

To:

1. Governors;
2. Regents/Mayors;
3. Head of Provincial Health Service Offices;
4. Head of Regency/City Health Offices,
Throughout Indonesia

**CIRCULAR LETTER
NUMBER HK.02.01/MENKES/18/2022
REGARDING
PREVENTION AND CONTROL OF THE COVID-19
OMICRON VARIANT (B.1.1.529) CASES**

The government has stipulated various policies in the context of preventing and controlling the Corona Virus Disease 2019 (COVID-19). The policies stipulated by the government are adjusted to the development of COVID-19 cases in Indonesia, including the emergence of a Variant of Concern (VoC) of the SARS-CoV 2 virus, named the Omicron variant (B.1.1.529).

Since the first case report on November 24, 2021, from South Africa, there have been 149 countries that have reported the Omicron variant to date. In the WHO Technical brief dated January 7, 2022, it was stated that the transmission rate of the Omicron variant was faster, however based on several preliminary studies in Denmark, South Africa, Canada, the United Kingdom, and the United States, it currently shows that the risk of hospitalization is lower than the delta variant. Further research on Omicron is still ongoing. As of January 14, 2022, Indonesia has reported 644 cases of the Omicron variant, most of which are travelers from abroad (529 cases). While the other cases (115 cases) are local transmissions that have occurred in Indonesia.

Taking into account the above considerations, and in line with the development of COVID-19 cases, it is necessary to adjust the policy for handling cases of the COVID-19 Omicron variant by considering the epidemiological situation and response capacity.

This Circular Letter is intended to increase the support and cooperation of the central government, local governments, health service facilities, health human resources, and relevant stakeholders in the implementation of prevention and control of the COVID-19 Omicron variant (B.1.1.529) cases as well as to provide reference for the steps that must be taken by local governments in carrying out the prevention and control of COVID-19 Omicron variant (B.1.1.529) cases.

Considering the provisions of:

1. Law Number 4 of 1984 regarding Outbreak of Infectious Diseases (State Gazette of the Republic of Indonesia of 1984 Number 20, Supplement to State Gazette of the Republic of Indonesia Number 3237);
2. Law Number 24 of 2007 regarding Disaster Management (State Gazette of the Republic of Indonesia of 2007 Number 66, Supplement to State Gazette of the Republic of Indonesia Number 4723);
3. Law Number 36 of 2009 regarding Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Additional State Gazette of the Republic of Indonesia Number 5063);
4. Law Number 23 of 2014 regarding Regional Government (State Gazette of the Republic of Indonesia of 2014 Number 244, Supplement to the State Gazette of the Republic of Indonesia Number 5587) as amended several times, the latest by Law Number 9 of 2015 regarding the Second Amendment to Law Number 23 of 2014 regarding Regional Government (State Gazette of the Republic of Indonesia of 2015 Number 58, Supplement to the State Gazette of the Republic of Indonesia Number 5679);
5. Law Number 6 of 2018 regarding Health Quarantine (State Gazette of the Republic of Indonesia of 2018 of 128, Supplement to the State Gazette of the Republic of Indonesia Number 6236);
6. Government Regulation Number 40 of 1991 regarding Mitigation of Outbreak of Infectious Diseases (State Gazette of the Republic of Indonesia of 1991 Number 49, Supplement to the State Gazette of the Republic of Indonesia Number 3447);
7. Minister of Health Decree Number HK.01.07/Menkes/413/2020 regarding Guidelines for Prevention and Control of the Coronavirus Disease 2019 (COVID- 19);
8. Minister of Health Decree Number HK.01.07/Menkes/446/2020 regarding The Use of Rapid Diagnostic Test Antigen in Examination of Coronavirus Disease 2019 (COVID-19) as amended several times, most recently with Minister of Health Decree Number HK.01.07/Menkes/4794/2021 regarding The Second Revision of Minister of Health Decree Number HK.01.07/Menkes/446/2021 regarding The Use of Rapid Diagnostic Test Antigen in Examination of Coronavirus Disease 2019 (COVID-19);
9. Minister of Health Decree Number HK.01.07/Menkes/4641/2020 regarding Guidelines for the Implementation of Examination, Tracking, Quarantine, and Isolation in the Effort of Accelerating the Prevention and Control of Coronavirus Disease 2019 (COVID-19);
10. Minister of Health Decree Number HK.01.07/Menkes/4642/2021 regarding Implementation of the Coronavirus Disease 2019 (COVID-19) Examination Laboratory;

