• As of 11 November, the Government of Indonesia announced 448,118 (3,770 new) confirmed cases of COVID-19, 14,836 (75 new) deaths and 378,982 recovered cases from 503 districts across all 34 provinces.¹

• WHO is supporting the National Institute of Health Research and Development with laboratory preparations to conduct a seroepidemiological study as part of the WHO Unity Study (pages 14 and 15).

• WHO and Wahana Visi Indonesia convened a risk communication and community engagement webinar for health care workers in North Maluku and West Kalimantan (page 16).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 5 to 11 November 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/](https://infeksiemerging.kemkes.go.id/)
On 29 October, the WHO Director-General Dr Tedros Adhanom Ghebreyesus convened the fifth Emergency Committee meeting on COVID-19, under the International Health Regulations (IHR) (2005). Dr Tedros highlighted global advances and challenges in addressing the pandemic and expressed his appreciation to the Committee for their continued support and advice. The Committee stated that COVID-19 continues to be a public health emergency of international concern and countries can lead their responses based on lessons learned and scientific findings. Some of the recommendations were:

i. To use the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT), prepare a National Deployment and Vaccination Plan, and engage in communication with the public to prepare for COVID-19 vaccination.

ii. To monitor and assess the capacity of various services at health facilities, as part of maintaining essential health services.

Some important resources related to the recommendations are:

i. The COVID-19 vaccine country readiness and delivery webpage that includes advocacy materials, guidance, tools and webinar recordings.

ii. The monitoring health services webpage that contains updated tools and guidance on maintaining essential health services at national and subnational levels.

The meeting was followed by a press release and a full commitment statement.

The National COVID-19 Task Force (Satuan Tugas (Satgas)) expressed the need for an evaluation of laboratory capacity for COVID-19 testing. According to the Satgas, this is an attempt to address the issue that testing decreases during weekends and holidays. The Satgas spokesperson Professor Wiku Adisasmito noted that the number of people that need to be tested is very high and there may be limited laboratory resources in some areas.²

On 11 November, 3,770 new and 448,118 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). During the week of 2 to 8 November, there were 24,932 new cases (Fig. 3), with an average of 3,562 new cases per day.

**Figure 2:** Daily and cumulative number of cases reported in Indonesia, as of 11 November 2020. Source of data

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.

**Figure 3:** Weekly number of cases reported in Indonesia as of 8 November 2020. Source of data
As of 11 November, 59.2% of the cumulative number of confirmed COVID-19 cases were in Java. DKI Jakarta had the highest number of confirmed cases per one million population, followed by West Papua, East Kalimantan, West Sumatra and South Kalimantan (Fig. 4).

Figure 4: Cumulative confirmed cases per one million population by province in Indonesia, as of 11 November 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 11 November, the mortality rate in DKI Jakarta of 226 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 11 November 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.
- None of the provinces in Java have shown a decline of at least 50% for three weeks since the latest peak (Figs. 6 to 11).

Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 8 November 2020. Source of data

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 8 November 2020. Source of data
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 8 November 2020. Source of data

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 8 November 2020. Source of data

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**Figure 10**: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 8 November 2020. [Source of data](#)

**Figure 11**: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 8 November 2020. [Source of data](#)

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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, East Kalimantan, and West Sumatra for the last three weeks, but none of these provinces had a positivity rate of less than 5% (Fig. 12).

Figure 12: Positivity rate of samples, and people tested per 1,000 population per week:
Week 1: 19/10/20 - 25/10/20; Week 2: 26/10/20 - 01/11/20; Week 3: 02/11/20 - 08/11/20
Source of data: Indonesia, DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten, West Sumatra, East Kalimantan, West Papua, Central Kalimantan, South Sumatra

Note: Due to a limitation in data, other provinces could not be evaluated. For surveillance purposes, positivity rate is calculated as the number of confirmed cases divided by the number of people tested for diagnosis.
DKI Jakarta and West Java have shown a decline in the number of confirmed and probable case deaths in the last three weeks (Fig. 13). In DKI Jakarta, there were more deaths in probable cases than in confirmed cases from 19 October to 8 November.

Figure 13: Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 19 October to 8 November 2020 in Java. Source of data: DKI Jakarta, West Java, Central Java, Yogyakarta

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.
On 6 November, WHO, Satgas and the MoH Directorate of Surveillance and Health Quarantine conducted a webinar called ‘Learning from the ground – effective, friendly and safe contact tracing’ for subnational contact tracers. Participants shared their experiences on contract tracing. Strong coordination with puskesmas, effective use of information, education and communication materials, and use of mobile applications for self-assessment and reporting were identified as some of the best practices in enhancing contact tracing.

