

23 June 2021

## HIGHLIGHTS

- As of 23 June, the Government of Indonesia reported 2 033 421 (15 308 new) confirmed cases of COVID-19, 55 594 (303 new) deaths and 1 817 303 recovered cases from 510 districts across all 34 provinces.<sup>1</sup>
- Most provinces in Java region reported an increase in the number of cases and deaths. Weekly reported cases and deaths have doubled in DKI Jakarta each week, over the last two weeks. With increased confirmation of delta variant of concern, health system capacity has been severely impacted in some provinces with more than 90% bed occupancy rates. Stricter implementation of public health and social measures (PHSM) including large-scale social restrictions (pembatasan sosial berskala besar (PSBB)) may help.

### Situation in Indonesia



Total confirmed cases  
2 033 421



Total deaths  
55 594



Total cases recovered  
1 817 303



Total people tested  
12 678 525



Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 17 to 23 June 2021. [Source of data](https://covid19.go.id/peta-sebaran-covid19)

**Disclaimer:** The number of cases reported daily is not equivalent to the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing.

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

## GENERAL UPDATES

- Amid the surge of cases and increasing bed occupancy rate in many COVID-19 referral hospitals in the country, the Indonesian Medical Association (Ikatan Dokter Indonesia (IDI)) reported that there has been an increasing trend of COVID-19 related deaths among health workers. As of 22 June, 974 health workers have died due to COVID-19; most were doctors (374) and nurses (311). Although there was a decrease in the number of deaths among health workers in April (11 deaths), the number has been increasing since that time to 17 deaths in May and 26 deaths in June. It is imperative to ensure optimal protection of health workers to reduce the burden to the health system.<sup>2</sup>
- Indonesia continues to experience a sharp increase in the number of COVID-19 cases in many provinces and districts in recent weeks. On 20 June, the National COVID-19 Task Force (Satuan Tugas (Satgas)) reported that the province with the highest number of new confirmed cases was DKI Jakarta (5582 cases)<sup>3</sup>. As of the same day, the highest number of confirmed COVID-19 deaths was reported in East Java, with a total of 12 074 deaths. The Satgas of East Java reported that the highest number of deaths in the province were attributed to the city of Surabaya, with a total of 1382 deaths, followed by Blitar (709 deaths), Banyuwangi (679), Malang City (650) and Sidoarjo (637)<sup>4</sup>. The national and subnational governments continue to take extra measures to strengthen the pandemic response to control transmission. Firmer restriction of community activities and movements has been implemented, including the cancellation of school reopening in several areas such as DKI Jakarta, Bogor and Bandung.<sup>5</sup>
- On 13 June, the Ministry of Health (MoH) reported that the delta variant of SARS-CoV-2 (B.1.617.2 variant, first detected in India) has been found circulating in six provinces in Indonesia, namely South Sumatra, DKI Jakarta, Central Java, East Java, Central Kalimantan and East Kalimantan. The majority of cases was reported from Central Java (80 cases), DKI Jakarta (57) and East Java (10). This variant has been reported to have a higher transmissibility. In addition, MoH reported that the alpha variant (B.1.1.7, first detected in the United Kingdom) and beta variant (B.1.351, first detected in South Africa) of the SARS-CoV-2 virus have also been detected in the country.<sup>6</sup>

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<sup>2</sup> <https://www.kompas.id/baca/kesehatan/2021/06/23/nakes-meninggal-karena-covid-19-kembali-meningkat>

<sup>3</sup> <https://megapolitan.kompas.com/read/2021/06/20/18391721/lagi-lagi-tertinggi-kasus-baru-covid-19-di-jakarta-hari-ini-tembus-5582>

<sup>4</sup> <https://news.detik.com/berita-jawa-timur/d-5613284/kasus-kematian-covid-19-jatim-tertinggi-nasional-surabaya-terbanyak>

<sup>5</sup> <https://www.cnnindonesia.com/nasional/20210620152705-20-656902/kasus-positif-covid-19-tembus-13-ribu-hari-ini>

<sup>6</sup> <https://www.beritasatu.com/kesehatan/789641/ini-perkembangan-varian-delta-di-indonesia>

## SURVEILLANCE

- On 23 June, Indonesia reported the highest number of new confirmed cases since it was first reported in the country; a total of 15 308 new and 2 033 421 cumulative cases were reported nationwide. The country surpassed 2 000 000 cases on 21 June (Fig. 2). The average for the last seven days from 17 to 23 June was 13 681 cases per day, more than a 50% increase compared to 8657 cases per day reported in the previous week.

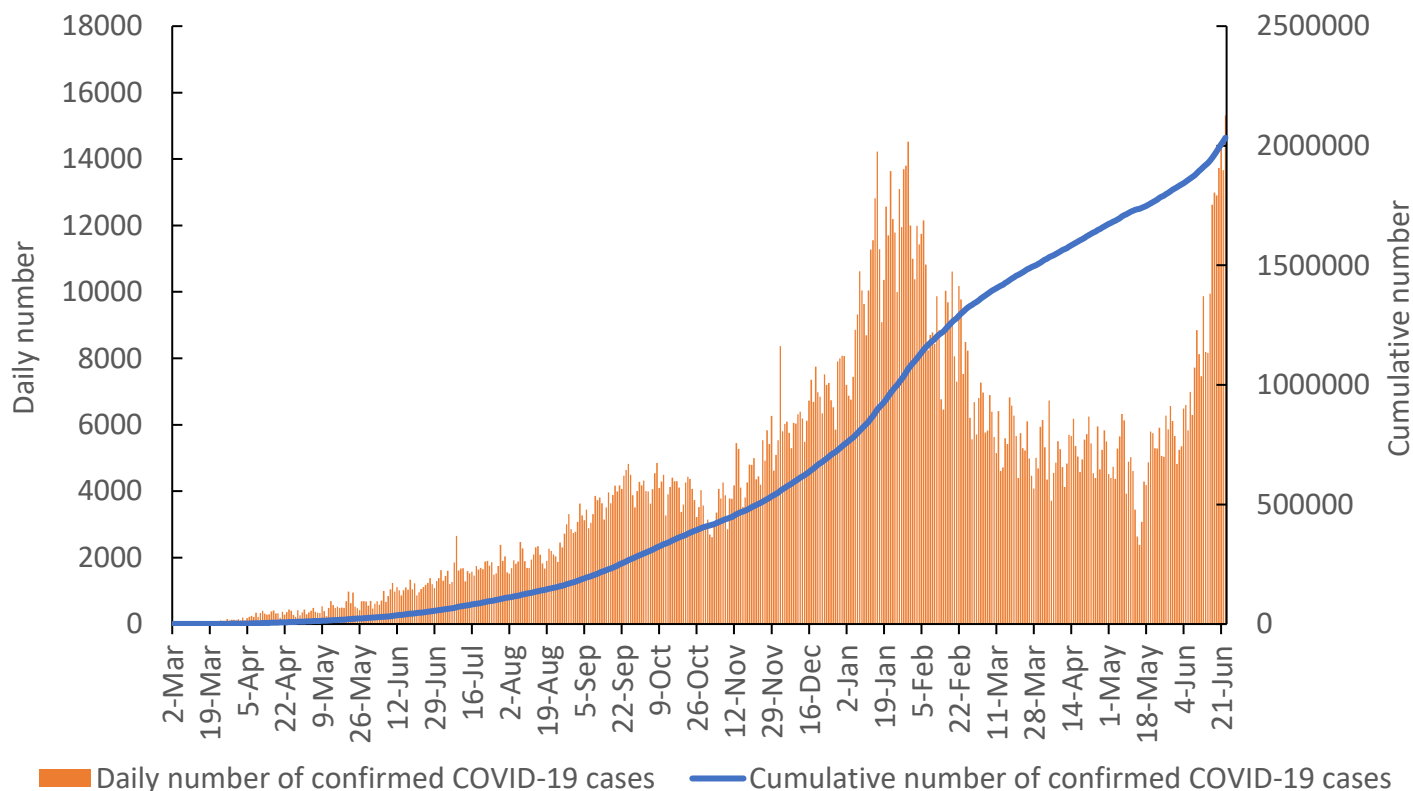


Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 23 June 2021. [Source of data](#)

**Disclaimer:** The number of cases reported daily is not 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. 16); 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, either at the national or subnational level.

- During the week of 14 to 20 June, twelve provinces experienced an increase in the number of weekly cases of more than 50% compared to the previous week: West Papua (245%), Southeast Sulawesi (121%), North Sulawesi (111%), Bali (110%), North Kalimantan (107%), DKI Jakarta (101%), Gorontalo (97%), Maluku (81%), West Java (70%), East Java (64%), East Kalimantan (64%) and DI Yogyakarta (51%) (Fig. 3). Stringent PHSM, including movement restrictions, should be considered to be urgently implemented.

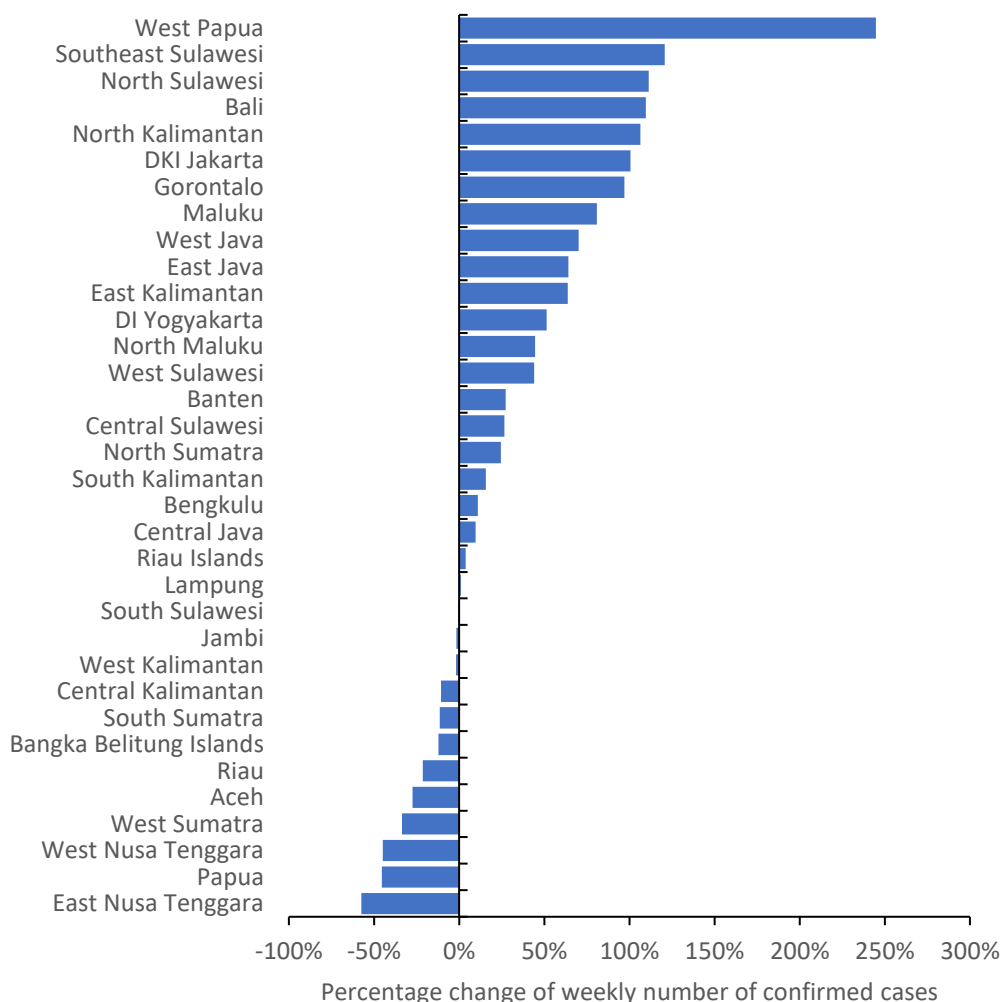


Fig. 3. Percentage change of weekly number of confirmed cases by province during 14 to 20 June 2021 compared to the previous week. [Source of data](#)

**Disclaimer:** The number of weekly confirmed cases is calculated taking into consideration the daily number of reported cases. It is important to conduct further investigation if there is a substantial change in new cases, especially in provinces with a change of 50% or more. Other factors, such as testing and contact tracing, may help elucidate the reasons behind substantial changes. Additional indicators, including case incidence and mortality, should be considered to guide adjustment of PHSM.

- During the week of 14 to 20 June, the incidence<sup>7</sup> of COVID-19 in Indonesia increased substantially to 23.2 per 100 000 population, compared to 16.6 per 100 000 population in the previous week (Fig. 4). The incidence has been rapidly increasing in the country since mid-May.

