

Coronavirus Disease 2019 (COVID-19)

Situation Report - 40



World Health
Organization

Indonesia

27 January 2021

HIGHLIGHTS

- As of 27 January, the Government of Indonesia reported 1 024 298 (11 948 new) confirmed cases of COVID-19, 28 855 (387 new) deaths and 831 330 recovered cases from 510 districts across all 34 provinces.¹
- WHO attended a meeting with the Centre for Data and Information (Pusat Data dan Informasi (Pusdatin)), Ministry of Health (MoH) to discuss technical steps to integrate the COVID-19 national database into 'Silacak', a contact tracing application developed by the MoH and the National COVID-19 Task Force (Satuan Tugas (Satgas)) (page 15).
- WHO continues to support MoH in influenza-like illness (ILI) and severe acute respiratory infection (SARI) sentinel surveillance and its use in the Global Influenza Surveillance and Response System (GISRS) platform to monitor the trend of COVID-19 and influenza (page 19).

Situation in Indonesia



Total confirmed cases

1 024 298



Total deaths

28 855



Total cases recovered

831 330



Total people tested

5 978 128



Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 21 to 27 January 2021. [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://covid19.go.id/peta-sebaran-covid19>

GENERAL UPDATES

- Indonesia surpassed 1 million COVID-19 cases on 26 January after recording 13 094 new confirmed cases that day. The number of cases in the country has been increasing at a high rate since the beginning of January, with six provinces in Java making up around 64% of the national tally. Furthermore, the cases are also increasing at a faster rate in other areas such as Sulawesi, East Kalimantan and Bali.²
- On 21 January, Indonesian President Joko Widodo ordered to continue the implementation of restrictions on community activities (pemberlakuan pembatasan kegiatan masyarakat (PPKM)) across Java and Bali until 8 February.³ Following this order the Minister of Home Affairs issued a ministerial instruction and requested all provinces to intensify the implementation of health protocols (including proper mask use, hand hygiene, physical distancing, and avoiding crowds).⁴
- The Government reported that since the official launch of the vaccination programme on 14 January, more than 132 000 healthcare workers (HCWs) from 13 535 health facilities in 92 districts/cities of 34 provinces in Indonesia have been vaccinated against COVID-19 as of 22 January. This is the equivalent of around 22% of January's target of 598 483 HCWs. The first phase of the COVID-19 vaccination programme for HCWs will continue through February 2021, targeting 1.4 million HCWs.⁵
- On 25 January, MoH launched a mobile application of the COVID-19 referral information system called 'Sistem Informasi Rawat Inap Versi 2.0 ([SIRANAP V 2.0](#))'. The application allows people to access real-time data on the availability of isolation and intensive care unit (ICU) beds in COVID-19 referral hospitals throughout Indonesia. According to the Directorate General of Health Services, MoH, the application contains data of all state-owned and private-owned hospitals, including those owned by the Indonesian National Army (TNI), Indonesian National Police (Polri), and state-owned enterprises (SOE).⁶

² <https://jakartaglobe.id/news/indonesia-passes-1-million-coronavirus-cases>

³ <https://setkab.go.id/en/govt-to-extend-ppkm-implementation-in-7-provinces/>

⁴ <https://setkab.go.id/mendagri-keluarkan-instruksi-tentang-perpanjangan-ppkm/>

⁵ <https://setkab.go.id/lebih-dari-132-000-tenaga-kesehatan-telah-divaksinasi-covid-19/>

⁶ <https://en.tempo.co/read/1426663/health-ministry-launches-mobile-app-to-check-covid-19-hospital-beds-availability>

SURVEILLANCE

- On 27 January, 11 948 new and 1 024 298 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days (21 to 27 January) was 12 050 cases per day. The highest number of new confirmed cases reported was 14 224 on 16 January, while the second highest number of new confirmed cases was 13 632 on 22 January.

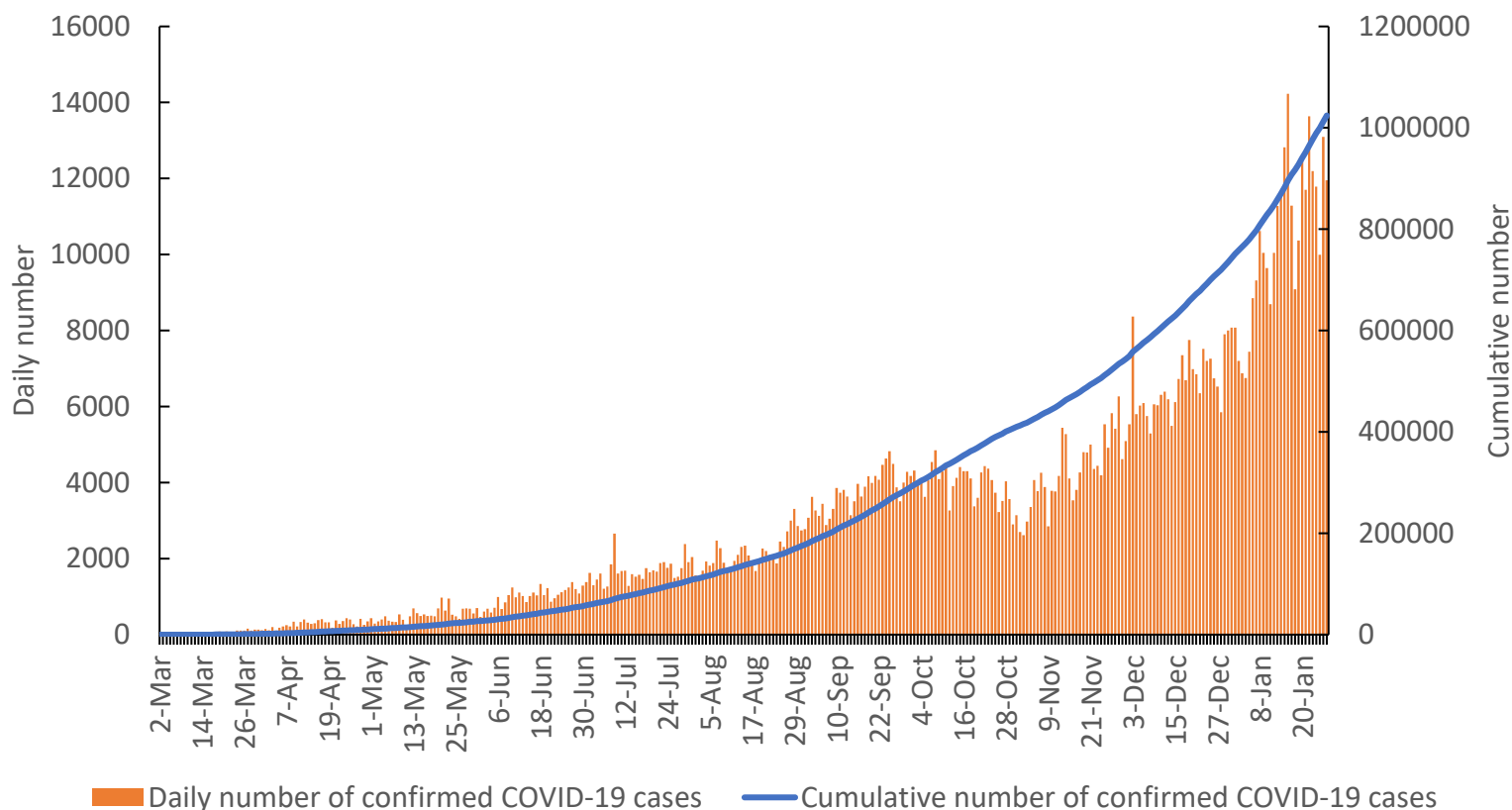


Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 27 January 2021. [Source of data](#)

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.

- As of 27 January, 65.0% (665 762 cases) 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 East Kalimantan, North Kalimantan, West Papua, and Bali (Fig. 3).

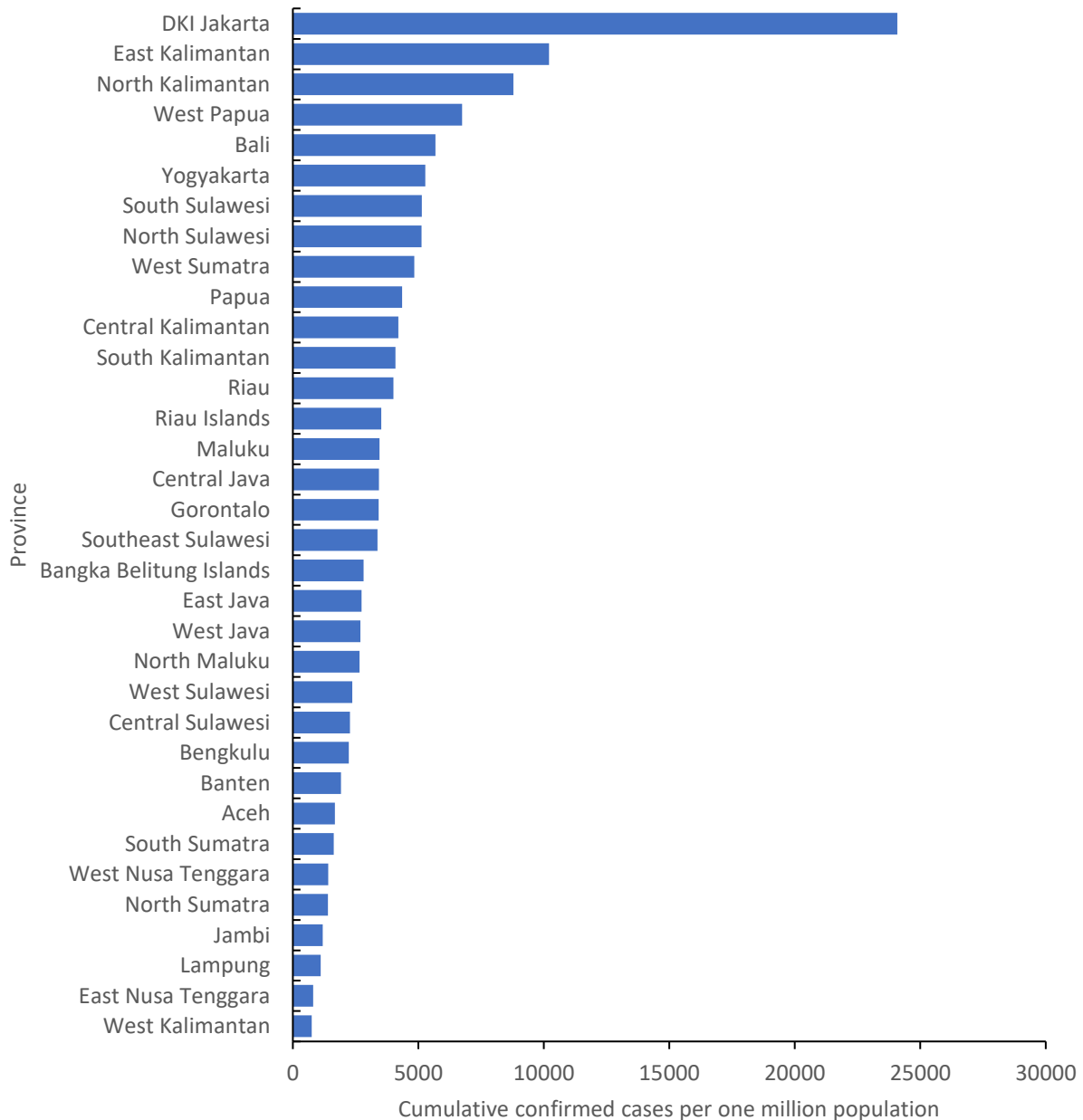


Fig. 3. Cumulative confirmed cases of COVID-19 per one million population by province in Indonesia, as of 27 January 2021. [Source of data](#)

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.

