HIGHLIGHTS

- As of 28 October, the Government of Indonesia announced 400,483 (4,029 new) confirmed cases of COVID-19, 13,612 (100 new) deaths and 325,793 recovered cases from 502 districts across all 34 provinces.\(^1\)

- WHO is supporting the Ministry of Health to finalize the guidance on implementation of antigen-detection rapid diagnostic tests (page 16).

- WHO is calling on the government and health providers to support routine polio vaccination services in the country during the pandemic (pages 17-18).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 22 to 28 October 2020. 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.

\(^1\) https://infeksiemerging.kemkes.go.id/
On 23 October, UN Women launched a report on 'Counting the costs of COVID-19: Assessing the impact on gender and the achievement of the SDGs in Indonesia'. UN Women conducted the survey in partnership with Indosat Ooredoo (Indonesian telecommunications company). Between April and July 2020, randomly selected cellphone users were contacted via SMS with a link to a web-based questionnaire. A total of 1,266 respondents aged 10 to 79 years participated; 54% were women and 46% were men. Some findings are highlighted below:

- 57% of women and 48% of men reported an increase in stress and anxiety;
- 19% of women and 11% of men experienced an increase in unpaid domestic work;
- 76% of women and 78% of men faced reduced income from farming and fishing;
- 82% of women and 80% of men experienced a decline in income from family businesses;
- 39% of women and 29% of men spent more time teaching children at home;
- 51% of women and 45% of men outside Jakarta lost access to public transportation; and
- 13% of women and 6% of men have migrated internally, often as a result of job losses and cuts in paid work time.

To prevent an increase in the transmission of COVID-19 during the extended public holiday from 28 October to 1 November, the Ministry of Transportation has ordered random checks on vehicles leaving Jakarta to ensure all transportation operators, including private vehicles/car users, adhere to health protocols.2

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On 28 October, 4,029 new and 400,483 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). During the week of 19 to 25 October, there were 27,845 new cases (Fig. 3), with an average of 3,978 new cases per day.

Disclaimer: The number of cases reported daily is not 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. Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis.
As of 28 October, 58.9% of the cumulative number of confirmed COVID-19 cases were in Java; DKI Jakarta, East Java, West Java, and Central Java are the four provinces with the highest number of total confirmed cases to date. South Sulawesi is the only province outside Java among the five provinces with the highest number of confirmed cases. The cumulative number of confirmed COVID-19 cases by province is shown in Figure 4.

Figure 4: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 28 October 2020. [Source of data]

Disclaimer: Data from DKI Jakarta include patients isolated or hospitalized in Wisma Atlet (RSDC: Rumah Sakit Darurat COVID-19), which is the largest national makeshift hospital for COVID-19; some patients may not be residents of DKI Jakarta. The same may apply to other provinces.
As of 28 October, the mortality rate in DKI Jakarta of 208 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, South Kalimantan, East Java, Bali and North Sulawesi (Fig. 5).

Figure 5: Cumulative deaths per one million population by province in Indonesia, as of 28 October 2020.

Source of data

Disclaimer: Based on data availability, only confirmed COVID-19 deaths have been included. As per the 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.
As of 28 October, the daily numbers of specimens and people tested were 40 572 and 27 344, respectively. As of the same day, the daily number of suspected cases was 169 833 (Fig. 6). The gap between suspected cases and people tested has been widening since 29 August; therefore, it is imperative to increase laboratory capacity to ensure testing of all suspected cases.

Figure 6: The daily number of specimens, people tested and suspected COVID-19 cases in Indonesia, from 1 June to 28 October 2020. Source of data

Disclaimer: Due to the transition to a new data management application, there may have been reporting issues in timing. Therefore, on certain days the number of specimens tested is almost the same as the number of suspected cases tested, which might not have been the situation.
• On 20 October, WHO, the United Nations Office for the Coordination of Humanitarian Affairs and the United Nations Children’s Fund (UNICEF) met to discuss and align support for contact tracing and COVID-19 testing through enhancing community participation. One of the most persistent challenges to conducting case investigation and contact tracing is stigma, which results in people declining to get tested and traced. A series of discussions will take place with relevant stakeholders focusing on contact tracing through enhanced community participation.

