



QUARTERLY REPORT

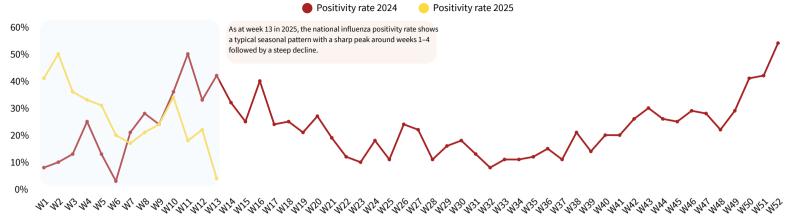
HEALTH EMERGENCY

January-March 2025



SUMMARY

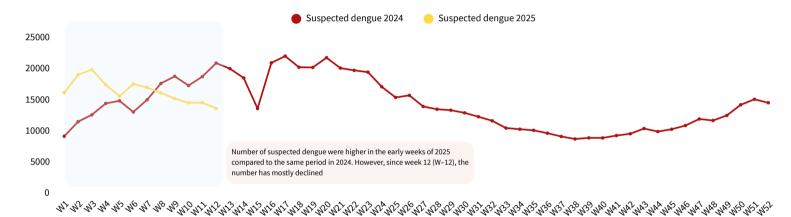
National influenza positivity rate, by week



Source: WHO <u>Global Influenza Surveillance and Response System (GISRS)</u>.

As at 31 March 2025, by week.

National Dengue suspect trends according to EWARS 2024-2025



Source: Indicator-based surveillance (IBS) of Early Warning Alert and Response System (EWARS) As at 31 March 2025, by week.

Emergency situations in Indonesia

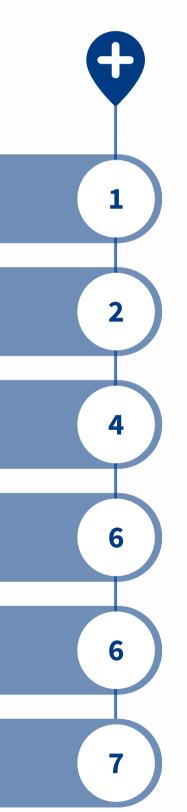


9907
disasters
in January-March 2025

150 health crisis events 37
provinces

Highlighted events Malaria Outbreak, Pahuwato, Gorontalo





Overview

This quarterly report provides an update on select zoonoses, emerging infectious diseases (EIDs) and emergencies in Indonesia along with WHO Health Emergencies (WHE) Team activities.

Summary

Overview

Influenza Situation in Indonesia

Rabies Situation in Indonesia

Emergency situations in Indonesia

Malaria outbreak in Pohuwato, Gorontalo

Highlighted Activities

WHE activities during January-March 2025

Influenza situation in Indonesia



Higher influenza cases were observed in early January 2025, predominantly caused by the Influenza A(H1N1)pdm09 virus.



Cases and positivity rates steadily declined through March, following typical seasonal flu patterns.



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No unusual influenza activity was reported, and surveillance remains robust, with data regularly shared to WHO's global platform.

WHO's work in influenza and other respiratory diseases surveillance

WHO Indonesia contributed to a national webinar on acute respiratory infection (ARI) precautions, hosted by Sulianti Saroso Hospital, a national referral for infectious disease hospital. To over 6 000 viewers on YouTube, WHO presented global updates on seasonal influenza, COVID-19, avian influenza, and human metapneumovirus (HMPV). It clarified recent increases in ARI cases reflected seasonal trends and did not signal an emergency. The webinar improved understanding of ARI pathogens and helped counter misinformation about HMPV.

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Secretar

WHO Indonesia delivered the presentation regarding global updates on influenza during. Credit: WHO/Resty Armis

Kemenkes Bergerak Cepat Tingkatkan Kesiapsiagaan Hadapi Flu Burung



WHO Indonesia supported a coordination meeting with the Ministry of Health (MOH) and key stakeholders to inform a circular on ARI and avian influenza preparedness. The panel addressed public concerns related to unverified information on HMPV in China and clarified that ARI cases China rose as expected seasonal circulation of influenza viruses, rhinovirus, respiratory syncytial virus (RSV), and HMPV. The circular letter was then disseminated to provincial health offices (PHOs), hospitals, points of entry, and other sector entities in preparation of preparedness for seasonal ARI increases in Indonesia.

2

WHO's work in influenza and other respiratory diseases surveillance

5

WHO Indonesia worked with the MOH to align 2025 plans for strengthening Influenza surveillance. Priorities included on the 2024 joint review recommendations, such as case enrollment, regular coordination, sentinel sites optimization, and field monitoring.