- During the week of 18 to 24 January, the incidence⁷ of COVID-19 in Indonesia was 28.3 per 100 000 population, compared to 23.7 per 100 000 in the previous week (Fig. 4). This was the highest weekly incidence since the first cases were reported in the country.

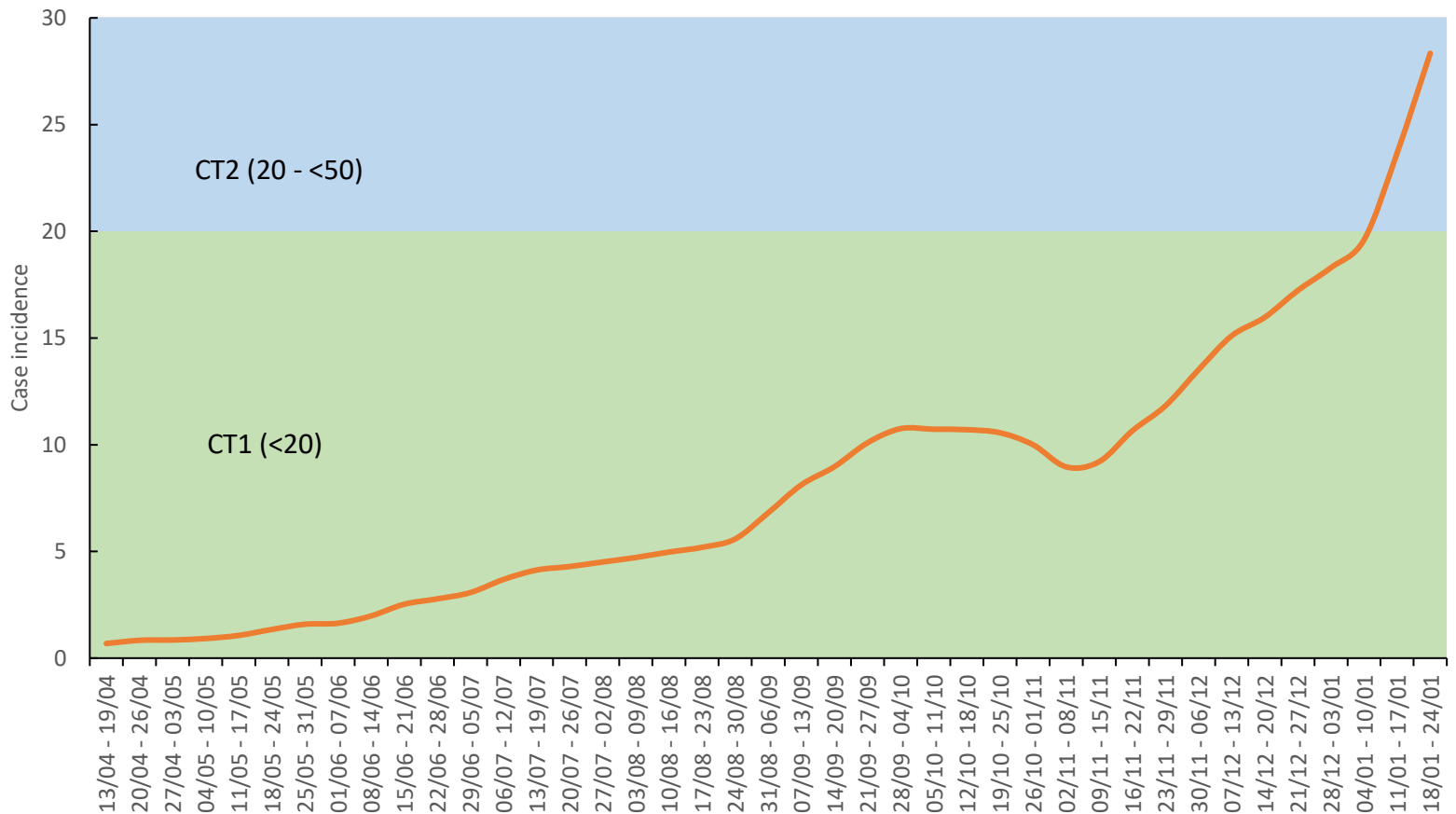


Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported in Indonesia from 13 April 2020 (when Indonesia first reported community transmission in the country) to 24 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

Disclaimer: There are seven categories for transmission classification: (1) no (active) case; (2) imported/sporadic; (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-level (Fig. 4) and subnational-level (Figs. 5 to 10).

⁷ 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](#)

- The weekly incidence of COVID-19 increased in all provinces in Java during the week of 18 to 24 January compared to the previous week. All six provinces reported the highest weekly incidence since the first cases were reported (Figs. 5 to 10).

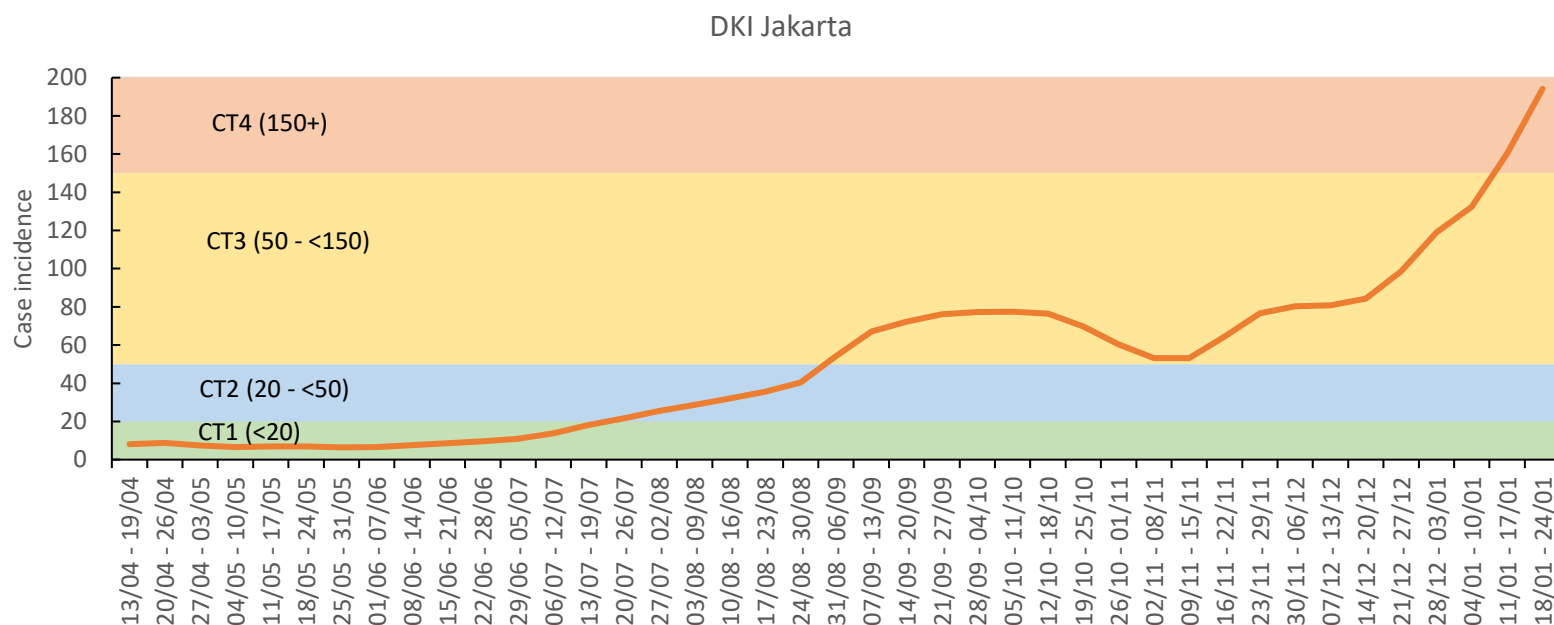


Fig. 5. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in DKI Jakarta, from 13 April 2020 to 24 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

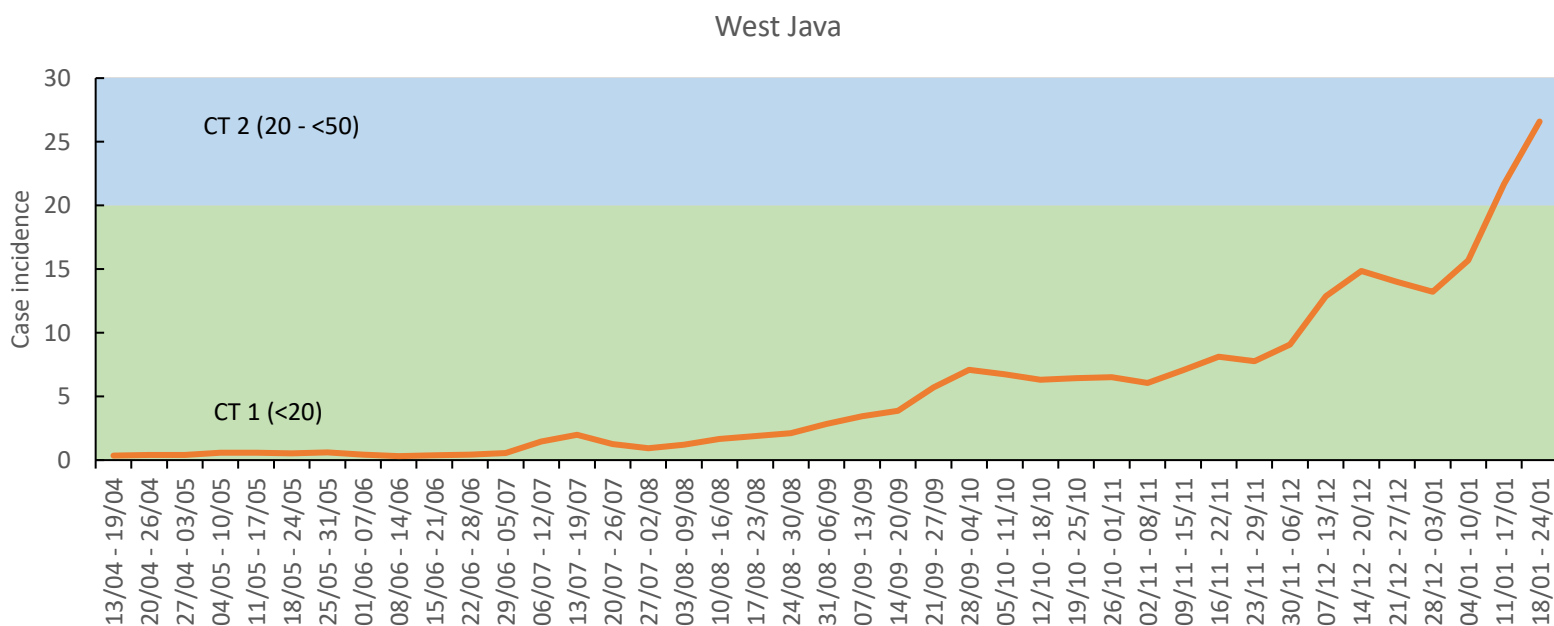


Fig. 6. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in West Java, from 13 April 2020 to 24 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