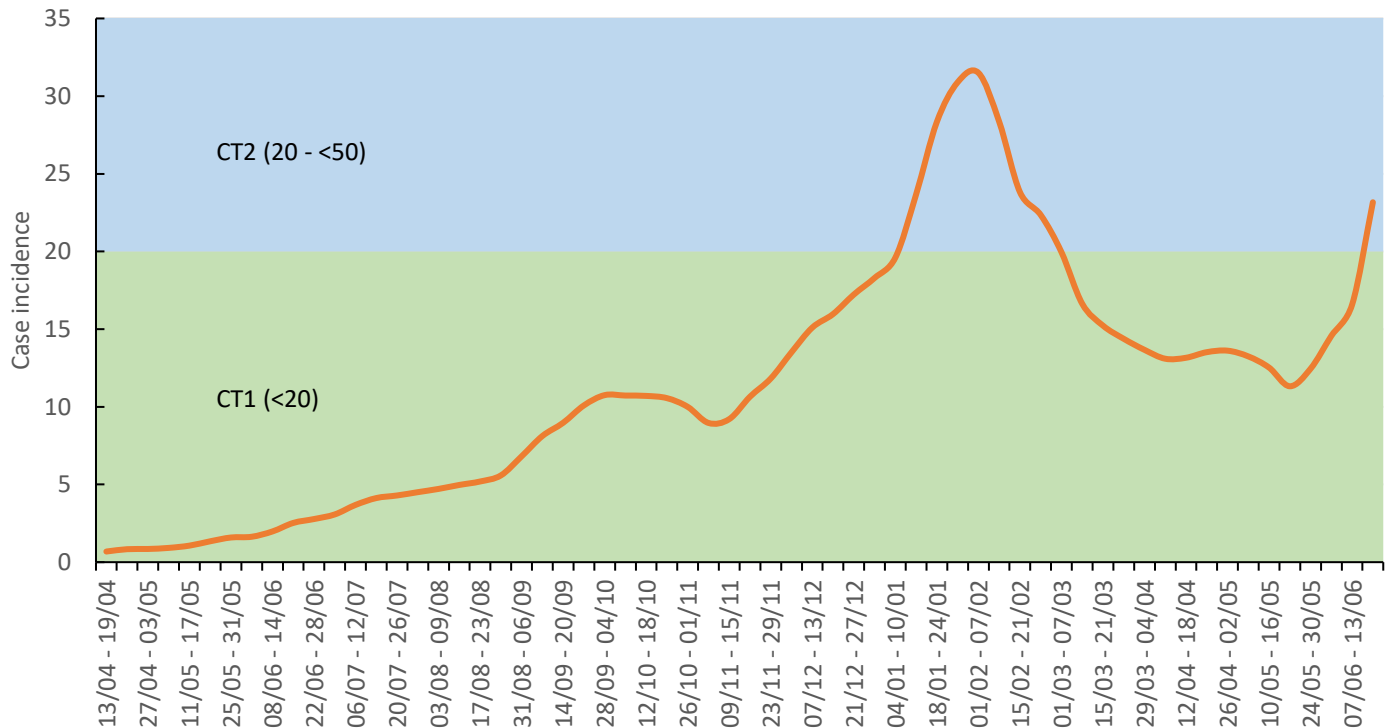


Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported in Indonesia from 13 April 2020 (when Indonesia first reported community transmission in the country) to 20 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate 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. 4) and subnational levels (Figs. 5 to 11).

<sup>7</sup> Weekly incidence of COVID-19 is calculated as the number of new cases per 100 000 population per week averaged over a two-week period. [Source of population data](#)

- During the week of 14 to 20 June, the incidence rates of COVID-19 per 100 000 population were 163.1 in DKI Jakarta, 85.8 in Riau Islands and 76.7 in DI Yogyakarta; these rates correspond to community transmission (CT) level 4 in DKI Jakarta and CT level 3 in Riau Islands and DI Yogyakarta (Fig. 5). Based on [WHO interim guidance](#), CT level 4 means that there is a very high risk of COVID-19 infection for the general public and that a very high number of locally acquired, widely dispersed cases was detected in the past 14 days. CT level 3 means that there is a high risk of COVID-19 infection for the general population and that a high number of locally acquired, widely dispersed cases was detected in the past 14 days.

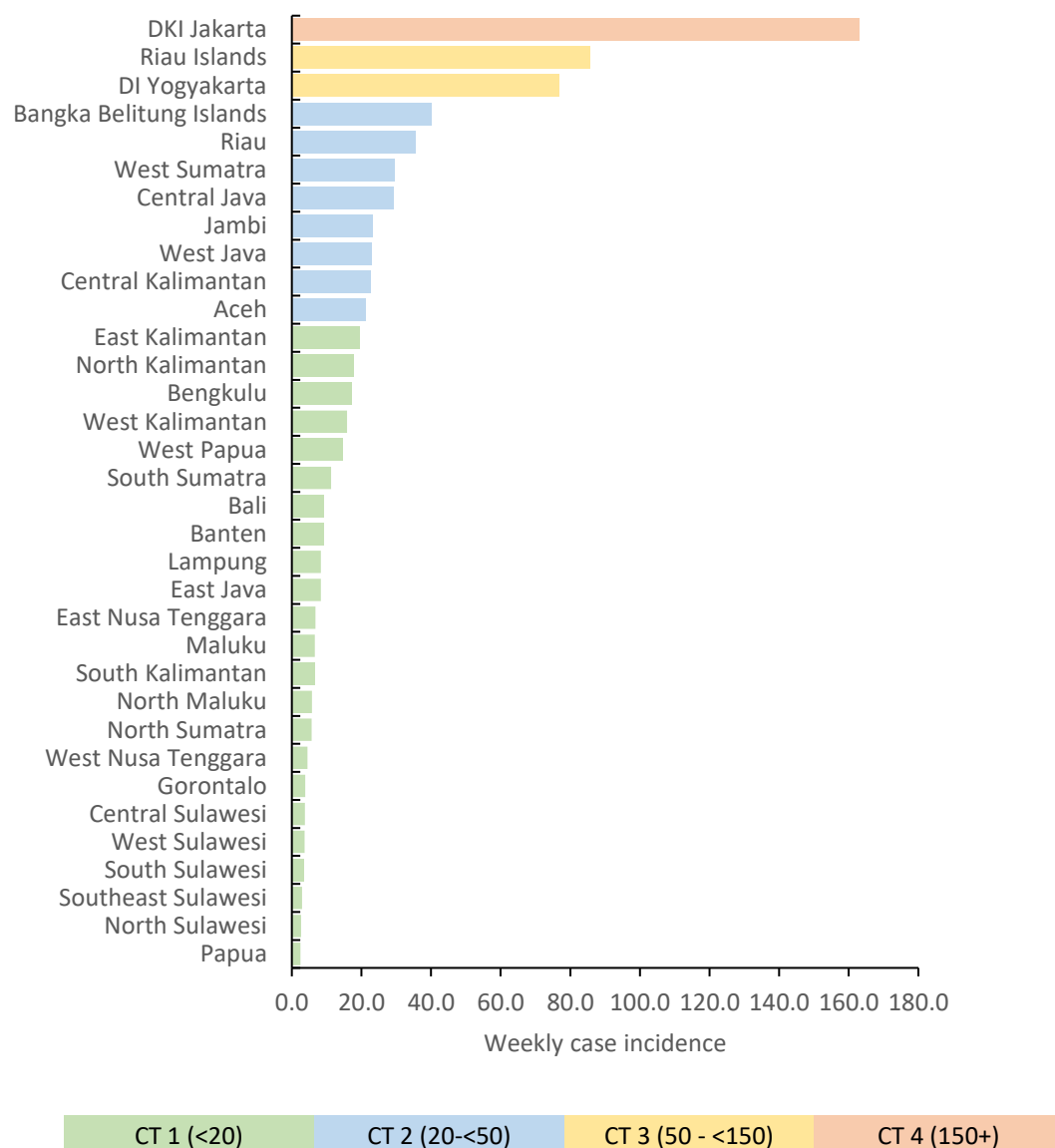


Fig. 5. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period by province in Indonesia during 14 to 20 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

- During the week of 14 to 20 June, the weekly incidence of COVID-19 increased sharply in all provinces in Java and Bali, compared to the incidence in the previous week (Fig. 6). There has been an increase in the CT level in DKI Jakarta (CT3 to CT4), DI Yogyakarta (CT2 to CT3) and West Java (CT1 to CT2) in the last week.

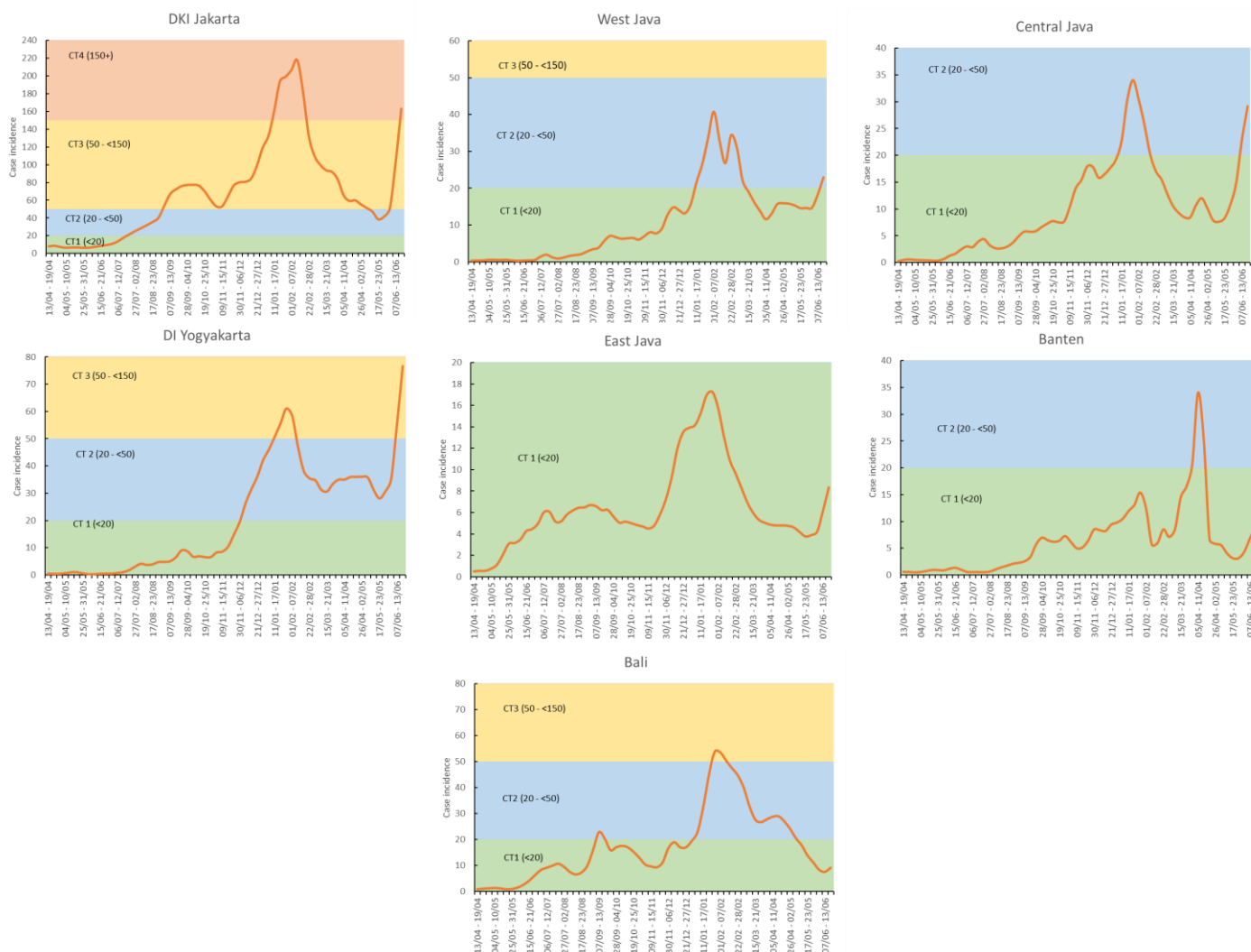


Fig. 6. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Java - Bali, from 13 April 2020 to 20 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)



- In Sumatra, the weekly incidence of COVID-19 increased in North Sumatra, Jambi, Bengkulu, Lampung and Riau Islands during the week of 14 to 20 June compared to the previous week. There has been an increasing trend in incidence since April in most provinces in Sumatra (Fig. 7).