11. Minister of Health Decree Number HK.01.07/Menkes/4805/2021 regarding Indicators of Adjusting Public Health Efforts and Social Restrictions in Combating the Coronavirus Disease 2019 (COVID-19) Pandemic;
12. Minister of Health Decree Number HK.01.07/Menkes/4829/2021 regarding Guidelines for Health Services Through Telemedicine During the Corona Virus Disease 2019 (COVID-19) Pandemic;
13. Minister of Health Decree Number HK.01.07/Menkes/4842/2021 regarding SARs-CoV-2 Virus Genome Surveillance Laboratory Network;
14. Minister of Health Decree Number HK.01.07/Menkes/5671/2021 regarding Clinical Management of Corona Virus Disease 2019 (COVID-19) Treatment in Health Care Facilities;
15. Minister of Health Decree Number HK.01.07/Menkes/6429/2021 regarding Guidelines for the Implementation of Centralized Quarantine and Centralized Isolation in the Context of Combating Corona Virus Disease 2019 (COVID-19).

With respect to the above, it is hereby conveyed that in an effort to prevent and control cases of the COVID-19 Omicron variant (B.1.1.529), the Governors, Regents/Mayors, Head of Provincial Health Offices, and Head of Regency/City Health Offices must pay attention to the following:

1. Definition of Omicron variant (B.1.1.529) cases
Probable and confirmed cases of Omicron variant (B.1.1.529) shall meet the following criteria:
 - a. Probable case of the Omicron variant (B.1.1.529) is a confirmed case of COVID-19 with laboratory results showing a positive S-Gene Target Failure (SGTF) or Single Nucleotide Polymorphism (SNP) detection test based on a Polymerase Chain Reaction (PCR) leading to an Omicron variant.
 - b. Confirmed case of the Omicron variant (B.1.1.529) is a confirmed case of COVID-19 with positive sequencing results for Omicron SARS-CoV-2.
2. Examination
In detecting the Omicron variant (B.1.1.529), it is necessary to ensure that all specimens of confirmed cases of COVID-19 are examined under the following conditions:
 - a. For laboratories that carry out Nucleic Acid Amplification Test (NAAT) examinations including RT-PCR examinations:
 - 1) those who have a kit that can immediately detect SGTF or SNP (with the addition of 1 or more target genes other than S) that leads to the Omicron variant and has been validated, then the examination can be carried out directly without a preliminary Nucleic Acid Amplification Test (NAAT).
 - 2) those who do not have a kit that can directly detect SGTF or SNP that leads to the Omicron variant and have been validated, then the laboratory must first detect COVID-19 using the Nucleic Acid Amplification Test (NAAT), then the sample is sent to a reference laboratory for further processing with a SGTF or SNP examination that leads to the Omicron variant.

- b. For health care facilities that carry out an examination with the Rapid Diagnostic Test Antigen (RDT-Ag), then a retake of the specimen is to be sent to a reference laboratory that can detect SGTF.

In order to strengthen COVID-19 genomic surveillance, specimens of confirmed cases of COVID-19 are examined by WGS in several laboratories in accordance with the provisions of laws and regulations.

3. Tracing and Quarantine

Every confirmed case of COVID-19, both the Omicron variant (B.1.1.529) and other variants, must be contacted immediately. The provisions for contact tracing and quarantine of the Omicron variant are in principle the same as other variants referring to the Minister of Health Decree Number HK.01.07/Menkes/4641/2020 regarding Guidelines for the Implementation of Examination, Tracking, Quarantine, and Isolation in the Effort of Accelerating the Prevention and Control of Coronavirus Disease 2019 (COVID-19).