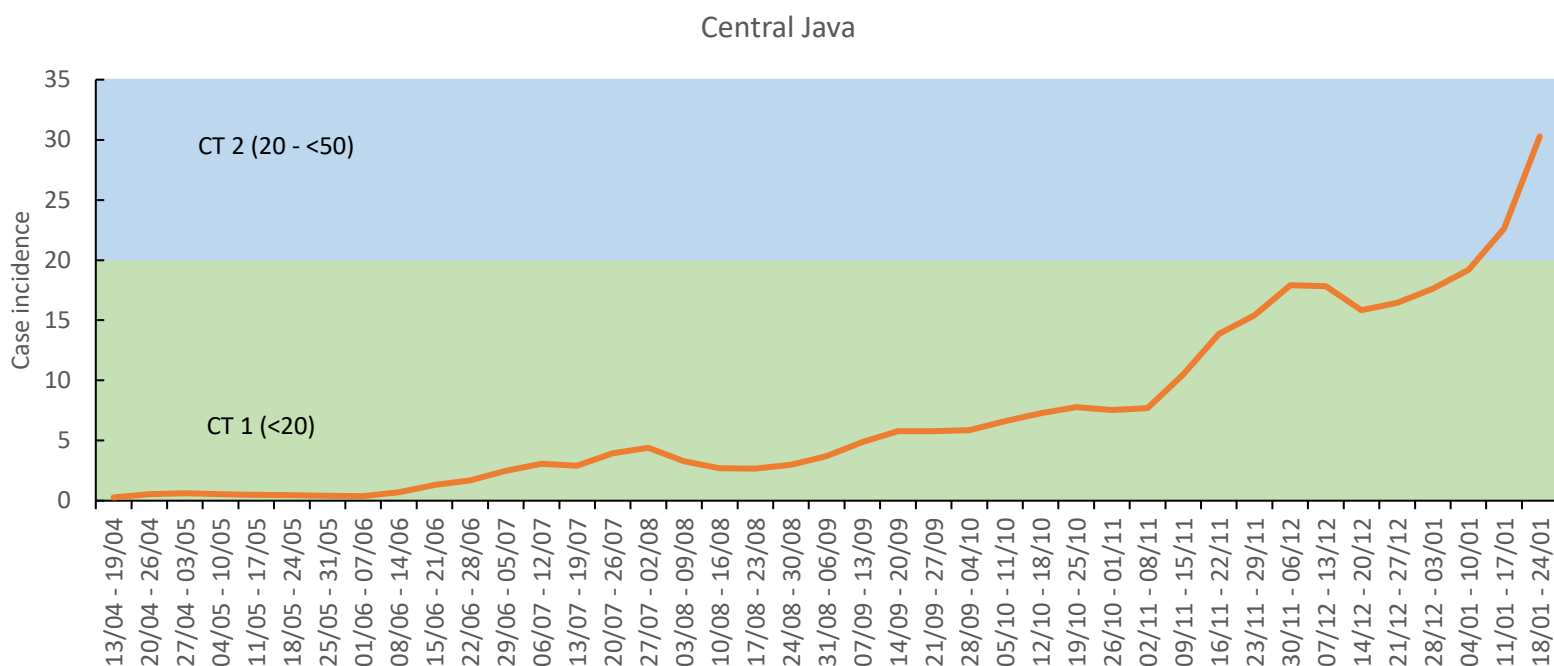


Fig. 7. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Central Java, from 13 April 2020 to 24 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

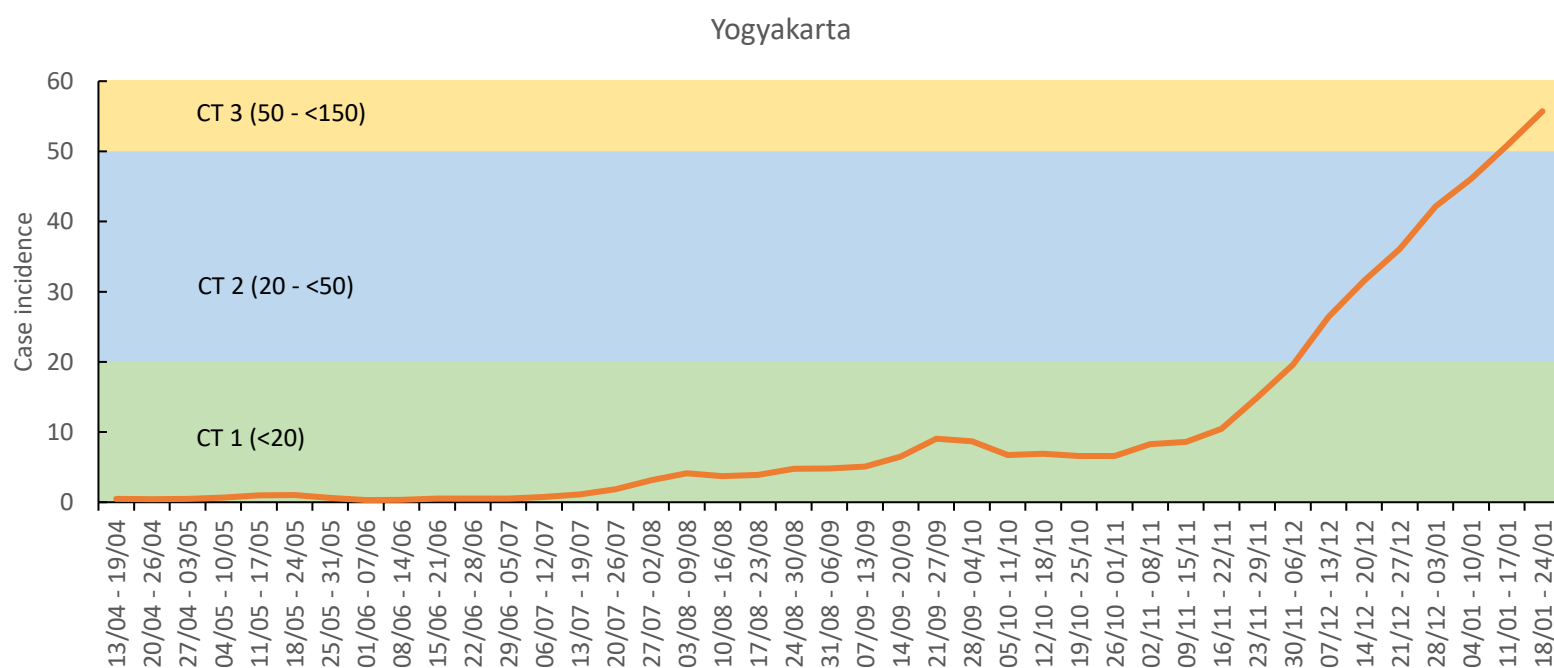


Fig. 8. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Yogyakarta, from 13 April 2020 to 24 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

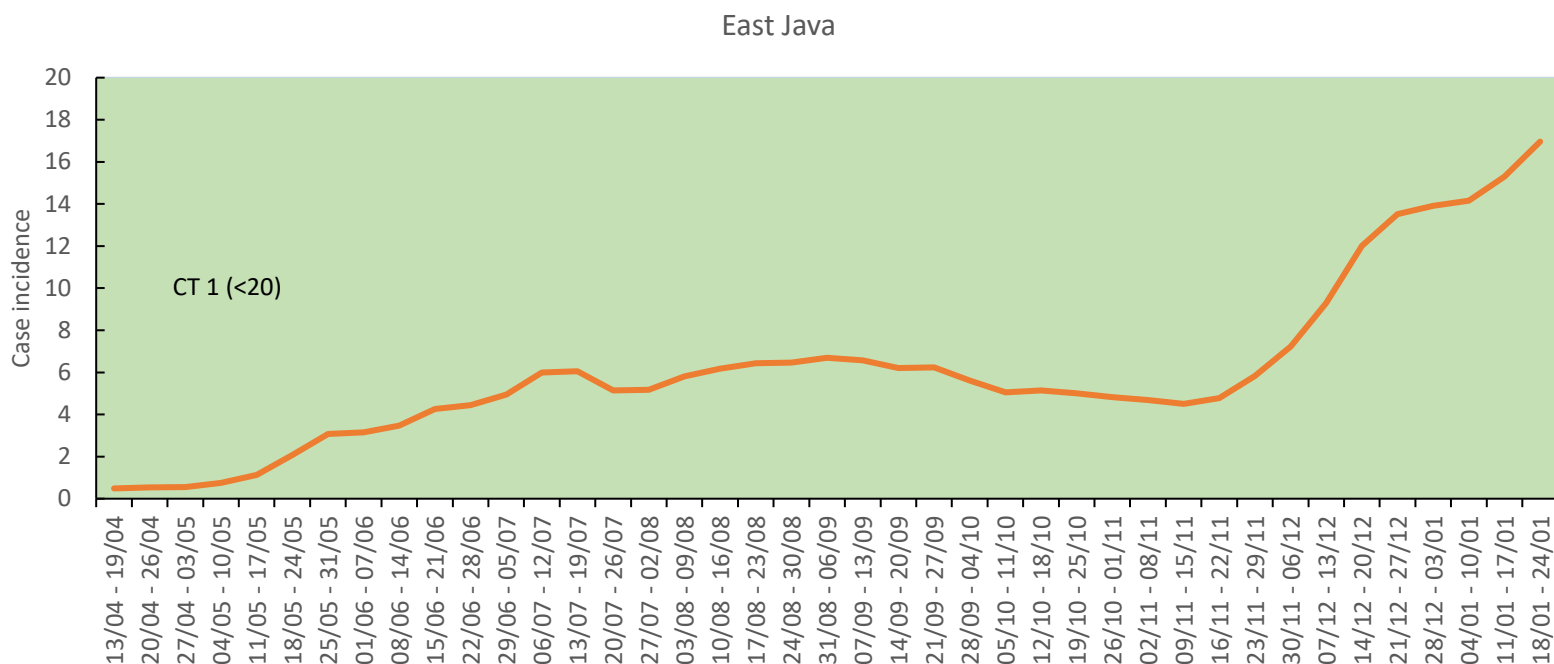


Fig. 9. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in East Java, as of 24 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