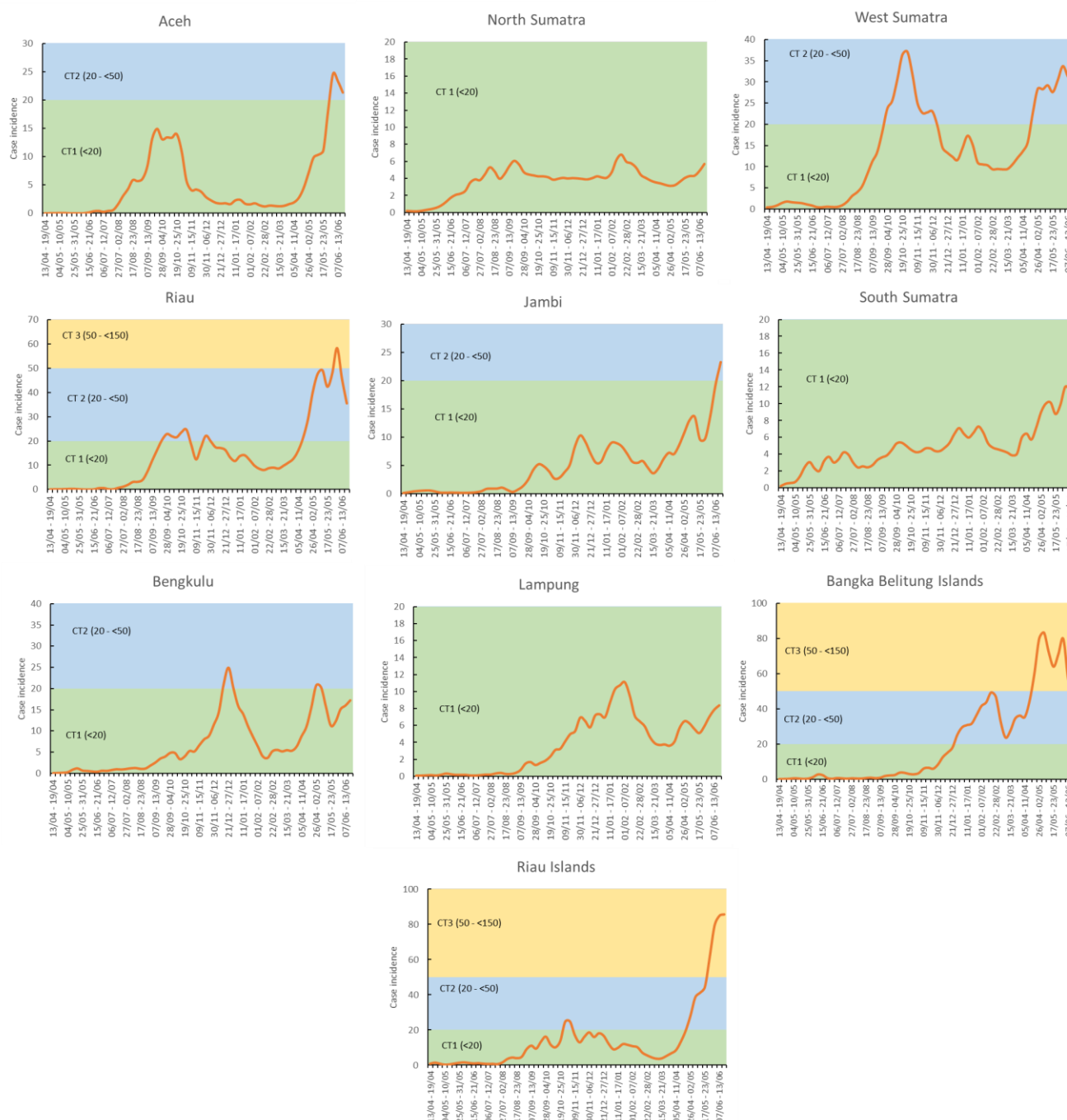


Fig. 7. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Sumatra, from 13 April 2020 to 20 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)



- During the week of 14 to 20 June, the weekly incidence of COVID-19 in Kalimantan increased in West Kalimantan, East Kalimantan and North Kalimantan, compared to the incidence of the previous week. Since the beginning of 2021, there has been a notable increasing trend in West Kalimantan (Fig. 8).

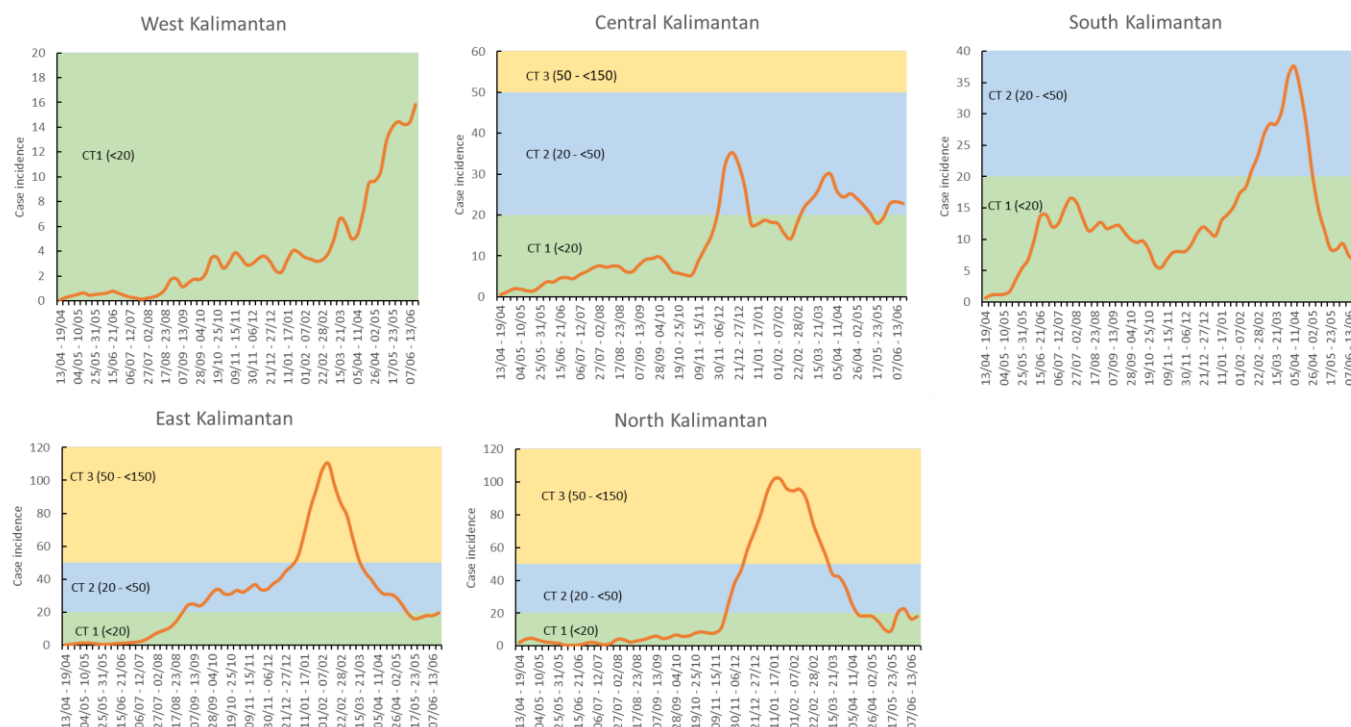


Fig. 8. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Kalimantan, from 13 April 2020 to 20 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)

- In Sulawesi, the weekly incidence of COVID-19 increased in all provinces during the period of 14 to 20 June, compared to the previous week (Fig. 9).

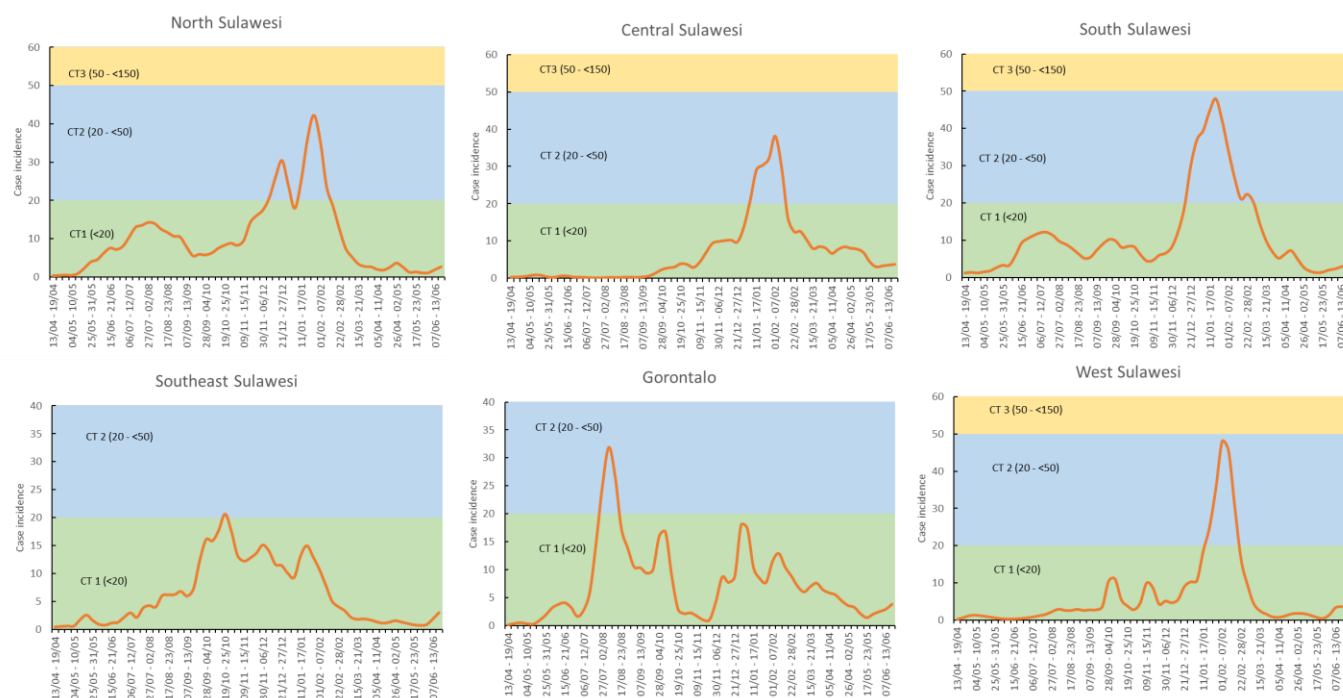


Fig. 9. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Sulawesi, from 13 April 2020 to 20 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)

- During the week of 14 to 20 June, the weekly incidence of COVID-19 increased in Maluku, North Maluku, Papua and West Papua compared to the previous week (Fig. 10).

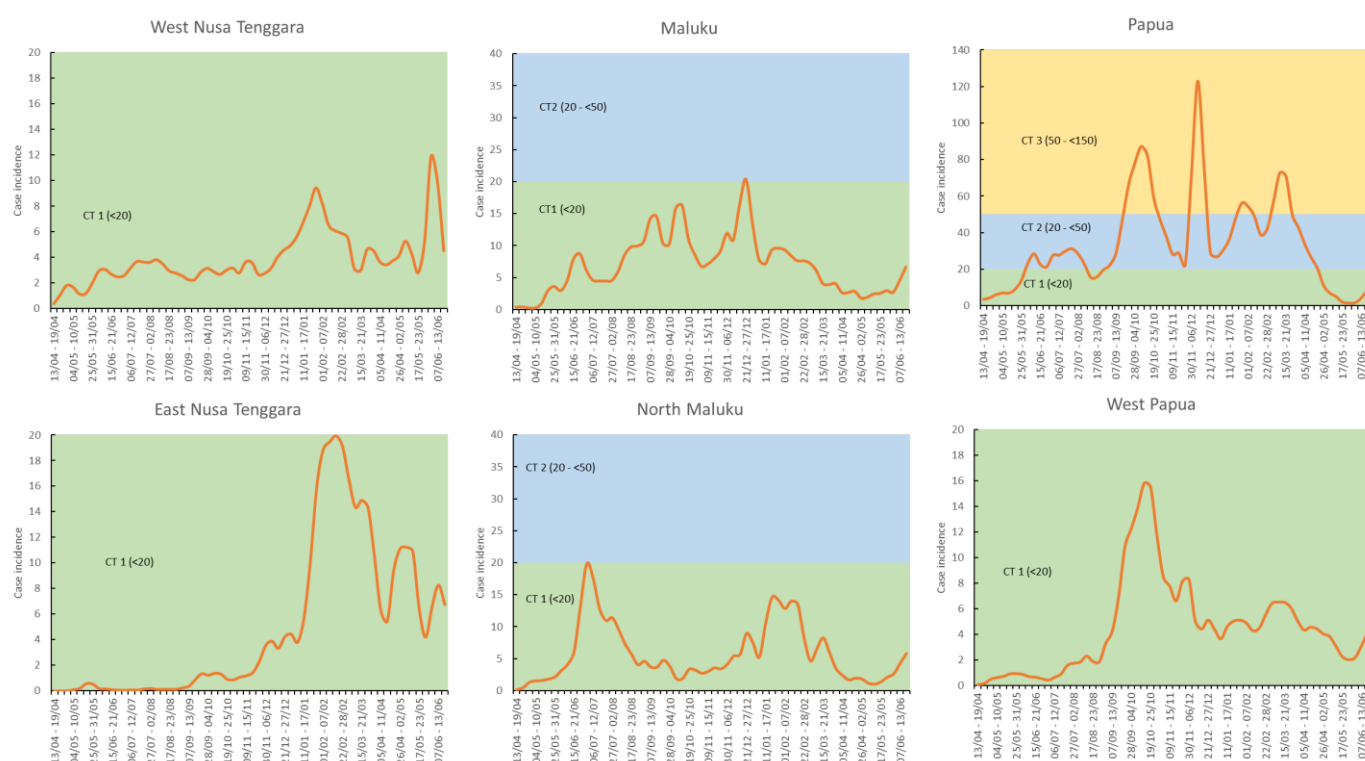


Fig. 10. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in West Nusa Tenggara, East Nusa Tenggara, Maluku, North Maluku, Papua, and West Papua, from 13 April 2020 to 20 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

- Nationwide test positivity proportion increased sharply after 23 November and reached a peak of 30.5% in mid-February. Subsequently, the positivity proportion declined and has stood between 9% and 20% since 11 March, which is considered CT3 (high incidence), with a rapid increase in June (Fig. 11). However, the percentage of positive samples can be interpreted reliably only with comprehensive surveillance and testing in the order of one person tested per 1000 population per week. This minimum case detection benchmark was achieved in DKI Jakarta, DI Yogyakarta, West Sumatra and Riau for the last three weeks. Nevertheless, these provinces still have a test positivity proportion of more than 5%, which means that transmission is still very high in the community (Fig. 12).