WHO Indonesia and MOH trialled the New All Record (NAR) ILI-SARI recording and reporting application for ILI, SARI, and COVID-19 surveillance. It involved sentinel hospitals and PHOs and focused on practical data entry, management, and analysis. WHO also helped address SARI sentinel sites' feedback and improve data flow in follow-up meetings. The trial advanced integration of the system with the national health data platform, Satu Sehat. User accounts were activated in collaboration by MOH Centre for Data and Information (Pusdatin).



WHO Indonesia worked with MOH to align ILI and SARI 2025 plans. Credit: WHO/Resty Armis



WHO Indonesia participated in a coordination meeting with WHO SEARO and the National Influenza Centre (NIC) to review NIC functions. Credit: WHO/Resty Armis

WHO Indonesia with WHO Regional Office for South-East Asia (SEARO) and the National Influenza Centre (NIC) reviewed NIC functions and discussed challenges in implementing its terms of reference. Key issues included shortages of laboratory reagents, delayed shipment the International Reagent Resource, and limited monitoring and external quality assessment budget. SEARO noted potential reagent support and flagged the need to resolve complex customs clearance in Indonesia.



WHO Indonesia provided technical input in a series of meetings regarding Avian Influenza Surveillance Guideline Development Meeting March 2025. Credit: WHO/Resty Armis WHO Indonesia advised on the multi-sectoral revision of the Avian Influenza Surveillance Technical Guidelines in Bogor, hosted by UNDP. This document would support MOH's plan to implement triangulated surveillance in five priority districts, starting with a workshop and serosurvey in Surakarta. Finalization, implementation, and follow-up

discussions are scheduled for Q2 2025.

RABIES SITUATION IN EAST NUSA TENGGARA

Rabies deaths in NTT between 1 January-31 March 2025



WHO Indonesia role in the rabies response

WHO Indonesia joined MOH and partners in a One Health information systems discussion on integrating zoonotic disease surveillance into the Satu Sehat national health data platform. WHO shared updates on Early Warning and Response System (EWARS) and stressed strengthening existing health information system mapping instead of developing new systems. It would continue supporting rabies data quality, timeliness, and completeness improvement through EWARS, as per the national roadmap.

As a follow-up, WHO Indonesia supported a coordination meeting in Maros to review data flow between the e-Puskesmas system and EWARS, involving puskesmas, district health office, and provincial health office staff. Moderating the discussion, it highlighted the need for an SOP on data integration, case identification, and ICD-10 coding.

HIGHLIGHTED EMERGENCY SITUATIONS Malaria Outbreak in Pohuwato, Gorontalo





Cumulative malaria cases

2023: 814 cases

2024: 824 cases including 2 deaths

2025: 209 cases

(Situation Report as of 27 March 2025)

Cumulative number of cases 1 January-31 March 2025

After years of having elimination status, malaria has reemerged in Pahuwato District. The district first reported cases in 2021 and declared an outbreak in early March 2023. Transmission persisted throughout 2024 with limited personnel, funds, and logistics. In response to worsening trends, the district declared a non-natural disaster emergency under Regent Decree number 289/1/2005.

WHO Indonesia continues its technical support, focusing on strengthening malaria data systems, vector surveillance, health promotion, and logistics. It aims to enhance decision-making, planning, and response in the context of the outbreak.



Source: Malaria Information System (SISMAL, MoH, 2025)

JANUARY-MARCH 2025 (INTERNATIONAL HEALTH REGULATIONS)

Virtual Meeting on IHR National Focal Points

WHO Indonesia facilitated a virtual meeting on IHR National Focal Points (NFPs) and Food Safety Emergency Contact Points, attended by key MOH and Indonesian Drug and Food Authority (BPOM) officials. WHO Indonesia introduced the IHR communication framework and supported early preparations for a virtual simulation exercise to test and improve readiness in that regard. The session laid the groundwork for strengthening the IHR NFP system, multisectoral collaboration, and timely information exchange during public health emergencies.

State Party Annual Reporting (SPAR)

WHO Indonesia supported MOH in completing the State Party Annual Reporting Tool (SPAR) for International Health Regulations (IHR) capacities. The report showed increased implementation in 2024 compared to 2023, particularly surveillance, infection prevention and control, food safety, and chemical events. SPAR helps foster multisectoral collaboration in strengthening these capacities.

Webinar on IHR Core Capacities at Points of Entry

WHO Indonesia presented IHR core capacities with a focus on points of entry (PoEs) during a national webinar with around 1 000 participants from MOH, health offices, and designated PoEs. Topics included effective communication and coordination, routine health screening, emergency response, and international vaccination requirements. The webinar enhanced PoE operational standards and preparedness to detect, assess, and respond to cross-border public health threats, such as infectious disease outbreaks.