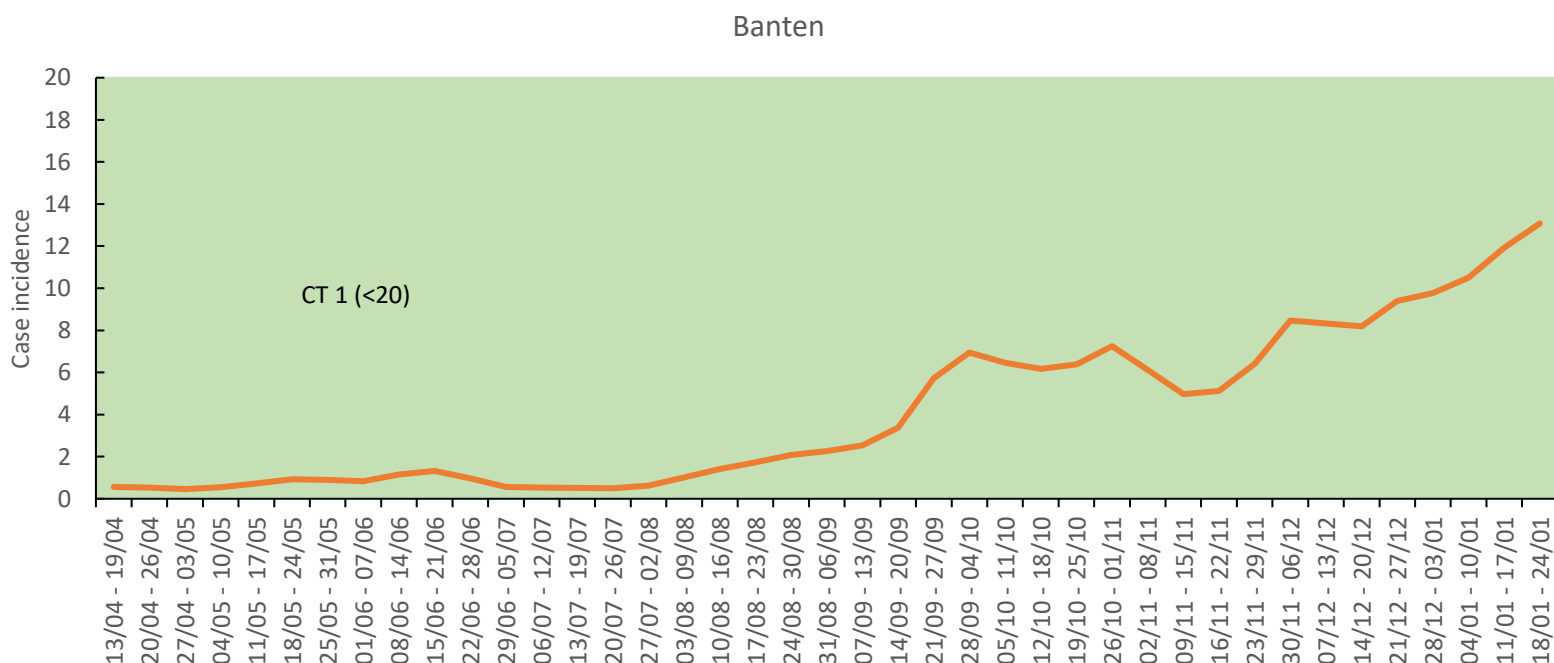


Fig. 10. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Banten, as of 24 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

- On 27 January, the daily numbers of specimens and people tested were 77 788 and 46 491, respectively. On the same day, the daily number of suspected cases was 81 589 (Fig. 11). There is still a wide gap between the number of people tested and suspected cases; improving testing capacity is therefore imperative, especially among suspected cases. Antigen-based rapid diagnostic tests (Ag-RDT) can be used as a diagnostic tool for SARS-CoV-2 infection under certain settings, especially in areas with limited access to laboratories with polymerase chain reaction (PCR) testing or long turnaround times for test results.

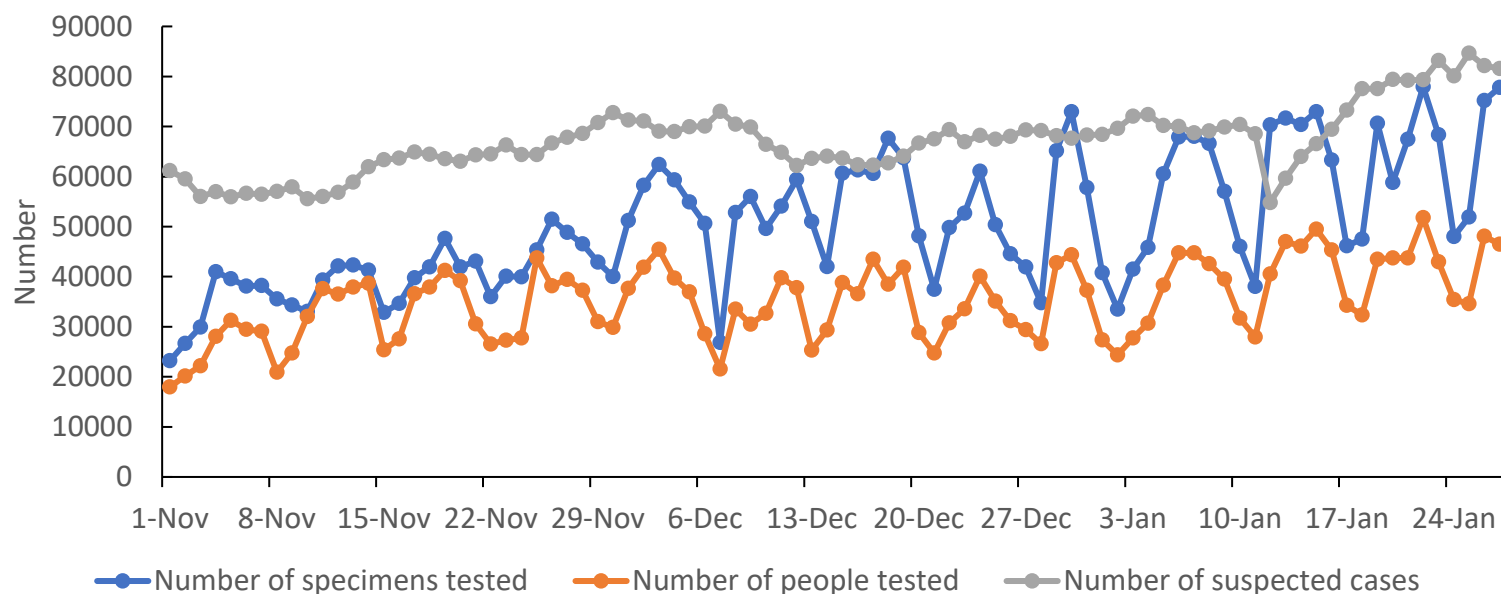


Fig. 11. The daily number of specimens and people tested and suspected COVID-19 cases in Indonesia, from 1 November 2020 to 27 January 2021. [Source of data](#)

- Test positivity proportion increased sharply after 23 November and reached 27.9% at a national-level on 24 January 2021 (Fig 12). However, the percentage of positive samples can be interpreted 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, Yogyakarta, West Sumatra and East Kalimantan for the last three weeks, but none of these provinces had a test positivity proportion of less than 5% (Fig. 13).

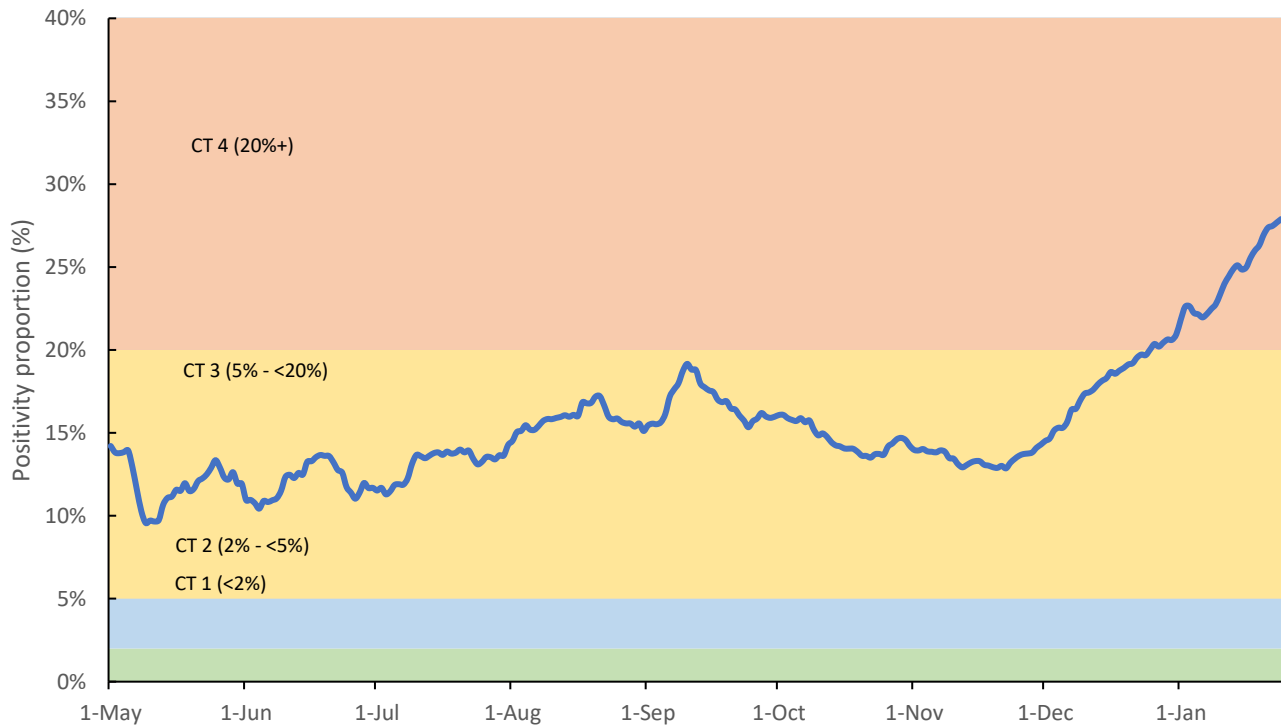


Fig. 12. Test positivity proportion averaged over a two-week period at the national-level in Indonesia, as of 24 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

Disclaimer: Caution should be exercised when interpreting this indicator due to limitations listed in the [WHO interim guidance](https://www.who.int/publications-detail/who-interim-guidance). Other epidemiological indicators also need to be evaluated to determine the level of community transmission.

