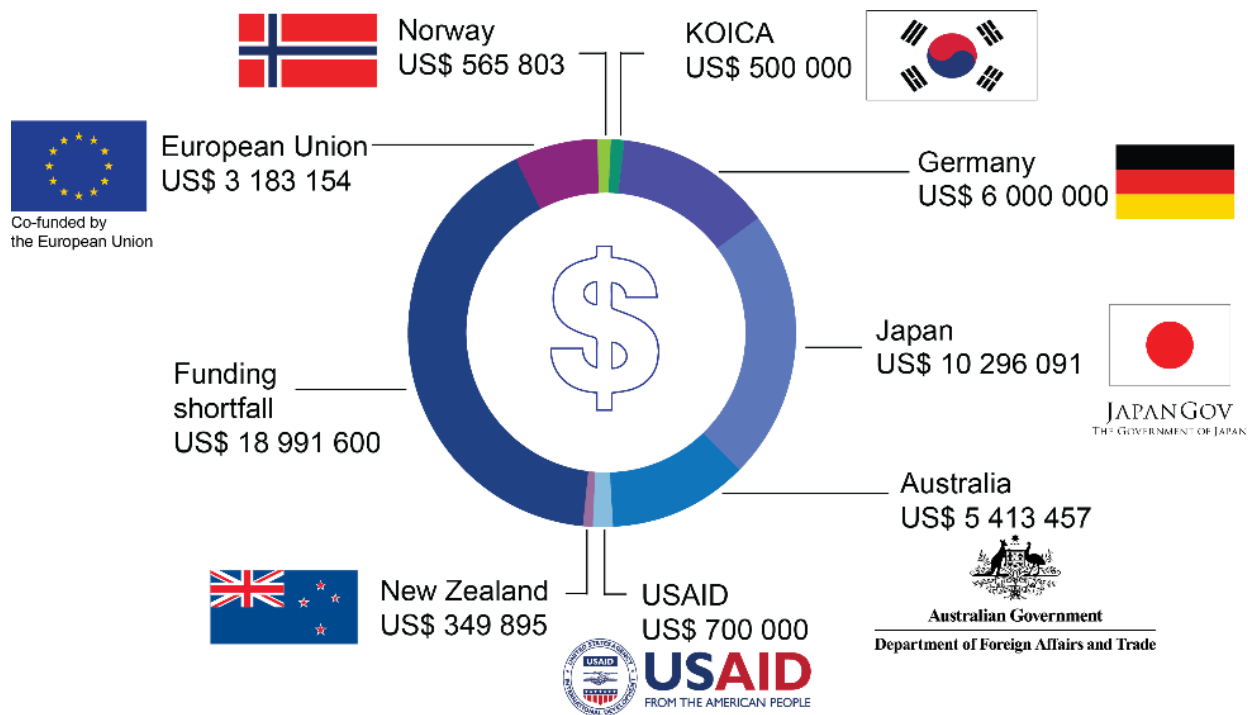


Fig. 15. WHO funding situation for COVID-19 response, October 2021.

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.