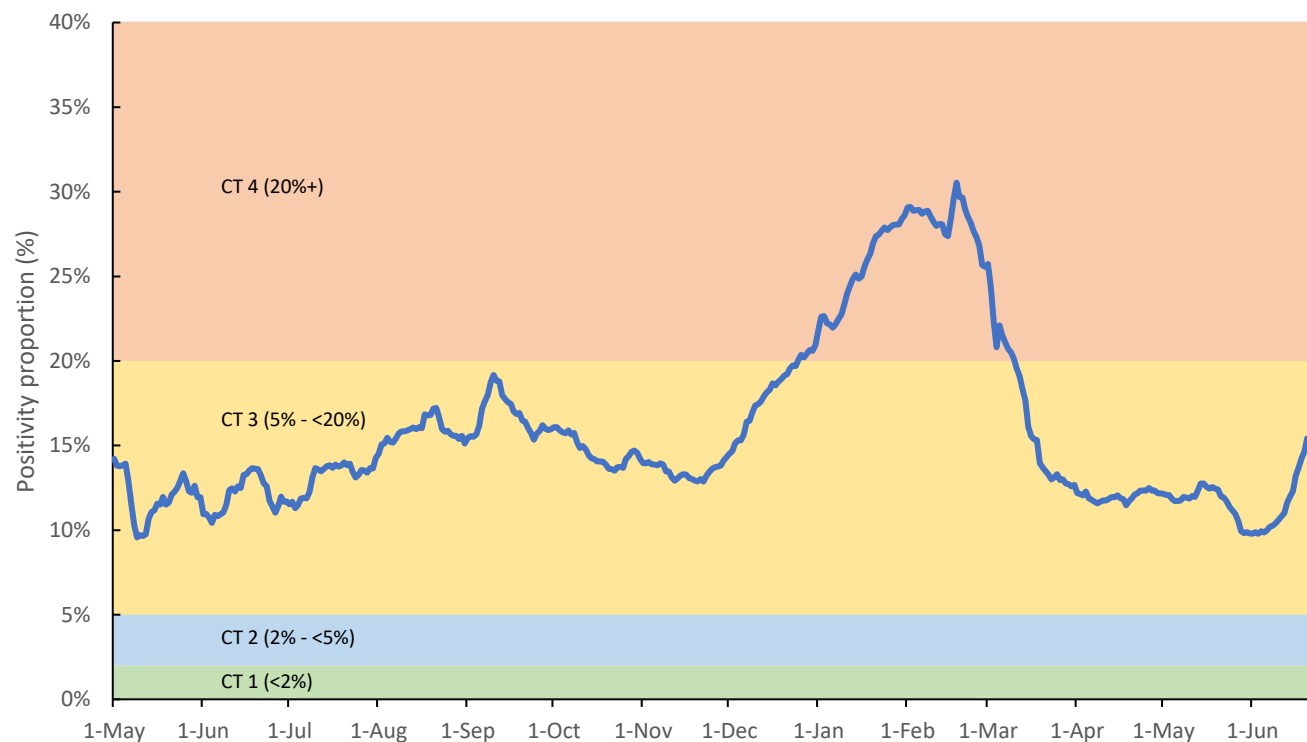


Fig. 11. Test positivity proportion averaged over a two-week period at the national level in Indonesia, as of 20 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)

**Disclaimer:** 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.

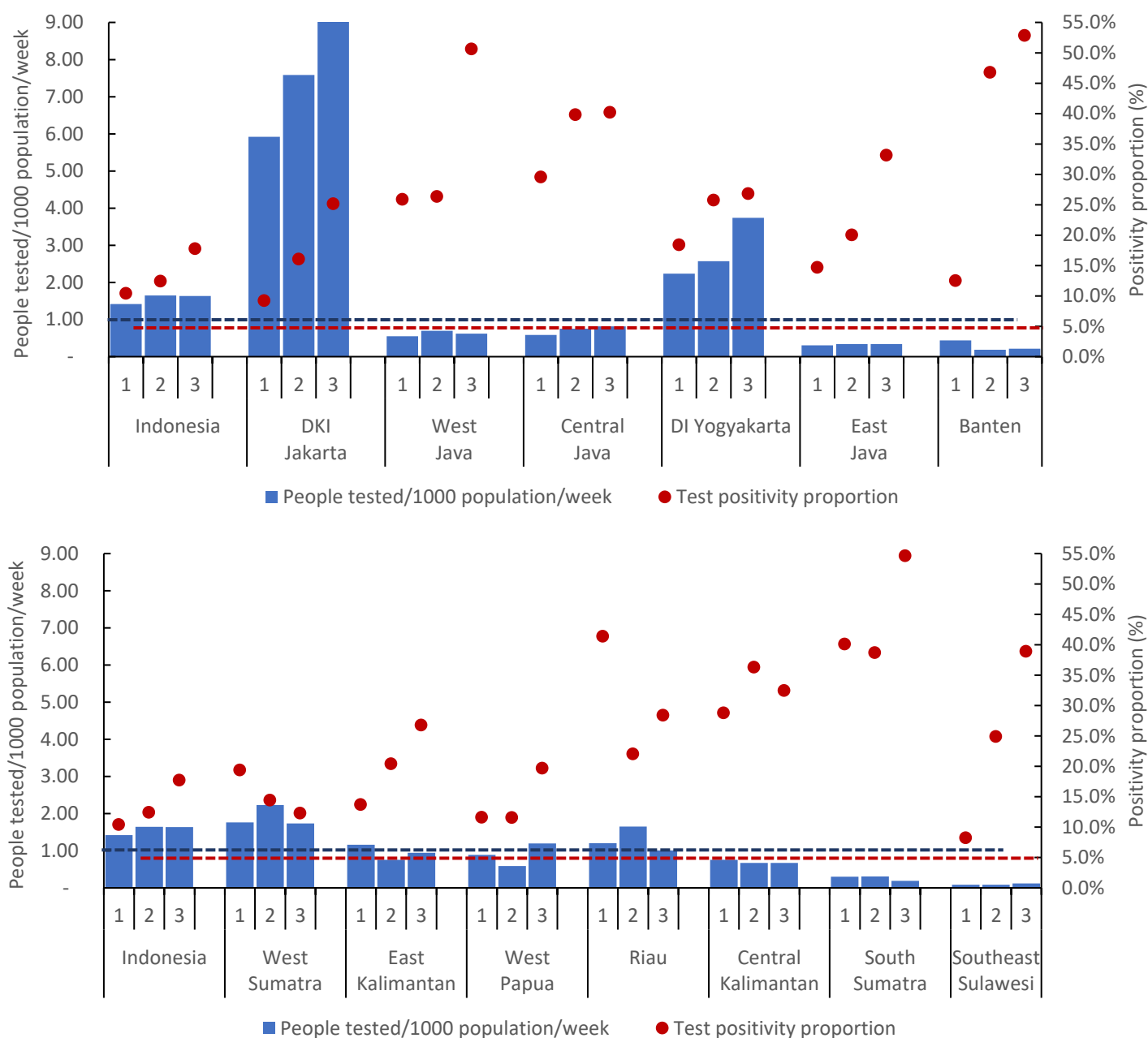


Fig. 12. Test positivity proportion and people tested per 1000 population per week at the national level and in select provinces.

Week 1: 31/05/21 to 06/06/21; Week 2: 07/06/21 to 13/06/21; Week 3: 14/06/21 to 20/06/21

----- Benchmark: one person tested per 1000 population per week

----- Threshold test positivity proportion: <5%

Source of data: [Indonesia](#), [DKI Jakarta](#), [West Java](#), [Central Java](#), [DI Yogyakarta](#), [East Java](#), [Banten](#), [West Sumatra](#), [East Kalimantan](#), [West Papua](#), [Riau](#), [Central Kalimantan](#), [South Sumatra](#), [Southeast Sulawesi](#)

**Note:** Due to a limitation in data, other provinces could not be evaluated. For surveillance purposes, test positivity proportion is calculated as the number of confirmed cases divided by the number of people tested for diagnosis.

- During the week of 14 to 20 June, DKI Jakarta had the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by DI Yogyakarta, Riau Islands, Riau and Bangka Belitung Islands (Fig. 13).

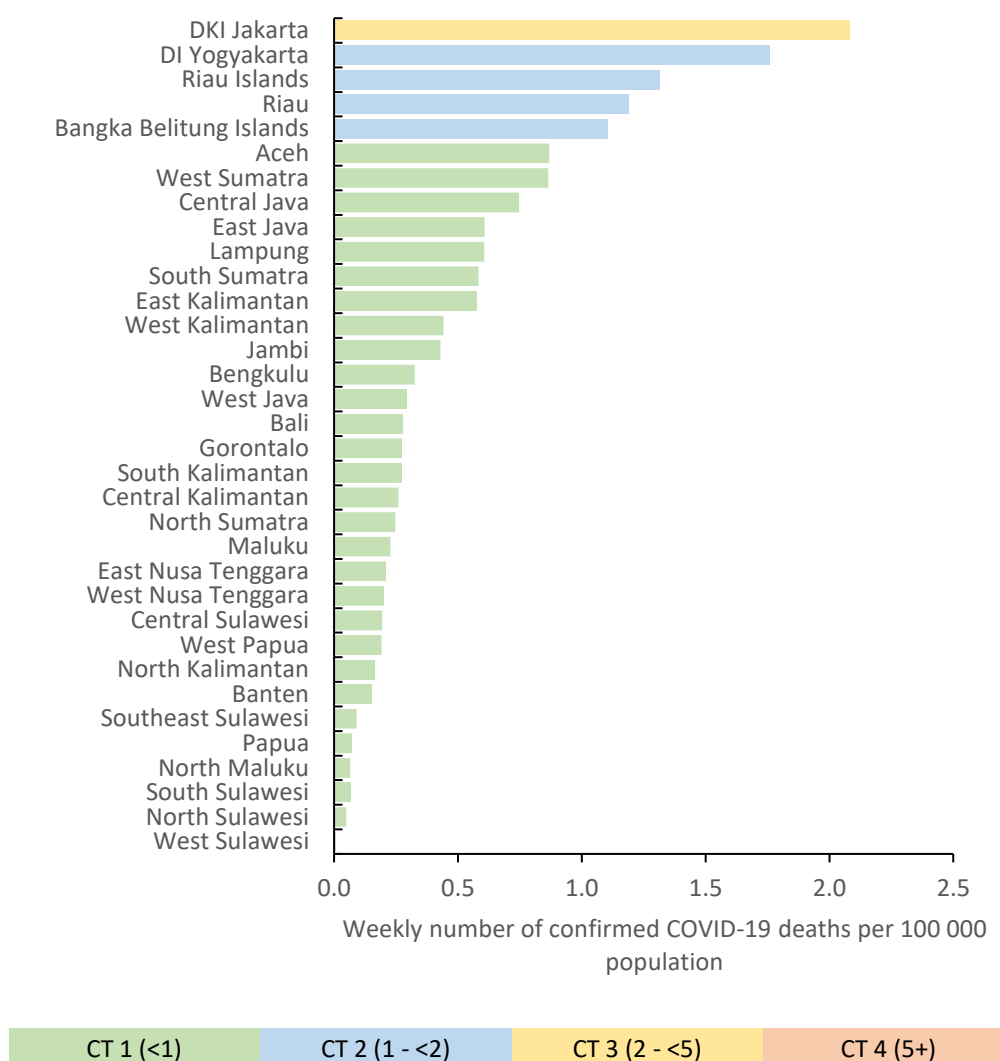


Fig. 13. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 14 to 20 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [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.

- At the national level, during the week of 14 to 20 June, the number of confirmed COVID-19 deaths increased to 0.54 per 100 000 population<sup>8</sup>, compared to 0.45 per 100 000 in the previous week. There has been a rapid increase in deaths over the last three weeks (Fig. 14).

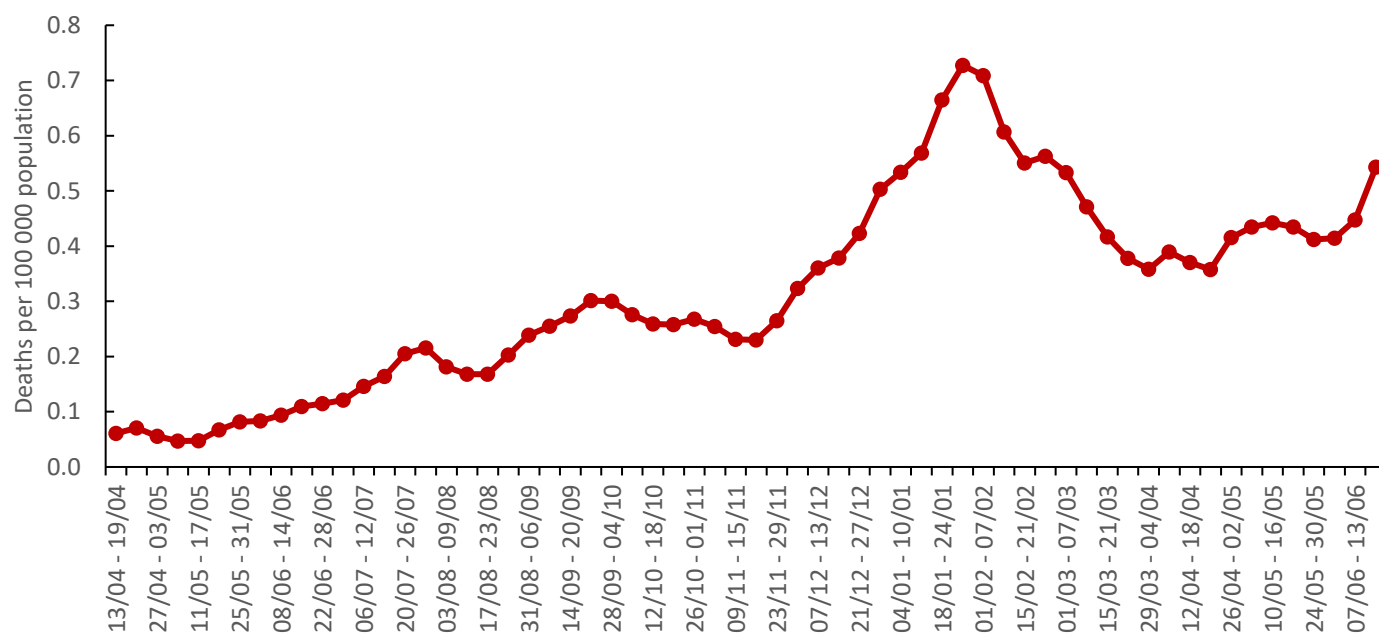


Fig. 14. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period in Indonesia, as of 20 June 2021. [Source of data](#)

**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. Evaluation of the level of community transmission could not be conducted due to data limitations.