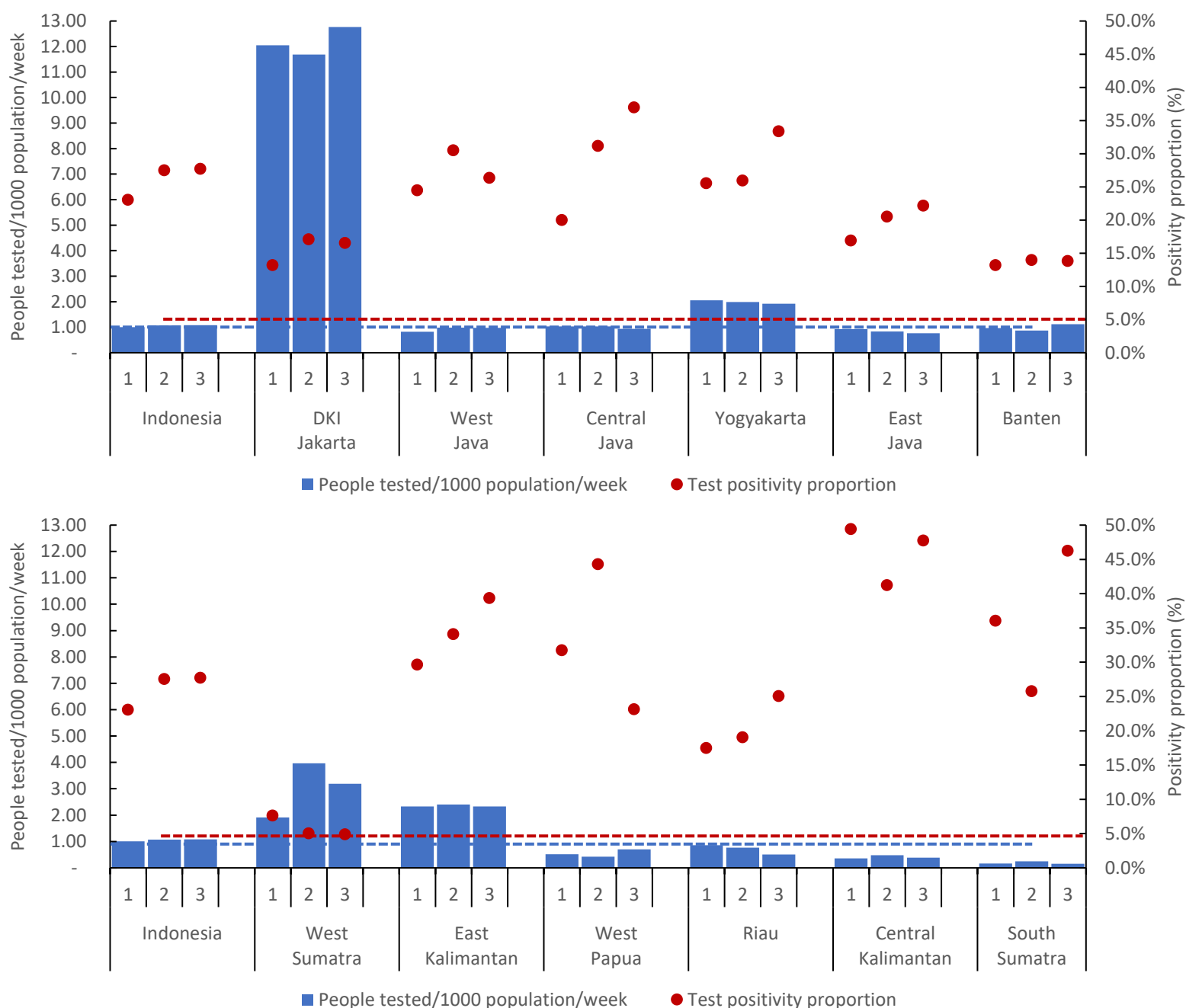


Fig. 13. Test positivity proportion and people tested per 1000 population per week at national-level and in select provinces.

Week 1: 04/01/21 to 10/01/21; Week 2: 11/01/21 to 17/01/21; Week 3: 18/01/21 to 24/01/21

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

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

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

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.

- As of 27 January, the mortality rate in DKI Jakarta of 386 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, East Java, North Sulawesi, Central Java, and Bali (Fig. 14).

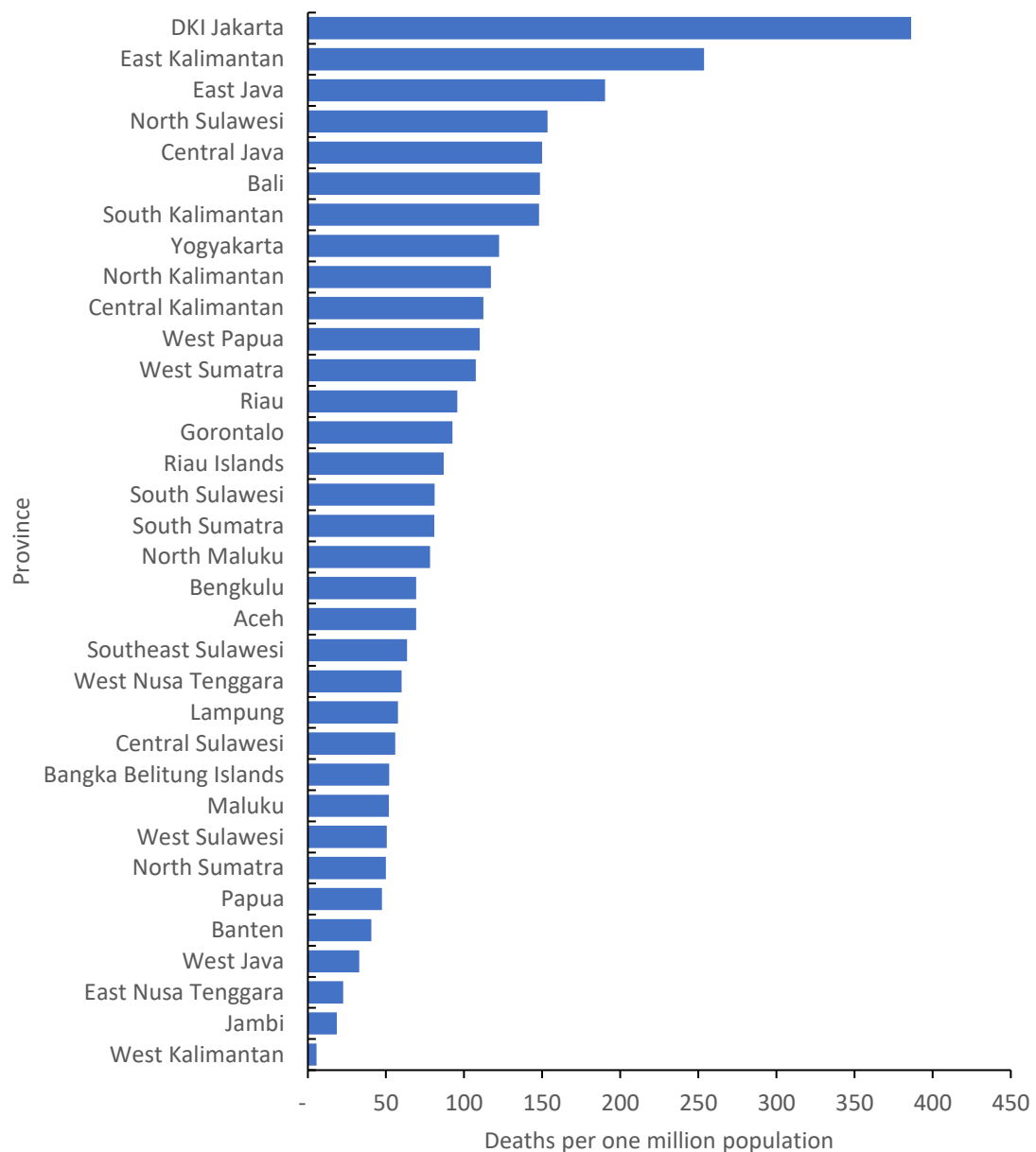


Fig. 14. Cumulative deaths per one million population by province in Indonesia, as of 27 January 2021.

[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.

- During the week of 18 to 24 January, the number of confirmed COVID-19 deaths was 0.66 per 100 000 population⁸ – the highest since the first cases were reported in the country (Fig. 15).

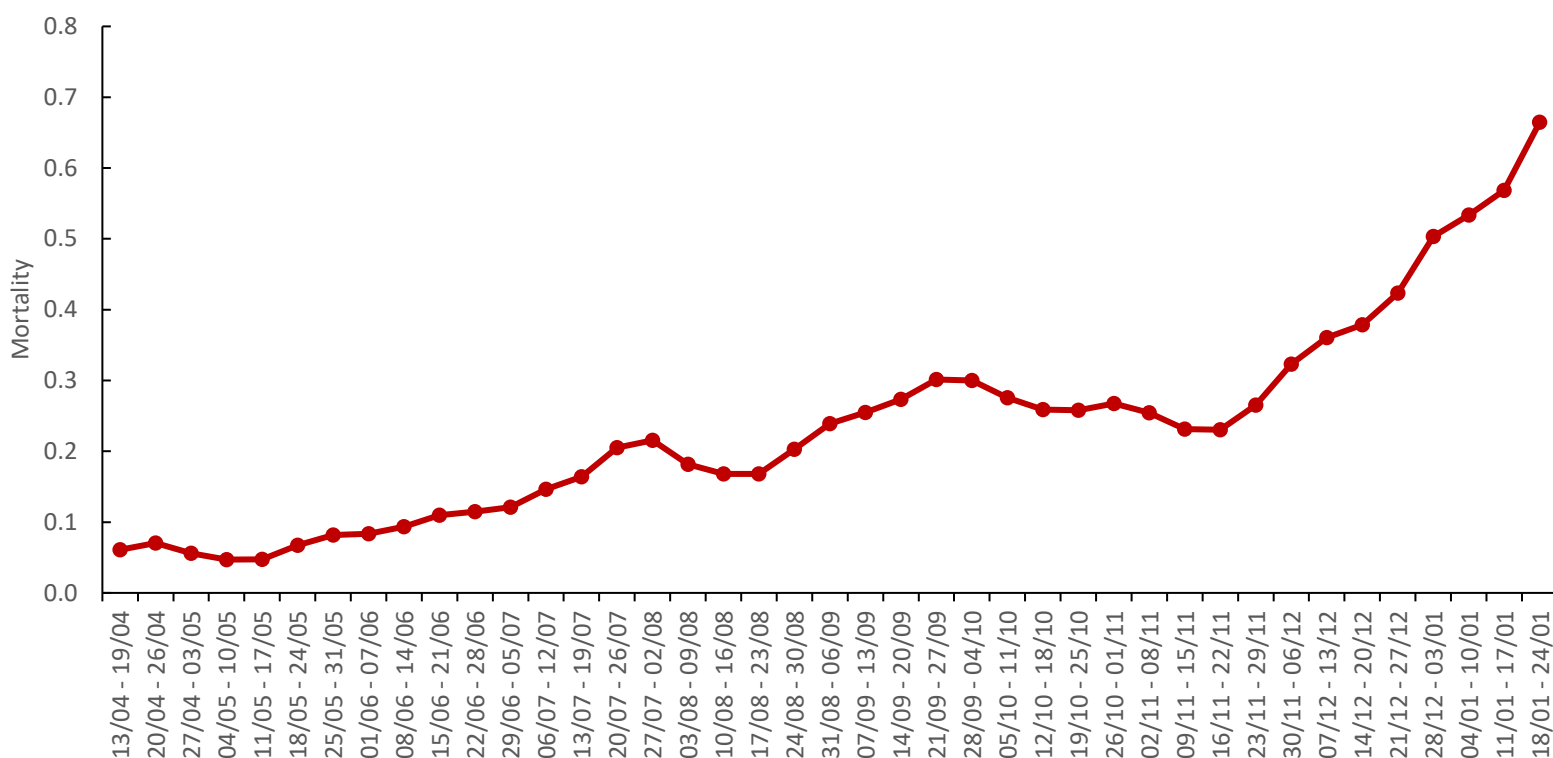


Fig. 15. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period in Indonesia, as of 24 January 2021. [Source of data](#)