• From 20 to 25 October, WHO, in collaboration with the Ministry of Health (MoH) and the National COVID-19 Task Force (Satuan Tugas (Satgas)), conducted a series of focus group discussions (FGD) for a detailed review of challenges and possible solutions for enhancing contact tracing. Several issues were considered including: the need for improved human resources; a strengthened risk communication and community engagement (RCCE) strategy to end stigma around confirmed cases and contacts in the community; and a real-time recording and reporting system to capture contact tracing indicators at national and subnational levels. The recommendations from the FGD will be used to strengthen contact tracing at the subnational level and improve monitoring and supervision at the national level.

• On 23 and 24 October, WHO supported the Field Epidemiology Training Programme (FETP) of the MoH Directorate of Surveillance and Health Quarantine for a training on establishing contact tracing centres in East Java. During the training, WHO shared knowledge on how to use the District Health Information Software 2 (DHIS2) as a contact tracing data management tool. A total of 81 volunteers recruited by FETP from East Java participated in the training.
**Provisional Epidemiological Criteria to Assess COVID-19 Transmission**

Table 1: Assessment of epidemiological criteria for six provinces in Java for the three-week period from 5 to 25 October 2020.

<table>
<thead>
<tr>
<th>Province</th>
<th>Decline in the number of confirmed COVID-19 cases since the latest peak*</th>
<th>Less than 5% of samples positive for COVID-19 at least for the last 2 weeks**</th>
<th>Decrease in the number of confirmed and probable case deaths for the last 3 weeks***</th>
</tr>
</thead>
<tbody>
<tr>
<td>DKI Jakarta</td>
<td>Less than 50% since latest peak</td>
<td>More than 5%</td>
<td>Yes</td>
</tr>
<tr>
<td>West Java</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>Central Java</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Less than 50% since latest peak</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>Less than 50% since latest peak</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Banten</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>No</td>
</tr>
</tbody>
</table>

*Date of latest peak may differ for each province (see Figs. 7 to 12 for details)

**Positivity rate is calculated from 12 to 25 October for Jakarta; none of the other provinces in Table 1 have met the minimum surveillance benchmark (in criterion 2) and, therefore, have not been considered for calculation (see Fig. 13 for details)

***Decrease in deaths is calculated from 5 to 25 October 2020 (see Fig. 14 for details)

Criterion 1: Decline of at least 50% over a three-week period since the latest peak and continuous decline in the observed incidence of confirmed and probable cases

- None of the provinces in Java have shown a decline of at least 50% for three weeks since the latest peak (Figs. 7 to 12). Banten had a substantial increase in the number of confirmed cases during the week of 19 to 25 October, compared to the previous week.
Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 25 October 2020. [Source of data](who.int/indonesia)

Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 25 October 2020. [Source of data](who.int/indonesia)
Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 25 October 2020. Source of data

Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 25 October 2020. Source of data
Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 25 October 2020. Source of data

Figure 12: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 25 October 2020. Source of data
Criterion 2: Less than 5% of samples positive for COVID-19, at least for the last two weeks, assuming that surveillance for suspected cases is comprehensive

- The percentage of positive samples can be interpreted only with comprehensive surveillance and testing in the order of one person tested per 1 000 population per week. This minimum case detection benchmark was achieved in DKI Jakarta, West Sumatra, East Kalimantan and West Papua for the last three weeks, but none of these provinces had a positivity rate of less than 5% (Fig. 13).