<sup>8</sup> Weekly mortality of COVID-19 is calculated as the number of COVID-19 deaths per 100 000 population per week averaged over a two-week period. [Source of population data](#)



- During the week of 14 to 20 June, the total number of weekly confirmed COVID-19 deaths in DKI Jakarta was 334, the highest weekly number of deaths reported in the province since the beginning of the pandemic (Fig. 15).

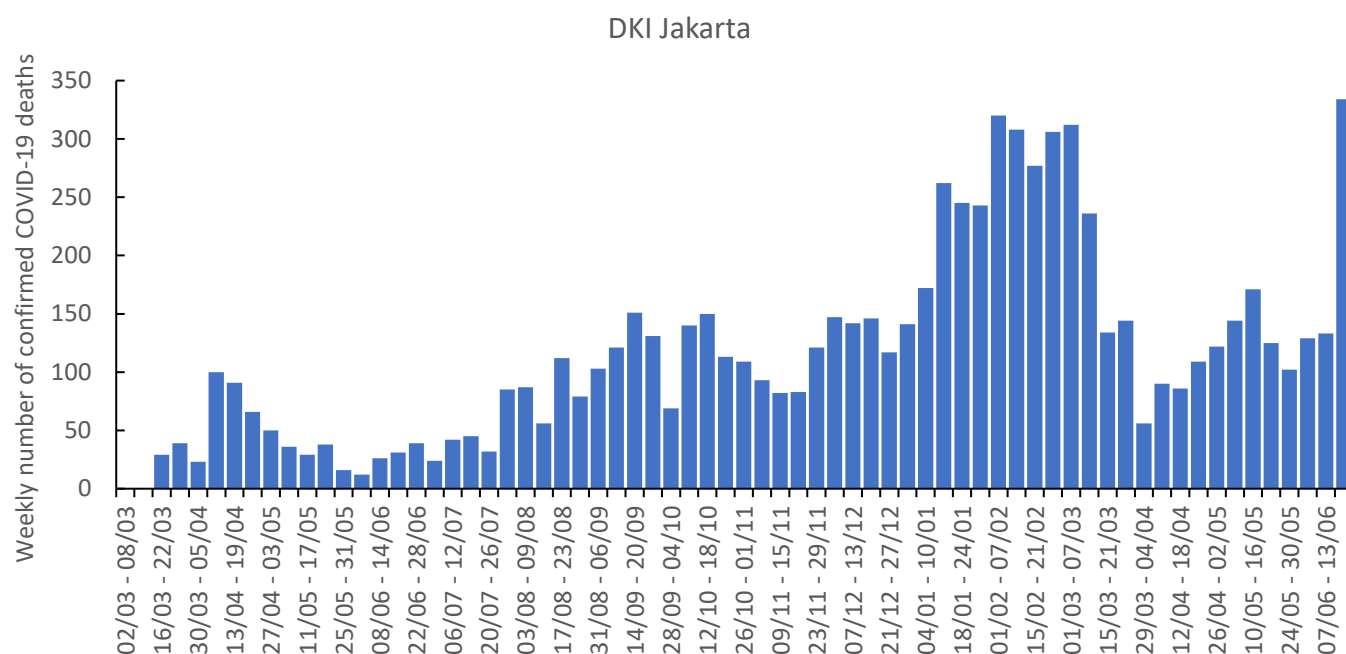


Fig. 15. Weekly number of confirmed COVID-19 deaths in DKI Jakarta, as of 20 June 2021. [Source of data](#)

**Disclaimer:** The data are provisional. There may be a discrepancy in the number of deaths in confirmed COVID-19 cases between national and provincial data sources.

## HEALTH OPERATIONS

- As reported on 23 June, the daily number of people tested for COVID-19 was 74 391 and the cumulative number of people tested was 12 678 525 (Fig. 16).

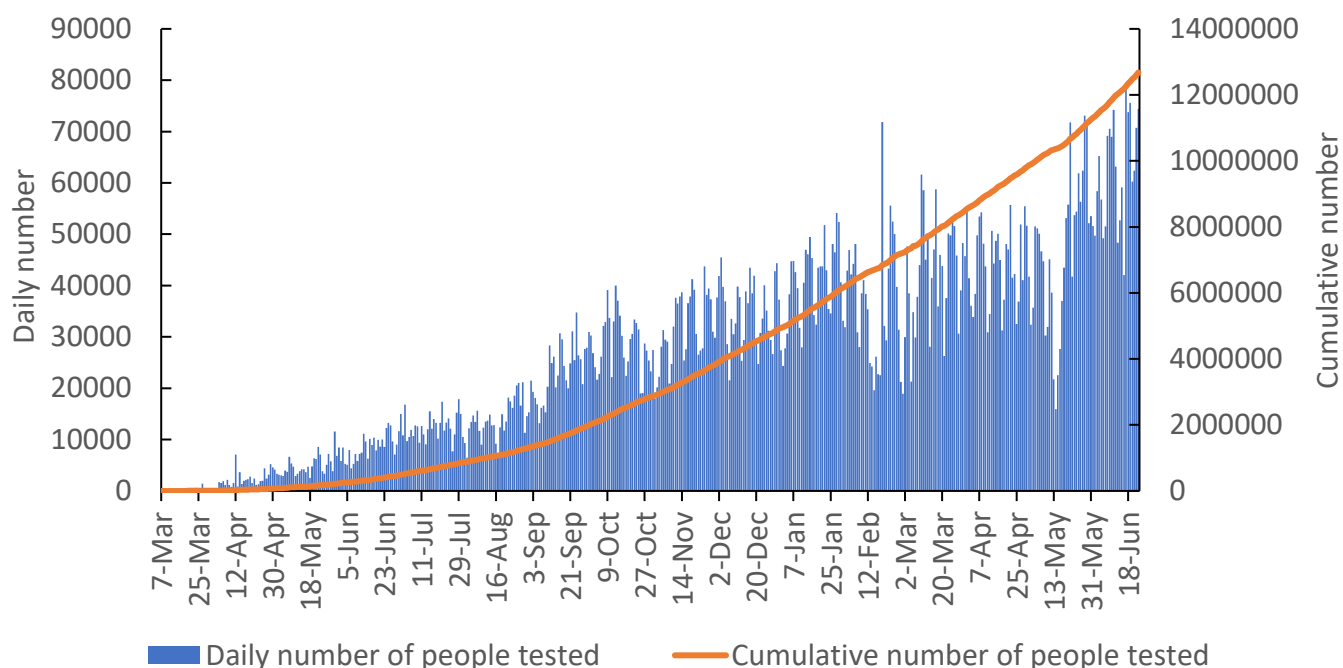


Fig. 16. Daily and cumulative number of people tested for COVID-19 in Indonesia, as of 23 June 2021. [Source of data](#)

- As of 23 June, the proportion of people recovered among the total confirmed COVID-19 cases was 89.4% and there were 160 524 active cases (Fig. 17).

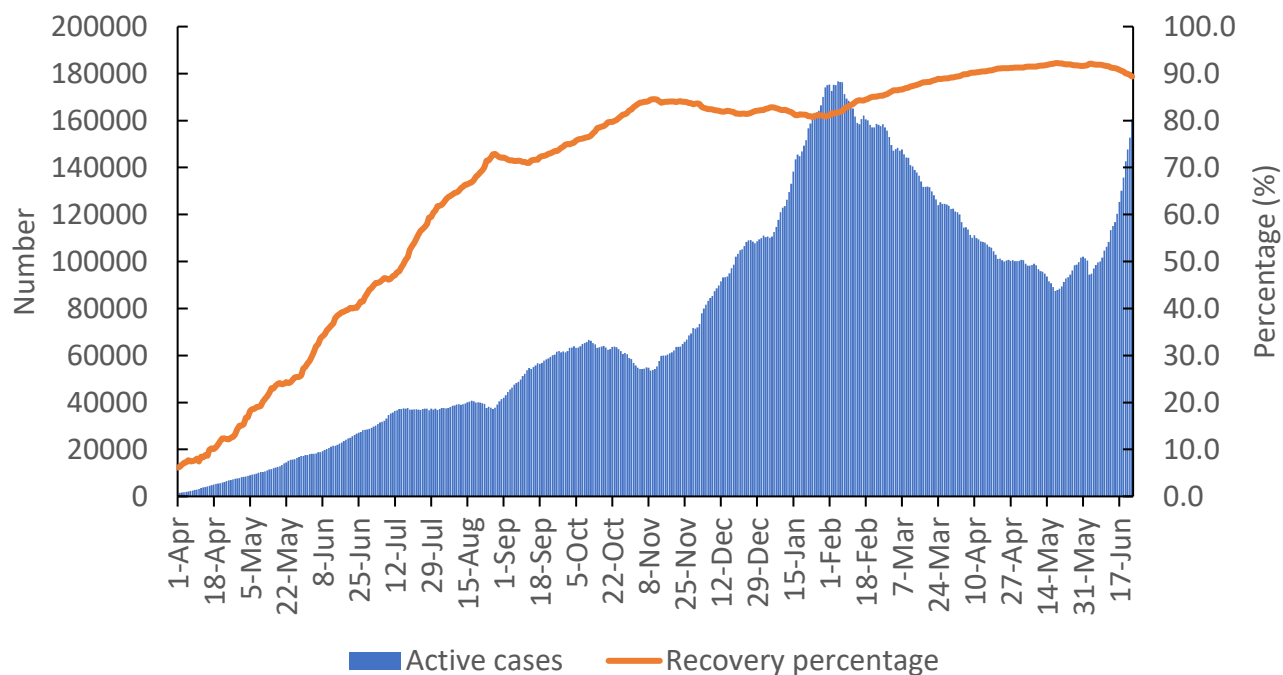


Fig. 17. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 23 June 2021. [Source of data](#)

- The reported number of confirmed COVID-19 cases hospitalized in DKI Jakarta increased to 9888 hospitalized cases on 12 February. The number of hospitalized cases subsequently decreased and remained relatively stable, with an average of 3362 hospitalized cases per day in March and April. There was an increasing trend in May and June, with a peak of 11 037 hospitalized cases reported on 20 June, the highest number reported (Fig. 18).

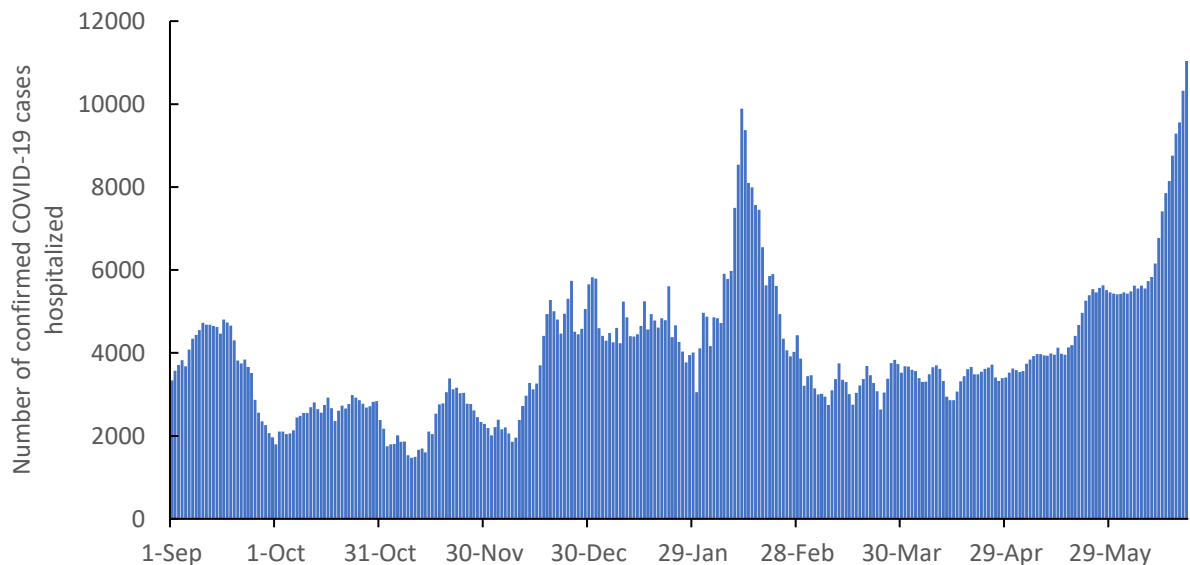


Fig. 18. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 September 2020 to 20 June 2021. [Source of data](#)

## RISK COMMUNICATION

- WHO is regularly translating and sharing important health messages on its [website](#) and social media platforms – [Twitter](#) and [Instagram](#) – and has recently published:

### [Infographics:](#)

- [Contact tracing: Confirmed contact & COVID-19 positive](#)
- [Vaccination - Adults aged 60 and older](#)

### [Myth-busters:](#)

- [Hand sanitizers](#)



Fig. 19. WHO infographics on [Vaccination - Adults aged 60 and older](#), June 2021.