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

- None of the provinces in Java have shown a consecutive decline over the last three weeks in the number of deaths in confirmed and probable cases, except for Banten (Fig. 16). In DKI Jakarta and West Java, there were more deaths in probable cases than in confirmed cases from 4 to 10 January 2021. Therefore, it is important to prioritize testing for suspected cases to determine confirmed cases.

⁸ 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](#)

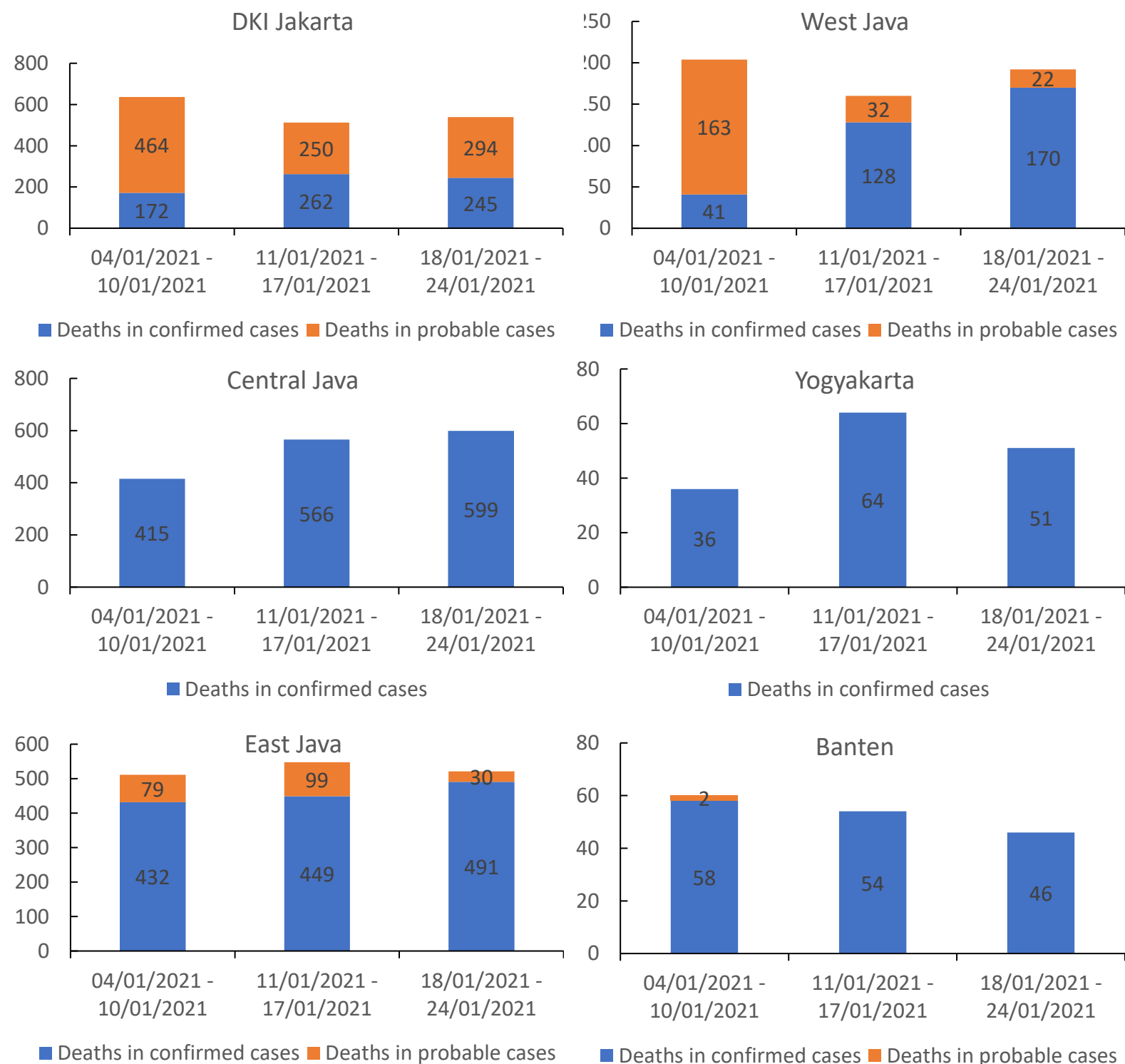


Fig. 16. Deaths among confirmed COVID-19 cases and probable cases per week over the three weeks between 4 to 24 January 2021 in Java. Source of data: [DKI Jakarta](#), [West Java](#), [Central Java](#), [Yogyakarta](#), [East Java](#), [Banten](#)

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.

CONTACT TRACING

- WHO attended a meeting with the Centre for Data and Information (Pusat Data dan Informasi (Pusdatin)), MoH to discuss technical steps to integrate the COVID-19 national database into 'Silacak', a contact tracing application developed by the MoH and the National COVID-19 Task Force (Satuan Tugas (Satgas)). The goal is to provide a direct notification to contact tracers in the field whenever a confirmed case is reported in their area; this will prevent any delay that may be anticipated in conducting contact tracing activities and ensure appropriate quarantine measures for all close contacts.

HEALTH OPERATIONS

- As reported on 27 January, the daily number of people tested for COVID-19 with PCR was 46 491 and the cumulative number of people tested was 5 978 128. The highest daily number of people tested was 51 764, reported on 22 January (Fig. 17).

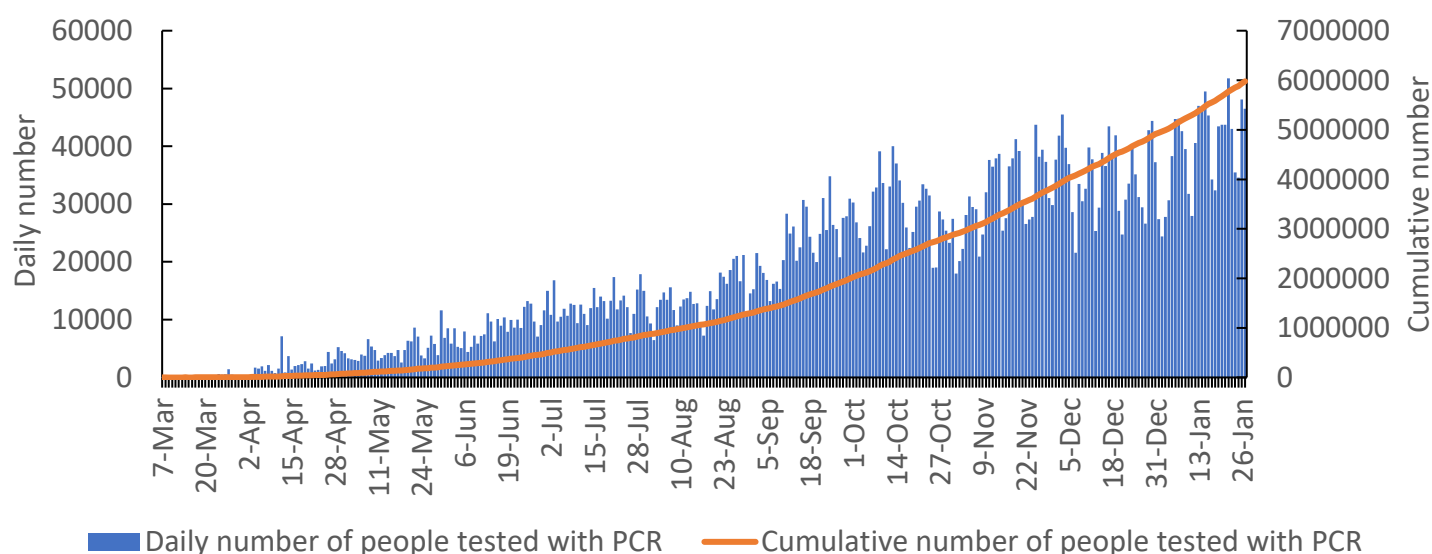


Fig. 17. Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 27 January 2021. [Source of data](#)

- As of 27 January, the proportion of people recovered among the total confirmed COVID-19 cases was 81.2%, and there were 164 113 active cases (Fig. 18).⁹