Virtual meeting with HQ on IHR training materials

WHO Indonesia participated in a virtual discussion by WHO HQ on IHR training materials. The session assessed the impact of current IHR trainings on emergency preparedness, especially in vulnerable and conflict settings, and explored better workforce capacity building. WHO Indonesia's recommendations include the inclusion of case studies, country experiences, tabletop exercises, and One Health components for relevance and effectiveness.



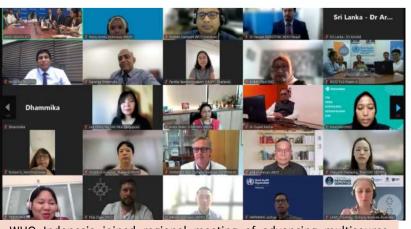
JANUARY-MARCH 2025 (SURVEILLANCE AND PANDEMIC PREPAREDNESS)

Syndromic Surveillance Workshop

At a MOH-funded workshop involving 25 participants from five hospitals, WHO Indonesia presented the global multisource surveillance strategy. It emphasized integrating data from multiple sources including clinical, laboratory, and community-based indicators for early warning and outbreak detection. The workshop aimed to enhance the hospital capacities in detecting and responding to health threats through timely and accurate syndromic surveillance, which covers EIDs.

Multisource Surveillance Regional Meeting

WHO Indonesia supported MOH's presentation on multisource surveillance at a regional meeting, ensuring accuracy and alignment with global best practices. It focused on Indonesia's achievements in strengthening arbovirosis surveillance and epidemic intelligence systems and in sentinel surveillance of ILI and SARI, while also sharing presentation contributed lessons. The collaboration and knowledge exchange among 79 viewers from across the SEARO region. This engagement reflects WHO Indonesia's continued commitment to strengthening early warning and response systems through technical assistance and regional cooperation.



WHO Indonesia joined regional meeting of advancing multisource collaborative surveillance in WHO SEARO. Credit: WHO/Resty Armis

Monthly Evaluation of EWARS

Indonesia supported the evaluations of EWARS for better detection of and response to public health threats. These included food poisoning and leptospirosis, with recent case spikes in several provinces. The session reviewed EWARS implementation and enhanced outbreak preparedness at both national and subnational levels. WHO Indonesia also shared media monitoring updates on animal bite incidents in Buleleng, Bali, as part of assess the functionality responsiveness of the Early Warning, Alert and Response System (EWARS), since rabid dog bites are one of the prioritized syndromes monitored under EWARS. This aimed to raise awareness and support timely response among local health authorities.

Dengue Data Analysis Collaboration with the National University of Singapore (NUS)

WHO Indonesia discussed dengue surveillance data from Jakarta with National University of Singapore (NUS) researchers. The two institutions highlighted confounders and contextual data such as weather patterns and environmental conditions to better understand transmission. This collaboration produced evidence-based insights for better-targeted vector control strategies and informed an upcoming multi-source surveillance workshop. Data from other priority provinces could also be similarly analysed to ultimately yield stronger, evidence-informed dengue mitigation control.

JANUARY-MARCH 2025 (SURVEILLANCE AND PANDEMIC PREPAREDNESS)

EWARS Monitoring and Evaluation (M&E)

After field visits to puskesmas in East Kalimantan and South Sulawesi, WHO Indonesia worked with MOH and the Japan International Cooperation Agency (JICA) to strengthen integrated surveillance at the primary care level. The discussion focused on findings of these visits, and WHO Indonesia shared information on EWARS data sources and emphasized the importance of aligning case definitions with zoonosis and arbovirosis programmes.

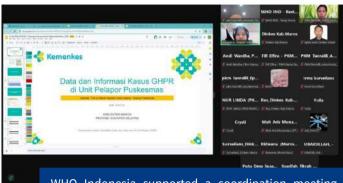


Hazard Calendar Trainning

WHO Indonesia supported MOH in training provinces in initial risk assessment and hazard calendar development. Participating provinces included Banten, South Sulawesi, and East delivered Kalimantan. WHO an overview presentation, facilitated group exercises, and provided technical inputs on SOP development. The training improved early risk assessment, with provincial follow-up planned to enhance preparedness and response. This event was funded by JICA.



Calender Hazard and Initial Risk Assessment workshop. Credit: MOH



WHO Indonesia supported a coordination meeting in Maros District to review data flow and gaps between the e-Puskesmas system and EWARS. Credit: WHO/Ubaidillah

EWARS Data Use and Management

WHO Indonesia provided technical support on EWARS in response to flood emergencies in South Sulawesi and Riau Provinces. It focused on strengthening data collection, management, and analysis. Emphasis was placed on standardized case definitions, reporting accuracy, and timeliness. With the Public Health Emergency Operations Center (PHEOC), WHO Indonesia also contributed to daily situation reports for a more response effectiveness and coordination.