## WEEKLY RISK ASSESSMENT

Table 2. Weekly risk assessment by province in Indonesia, 4 to 10 October 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 (%)	2nd dose vaccination % among all target	2nd dose vaccination % among older population	BOR ICU	Cumulative number of Delta variant cases reported
Aceh	Decrease	6.3	1.2	2.4	1.7%	13.6	4.5	26%	54
North Sumatra	Decrease	3.9	0.2	3.2	0.8%	21.6	21.3	7%	134
West Sumatra	Decrease	4.6	0.3	1.8	1.7%	12.7	4.9	18%	75
Riau	Decrease	4.9	0.3	2.9	1.0%	20.6	13.7	15%	30
Jambi	Decrease	3.4	0.2	2.5	0.6%	29.1	23.7	8%	123
South Sumatra	Decrease	1.4	0.1	2.8	0.3%	18.6	14.8	8%	58
Bengkulu	Decrease	1.7	0.1	4.7	0.3%	16.8	14.6	0%	18
Lampung	Decrease	2.8	0.3	3.7	0.6%	13.1	7.6	7%	6
Bangka Belitung Islands	Decrease	23.1	1.1	7.6	2.4%	28.4	29.0	22%	43
Riau Islands	Decrease	5.2	0.3	11.8	0.3%	61.8	37.1	13%	29
DKI Jakarta	Decrease	9.5	0.2	11.4	0.8%	97.5	81.0	14%	1154
West Java	Decrease	2.1	0.1	3.8	0.4%	25.3	18.0	8%	562
Central Java	Decrease	3.4	0.2	2.1	1.2%	23.8	27.0	6%	235
DI Yogyakarta	Decrease	11.3	0.7	13.8	0.5%	57.5	47.4	23%	67
East Java	Decrease	2.7	0.2	4.5	0.5%	27.4	17.6	6%	50
Banten	Decrease	2.5	0.0	4.7	0.4%	30.5	20.1	6%	28
Bali	Decrease	13.3	1.0	9.9	0.9%	82.4	51.2	13%	52
West Nusa Tenggara	Decrease	2.7	0.1	4.3	0.3%	14.7	12.3	8%	66
East Nusa Tenggara	Decrease	6.2	0.2	5.1	1.0%	17.4	9.8	7%	102
West Kalimantan	Decrease	7.1	0.1	3.2	1.6%	17.8	10.9	16%	38
Central Kalimantan	Decrease	6.8	0.5	3.4	1.1%	24.3	25.1	17%	3
South Kalimantan	Decrease	5.0	0.6	2.9	1.3%	17.5	9.1	5%	62
East Kalimantan	Decrease	13.5	0.5	14.5	0.7%	27.1	25.6	20%	393
North Kalimantan	Decrease	43.0	1.2	11.0	3.1%	23.2	20.7	6%	60
North Sulawesi	Decrease	7.3	0.2	5.5	1.5%	28.2	22.0	6%	63
Central Sulawesi	Decrease	11.7	0.5	3.9	2.1%	16.3	8.7	11%	65
South Sulawesi	Decrease	4.4	0.2	5.1	0.6%	21.6	10.5	10%	25
Southeast Sulawesi	Decrease	1.1	0.1	4.8	0.1%	17.4	6.6	5%	20
Gorontalo	Decrease	2.9	0.1	3.4	0.2%	20.1	8.8	0%	1
West Sulawesi	Decrease	5.6	0.3	2.2	3.0%	15.2	6.6	8%	22
Maluku	Decrease	1.7	0.0	5.8	0.2%	15.1	11.2	15%	33
North Maluku	Decrease	3.0	0.0	4.2	0.7%	13.4	5.3	6%	44
West Papua	Decrease	7.8	0.1	6.3	1.9%	20.4	7.8	0%	24
Papua	Decrease	5.3	1.5	6.5	0.7%	15.6	6.1	19%	12

Source of data: [Cases, deaths and testing](#); [vaccination](#); [BOR](#).

**Note:** Case incidence trend considers the trend of cases over the last three weeks. Incidence per 100 000 population is marked as light red if > 150 and orange if between 50 to 150. Death per 100 000 population is marked as light red if > 5 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 second dose vaccination is marked as light red if < 5% and yellow if between 5% and 10%. 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. The bed occupancy rate in intensive care unit wards (BOR ICU) is calculated as the number of COVID-19 intensive beds occupied divided by the number of COVID-19 intensive beds available in inpatient services, multiplied by 100.

- Continuous implementation of public health and social measures (PHSM) throughout the country is important, even as the national vaccination coverage increases and expands to additional target groups.<sup>10</sup>
- Increased testing rates were observed in several districts and provinces during the implementation of emergency restrictions on public activities (PPKM Darurat) from 3 to 25 July 2021. As of 10 October, all provinces have achieved the recommended benchmark of one person tested per 1000 population per week. All provinces showed a weekly test positivity proportion below 5% during the current reporting period.
- As of 10 October, BOR below 50% in ICU wards was observed in all 34 provinces. A proportion of  $\geq 1$  deaths per 100 000 population was observed in Papua, North Kalimantan, Aceh, Bangka Belitung Islands and Bali. Further investigation and analysis are needed to identify the bottlenecks and formulate a strategy to reduce the proportion of deaths in these provinces.
- The coverage of second-dose vaccination among the older population continues to be low in most provinces. As of 10 October, only DKI Jakarta recorded above 70% coverage among this target group. Twelve provinces continue to report second-dose coverage below 10%: Aceh (4.5%), North Sumatra (4.9%), North Maluku (5.3%), Papua (6.1%), Southeast Sulawesi (6.6%), West Sulawesi (6.6%), Lampung (7.6%), West Papua (7.8%), Central Sulawesi (8.7%), Gorontalo (8.8%), Central Kalimantan (9.1%) and East Nusa Tenggara (9.8%). Continued efforts to improve the accessibility to and awareness of the benefits of COVID-19 vaccination among older and high-risk populations remain critical to reduce morbidity and mortality.