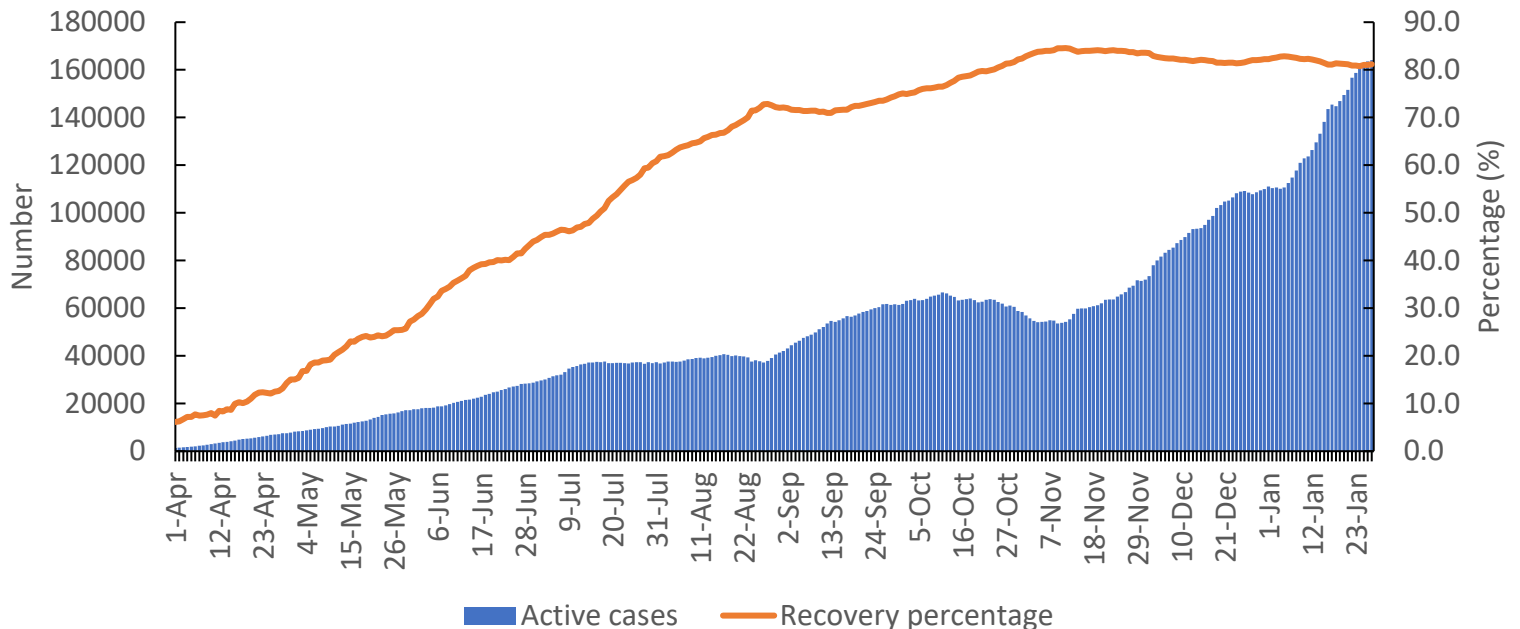


Fig. 18. Number of active cases and recovery percentage from COVID-19 in Indonesia, as of 27 January 2021. [Source of data](#)

- After the initial decline in the reported number of confirmed COVID-19 cases hospitalized in DKI Jakarta from the end of November to the beginning of December 2020, there was a steady increase and a new peak of 5821 hospitalized cases on 31 December. The number remains high with an average of 4810 cases per day from 18 to 24 January (Fig. 19).¹⁰
- From 19 to 25 January, the proportion of occupied hospital beds¹¹ in DKI Jakarta COVID-19 referral hospitals slowly declined from 88.1% to 85.2%. On 25 January, the proportion of occupied hospital beds in East Jakarta reached 91.2% while the proportion was lower in West Jakarta at 74.5%.

⁹ <https://covid19.go.id/>

¹⁰ Source: <https://eis.dinkes.jakarta.go.id/eis/>.

¹¹ The number of occupied hospital beds includes beds in isolation wards and in the intensive care unit (ICU)

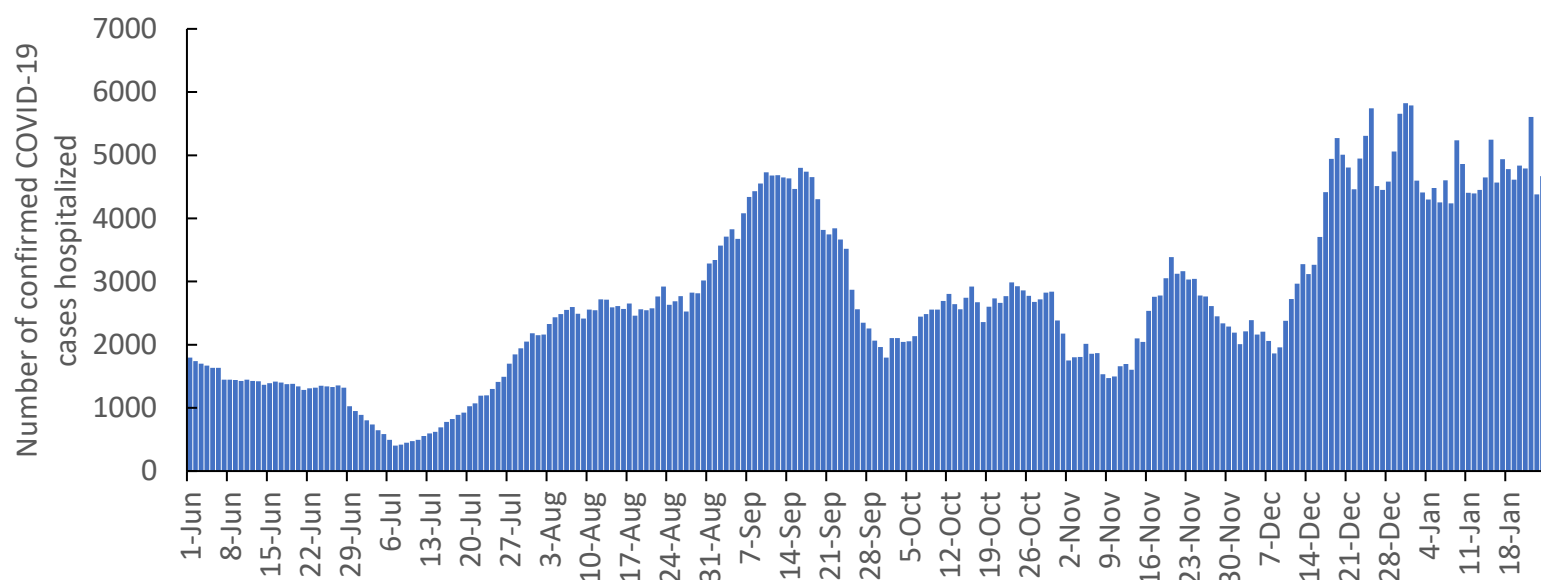


Fig. 19. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 June 2020 to 24 January 2021. [Source of data](#)

Disclaimer: Data from Wisma Atlet are not included.

- On 25 January, the proportion of occupied beds in COVID-19 isolation wards in Indonesia was 64.7%; the five provinces with the highest rate were: DKI Jakarta (86.2%), Yogyakarta (81.5%), Banten (80.5%), West Java (75.9%), and Central Sulawesi (72.3%). On the same date, the proportion of occupied ICU beds for COVID-19 was 62.8% nationwide. The five provinces with the highest proportion of occupied ICU beds were Gorontalo (88.9%), DKI Jakarta (83.6%), West Java (79.0%), Yogyakarta (78.7%) and Banten (77.6%) (Fig. 20).

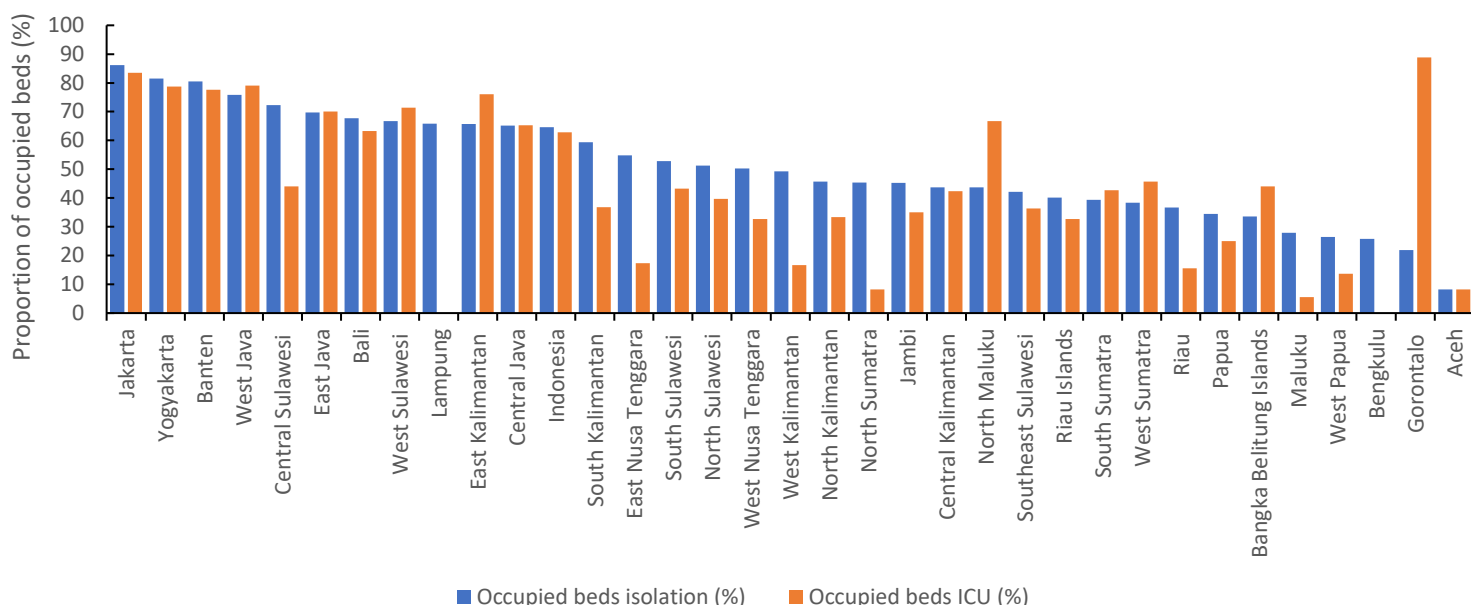


Fig. 20. Proportion of occupied beds in isolation rooms and intensive care units (ICU) in hospitals by province in Indonesia, on 25 January 2021. [Source of data](#)

- On 11 January, MoH released a circular letter on increasing the capacity for the care of COVID-19 patients at COVID-19 referral hospitals under the MoH, including a statement that all COVID-19 referral hospitals need to increase their bed capacity with adjustment to the following settings: (i) hospitals under zone 1 (provinces with bed occupancy rate (BOR) >80%) need to convert 40% and 25% of total available beds into isolation and ICU beds for COVID-19, respectively; (ii) hospitals under zone 2 (provinces with BOR between 60-80%) need to convert 30% and 15% of total available beds into isolation and ICU beds for COVID-19, respectively; and (iii) hospitals under zone 3 (provinces with BOR <60%) need to convert 20% and 10% of total available beds into isolation and ICU beds for COVID-19, respectively.¹²

¹² As of 25 January, provinces under zone 1 are DKI Jakarta, DI Yogyakarta and Banten, and provinces under zone 2 are West Java, Central Java, East Java, Bali, West Sulawesi, and East Kalimantan.