On 6 November, WHO participated in a focus group discussion convened by Satgas on behaviour change and health promotion. Other participants included the MoH Directorate of Health Promotion and Community Empowerment, the MoH Directorate of Mental Health, the Indonesian Public Health Association, the Indonesia Society for Health Promotors and Educators and Gadjah Mada University. The participants discussed the importance of updating current behaviour change messages to include specific messages on contact tracing. They also noted the need to define the role of contact tracers and build their capacity in effective communication, for instance, to encourage confirmed cases to notify their contacts.

Figure 13 (continued): Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 19 October to 8 November 2020 in Java. Source of data: East Java, 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.
As reported by the government on 11 November, the daily number of people tested for COVID-19 with polymerase chain reaction (PCR) was 37,611 and the cumulative number of people tested was 3,175,096 (Fig. 14). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 84.6% (Fig. 15), and there were 54,300 active cases.\(^3\)

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\(^3\) [https://covid19.go.id/](https://covid19.go.id/)
• 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 was an overall increase during the month of October from 1,795 confirmed COVID-19 cases hospitalized on 1 October to 2,384 on 31 October. The weekly average number of confirmed COVID-19 cases hospitalized declined from 2,628 (26 October to 1 November) to 1,804 (2 to 8 November) (Fig. 16).

Figure 16: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 June to 8 November 2020. [Source of data](#)

Disclaimer: Data from Wisma Atlet are not included.
WHO is supporting the National Institute of Health Research and Development (NIHRD) with laboratory preparations to conduct a seroepidemiological study as part of the WHO Unity Study (further details can be found in WHO Situation Report 25, pages 14-16 and Situation Report 32, pages 14-15). To enhance laboratory capacity on serological testing using enzyme-linked immunosorbent assay (ELISA), WHO and NIHRD convened a training for subnational laboratories from 4 to 6 November. The training was attended by eight participants from four laboratories, namely Public Health Laboratory (BBLK) Jakarta, BBLK Surabaya, BBLK Palembang and BBLK Makassar. NIHRD will conduct a similar training for two laboratories that were unable to participate.

During this training, WHO and NIHRD shared the study protocol and roles of testing laboratories. All participants received hands-on training on step-by-step procedures of ELISA tests such as processing the samples, interpreting the results and entering the results in the standardized reporting form. Since the study will estimate the seroprevalence of antibodies to COVID-19 in Indonesia, it is imperative that the tests are performed by qualified and skilled laboratory personnel for maximum accuracy. NIHRD has set up a monitoring plan to visit the laboratories for quality assurance.

Figure 17: Participants reading ELISA tests during practice session for laboratory training for seroepidemiological study, November 2020. Credit: National Institute of Health Research and Development/ Irene Lorinda Indalao
• A total of 10200 samples will be tested with ELISA. The list of laboratories and number of samples to be tested at each are shown in the following table:

Table 1: List of laboratories with the number of samples to be tested and provinces to be covered. Source: Seroepidemiological study protocol

<table>
<thead>
<tr>
<th>Institution</th>
<th>No. of samples</th>
<th>Provinces to be covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Laboratory, Jakarta</td>
<td>1800</td>
<td>Aceh, DKI Jakarta and West Kalimantan</td>
</tr>
<tr>
<td>Public Health Laboratory, Surabaya</td>
<td>2400</td>
<td>Bali, East Nusa Tenggara, North Kalimantan and West Nusa Tenggara</td>
</tr>
<tr>
<td>Public Health Laboratory, Palembang</td>
<td>1800</td>
<td>North Sumatra, Riau and West Sumatera</td>
</tr>
<tr>
<td>Public Health Laboratory, Makassar</td>
<td>1800</td>
<td>North Maluku, North Sulawesi and South East Sulawesi</td>
</tr>
<tr>
<td>Center for Environmental Health Engineering and Disease Control, Banjarbaru</td>
<td>1200</td>
<td>Central Kalimantan and South Kalimantan</td>
</tr>
<tr>
<td>Public Health and Calibration Laboratory, Yogyakarta</td>
<td>1200</td>
<td>Central Java and Yogyakarta</td>
</tr>
</tbody>
</table>
On 3 November, WHO supported Wahana Visi Indonesia with a risk communication and community engagement (RCCE) webinar for North Maluku for community health centre (puskesmas) officers; a similar training took place on 20 October for West Kalimantan. During the webinar, challenges such as stigma were discussed, not only around confirmed COVID-19 cases and their contacts, but also towards health care workers. WHO presented on health care worker support in RCCE activities (Fig. 18).