## RISK AND NEEDS ASSESSMENT, AND PLANNING

- On 17 June, WHO participated in a meeting on the assessment of points of entry (PoEs) as part of the preparation for the reopening of Bali for tourism, organized by MoH. The meeting was attended by representatives from the Ministry of Transportation, Ministry of Foreign Affairs, Ministry of Communications and Informatics and PoE officers of Bali. The meeting highlighted that strict implementation of PHSM to curb COVID-19 transmission is crucial before the province is ready to be reopened for tourism. A monitoring mechanism for PHSM indicators should be improved. In addition, it is essential to improve contact tracing and testing as well as acceleration of COVID-19 vaccination rates. As part of the regulation, international travellers will be required to have a valid negative polymerase chain reaction (PCR) test result (issued within maximum 3 x 24 hours prior to departure to Indonesia), complete the electronic Health Alert Card (eHAC) and undergo mandatory five days quarantine upon arrival. In addition, international travellers will also be encouraged to get vaccinated prior to departure to Indonesia.

## VACCINATION

- As of 21 June, 35 928 647 vaccine doses have been administered in the national COVID-19 vaccination campaign; 23 530 219 people have received the first dose and 12 398 428 people have received the second dose (Fig. 20).

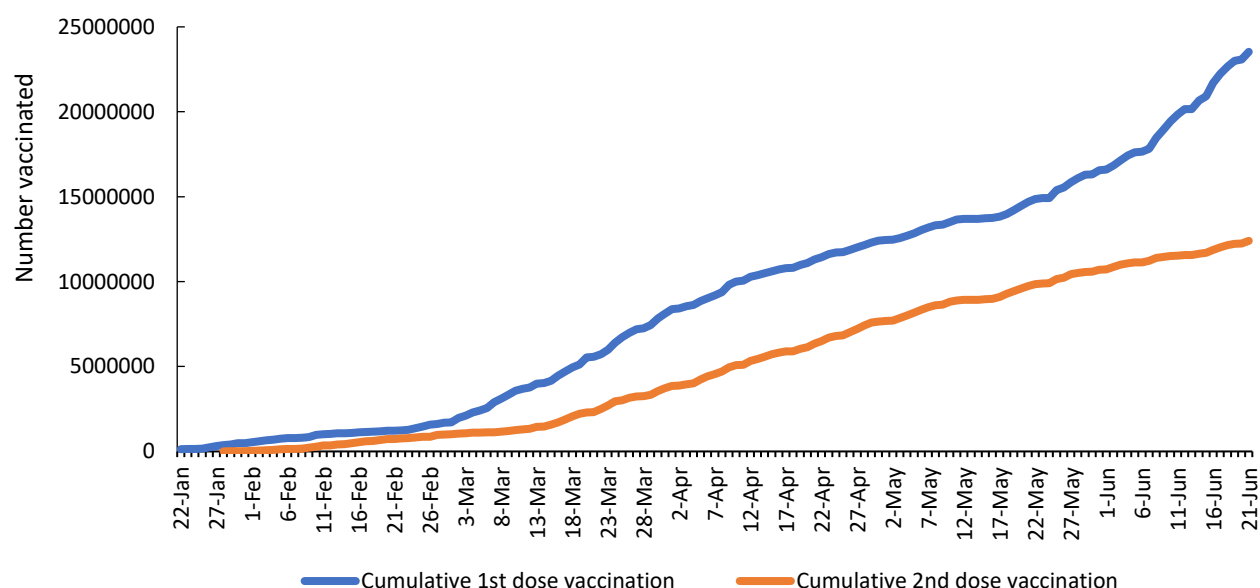


Fig. 20. Cumulative number of vaccine doses administered in Indonesia, from 22 January to 21 June 2021. [Source of data](#)

**Disclaimer:** COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January.

- As of 21 June, the number of health workers who have received the second dose of the COVID-19 vaccine (fully vaccinated) was 1 405 320 (95.7% of the target population of 1 468 764). The number of older people who have received the first dose of the vaccine was 4 297 454 (19.9% of the targeted 21 553 118); 2 566 748 (11.9% of the targeted population) have received the second dose. The number of essential public service workers who have received the first dose of the vaccine was 17 587 982 (101.5% of the targeted 17 327 167); 8 391 162 (48.4% of the target population) have received the second dose of the vaccine (Fig. 21). As part of the essential public service workers priority target group, 1 969 933 teachers have received the first dose of the vaccine; 1 215 903 have received the second dose.

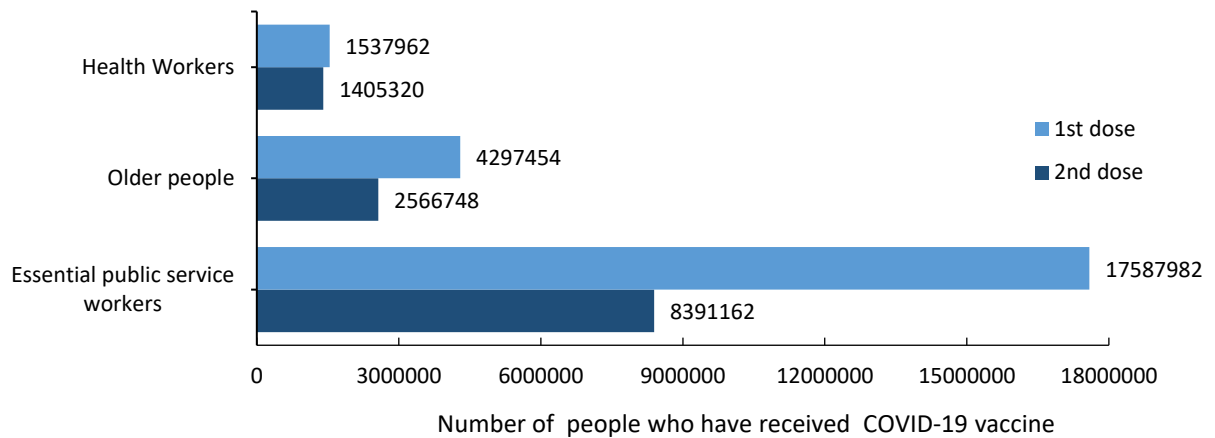


Fig. 21. Cumulative number of people who have received COVID-19 vaccine in Indonesia, as of 21 June 2021. [Source of data](#)

**Disclaimer:** COVID-19 vaccination started with health workers on 13 January. The second stage of COVID-19 vaccination started on 17 February, targeting essential public service workers and older people (above 60 years old). Published data from MoH is available starting from 22 January. Vaccination coverage over 100% is due to differences in actual versus estimated target population.

- As of 21 June, provinces with the highest number of unvaccinated health workers were Aceh, Papua, South Sulawesi, Central Sulawesi and Maluku (Fig. 22).

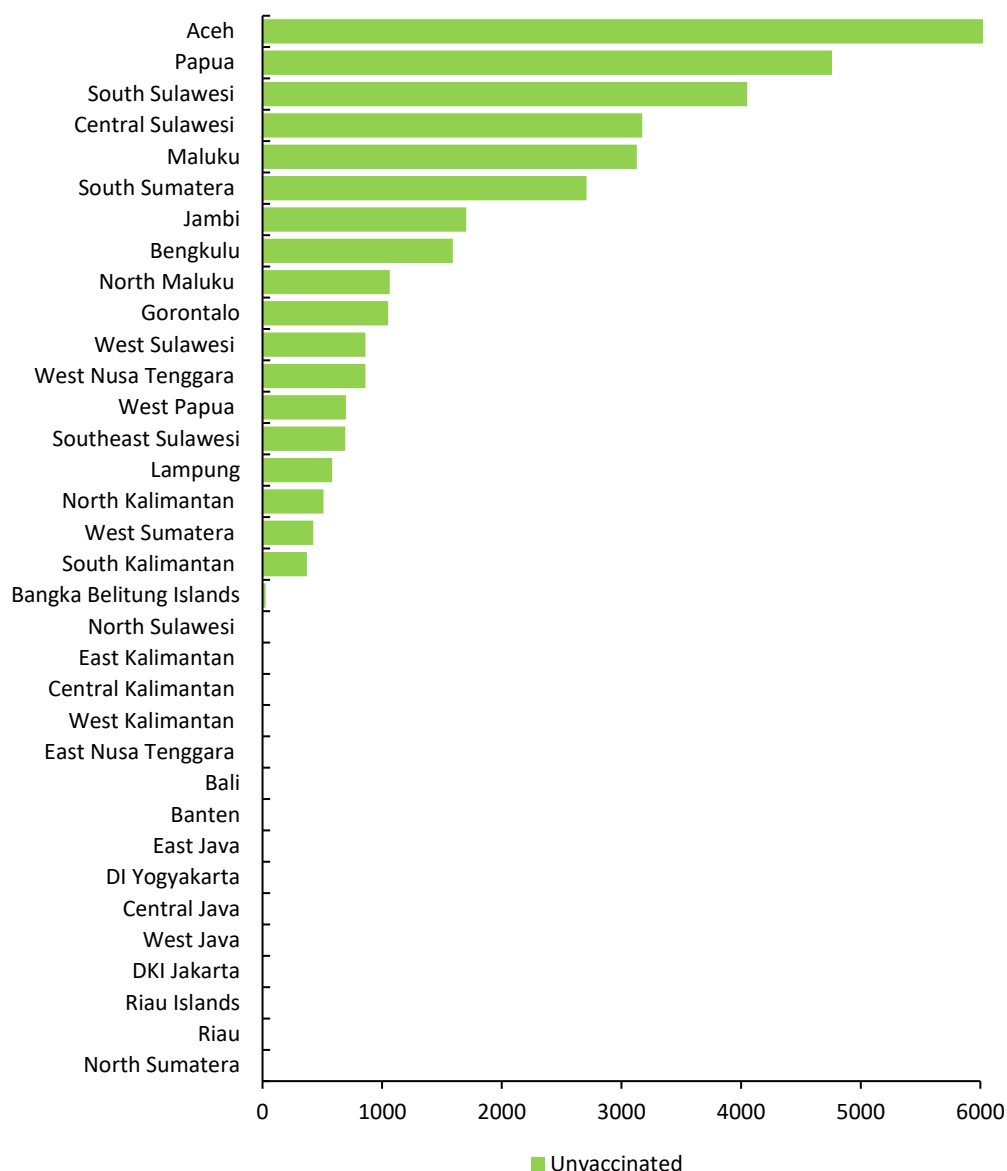


Fig. 22. Number of unvaccinated health workers by province in Indonesia, as of 21 June 2021.  
[Source of data](#)

- As of 21 June, the highest coverage of the first dose vaccination administered to eligible target populations in the country was in Bali, followed by Riau Islands, DKI Jakarta, DI Yogyakarta and East Java. As of the same day, Bali had the highest coverage of the second dose vaccination administered, followed by DKI Jakarta, DI Yogyakarta, East Java and Bangka Belitung Islands (Fig. 23).



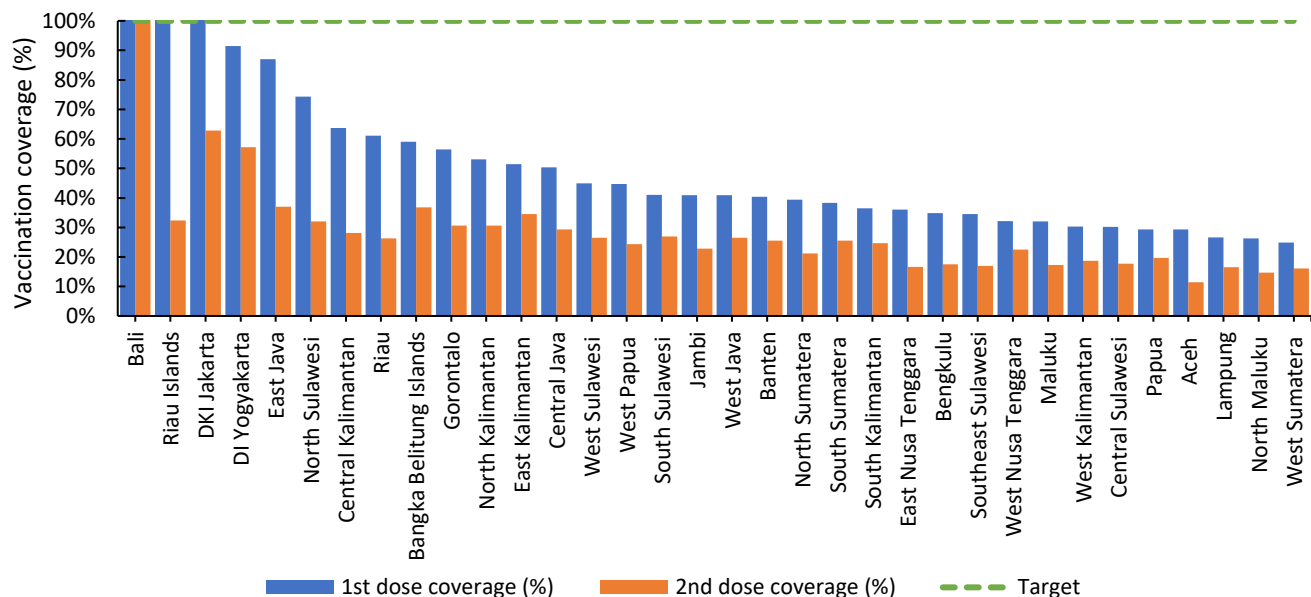


Fig. 23. COVID-19 vaccination coverage among the eligible target populations by province in Indonesia, as of 21 June 2021. [Source of data](#)

**Disclaimer:** Vaccination coverage over 100% is due to differences in actual versus estimated target population.

- As of 21 June, DKI Jakarta had the highest coverage of first and second dose vaccination among older people, followed by DI Yogyakarta, Bali and North Kalimantan (Fig. 24). As of the same day, provinces with the highest number of unvaccinated older people were West Java, Central Java and East Java (which are the provinces with the highest number of older people) (Fig. 25).