National Strategy for the Arboviral Diseases Control

WHO Indonesia supported MOH in developing a national strategy for integrated arboviral diseases control, including dengue, chikungunya, zika, and Japanese encephalitis. In a virtual meeting, WHO provided technical input on strategic planning, surveillance integration, and vector control measures, helping shape a multi-sectoral and globally-aligned approach to effective and coordinated prevention and response.

JANUARY-MARCH 2025 (ZOONOSIS AND ONE HEALTH)

One Health and Emerging Infectious Disease (EID) Stakeholder Meeting

WHO Indonesia participated in a coordination meeting on outbreak-prone disease management. It emphasized the One Health approach in preventing and controlling infectious and zoonotic diseases in Indonesia. Stakeholders from human, animal, and environmental health sectors discussed surveillance, early response, and cross-sector collaboration strategies, particularly for malaria, arboviruses, and neglected tropical diseases (NTDs). WHO highlighted ongoing initiatives under the One Health Joint Plan of Action and called for strengthening coordination mechanisms, finalizing strategic plans, and enhancing data sharing and capacity building.

FETP Curriculum Review with Universitas Airlangga

WHO Indonesia and Universitas Airlangga discussed integrating the Competencies for One Health Field Epidemiology (COHFE) into the Field Epidemiology Training Program (FETP) curriculum. The former supported review and alignment with global standards, equipping epidemiologists to address health threats at the human-animal-environment interface. This activity advanced embedding One Health principles into national epidemiology capacity development.

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Webinar on Strengthening Surveillance and Control of Leptospirosis. Credit: WHO/Resty Armis

Wastewater surveillance

WHO Indonesia participated in a laboratory pathogen surveillance seminar and stressed genomic surveillance and wastewater-based epidemiology. WHO recommended sharing timely studies with health authorities to inform interventions and enhancing genomic surveillance capacity. The latter was to be achieved by training, data protection, genomic data integration into surveillance systems, and ensuring essential reagents and infrastructure.

Leptospirosis Webinar

WHO Indonesia supported MOH in a national webinar on leptospirosis to raise awareness and strengthen multisectoral prevention and control, particularly during the rainy season. Topics included surveillance, diagnosis, case management, and lessons from affected provinces. WHO moderated the session, shared global updates, and facilitated expert input from Global Environmental Leptospirosis Action Network (GLEAN). The event engaged over 4 000 participants through Zoom and YouTube, later disseminated through WHO's digital platforms.

HIGHLIGHTED ACTIVITIES JANUARY-MARCH 2025 EMERGENCY PREPAREDNESS & CRISIS MANAGEMENT

Benchmarking Outbreak and Crisis Management

WHO worked with MOH to develop benchmarks for health emergency and crisis management, drawing lessons from Thailand, Japan, and Singapore. WHO provided references on disaster preparedness, emergency operations centers (EOC), health surge personnel, logistics, and financing mechanisms. The activity aimed to strengthen Indonesia's capacity to plan, coordinate, and effectively respond to public health emergencies with regional best practices.

Tsunami 20th anniversary event PMI

WHO Indonesia participated in a virtual talk show by the Indonesian Red Cross (PMI) to commemorate the 20th anniversary of the 2004 Indian Ocean tsunami. The event looked at evolving humanitarian aid along with lessons and progress in disaster response and resilience since then. With partners, WHO reiterated collaboration in emergency preparedness and response.

NATIONAL ACTION PLANNING



NAPHS Stakeholder Meetings

In January–March 2025, WHO Indonesia assisted MOH and Economic Research Institute for ASEAN and East Asia (ERIA) in aligning the NAPHS draft with IHR Joint External Evaluation (JEE) recommendations, helping shape a clear implementation narrative. The NAPHS draft is still being finalized.

RPMK Drafting Consultation

Following benchmarking, WHO supported drafting National Disaster and Health Emergency Response Framework. It reviewed current incorporated materials and previous recommendations with focus on health cluster coordination, surge capacity, the emergency response framework, and operational standards. It helped alignment with international norms and fitness-for-purpose at national and subnational levels.



CARE-I Coordination Meeting

WHO Indonesia supported a coordination meeting to advance the Collaborative Approach Resilient Surveillance and **Pandemic Preparedness** in Indonesia (CARE-I), Indonesian Pandemic Fund project. The January meeting defined institutional roles, timelines, and deliverables. WHO recommended a technical working team alongside a steering committee emphasized periodic and coordination. WHO also facilitated discussions on monitoring and evaluation, identified areas for technical assistance, and supported alignment with the national action plan for health security (NAPHS) indicators and health security priorities.



For more information

Contact us sewhoindonesia@who.int

Visit our website www.who.int/indonesia