Figure 13: Positivity rate of samples, and people tested per 1 000 population per week:
Week 1: 05/10/20 - 11/10/20; Week 2: 12/10/20 - 18/10/20; Week 3: 19/10/20 - 25/10/20

For surveillance purposes, positivity rate is calculated as the number of confirmed cases divided by the number of people tested for diagnosis. Source of data: Indonesia, DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten, West Sumatra, South Sumatra, Central Kalimantan, East Kalimantan, West Papua
Criterion 3: Decline in the number of deaths among confirmed and probable cases for the last three weeks
Figure 14: Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 5 to 25 October 2020 in six provinces in Java. Source of data: DKI Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten

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

HEALTH SYSTEM CRITERIA TO ASSESS COVID-19 TRANSMISSION

- The number of confirmed COVID-19 cases hospitalized in DKI Jakarta since the beginning of June remained consistent and gradually decreased until 7 July; from 8 July, it increased until the end of July, plateaued in August and rose again in September. The number of cases hospitalized increased until 16 September and then declined until 1 October. There has been an overall increase during the month of October from 1 795 confirmed COVID-19 cases hospitalized on 1 October to 2 861 on 25 October (Fig. 15).

Figure 15: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 25 October 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
As reported by the government on 28 October, the daily number of people tested for COVID-19 with polymerase chain reaction (PCR) was 27,344 and the cumulative number of people tested was 2,805,313 (Fig. 16). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 81.4% (Fig. 17), and there were 61,078 active cases.3

Figure 16: Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 28 October 2020. Source of data

Figure 17: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 28 October 2020. Source of data

3 https://covid19.go.id/
WHO has been supporting MoH to finalize the guidance on implementation of antigen-detection rapid diagnostic tests (Ag-RDTs). The guidance will be included in the sixth revision of the national guideline on COVID-19 prevention and control. The draft has been submitted to the Law and Organizational Bureau (Hukor), MoH, to be signed by the Secretary General and the Minister of Health.

On 23 October, WHO met with the National Institute of Health Research and Development (NIHRD) to discuss the preparation of COVID-19 external quality assurance (EQA) for PCR testing. On 2 November, a workshop will be conducted by experts to guide NIHRD on how to produce panels for EQA. NIHRD will then conduct the following: produce the panels; send panels to COVID-19 laboratories; evaluate results from laboratory testing of panels; and provide supportive supervision to laboratories, where necessary.

On 21 October, the Indonesian Midwives Association (IBI) conducted a webinar on water, sanitation and hygiene (WASH) and infection prevention and control (IPC) protocols during the pandemic. WHO presented its guidance on IPC during COVID-19 and ‘Advice on the use of masks for children in the community’. Around 300 people participated directly and 11 000 joined via YouTube.
To commemorate World Polio Day on 24 October, WHO and UNICEF published a joint statement calling on the government and health providers to support routine polio vaccination services in Indonesia. It is important to continue polio vaccination during the pandemic to protect child health and maintain the hard-earned polio-free status of the country. Access to routine vaccinations and essential health services have been disrupted during the pandemic. Misinformation and community transmission of COVID-19 have raised parental concerns about the safety of visiting health clinics and immunization services and have led to a decrease in attendance. The importance of vaccination against polio is heightened during this crucial period and the agencies urged the country to stay vigilant in the fight against polio and bolster vaccination services.

On 23 October, the WHO Regional Director for South-East Asia, Dr Poonam Khetrapal Singh, said in a news release, “Within weeks of the COVID-19 outbreak, the integrated surveillance and immunization networks in five polio priority countries of the WHO South-East Asia region were repurposed to support COVID-19 preparedness and response”\(^4\). COVID-19 has been integrated into surveillance for vaccine-preventable diseases in Indonesia, where all polio laboratories are now testing for COVID-19.

On 4 June, WHO published ‘Interim guidance for the polio surveillance network in the context of COVID-19’. The document highlights the decision-making framework to guide polio surveillance activities at the country level, including the measures to put in place to ensure a minimum level of polio surveillance in the field and in the laboratory.

As part of World Polio Day commemoration, Rotary International convened two webinars on 3 and 31 October on polio eradication, current status and challenges. WHO participated and shared experiences and updates on #EndPolio and relevant projects.