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<sup>10</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications>

## RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 3. Title and details of recent WHO resource materials

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

Title	Details
<a href="#">COVID-19 vaccine tracker and landscape</a> , 12 October 2021	<p>The COVID-19 vaccine tracker and landscape compiles detailed information of each COVID-19 vaccine candidate in development by closely monitoring their progress through the pipeline. The vaccine tracker: provides summary tables of COVID-19 vaccine candidates in both clinical and pre-clinical development; provides analysis and visualization for several COVID-19 vaccine candidate categories; and tracks progress of each vaccine from pre-clinical, Phase 1, Phase 2 through to Phase 3 efficacy studies, and Phase 4 registered as interventional studies. The database is updated regularly.</p>
<a href="#">Landscape of observational studies on the effectiveness of COVID-19 vaccination</a> (draft), 12 October 2021	<p>This document provides an overview of the different observational studies that are being conducted to assess the effectiveness of COVID-19 vaccination, including key features in terms of study design, sample size, study population, key outcomes measured and location of study.</p>
<a href="#">ACT-Accelerator Strategic Review</a> (An independent report prepared by Dalberg), 8 October 2021	<p>The Access to COVID-19 Tools Accelerator (ACT-A) was launched in April 2020; it is a unique, time-limited, multilateral collaboration driven by ACT-A Pillar Leads, Co-Conveners, Principals, and partners to accelerate the development, production, and equitable global distribution and access of critical tools for COVID-19 response. The Strategic Review summarizes the ACT-A mechanism's achievements, best practices, challenges, and gaps as a basis for recommendations to enhance the future work of ACT-A and adapt to changing needs as necessary.</p>
<a href="#">WHO SPRP 2021 Mid-term Report - WHO Strategic Action Against COVID-19</a> , 7 October 2021	<p>This report provides a snapshot of the global scale of WHO's work to put the COVID-19 Strategic Preparedness and Response Plan (SPRP) into action. Through WHO's interconnected systems, extensive integrated networks, and partnerships, the Organization translates global capacities into local action in the service of communities. This report also highlights WHO's recent local impacts and some of its cumulative global achievements.</p>

<p><a href="#">WHO COVID-19 SPRP: Updated Appeal September 2021 - March 2022</a>, 7 October 2021</p>	<p>To operationalize the SPRP published in February 2021, WHO appealed for US\$1.96 billion to fund its essential role in ending the acute phase of the pandemic. As of September 2021, the funding gap to cover the period until March 2022 was almost US\$900 million. This updated appeal is an urgent call for the international community, in particular donors, to fully and flexibly fund the SPRP to allow WHO to play its global role in tackling the COVID-19 pandemic and fulfil its mandate.</p>
<p><a href="#">Antigen-detection in the diagnosis of SARS-CoV-2 infection</a> (Interim guidance), 6 October 2021</p>	<p>This document is an update to the first interim guidance on the potential role of antigen-detecting rapid diagnostic tests (Ag-RDTs) in the diagnosis of COVID-19, published on 11 September 2020. It provides recommendations on the priority uses of Ag-RDTs in specific populations and settings, including for primary case detection, contact tracing, outbreak investigation and monitoring of case incidence in communities. In addition, this document provides recommendations on the implementation, product selection and storage of Ag-RDTs.</p>
<p><a href="#">Episode 57 of Science in 5</a>, WHO's series of conversations in science, 6 October 2021</p>	<p>Dr Pedro Alonso, Director of the Global Malaria Programme at WHO, explains the first malaria vaccine, <a href="#">recommended</a> for widescale use among children in regions with moderate to high transmission of <i>Plasmodium falciparum</i> (as defined by WHO), and challenges amid the COVID-19 pandemic.</p>

# 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:

- [A clinical case definition of post COVID-19 condition by a Delphi consensus](#)
- [Annex to Infection prevention and control during health care when coronavirus disease \(COVID-19\) is suspected or confirmed](#)
- [Neurology and COVID-19: Scientific brief](#)

## Infographics:

- [Back to school \(for parents\)](#)
- [Vaccine effectiveness](#)
- [Vaccine protection](#)
- [Precaution](#)
- [Pregnancy, breastfeeding, fertility, and COVID-19 vaccines](#)



## Questions and answers:

- [How to talk about vaccines](#)
- [COVID-19: Vaccines](#)
- [COVID-19: Vaccine research and development](#)
- [COVID-19: Vaccine access and allocation](#)

## Videos:

- Pregnancy & COVID-19
- Post COVID-19 condition
- Transmission indoors and outdoors
- Misinformation and disinformation
- Delta variant and vaccination
- COVID-19 & Tests

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