WHO is regularly translating and sharing important health messages on its website and social media platforms – Twitter and Instagram – and has recently published:

- A video on navigating infodemics

Figure 18: WHO presented on risk communication and community engagement for health care workers during a webinar organized by Wahana Visi Indonesia, November 2020. Credit: WHO/Yoana Anandita
On 6 November, MoH shared the Intra-Action Review (IAR) experience in a press briefing with the WHO Director-General and Ministries of Health from Thailand and South Africa. MoH concurred that the IAR, for which WHO provided technical assistance, has been instrumental to identify gaps, best practices, and contributing factors for an effective national response.

MoH has designated eight additional hospital-based severe acute respiratory infection (SARI) sentinel sites and five primary health care influenza like illness (ILI) sentinel sites for COVID-19 and influenza testing. WHO and MoH conducted trainings on 5 and 6 November for the ILI sites and 9 and 10 November for the SARI sites. WHO presented the global update on COVID-19 and influenza, and discussed the platform for COVID-19 surveillance using the Global Influenza Surveillance and Response System (GISRS) (Fig. 19). MoH presented an overview of ILI and SARI surveillance in Indonesia, the standard operating procedures for sample collection and shipment, recording and reporting, and shared experience from selected existing ILI and SARI sentinel sites. A total of 119 participants joined the training, including medical doctors, nurses, site coordinators, provincial and district health officers and public health laboratory technicians.

Figure 19: WHO presented on COVID-19 surveillance using the Global Influenza Surveillance Response System (GISRS) during a training in November 2020.
Credit: WHO/Endang Widuri Wulandari
PARTNER COORDINATION

- On 4 November, Gavi, the Vaccine Alliance, held a briefing for all Indonesian development partners on the COVAX Advance Market Commitment (AMC). WHO updated partners on national preparedness for COVID-19 vaccine introduction, with a focus on the use of the Vaccine Introduction Readiness Assessment Tool (VIRAT) to assess gaps and identify challenges.

- On 5 November, WHO and the United Nations Children’s Fund (UNICEF) convened a meeting to inform the key development partners of COVID-19 vaccine introduction preparedness. The Asian Development Bank (ADB), Australian Department of Foreign Affairs and Trade (DFAT), European Union (EU), Japan International Cooperation Agency (JICA), United States Agency for International Development (USAID), World Bank, and World Food Programme (WFP) participated in the meeting.

- 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 November 2020 (Fig. 20).

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.
### Recent and Upcoming WHO Resources

**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>Harmonized health service capacity assessments in the context of the COVID-19 pandemic: interim guidance, 2 November 2020</td>
<td>This interim guidance is an update to the earlier version published on 31 May 2020. In this update, module content has been further refined and developed.</td>
</tr>
<tr>
<td>Considerations for implementing and adjusting public health and social measures in the context of COVID-19: interim guidance, 4 November 2020</td>
<td>This document is intended for national authorities and decision makers in countries that have introduced large scale public health and social measures. It offers guidance for adjusting public health and social measures, while managing the risk of a resurgence of cases. This document is an update to the interim guidance published on 16 April 2020 entitled ‘Considerations in adjusting public health and social measures in the context of COVID-19’.</td>
</tr>
<tr>
<td>Critical preparedness, readiness and response actions for COVID-19: interim guidance, 4 November 2020</td>
<td>This document is an update to the interim guidance entitled ‘Critical preparedness, readiness and response actions for COVID-19’, published on 22 March 2020 and last updated on 24 June 2020. This version provides further subclassifications of transmission scenarios within the community transmission category, and updated guidance on contact tracing, laboratory testing, infection prevention and control, public health and social measures, and health services.</td>
</tr>
<tr>
<td>Episode 11 of Science in 5, WHO’s series of conversations in science, 6 November 2020</td>
<td>WHO’s Assistant Director-General for Antimicrobial Resistance, Dr. Hanan Balkhy, discusses antibiotics and COVID-19.</td>
</tr>
</tbody>
</table>
Online WHO COVID-19 courses:
- 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
- Infection prevention and control
- Emerging respiratory viruses, including COVID-19
- Design of severe acute respiratory infection treatment facility

WHO guidance:
- Preventing and addressing stigma
- 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:
- 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
- Tips of the day

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

Videos:
- Guidance to prevent COVID-19 in the food sector
- When to wash hands
- Organizing small gatherings
- Can Vitamin D cure COVID-19?

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

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