On 27 October, MoH Centre for Health Training (BBPK) and the Indonesian Epidemiologists Association (PAEI) convened a webinar on ‘Strengthening frontline surveillance workforce’. WHO highlighted the importance of strengthening International Health Regulations (IHR) core capacities including surveillance and its workforce for containment at source, using the polio outbreak in Indonesia as an example.
WHO is regularly translating and sharing important health messages on the [website](https://www.who.int) and social media platforms – [Twitter](https://twitter.com) and [Instagram](https://www.instagram.com) – and has recently published:

- **Multimedia:**
  - One video on ‘Can Vitamin D cure COVID-19?’
  - One television public service announcement on ‘Immunization during COVID-19’
  - One radio announcement on ‘Immunization during COVID-19’

- **Infographics:**
  - ‘Tips of the day’ (Fig. 20)
  - Myth-buster on ‘Can Vitamin D cure COVID-19?’

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**Figure 20:** An infographic from the series ‘Tips of the day’, October 2020.
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 2020 (Fig. 21).

Data presented in this situation report have been taken from publicly available data from the MoH (https://infeksiemerging.kemkes.go.id/), BNPB (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.
Table 2: Title and details of recent WHO resources

Source: [https://www.who.int/](https://www.who.int/)

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory assessment tool and user guide for laboratories implementing SARS-CoV-2 testing</td>
<td>The laboratory assessment tool and user guide are specifically designed to assess capacities of existing laboratories that have implemented or aim to implement SARS-CoV-2 testing. The tool addresses both core capacities of a laboratory and specificities related to SARS-CoV-2 testing. It is a focused and shorter version of the existing complete laboratory assessment tool that can be found <a href="https://www.who.int/">here</a>.</td>
</tr>
<tr>
<td>Episode 9 of Science in 5, WHO’s series of conversations in science</td>
<td>WHO’s Director of Public Health, Environmental and Social Determinants of Health, Dr Maria Neira, explained the impact of air pollution and COVID-19 on human bodies.</td>
</tr>
<tr>
<td>Webinar on lessons learned from providing quality care during COVID-19</td>
<td>The Quality of Care Network and WHO are starting a new webinar series on lessons learned from providing quality care during COVID-19. This aims to share how quality improvement initiatives have been adapted to respond to the challenges of providing quality maternal, neonatal and child health care during a pandemic. The first webinar in this series will take place on 29 October on remote learning and coaching, with an example from Nigeria.</td>
</tr>
<tr>
<td>Virtual event on urban leadership during the COVID-19 pandemic</td>
<td>To commemorate World Cities Day, on 29 October the Partnership for Healthy Cities is organizing a special virtual event on how cities are leading us through the pandemic toward a healthier world.</td>
</tr>
</tbody>
</table>
Online WHO COVID-19 courses:
- Operational planning guidelines and COVID-19
- Clinical management of severe acute respiratory infections
- Health and safety briefing for respiratory diseases – eProtect
- Infection prevention and control
- Emerging respiratory viruses, including COVID-19
- Design of severe acute respiratory infection treatment facility

WHO guidance:
- Adverse events of special interest (AESI) for COVID-19 vaccine
- Considerations for school-related public health measures
- Cleaning and disinfection of environmental surfaces
- Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays
- Diagnostic testing for SARS-CoV-2

Infographics:
- Addressing domestic violence
- COVID-19 and NCDs
- Organizing small gatherings
- Staying safe during COVID-19
- Staying healthy in the workplace
- Substance abuse
- Contact tracing
- Flu and COVID-19
- Flu vaccine

Questions and answers:
- Children and masks
- COVID-19 transmission
- Contact tracing

Videos:
- Routine immunization
- Guidance to prevent COVID-19 in the food sector
- When to wash hands
- Organizing small gatherings
- Attending small gatherings
- Guidance at workplace

For more information please feel free to contact: seinocomm@who.int
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