4. Isolation

Probable and confirmed cases of Omicron variant (B.1.1.529.) both with symptoms (symptomatic) and without symptoms (asymptomatic) shall conduct isolation

a. Isolation place

- 1) Confirmed cases of COVID-19 with severe-critical symptoms are treated at hospitals providing COVID-19 services.
- 2) Confirmed cases of COVID-19 with moderate symptoms, or mild symptoms accompanied by uncontrolled comorbidities can be treated at field hospitals/emergency hospitals or hospitals that provide COVID-19 services.
- 3) The clinical symptoms for confirmed cases of the COVID-19 Omicron variant are in principle the same as the clinical symptoms of other variants of COVID-19.
- 4) Confirmed cases of COVID-19 without symptoms (asymptomatic) and mild symptoms can self-isolate if the clinical and home requirements are fulfilled.
 - a) Clinical and behavioral requirements
 - (1) age < 45 years;
 - (2) have no comorbidities;
 - (3) can access telemedicine or other health services; and
 - (4) committed to remain isolated before being allowed out
 - b) Requirements for housing and other supporting equipment
 - (1) can stay in separate rooms, even better if on separate floors;
 - (2) there is a bathroom in the house separate from the other occupants of the house; and
 - (3) has access to a pulse oximeter

If the clinical and home requirements are not fulfilled, the patient must be isolated in a centralized isolation facility. During isolation, the patient must be under the supervision of the Public Health Center (*Puskesmas*) or local task force. Centralized isolation is carried out in public facilities prepared by the central government, local government, or the private sector in coordination by the *Puskesmas* and the health office.

- 5) For patients who are hospitalized and have experienced clinical improvements, RT-PCR examinations are carried out 2 (two) times with an examination interval of 24

- (twenty-four) hours. If the results are positive, the patient's isolation location can be moved to a centralized isolation facility, or self-isolate if the house fulfills the requirements of the isolation criteria.
- 6) Confirmation cases of COVID-19 Indonesian citizens who are Foreign Travelers (*Pelaku Perjalanan Luar Negeri* or PPLN) can use proof of identity in the form of a passport and Service Guarantee Letter (*Surat Jaminan Pelayanan* or SJP) from the hospital management to be treated at a field hospital/emergency hospital or hospital that provides COVID-19 services. It is recommended that a PPLN with mild symptoms or without symptoms (asymptomatic) be isolated in a special isolation place for overseas, while a PPLN with moderate and severe symptoms are isolated in a hospital.
- b. Criteria to declare complete isolation/cured
- 1) In confirmed cases of COVID-19 without symptoms (asymptomatic), isolation is carried out for a minimum of 10 (ten) days from the time of taking the confirmed diagnostic specimen.
 - 2) In confirmed cases of COVID-19 with symptoms, isolation is carried out for 10 (ten) days from the onset of symptoms with an addition of at least 3 (three) days free of symptoms of fever and respiratory problems. Thus, cases that experience symptoms for 10 (ten) days or less must undergo isolation for 13 (thirteen) days. In the event that there are still symptoms after the 10th (tenth) day, then the self-isolation is still continued until the disappearance of the symptoms plus 3 (three) days.
 - 3) In confirmed cases of COVID-19 that have experienced clinical improvement at the time of self-isolation/integrated isolation, NAAT examination can be carried out including RT-PCR examination on the 5th and 6th day with an interval of 24 hours. If the result is negative or Ct>35 for 2 times in a row, it can be declared that the isolation has been completed/cured. Funding for this examination is carried out independently,
 - 4) In confirmed cases of COVID-19 that have experienced clinical improvement at the time of self-isolation/integrated isolation but no NAAT examination is carried out including RT-PCR examination on the 5th and 6th day with an interval of 24 hours, then the patient must perform isolation as stipulated in the criteria for completion of isolation/recovering in letter b number 2) above.
5. Recording and Reporting
- Provincial health offices and district/city health offices carry out recording and reporting as well as coordination with the Ministry of Health in efforts to prevent and control COVID-19, the Omicron variant (B.1.1.529) and other variants.
- a) The recording and reporting of COVID-19 cases for both the Omicron variant (B.1.1.529) and other variants are carried out using the Allrecord TC-19 application, including the recording and reporting of results of SGTF and WGS examinations.
 - b) The condition of patient care in the hospital must be reported through the Online RS website.
6. With the enactment of this circular letter, the Minister of Health Circular Letter Number HK.02.01/Menkes/1391/2021 regarding the Prevention and Control of the COVID-19 Omicron Variant (B.1.1.529) Cases is revoked and declared invalid.

Therefore, this Circular Letter is conveyed to be implemented according to its intended purposes.

Stipulated in Jakarta
on January 17, 2022

MINISTRY OF HEALTH
REPUBLIC OF INDONESIA,

(Signed)

BUDI G. SADIKIN

Copies to:
Minister of Home Affairs

The copy is true to the original,
Head of Legal Bureau and Organization
Secretary General of the Ministry of Health

(signed and stamped)

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