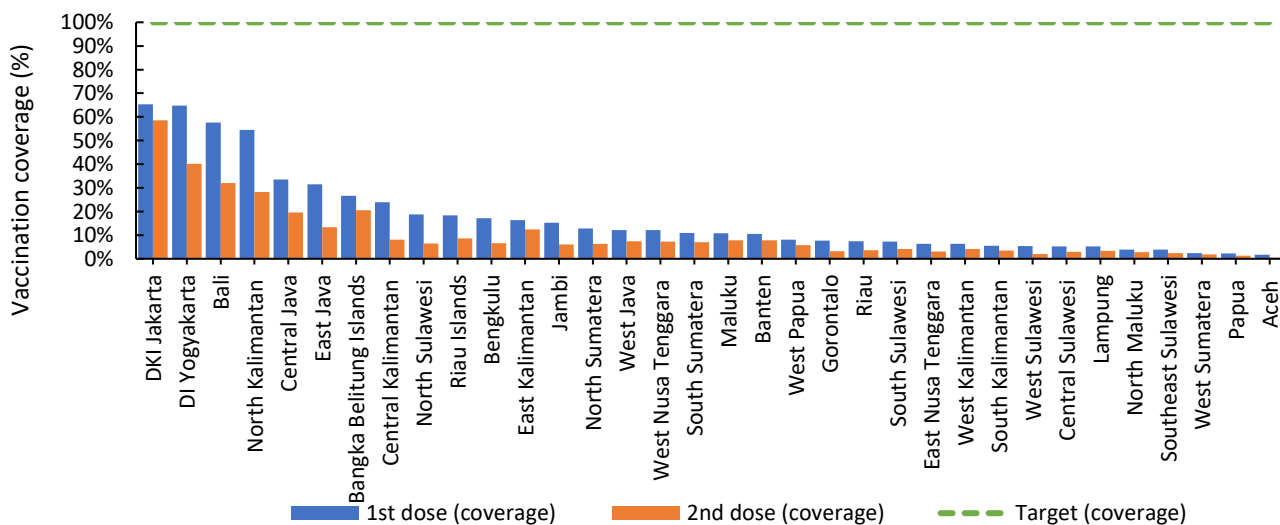


Fig. 24. COVID-19 vaccination coverage among older people by province in Indonesia, as of 21 June 2021. [Source of data](#)

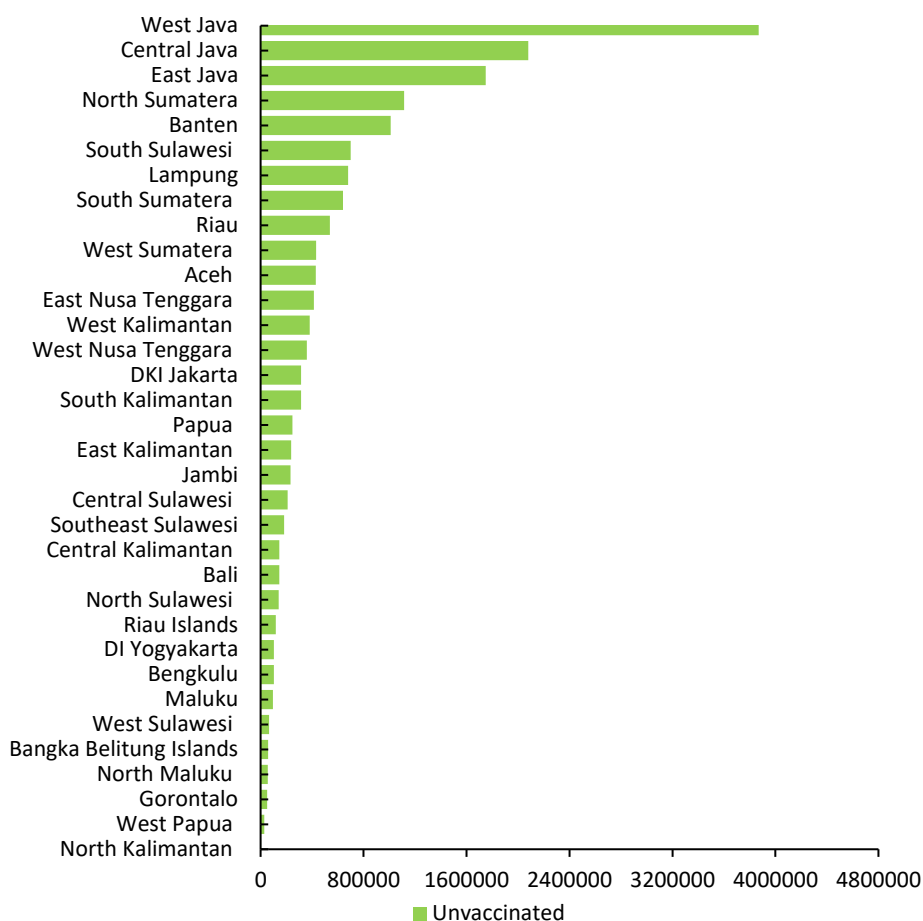


Fig. 25. Number of unvaccinated older people (over 60 years of age) by province in Indonesia, as of 21 June 2021. [Source of data](#)

## LESSONS LEARNED FROM INDIA: CONTROLLING TRANSMISSION WITH PUBLIC HEALTH AND SOCIAL MEASURES IN THE CONTEXT OF HIGHLY TRANSMISSIBLE VARIANTS

- India experienced a major surge of COVID-19 cases starting in early March 2021, with a peak in early May with more than 400 000 new confirmed COVID-19 cases reported per day. The number of COVID-19-associated deaths peaked around 10 days later, with over 4000 deaths reported daily. This surge coincided with a rapid increase of the delta variant of the SARS-CoV-2 virus, which is associated with higher transmissibility and a higher chance of hospital admission.
- The proportion of people who were fully vaccinated was less than 3% until mid-May, and thus major efforts were made through implementation of PHSM. This included continuous promotion of personal precautionary measures, early

diagnosis and isolation of cases, and tracing and quarantine of contacts. Major scale-up of testing enabled isolation and quarantine measures. India conducted 1 million to 2 million tests per day (5 to 10 tests per week per 1000 population) during the surge – much higher than the WHO recommended benchmark of 1 test per week per 1000 population.

- When transmission intensity increased, authorities had to use more stringent measures to restrict movement (“lockdowns”). On 25 April, the Union Government expressed the urgent need for states to consider strict COVID-19 control measures in areas with “test positivity proportion of 10% or more in the last week” or “bed occupancy of more than 60% on either oxygen supported or ICU beds”.<sup>9</sup> Based on these thresholds, almost all states and Union Territories (UTs) underwent strict movement restrictions, although timing, enforcement and duration varied. Some states supplemented with partial lockdowns before and after full lockdowns. Reviewing the experiences of different states and UTs in India, some lessons emerge:

- (i) PHSM works effectively even in the context of highly transmissible variants.** Using PHSM, India was able to quickly control transmission from case incidence of over 290 per week per 100 000 population in early May to less than 30 on 21 June. PHSM had to be implemented with greater intensity to cope with the delta variant.
- (ii) PHSM needs to be escalated as soon as the situation deteriorates.** It can take 10 days or more to see the impact of PHSM. Delayed implementation was often associated with increased morbidity and mortality and required more severe measures with longer duration to regain control. In Delhi, the lockdown started on 19 April when the case incidence was over 600 new cases per week per 100 000 population.<sup>10</sup> Subsequently, Delhi experienced major challenges of hospital over-crowding and shortage of hospital beds, oxygen and other medical supplies.
- (iii) Enforcement is critical.** With enforcement of stringent movement restrictions, mobility (measured using Google Community Mobility Reports) was significantly reduced in most states. Enforcement of lockdown in Delhi was highly effective, as demonstrated by the quick and substantial reduction (over 70% compared to the baseline) of mobility (Fig. 26). This was followed by a clear reduction in case incidence to less than 10 new cases per week per 100 000 population at present. Tamil Nadu initiated night curfew and then lockdown with lower initial case incidence than Delhi (around 220 cases per week per 100 000 population).

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<sup>9</sup> <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1714003>

<sup>10</sup> This was much higher than the WHO-proposed threshold of community transmission level 4 (most severe stage of community transmission) at 150 new cases per week per 100 000 population

However, the reduction in mobility did not reach the same level as Delhi, suggesting that enforcement may not have been as effective. New cases continued to rise for around two weeks after the introduction of lockdown, and case incidence is still over 70 new cases per week per 100 000 population as of 21 June.

- (iv) **Stringent measures should be limited to areas of need and should be time-bound**, as they cause negative socio-economic consequences. If movement restriction is implemented and enforced in a timely manner, measures do not have to be at national scale. In India, the dates and duration of restrictions were determined by State Government. In most states, transmission was substantially reduced in three to six weeks of stringent movement restriction.
- (v) **A functional alert and situation assessment system should be in place to inform risk-based calibration of PHSM**. WHO has been recommending countries to routinely conduct situation assessment, by monitoring transmission level (such as case incidence) and health system response capacities (such as bed occupancy), in order to inform risk-based adjustment of PHSM<sup>11</sup>. Countries should review system readiness for adjusting PHSM at subnational level in the context of new variants.
- (vi) **Risk communication and community engagement is a critical factor for the success of PHSM**. A successful outcome is only possible when communities understand the need for stringent measures and adhere to recommendations. Each State Government made efforts to communicate the rationale and guidance of restrictions on a regular basis. Community-based organizations also supported vulnerable populations during the lockdowns.

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<sup>11</sup> [Considerations for implementing and adjusting public health and social measures in the context of COVID-19 Interim Guidance.](#)

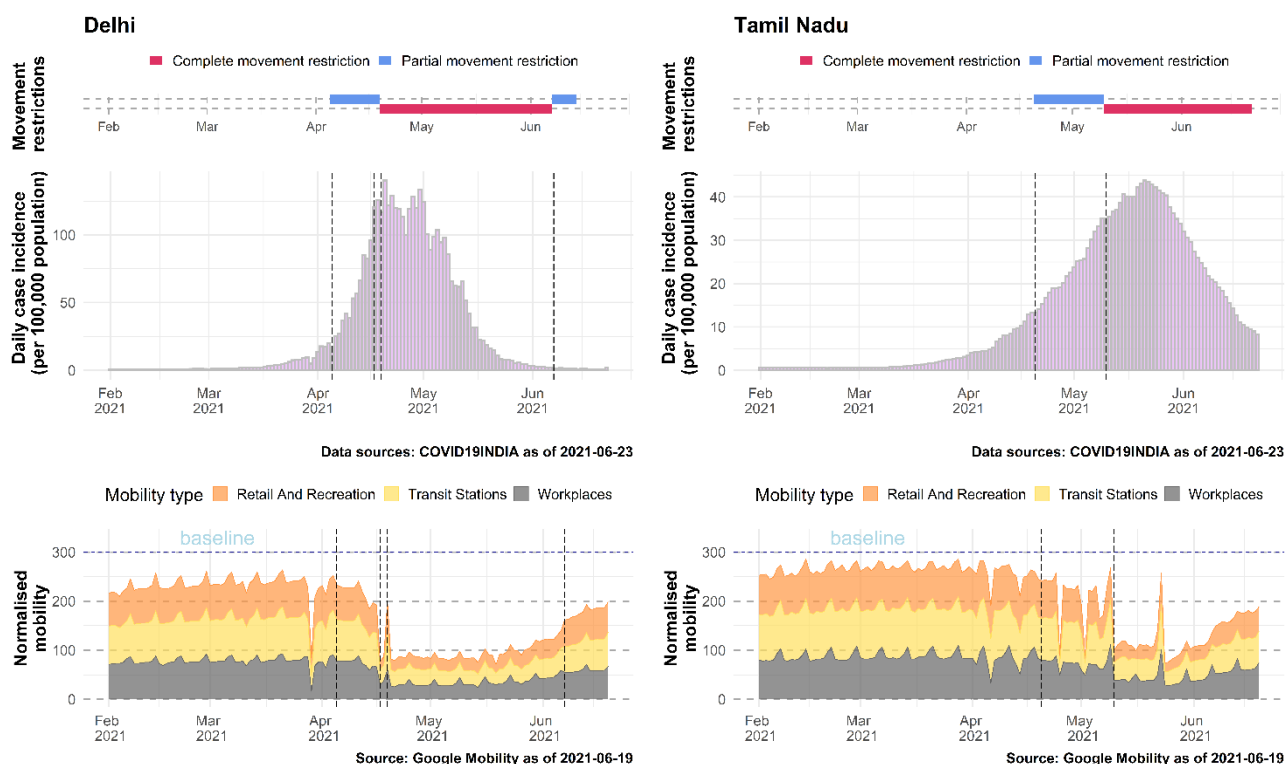


Fig. 26. Timing of lockdowns (dashed lines), daily case incidence per 100 000 and google relative mobility for Delhi and Tamil Nadu, India, February to June 2021 (data as of 13 June 2021). *Source of data:* Google Community Mobility Reports

## PARTNER COORDINATION

- On 22 June, WHO participated in the third townhall meeting for UN staff in Indonesia in 2021, which virtually connected over 650 colleagues from UN organizations across the country. The main objective of the meeting was to provide updates on the vaccination programme in Indonesia. WHO explained the platform and safety profile of Sinopharm COVID-19 vaccine and provided updates on the status of WHO emergency use listing (EUL) and the National Agency of Drug and Food Control (Badan Pengawas Obat dan Makanan (BPOM)) emergency use authorization (EUA). WHO highlighted the safety of vaccines and emphasized the importance of accelerating vaccination as part of the efforts in the fight against the COVID-19 pandemic.