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 on:

- [Mental health](#)
- [COVID-19 tests](#)

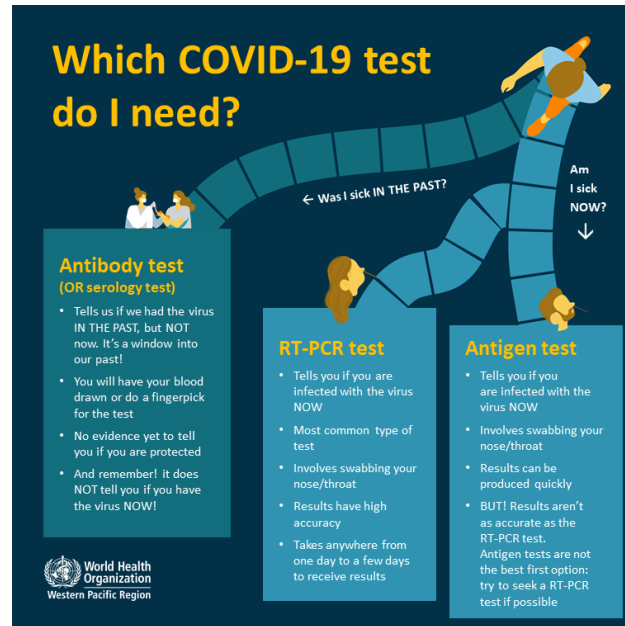


Fig. 21. An infographic on “Which COVID-19 test do I need?” from the '[COVID-19 tests](#)' series published by WHO, January 2021.

RISK, NEEDS ASSESSMENT, AND PLANNING

- WHO continues to support the MoH in influenza-like illness (ILI) and severe acute respiratory infection (SARI) sentinel surveillance and its use in the Global Influenza Surveillance and Response System (GISRS) platform to monitor the trend of influenza and COVID-19. Facilitated by WHO, samples from sentinel sites are tested for both influenza and COVID-19 at several referral laboratories, including the National Institute of Health Research and Development (NIHRD) laboratory.

- On 13 and 14 January, MoH participated in the virtual WHO South-East Asia Region meeting on implementation of WHO guidance on [maintaining surveillance of influenza and monitoring SARS-CoV-2 – adapting GISRS and sentinel systems during the COVID-19 pandemic](#). During the meeting, MoH presented the experience of using influenza sentinel surveillance sites for monitoring of SARS-CoV-2 in Indonesia and highlighted several gaps, including high turnover of staff in the field and high cost for specimen transfer due to mobility restrictions.

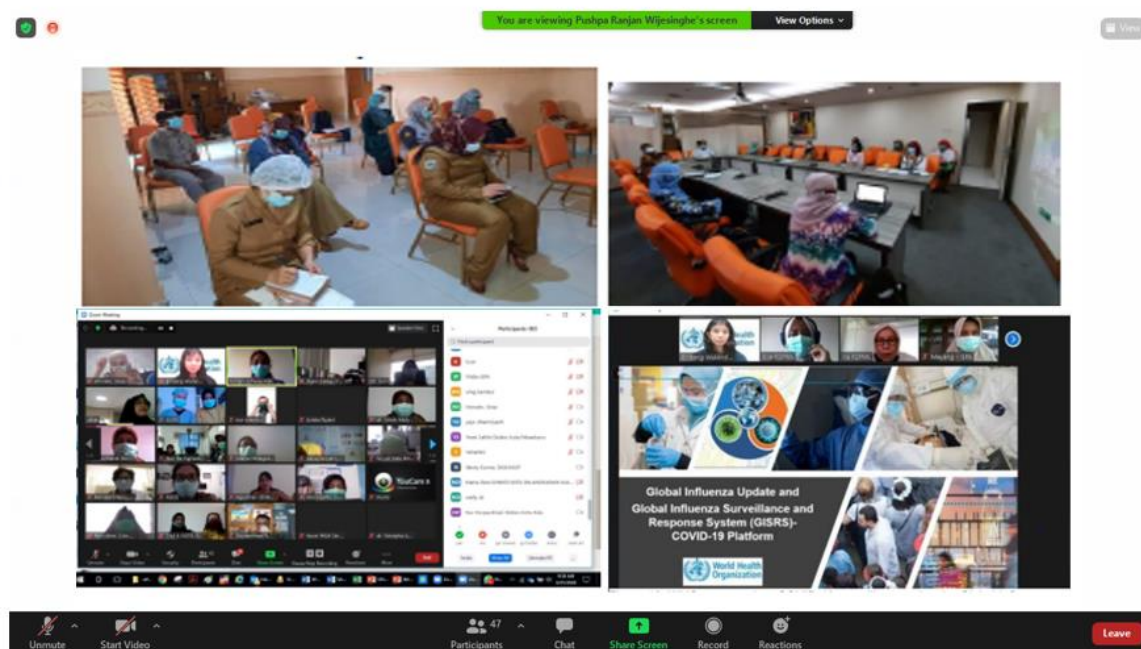


Fig. 22. Virtual WHO South-East Asia Region meeting on implementation of WHO guidance to maintain influenza surveillance and monitoring of SARS-CoV-2 through national surveillance systems, convened on 13 and 14 January. Credit: Endang Wulandari/WHO

PARTNER COORDINATION

- On 22 January, WHO convened the first meeting of key development partners in 2021 to discuss and coordinate COVID-19 response activities, attended by the Asian Development Bank (ADB), Australian Government Department of Foreign Affairs and Trade (DFAT), European Union (EU), Japan International Cooperation Agency (JICA), United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), United States Centers for Disease Control and Prevention (US-CDC), and the World Bank. WHO made a presentation on important COVID-19 related updates, discussed the latest epidemiological situation analysis at national and subnational levels, and explained about the key WHO interventions to support the national pandemic response.
- 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 January 2021 (Fig. 23).

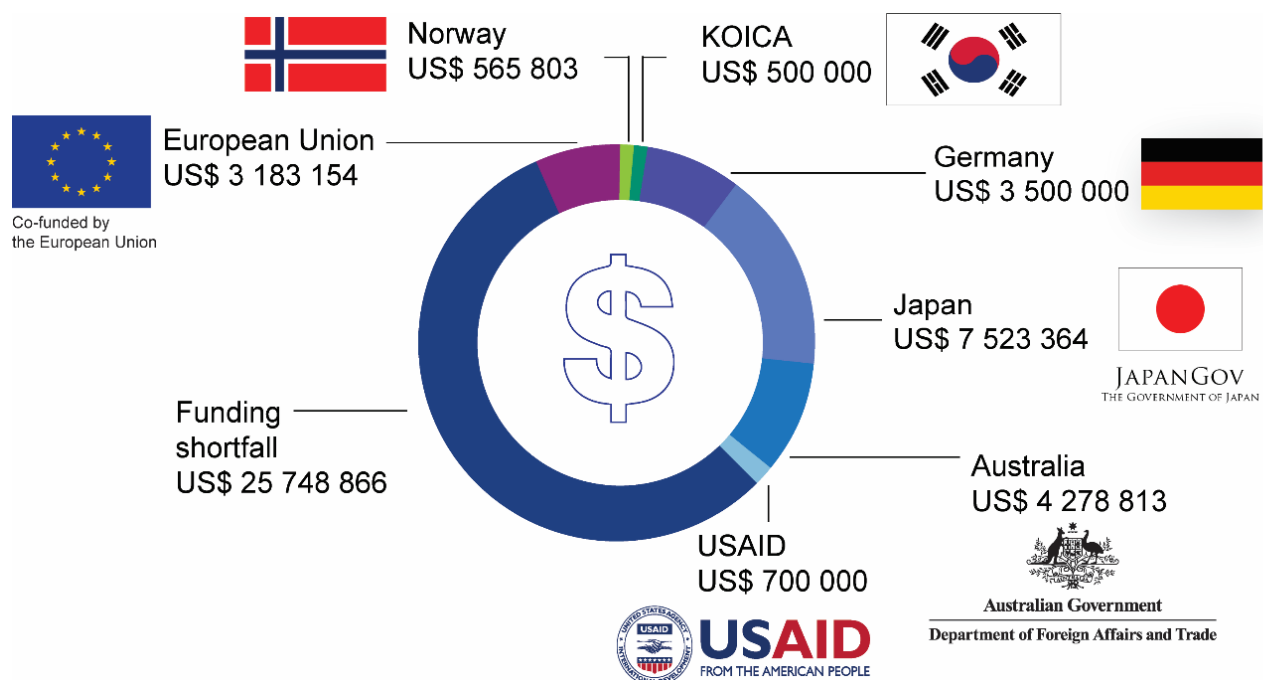


Fig. 23. WHO funding situation for COVID-19 response, January 2021

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.

RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 1: Title and details of recent WHO resource materials

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

Title	Details
Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health , 8 January 2021	<p>Sequencing enabled the world to rapidly identify SARS-CoV-2 and develop diagnostic tests and other tools for outbreak management. This document provides guidance for laboratories on maximizing the impact of SARS-CoV-2 sequencing now, and other emerging pathogens in the future. In addition, the interim guidance on SARS-CoV-2 genomic sequencing for public health goals, published on 8 January 2021, aims to provide policy-makers and stakeholders with guidance on how to maximize the public health benefit of SARS-CoV-2 genomic sequencing activities in the short and long term as the pandemic continues to unfold.</p>
Aide-memoire: Infection prevention and control (IPC) principles and procedures for COVID-19 vaccination activities , 15 January 2021	<p>This document summarizes the key IPC principles to consider and the precautions to take for safely delivering COVID-19 vaccines. The document is for policy makers, immunization programme managers, IPC focal points at national, sub-national, and facility level, as well as for health workers involved in COVID-19 vaccination delivery.</p>
Asia and the Pacific Regional Overview of Food Security and Nutrition 2020: Maternal and child diets at the heart of improving nutrition , 20 January 2021	<p>This is the third annual report jointly written by the United Nations agencies on progress towards the Sustainable Development Goals (in particular SDG 2 – Zero Hunger) and the World Health Assembly targets 2030 on nutrition in the Asia and the Pacific Region. In addition to tracking the progress on key targets up to 2019, the report describes promising experiences from the region and shows how these experiences can be woven into policy and practice through multi-sectoral and system analysis. This report also highlights the impact of COVID-19 on the five interlocking systems which mitigate the impacts on food security and nutrition.</p>
Episode 22 of Science in 5 , WHO's series of conversations in science, 22 January 2021	<p>The WHO Technical Lead for COVID-19, Dr. Maria Van Kerkhove, talks about children and COVID-19, including the symptoms of COVID-19 in children and the impact of the new variants of the virus.</p>

A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

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:

- [Infection prevention and control guidance for long-term care facilities in the context of COVID-19 update](#)
- [Analysing and using routine data to monitor the effects of COVID-19 on essential health services: practical guide for national and subnational decision-makers](#)
- [WHO COVID-19 Case definition](#)

Infographics:

- [COVID-19 symptoms](#)
- [Social gathering](#)
- [How to protect yourself from COVID-19](#)
- [Solidarity not stigma](#)
- [Staying safe during COVID-19](#)
- [Staying healthy in the workplace](#)
- [Contact tracing](#)

Questions and answers:

- [COVID-19: Vaccines](#)
- [COVID-19: Vaccine research and development](#)
- [COVID-19: Vaccine access and allocation](#)
- [How are vaccines developed?](#)

Videos:

- Live Q&A COVID-19 vaccines
- Confused about when to wear a mask
- A properly fitted mask reduces your risk
- Life skills – with MoH

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