- 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 June 2021 (Fig. 27).

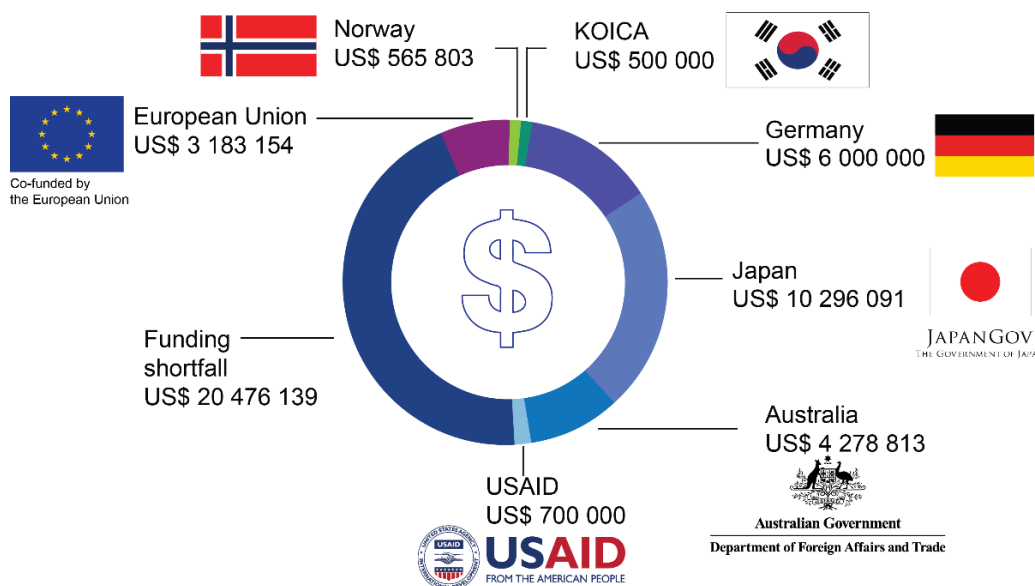


Fig. 27. WHO funding situation for COVID-19 response, June 2021.

Data presented in this situation report have been taken from publicly available data from the MoH (<https://infeksiemerging.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 1. Weekly risk assessment by province in Indonesia, as of 20 June 2021.

| Province                | Case incidence trend | New cases in last 7 days | Change in new cases in last 7 days (%) | New deaths in last 7 days | Change in new deaths in last 7 days (%) | Testing rate (per 1000 population per week) | Weekly test positivity proportion in last 7 days (%) | 2nd dose vaccination among target population (%) | 2nd dose vaccination among older population (%) |
|-------------------------|----------------------|--------------------------|--|---------------------------|---|---|--|--|---|
| Aceh                    | Decrease             | 953                      | -27%                                   | 39                        | -38%                                    | 0.54  | 32%  | 11.3%  | 0.5%  |
| North Sumatra           | Increase             | 978                      | 25%                                    | 43                        | 26%                                     | 0.29  | 23%  | 20.9%  | 6.2%  |
| West Sumatra            | Decrease             | 1174                     | -34%                                   | 43                        | -25%                                    | 1.74  | 12%  | 15.9%  | 1.8%  |
| Riau                    | Decrease             | 2042                     | -21%                                   | 72                        | -22%                                    | 1.01  | 28%  | 25.4%  | 3.6%  |
| Jambi                   | Increase             | 896                      | -2%                                    | 23                        | 156%                                    | 0.46  | 53%  | 22.5%  | 6.0%  |
| South Sumatra           | Decrease             | 896                      | -11%                                   | 42                        | -24%                                    | 0.17  | 62%  | 25.3%  | 6.9%  |
| Bengkulu                | Increase             | 364                      | 11%                                    | 9                         | 50%                                     | 0.42  | 43%  | 17.1%  | 6.5%  |
| Lampung                 | Increase             | 737                      | 1%                                     | 86                        | 187%                                    | 0.32  | 27%  | 16.4%  | 3.3%  |
| Bangka Belitung Islands | Decrease             | 505                      | -12%                                   | 15                        | -17%                                    | 3.77  | 9%   | 35.8%  | 20.3%   |
| Riau Islands            | Increase             | 1953                     | 4%                                     | 35                        | 52%                                     | 2.42  | 36%  | 30.6%  | 8.3%  |
| DKI Jakarta             | Increase             | 25958                    | 101%                                   | 337                       | 144%                                    | 9.70  | 25%  | 62.4%  | 58.6%   |
| West Java               | Increase             | 15628                    | 70%                                    | 185                       | 65%                                     | 0.62  | 51%  | 26.2%  | 7.4%  |
| Central Java            | Increase             | 11464                    | 10%                                    | 312                       | 44%                                     | 0.82  | 40%  | 28.9%  | 19.2%   |
| DI Yogyakarta           | Increase             | 3890                     | 51%                                    | 92                        | 64%                                     | 3.74  | 27%  | 56.9%  | 39.7%   |
| East Java               | Increase             | 4489                     | 64%                                    | 298                       | 37%                                     | 0.34  | 33%  | 36.3%  | 13.0%   |
| Banten                  | Increase             | 1476                     | 27%                                    | 25                        | 39%                                     | 0.21  | 53%  | 24.8%  | 7.7%  |
| Bali                    | Increase             | 591                      | 110%                                   | 12                        | -14%                                    | 0.15  | 91%  | 98.6%  | 31.7%   |
| West Nusa Tenggara      | Decrease             | 148                      | -45%                                   | 2                         | -82%                                    | 0.33  | 9%   | 22.3%  | 7.2%  |
| East Nusa Tenggara      | Decrease             | 200                      | -57%                                   | 4                         | -78%                                    | 0.14  | 26%  | 16.3%  | 3.0%  |
| West Kalimantan         | Increase             | 813                      | -2%                                    | 40                        | 400%                                    | 0.87  | 18%  | 18.6%  | 4.2%  |
| Central Kalimantan      | Stable               | 602                      | -11%                                   | 5                         | -17%                                    | 0.67  | 32%  | 26.9%  | 7.6%  |
| South Kalimantan        | Decrease             | 280                      | 16%                                    | 8                         | -27%                                    | 0.56  | 12%  | 24.4%  | 3.5%  |
| East Kalimantan         | Increase             | 961                      | 64%                                    | 24                        | 14%                                     | 0.88  | 29%  | 34.1%  | 12.4%   |
| North Kalimantan        | Stable               | 190                      | 107%                                   | 2                         | 100%                                    | 1.27  | 19%  | 30.3%  | 28.1%   |
| North Sulawesi          | Increase             | 93                       | 111%                                   | 2                         | 100%                                    | 0.38  | 10%  | 31.6%  | 6.3%  |
| Central Sulawesi        | Increase             | 138                      | 27%                                    | 3                         | -63%                                    | 0.10  | 42%  | 17.0%  | 2.8%  |
| South Sulawesi          | Increase             | 323                      | -1%                                    | 6                         | -14%                                    | 0.29  | 13%  | 26.7%  | 4.1%  |
| Southeast Sulawesi      | Increase             | 128                      | 121%                                   | 4                         | 100%                                    | 0.12  | 39%  | 16.5%  | 2.3%  |
| Gorontalo               | Increase             | 67                       | 97%                                    | 2                         | -67%                                    | 0.13  | 41%  | 30.1%  | 3.2%  |
| West Sulawesi           | Increase             | 49                       | 44%                                    | 0                         | 0%                                      | 0.21  | 17%  | 26.1%  | 2.0%  |
| Maluku                  | Increase             | 170                      | 81%                                    | 7                         | 600%                                    | 0.29  | 32%  | 17.0%  | 7.8%  |
| North Maluku            | Increase             | 94                       | 45%                                    | 2                         | 200%                                    | 0.58  | 13%  | 14.4%  | 2.8%  |
| West Papua              | Increase             | 231                      | 245%                                   | 3                         | 200%                                    | 1.20  | 20%  | 23.6%  | 5.6%  |
| Papua                   | Increase             | 70                       | -45%                                   | 1                         | -80%                                    | 0.24  | 9%   | 19.3%  | 1.3%  |

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

**Note:** Case incidence considers the trend of cases over the last three weeks. The change in new cases in the last seven days is marked as light red if there is an increase of 50% compared to the previous week. The change in new deaths is marked as light red if there is any increase in the percentage of deaths (and number of deaths  $\geq 10$ ) compared to the previous week. The testing rate is marked as yellow if it is less than 1/1000 population. Test positivity proportion is marked as light red if  $\geq 20\%$  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 and older persons.



- Urgent action is needed related to potential surge of cases in provinces highlighted in light red, that is DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java and Banten. Bed occupancy rate has also been reported to be high in all of these provinces and is considered in the risk assessment.<sup>12</sup>
- Implementation of PHSM throughout the country, even as vaccines are being introduced, is crucial. PHSM works even in the context of variants of concern (VOCs) as demonstrated in India and other countries that are facing a surge of cases. When there are signs of a surge of cases, and considering that some VOCs have much higher transmissibility, timely adjustments of PHSM is very important, including the use of stringent measures (such as movement restrictions/lockdowns) as quickly as possible.<sup>13</sup>
- Inadequate testing levels in most provinces is a continuous concern. Without improved testing levels, many provinces are unable to isolate confirmed cases on time and are unable to meet surveillance standards or conduct timely contact tracing and quarantine of contacts.
- Strengthening genomic surveillance and investigating clusters when variant involvement is suspected/confirmed are also highly important.
- There is a need to be quickly prepared for a surge of cases, including ensuring the availability of isolation rooms, oxygen supplies, medical equipment, personal protective equipment (PPEs), mobile field hospitals, body bags, as well as additional human resources.<sup>14</sup>
- Community engagement and support (strict implementation of personal protective measures) will help immensely to bring the pandemic under control.
- Vaccination also needs to be expedited, especially for older and vulnerable populations and people with comorbidities.

<sup>12</sup> <https://nasional.kompas.com/read/2021/06/13/07564991/penambahan-covid-19-dan-tingginya-lonjakan-kasus-di-pulau-jawa?page=all>

<sup>13</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications>

<sup>14</sup> <https://www.who.int/publications/i/item/critical-preparedness-readiness-and-response-actions-for-covid-19>

## RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 2. Title and details of recent WHO resource materials

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

| Title   | Details  |
|---|--|
| <a href="#">WHO Weekly Epidemiological Update on COVID-19</a> , 22 June 2021  | The WHO Weekly Epidemiological Update provides an overview of the global, regional and country-level COVID-19 cases and deaths, highlighting key data and trends as well as other pertinent epidemiological information concerning the COVID-19 pandemic. This 45th edition includes data as received by WHO from national authorities as of 20 June 2021. |
| <a href="#">A family toolbox for managing health and happiness during COVID-19 (Part 1)</a> , 18 June 2021                                    | This toolbox, in two parts, offers best practice approaches to community engagement with families. It promotes individual and joint responsibilities for the safety of the family, with the aim to bring families and households together to manage shared risks and agree to safe behaviours critical for their safety and the safety of their community. |
| <a href="#">Managing family risk: A facilitator's toolbox for empowering families to manage risks during COVID-19 (Part 2)</a> , 18 June 2021 | This is the second part to the WHO <a href="#">Family toolbox for managing health and happiness during COVID-19</a> .  |
| <a href="#">Episode 43 of Science in 5</a> , WHO's series of conversations in science, 18 June 2021   | WHO expert on maternal and perinatal health Dr Özge Tunçalp answers questions around pregnancy in the context of COVID-19 pandemic.  |
| <a href="#">Hypertension and COVID-19</a> (scientific briefs), 17 June 2021   | This scientific brief summarizes the role of hypertension as a risk and prognostic factor in COVID-19, while itemizing research and knowledge gaps. As the basis of this scientific brief, a rapid systematic review as commissioned to examine whether hypertension increases the risk of SARS-CoV-2 infection and the risk of severe COVID-19.           |

# A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

Online WHO COVID-19 courses:

- [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 the use of the Janssen Ad26.COV2.S \(COVID-19\) vaccine](#)
- [Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19](#)
- [Update on WHO interim recommendations on COVID-19 vaccination of pregnant and lactating women](#)
- [Young people and COVID-19: Behavioural considerations for promoting safe behaviours](#)



Infographics:

- [COVID-19 Risk Management: Medical](#)
- [COVID-19 Risk Management: Preparing for sickness](#)
- [COVID-19 Risk Management: Shopping](#)
- [COVID-19 Risk Management: If someone gets sick](#)
- [COVID-19 Risk Management: Visiting care facility](#)

Questions and answers:

- [COVID-19: Vaccines](#)
- [COVID-19: Vaccine research and development](#)
- [COVID-19: Vaccine access and allocation](#)

Videos:

- Science in 5: Evolution of the SARS-CoV-2 virus
- Time to abide (1-10)
- COVID-19 virus variants

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